

Group Insurance Employee Welfare Handbook



Introduction

Group Insurance Employee Welfare Handbook

Southeast Life Insurance Public Company Limited would like to express our gratitude for your trust in the Company as the group insurance welfare administrator for your organization. We have prepared the Group Insurance Employee Welfare Handbook to help employees understand the privileges of coverage and exceptions they will obtain under the group insurance policy contract.

You can study the details to acknowledge the privileges, conditions of coverage, exceptions, and procedures for claiming indemnity, as well as suggestions for using the health insurance and accident insurance card through Line THAI GROUP. This Handbook provides a summary of the essential information only. For the specific details of the coverage obtained, they shall be in line with what is specified in the primary insurance policy.

If you have doubts or require to inquire the additional detail, please contact:

- ✓ Your Human Resource Department officer; or
- ✓ Able to contact to inquire the information of indemnity, medical treatment expenses at
Tel. 0 2233 3694, 0 2233 7590 at regular working hours at 08.30-17.00 hrs. or Hot Line 081 911 1743,
081 991 8370 at 08.30-20.00 hrs.
- ✓ Able to download the forms at <https://www.southeastlife.co.th/services/group-form-download>

Group Insurance Department
Southeast Life Insurance Public Company Limited

The above details are only a summary of the essential parts. The specific terms and conditions of coverage and exclusions will be fully detailed in the insurance policy and/or group insurance certificate issued to the policyholder and/or the insured, as the case may be.

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Group Insurance

Group insurance is designed to underwrite several persons under the same insurance policy by considering the risk of all individuals in the group. This is done with an average rate, taking into account factors such as age, sex, job, or sum assured. The calculated premium rate is then applied uniformly to all members of the group.

With the aforementioned criteria, group insurance leads to a reduction in operating expenses. Consequently, it results in premiums lower than those of individual life insurance. The coverage for group life insurance is limited to a one-year period, and the policyholder can renew the contract on a yearly basis. Nevertheless, this duration is suitable for both public and private organizations, including companies, stores, banks, cooperatives, etc. The premium payor can be either the policyholder or the insured member, and the life insurance company will calculate the premium rate accordingly.

Insurance Policy means the Rider, Attachment, Endorsement, Group Insurance Application for the Policyholder, the Physician's Health Examination Report, Health Statement, and Group Life Insurance Application for the Individual Insured Person, any other additional statements signed by the policyholder or insured person, and Certificate of Life Insurance, shall be deemed as part of the insurance contract.

Policyholder means a person, or an organization named as the policyholder on the first page of the policy, that provides insurance for the insured's interest.

Insured means the member with the right of participation, who is the participant of insurance under this insurance policy according to the requirements of insurance participation.

Group Insurance Products consist of:

1. 1. Group Life Insurance

- Term Group Life Insurance Policy can attach other Riders, such as
- Group Accident Insurance Rider
- Total Permanent Disability Insurance Rider
- Group Health Insurance Rider

2. Group Accident Insurance (Group PA)

- Group Accident Insurance Policy (AD. 1) or (AD. 2)

Remark : Coverage benefits of the insured are in line with what is specified.



Group Life Insurance

Term Group Life Insurance

The term “group life insurance” covers death in all cases, both caused by illness or accidents. The coverage shall be provided 24/7 worldwide, including both regular and late working hours. The Company shall pay indemnity according to the benefits defined in the Benefits Table to the specified beneficiaries.

Exceptions

The Company shall not make payment under this insurance policy when it appears that:

- If the insured person commits suicide within 1 (one) year from the insurance participation date, the Company’s liability shall be limited to the return of the paid premium, specifically for the said insured only.
- If the insured is intentionally murdered by the beneficiary, the Company’s liability shall be limited to the return of the paid premium for that policy year, specifically for the said insured only.

In cases where there is more than one beneficiary, if any beneficiary is not involved in intentionally murdering the insured, the Company shall proportionally pay the sum assured to the innocent beneficiaries. The amount paid will exclude the portion intended for the beneficiaries involved in the murder, who will not be entitled to receive any benefits. In such cases, the Company will not entirely return the premium for the excluded portion.

Group Accident Rider

Accident means an event that suddenly occurs from exogenous factors and affects the insured without intention or expectation.

Accidental Death Coverage Benefits

While the Rider is effective, this insurance covers death or accidental loss of an organ within 180 (one hundred and eighty) days from the date of the accident, as well as death or injury requiring the insured’s consecutive inpatient treatment at a medical facility. In the event of injury death, the Company shall pay benefits in the amount specified in the Policy Schedule.

Accidental Loss of Organ Coverage Benefits

- **Loss of Hand or Foot** means being amputated from the wrist or ankle and includes total permanent loss of functional capacity of the said organ caused by accident.
- **Loss of Eyesight** means complete blindness by no means of cure.
- **Total Permanent Disability** means total permanent disability to the extent of incapacity to perform any job in a full-time career or other careers.

Accident Insurance Coverage Benefits for Reimbursing the Medical Treatment Expenses

If the accident directly affects the insured, causing physical injury until he/she are admitted for treatment in an authorized hospital, medical facility, or disease examining and treating facility, and attended by a first-rate conventional physician licensed in the art of healing practice according to laws, the Company shall pay the necessary and reasonable compensation for medical treatment expenses and hospital charges incurred within 52 (fifty-two) weeks from the date of the accident. This coverage includes ambulance service fees, reimbursed up to the amount the insured has actually paid but not exceeding the sum assured specified in this Rider for each occurred accident.

Exceptions of Group Accident Coverage

The Company shall not cover loss, death, loss of organ, and disability due to the following causes.

1. Being intentionally murdered or assaulted;
2. War (either declared or not), invasion or act of a foreign enemy, civil war, revolution, rebel, riot, people rout to the extent of the uprising to counter the government, riot, strike, terrorist operations;
3. While the insured is hunting in the forest, racing car or racing all kinds of boats, racing horse, playing or racing all kinds of skis, racing skate, boxing, parachuting (except parachuting for rescue; while getting on or getting off or traveling in balloon or glider, bungee jumping, climbing or hiking a mountain, diving that requires the use of diving-aided equipment which must use air tank and scuba;
4. While the insured is getting on or getting off, or while traveling in an aircraft that is not registered for transporting passengers, and not operating by a commercial airline; and while the insured is flying or performing his/her duty as the crew of any aircraft;
5. The insured's acts while under the action of liquor, drug, or hard drug until failure to remain conscious. According to the term "while under the action of liquor" in the case of the blood test, the criteria of having a blood alcohol level of 150 mg% and higher shall be adhered to;
6. Suicide or self-assault or attempt to perform such act whether being conscientious or insane or not;
7. While the insured is involved in quarreling or takes part in inciting to cause a quarrel;
8. Being contagious unless infection of disease or tetanus or hydrophobia is caused by the accidental wound.
9. Medical or surgical treatment unless it is necessary to perform due to injury covered under this Rider, and it is performed within the period specified in this Rider;
10. Miscarriage;
11. While the insured is performing the soldier, policeman, or volunteer duty, and operating in war or like war. In such case, if the insured has performed such duty exceeding 30 (thirty) consecutive days, the Company shall proportionally return the accident premium for the period specified in this Rider.
12. While the insured is committing the crime, or while being arrested or escaping from arrest;
13. Nuclear weapon, radiation, or radioactivity from nuclear fuel or any nuclear wastes due to combustion of nuclear fuels or from any nuclear fission processes which are continuously carried out by itself;
14. Backache caused by Herniated Nucleus Pulposus, Spondylolisthesis, Degeneration or Spondylosis, Spondylitis, and Spondylolysis, unless accidental fracture or dislocation of the vertebra.

Total Permanent Disability Rider

While this Rider is effective, if the insured becomes a person with a total permanent disability, the Company shall pay compensation according to the benefits determined in the Benefits Table.

Total Permanent Disability in this Rider means total disability from any causes to the extent of incapacity to perform any jobs in the full-time career or other careers forever, and that disability continuously occurs for not less than 180 (one hundred and eighty) days.

Loss of an organ in any of the following cases shall be deemed as a total permanent disability:

1. Bilateral complete blindness by no means of cure
2. Loss of bilateral hands or feet; or loss of unilateral hand and foot
3. Unilateral complete blindness by no means of cure, and loss of unilateral hand or unilateral foot

“Loss of Hand or Foot” means excision from wrist or ankle upward, or total permanent loss of functional capacity of the said organ.

“Loss of Eyesight” means complete blindness by no means of cure.

Exceptions

1. Self-assault or self-attempted assault;
2. Flying or traveling in any airplane or aircraft, unless being the passenger who pays the fare of a commercial airline which is licensed to transport the passengers based on the flight schedule in the determined route;
3. Performing the soldier, policeman, or volunteer duty in an operation in war (either being declared or not) or operation to suppress a riot or internal civil disorder.

Group Health Insurance Rider

IPD Group Health Insurance

While this Rider is effective, if the insured is injured from an accident or illness until causing the need to be treated in the hospital as an inpatient by a physician's opinion, the Company shall pay benefits to the insured on charged amount basis but not exceeding the benefits specified in the Benefits Table.

Definition

1. Family means the following persons:

- The insured's employee/member's lawful spouse who is aged not exceeding the maximum age of the insured employee/member as specified in the Policy Schedule.
- The insured employee/member's child who is aged not exceeding 1 (one) month of age and has already been discharged from the hospital up to 19 full years of age and has not yet married and has not worked as a full-time employee.

2. Hospital means any medical facility, legally established to operate the medical treatment for the victim or sick person, that is provided for disease diagnosis and major surgery and surgical operation, nursing service in full time, and is not the facility arranged for convalescence, or any similar facility.

3. Physician means any person who is authorized according to law to operate the conventional art of healing to maintain the medical treatment in the scope of practice.

4. Inpatient (IPD) means a person who is hospitalized for illness and/or injury due to each accident and concluded by a physician to be treated in the hospital as an inpatient for at least 6 (six) consecutive hours period, shall be covered under this contract.

5. Each Injury or Illness means an injury or illness due to the same cause and includes other consequences within the period.

- 30 (thirty) days from the date of discharge from the hospital shall be deemed as if being an injury or illness at the same time and reimbursed in the amount of the benefits with the right to obtain under this Rider deducted with the reimbursed portion from the previous injury or illness.
- Over 30 (thirty) days from the date of discharge from the hospital shall be deemed as a new injury or illness and reimbursed according to the benefits with the right to obtain under this Rider.

Coverage

1. Room and board fees

The Company shall pay room and board fees per day on a charged amount basis, but not exceeding the financial limit specified in IPD Benefits Table.

2. Hospital service fees

The Company shall pay expenses in the hospital on a charged amount basis, but not exceeding the financial limit specified in IPD Benefits Table as follows.

- Nursing and service fees
- Medicine expenses, prescription and medical supplies by the physician, blood infusion (excluding blood/plasma fees)
- Laboratory examination for disease diagnosis, X-ray, electrocardiogram
- Normal casts and plaster casts, physical therapy
- Surgical room and equipment fees, anesthetist fee, anesthetic agent/anesthetic drug expenses
- Ambulance fee not exceeding 2 trips (round)

Remark : CU room and equipment fees are on a charged basis, but not exceeding the financial limit specified in IPD Benefits Table.

3. Surgical fees

The Company shall pay the doctor fee of the surgical physician or attendant on charged amount basis, but not exceeding the percent amount of maximum surgical fee benefit per confinement, but not exceeding the financial limit specified in IDD Benefits Table. According to minor surgery (Day Case) without the need for a hospital stay, the Company shall pay the surgical fee, surgical room and surgical equipment fees, and medicine expense under the category of Clause 2. Hospital service fees and Clause 3. Surgical fees, such as wart or cyst surgery.

4. In-hospital doctor visit fee

The Company shall pay a doctor's visit fee per time per day on a charged amount basis, but not exceeding the financial limit specified in IPD Benefits Table.

5. Emergency OPD medical treatment expenses in case of accidents

The Company shall pay incurred expenses in the case where the insured has an accident and needs to undergo emergency medical treatment as an outpatient of a hospital or clinic, as the direct result of the accident within 24 (twenty-four) hours from the time of the accident. The Company shall pay medical treatment expenses on a charged amount basis and continuously reimburse for 15 (fifteen) days but not exceeding the financial limit specified in IPD Benefits Table.

6. Specialist's consultation fees

The Company shall pay the specialist's consultation fees on a charged amount basis, but not exceeding the financial limit specified in IPD Benefits Table, where the said fees shall be combined with benefits in Clause 2. in the case without non-surgery, and Clause 3. in the case of surgery.

7. OPD-Follow up from IPD fees

The Company shall pay OPD-Follow up from IPD fees due to the same disease or consequence of IPD treatment within 31 (thirty-one) days from the date of discharge from the hospital, where the remaining from benefits under Clause 2. Hospital service fees (if they remain) is paid.

Surgical Fee Rate Table

| Description of Surgery | Percentage of Maximum Benefits |
|---|--------------------------------|
| Gastrointestinal Tract System and Digestive Organs | |
| Total or subtotal gastrectomy | 100 |
| Partial resection of stomach and intestine | 100 |
| Severe intestinal obstruction in excretion | 100 |
| Splenectomy | 100 |
| Total internal shortening of the fistula | 100 |
| Partial gastrectomy, jejunum resection, and/or colectomy | 75 |
| Peptic ulcer or duodenum ulcer resection | 75 |
| Cholecystectomy | 75 |
| Purulent and inflamed hepatitis symptoms by purulent matter incision and drainage or puncture | 75 |
| Surgery of blood blockade or varicose vein in hernia | 75 |
| Gastrectomy (using the explore laparotomy method) | 60 |
| Colostomy | 60 |
| Surgical removal of gallstones | 50 |
| Appendectomy | 50 |
| Surgical excision beneath the abdominal surface | 50 |
| Hernia repair for treatment or Herniotomy | 50 |
| Total hemorrhoidectomy inside the rectum ("Whitehead") | 50 |
| Surgery for draining fluid from the gallbladder | 40 |
| Fistulotomy inside the anal area | 35 |
| Removal of hemorrhoids by ligation to be disjointed | 20 |
| Excision of rectum tumors or rectum fistula or anal fistula | 20 |
| Open surgery of the coccyx, anus, or surgery for treating the symptom of purulent edema around the anus | 10 |

Surgical Fee Rate Table

| Description of Surgery | Percentage of Maximum Benefits |
|--|--------------------------------|
| Nervous System | |
| Excision or dissection of vertebral column region of dorsal or root portion | 100 |
| Spinal horn surgery | 100 |
| Brain abscess, edema, or encephaloma | 100 |
| Spinal cord tumor | 100 |
| Pus congestion or abscess in cranial cavity | 100 |
| Craniotomy due to skull fracture, mid-meningitis, or another intracerebral hemorrhage | 100 |
| Surgery of gastric nerve ganglion | 75 |
| Surgical excision of the sympathetic nerve, ganglia called "Raynaud" disease, and disease with similar symptom | 75 |
| Capillary nerve suture | 50 |
| Nerve reconstruction | 50 |
| Neuroanastomosis of nerves | 50 |
| Laceration of phrenic nerves due to tuberculosis | 25 |
| Nerve interposition | 20 |
| Glandular Systems | |
| Thyroidotomy for seriously diseased thyroid gland or parathyroid gland | 100 |
| Lymphosarcoma surgery unless exploration for diagnosis | 100 |
| Thyroidectomy (Exophthalmic Goiter) | 75 |
| Excision of tuberculous gland in the throat | 75 |
| Thyroid adenoma | 50 |
| Excision of the elephantiasis-caused toxic gland | 50 |
| Exploration of lymphoma for disease diagnosis | 40 |
| Deep lymphadenitis | 20 |
| Shallow lymphadenitis | 10 |

Surgical Fee Rate Table

| Description of Surgery | Percentage of Maximum Benefits |
|---|--------------------------------|
| Urogenital System | |
| Either one or more prostatectomies | 100 |
| Radical mastectomy of breast cancer | 100 |
| Total hysterectomy | 75 |
| Surgical treatment of total uterine prolapse (in the case of pelvic organ prolapse or uterine prolapse) | 75 |
| Total or partial nephrectomy | 75 |
| Nephrolithotomy, ureterolithotomy, or bladder lithotomy (using incision method) | 75 |
| Accidental hemorrhage from kidney | 75 |
| Surgical treatment of bladder rupture | 75 |
| Resection of bladder tumors using abdominal surgery | 75 |
| Surgical treatment of partial uterine prolapse | 60 |
| Partial hysterectomy | 50 |
| Laparotomy of radical uterine neoplasms or oviduct disease, ovarian or myometrium tumor or mass | 50 |
| Bladder tumors using thermotherapy | 40 |
| Resection of the tumorous testis or unilateral infectious testis | 30 |
| Excision of hydrocele | 30 |
| Curettage | 20 |
| Excision of fibroadenoma | 20 |
| Varicocelectomy | 20 |
| (Intramammary or submammary) mastitis treatment | 15 |
| Incision and drainage at the perineum region | 10 |

Surgical Fee Rate Table

| Description of Surgery | Percentage of Maximum Benefits |
|---|--------------------------------|
| Circulatory System | |
| Cardiac trauma requiring closure | 100 |
| Cardiolysis (partial resection of chest wall) | 100 |
| Intrathoracic or endoperitoneal aneurysm | 100 |
| Opening and draining pericardium | 75 |
| Carotid, limb, and subclavian aneurysm | 50 |
| Cutdown of veins with inflammation symptom or symptom called "Varicocele" | 25 |
| Cutdown of varicose veins or varix | 20 |
| Ligation of carotid, and brachial and femoral arteries | 20 |
| Injection for cutaneous vasculitis treatment | 15 |
| Ligation of blood vessels or blood vessel aneurysm | 10 |

| Description of Surgery | Percentage of Maximum Benefits |
|--|--------------------------------|
| Mouth and Neck | |
| Total mandibular resection | 100 |
| Total resection of cancerous tongue | 100 |
| Malignant esophageal tumor surgery | 100 |
| Excision of the cancerous lower lip | 50 |
| Partial resection of jaw | 50 |
| Excision of gingival or cheek tumors | 30 |
| Excision of gingival or cheek cyst | 10 |
| Gingival benign tumor surgery or tonsillectomy (using cutting or incision) | 10 |
| Excision of palate, tongue, or cheek benign tumors | 10 |

Surgical Fee Rate Table

| Description of Surgery | Percentage of Maximum Benefits |
|---|--------------------------------|
| Nose, Ear, and Eye | |
| Rhinoplasty due to an accident | 75 |
| Surgical treatment of otorrhea at the postauricular region | 60 |
| Nose surgery due to a malignant tumor or cancer | 60 |
| Enucleation | 50 |
| Cataract or glaucoma surgery (either unilateral or bilateral) | 50 |
| Symptoms of nose or sinus diseases | 30 |
| Surgery of endonasal cartilage issue | 30 |
| Tonsillectomy whether with adenoidectomy | 25 |
| Surgical treatment of eye imperfection | 25 |
| Surgery for ear cancer | 20 |
| Myringoplasty of the inner eardrum | 20 |
| Myringotomy of mucoperiosteum | 15 |
| Adenoidectomy | 10 |
| Excision of mastoid tumor | 10 |

Surgical Fee Rate Table

| Description of Surgery | Percentage of Maximum Benefits |
|---|--------------------------------|
| Bone and Joint | |
| Excision of shoulder bone joint | 100 |
| Interscapular-thoracic surgery | 100 |
| Excision of hip bone joint | 100 |
| Excision of the upper limb between shoulder tip and elbow joint | 75 |
| Excision of thigh between hip and knee | 75 |
| Hip bone fixation or fusion | 75 |
| Bone graft or operation due to appendicular fracture by wire supplementation or bone fixation | 75 |
| Acute myelitis symptom | 75 |
| Open reduction and internal fixation of bone fracture at the hip joint region | 75 |
| Chronic myelitis symptom | 60 |
| Reduction operation of the upper humerus | 50 |
| Reduction operation of the lower humerus or elbow bone fracture | 50 |
| Reduction operation of growing bone tip | 50 |
| Fusion operation of tarsal bone | 50 |
| Disarticulation of the lower limb between the knee and beside the foot | 50 |
| Excision of cartilage and patella | 50 |
| Open surgical drainage of shoulder or knee | 40 |
| Jaw clenching with wire due to fracture | 40 |
| Patella clenching with wire due to fracture | 40 |
| Open surgical drainage of ankle | 30 |
| Excision of palma manus | 30 |
| Amputation of three or more digits | 25 |
| Amputation of one or more toes | 20 |

Surgical Fee Rate Table

| Description of Surgery | Percentage of Maximum Benefits |
|---|--------------------------------|
| Skin, Muscle, Tendon, and Bursa | |
| Tendon implant | 50 |
| Wide skin graft | 50 |
| Several paracenteses of deep abscess at palma manus, brachium, planta, lower limb, or groin for drainage | 30 |
| Attachment of tendon | 25 |
| Resection of ulcer | 25 |
| Excision of bursa (Prepatellar olecranon, etc.) | 25 |
| Resection of tuberculosis-like ulcer | 20 |
| Muscular dystrophy symptoms causing hand and joint deformities or other dystrophies | 20 |
| Excision of inflammatory joint tissue | 10 |
| Open surgery of purulent swelling inflammatory region, such as at the neck or groin | 10 |
| List of Minor Surgeries | |
| Excision of simple cysts that are attached to muscle and subcutaneous either single or several surgical sites | 10 |
| Excision of simple subcutaneous cysts either being excision for a single site or several sites | 5 |
| Non-congenital wart or melanoma either being excision for a single site or several sites | 5 |

Remark

- List of surgeries not included in the above Surgical Fee Table. The Company reserves the right to define the maximum rate based on the importance and severity of the said surgery, in accordance with the rates presented in the above Table.
- Compensation for surgical procedures involving modern technologies and/or instruments, as well as the expert fee of the specialist, shall also be considered based on the maximum rate defined in the above Surgical Fee Table.

OPD Group Health Insurance

The Company shall pay the amount charged by the physician and/or hospital for examination and treatment expenses. The cost of medicines for OPD medical treatment shall be reimbursed based on actual expenses but not exceeding the benefits as defined in the Benefits Table.

Definition

1. **Hospital** means any medical facility and includes the OPD work unit or division of any hospital which is properly established according to the Medical Facility Establishment Act.
2. **Outpatient (OPD)** means the covered person who uses the services of the physician in the hospital, not as an inpatient, or at the clinic of the physician or any other facility where the physician's treatment services are used.

OPD Dental Treatment Group Health Insurance

The Company shall pay the amount charged by the hospital for examination and treatment expenses, medicine expenses, tooth filling fee, tooth extraction fee, and dental prophylaxis fee, including tooth root nerve examination and treatment expenses, particularly for the insured who obtains coverage for tooth root nerve treatment expenses. However, the Company shall reimburse the medical treatment expenses actually paid by the insured but not exceeding the sum assured defined in the Benefits Table.

Maternity Group Health Insurance

The Company shall pay pregnancy and maternity benefits upon receipt of the insured's evidence of undergoing the medical treatment due to maternity and miscarriage inside a hospital for not less than 6 (six) hours based on the physician's opinion. The Company shall pay the said expenses in the amount charged by the physician and/or the hospital, but after combination, it shall not exceed maximum benefits as defined in the Benefits Table as expenses for:

- Miscarriage
- Normal Labour
- Cesarean Section
- Antepartum and Postpartum Complications

Criteria for Considering the Payment of Medical Treatment Expense Benefits and Exceptions

Criteria for Considering the Payment of Medical Treatment Expense Benefits

1. Take-home medicine not exceeding the financial limit of 1,000 Baht
2. In the case of OPD treatment, the medicines for use in the following treatments shall be considered.
 - In the case of acute disease treatment, such as cold, Pneumonia, the medicines for use within 30 (thirty) days of treatment shall be covered.
 - In the case of chronic disease treatment, such as diabetes, hypertension, the medicines for use within 90 (ninety) days of treatment shall be covered.
3. Consideration of Physical Therapy Payment
 - In the case where the insured undergoes treatment in a hospital or clinic and is diagnosed by a conventional physician that they are ill or have had an accident, and the occurred illness or accident is not among the policy's exceptions, and the physician concludes that the insured must be treated by a physical therapy method, the Company shall cover the cost of that physical therapy. However, if the insured must perform physical therapy at a physical therapy clinic that is legally located,
the Company shall cover only when there is a medical certificate from the hospital or clinic, and the physician concludes that the treatment by physical therapy method is needed and specifies the number of times and physical therapy duration.
4. Conditions of emergency benefits payment consideration are as follows:
 - Accident occurrence and treatment within 24 (twenty-four) hours
 - The policy does not cover the treatment of gum and tooth diseases. Consequently, the Company will not pay for accidents and treatment expenses that occur within 24 (twenty-four) hours in cases where the accident causes tooth breakage, fracture, or mobility. Payment shall be made particularly for dental X-ray, tooth filling, tooth extraction fees, and treatment medicines related to the accident only. However, the Company will not cover tooth breakage, fracture, or mobility-related treatment expenses beyond 24 (twenty-four) hours.
5. Conditions of benefits payment consideration for compensation and medical treatment expenses due to accident in the case of tooth treatment as follows:
 - The policy does not cover the treatment of gum and tooth diseases. Consequently, the Company defers to pay accident and treatment expenses that occur within 24 (twenty-four) hours in the case where the said accident causes tooth breakage, fracture, or odontoseisis. Payment shall be made particularly for dental X-ray, tooth filling, and tooth extraction fees, as well as treatment medicines related to the accident only. The Company does not cover tooth breakage, fracture, or mobility-related treatment expenses beyond 24 (twenty-four) hours.

Exceptions of IPD and OPD Benefits

1. Nurse service fee or special nursing fee.
2. Treatment of all dental cases and uloncus, except with coverage of OPD-dental benefits (*).
3. Self-assault or mental state or neurological disorders or psychotherapy or treatment of neurosis or neurological tension, fatigue syndrome, insomnia, stress, including treatment of chronic alcoholism or drug-hard drug addiction or illness as the result of all of the said diseases or states.
4. Treatment with the objective of relaxation or convalescence, communicable diseases requiring isolation or quarantine according to the law requirements, hospital stay for convalescence, or physical therapy.
5. Treatment or remedies of congenital or genetic symptoms.
6. Treatment for beauty or plastic and reconstructive surgery for beauty, such as acne, blemish, freckle, melanoma, birthmark, black spots, scar, keloid, excoriation, leukoderma, dandruff, dermatosis, diet or result from diet, hair loss, hair loss from hormone or aging, bald head, hair transplantation, or treatment for remedy of physical impairment, Cosmetic Surgery, unless Restrictive Surgery caused by accident and causing functional defects of any other organs that are not sexual organ and breast for recoverability.
7. Alternative treatment or non-conventional treatment, such as acupuncture, Thai massage, naturopathy, naturopathy, reflexology, chiropractic, detoxification, etc.
8. Expenses or treatment that is non-injury or illness or due to physical degeneration, such as treatment of growth and development disorder, slow growth, underweight, Precocious Puberty, Obesity, short stature, brain retardation, aging syndrome, hormone abnormality condition relating to brain growth and development, hormonal abnormality, hormone deficiency, premature menopause, perimenopause, menopause, postmenopausal, including precocious puberty, osteoporosis, osteopenia, and conditions caused by all aforementioned diseases or conditions.
9. All methods of contraception, all cases of sterilization, inoculation, tetanus vaccination, desensitization, booster vaccination.
10. Expenses due to infertility, motherhood preparation, gestation, childbirth, all cases of miscarriage, including side effects or all complications that are associated with the said conditions, such as postpartum hemorrhage, pressure disease, diabetes, backache, morning sickness, lactation, etc.
11. Diagnosis or treatment of light tract defects of the eyes, myopia, hyperopia, astigmatism, optometry, and correction by using eyeglasses or wearing lens.
12. Cost of the artificial organ including prosthesis, hearing aid, Defibrillation or Pacemaker, eyeglasses, lens, contact lens, respirator, oxygen equipment, patient wheelchair, bracer or supporting aid, walking stick, Medical Supplies 2.
13. Expenses or service fees not used for treatment, such as telephone, forensic doctor's fee, claim writing doctor's fee, personal miscellaneous effects, etc., cosmetic group products, cosmetics, vitamin, mineral, supplementary food, sleeping pill group, anxiolytic medicine group, hormonal medicine group, psychiatric medicine group, herbal medicine group, artificial tears, soap, shampoo, and mixture powder.
14. Treatment of which the insured obtains the rights from government sector welfare, such as compensation fund or social security, where the Company shall be responsible for excess from that claim in the proportion of the obtained benefits.
15. Occurred injury or illness which is treated, diagnosed, consulted, or prescribed during 90 (ninety) days before the effective date of individual insurance, unless insurance under this Rider for 180 (one hundred and eighty) days.

16. Medical examination for other objectives, bone densitometry, or yearly medical examination.
17. Diagnostic or monitoring sleep for causative analysis without IPD standard treatment, such as MRI, CT SCAN, X-ray, etc.
18. Treatment due to or as the consequence of the use of contact lenses or LASIK, such as Infectious-Conjunctivitis, Erophthalmia, Corneal Ulcer, Corneal Abrasion, etc.
19. Sleep disorder, snoring, sleep apnea, Hyperventilation – syndrome

Remark (*) Exceptions of odontopathy treatment in the case with dental benefits coverage

1. Denturism, dental bridge, or all types of crowns (dental inlay)
2. Braces, Orthodontics, Dental Veneers or teeth polishing, Fluoride Application
3. Orthodontics-relevant treatment

Criteria for Considering the Exceptions of Coverage for Beauty Treatment in Type of Skin Disease and Acne Treatment

Consideration Guidelines : The consideration of all 4 clauses shall be mutually taken as follows.

1. Consider the diagnosis or cause of the incidence of the disease
2. Consider the region of disease incidence, disease severity
3. Consider the treatment method (medicine/medical procedure used in the treatment)
4. Consider the medical facilities with treatment targets for the beauty of complexion

Rules of Consideration

1. Not cover treatment of acne and syndrome of dermatitis that is associated or classified in the same category of acne or prevention of all kinds of acne.
2. Not cover dermatitis caused by the disorder of all kinds of sebaceous glands, such as Seborrheic Dermatitis, Folliculitis, or rash from dry skin due to subnormal function of sebaceous glands.
3. Not cover treatment of all kinds of dermatitis caused by hormone change or abnormality conditions, such as acne incidence or Sebaceous hyperplasia and Seborrheic dermatitis from Androgen Hormone.
4. Not cover treatment of all kinds of dermatitis that uses medicine or medical supplies classified in the cosmetics group or prophylactic medicine for complexion problems, including cosmetics ingredients-contained medicaments.
5. Not cover Tinea capitis, and dandruff, except in the case of Tinea capitis with severe symptoms and the physician's diagnosis that the treatment with oral medication in the Steroid group.
6. Not cover surgery, dressing, laser therapy, or other medical procedures relevant to the treatment of small polyps or all kinds of lipid droplets, except in the case where the said polyps or lipid droplets are enlarged and severely inflamed or the physician concludes that there are cell growth disorders resulting in a bad effect on the health condition.

However, the consideration of the aforementioned dermatitis treatment and acne problems is mutually agreed upon, taking into account the disease name, indicating symptoms, diseased region, severity, and type of treatment, along with the physician's examination report. If the treatment is required, it should be performed in a hospital with dermatitis specialization. If the main use of service is in a beauty clinic or facility with a marketing focus on the treatment or prevention of complexion problems, it will be considered an exception and not covered. The Company shall particularly consider the treatment, clearly specifying the details of treatment and medications only.



Group Accident Insurance (Group PA)

The Company shall provide the coverage of the insured's physical injury by accident and causing the insured's death, loss of organ and eyesight, disability, or injury according to the following agreement of coverage.

Death, Loss of Organ, Eyesight, or Total Permanent Disability Benefits (for AD.1)

Definition

Loss of Organ means being amputated from the wrist or ankle and includes total loss of functional capacity of the said organ, and there is a clear medical indicator of non-permanent recoverability.

Loss of Eyesight means complete blindness by no means of cure.

Total Permanent Disability means total permanent disability to the extent of incapacity to perform any job in a full-time career or other careers.

Coverage

This insurance covers the loss or damage caused by the insured's physical injury by accident and causing the insured's death, loss of organ and eyesight, or total permanent disability within 180 (one hundred and eighty) days from the date of accident or injury, causing the insured's requirement of IPD consecutive treatment in a hospital or a medical facility, and death due to that injury whenever. The Company shall pay compensation as follows.

| | | |
|---|-------------------------|--|
| 1 | 100% of the Sum Assured | For death |
| 2 | 100% of the Sum Assured | For becoming a person with a total permanent disability, the said total permanent disability takes place for not less than 12 (twelve) months from the date of the accident or there is a clear medical indicator that the insured becomes the person with total permanent disability. |
| 3 | 100% of the Sum Assured | For bilateral hands from the wrist or bilateral feet from the ankle or bilateral eyesight |
| 4 | 100% of the Sum Assured | For unilateral hand from the wrist and unilateral foot from the ankle |
| 5 | 100% of the Sum Assured | For unilateral hand from wrist and unilateral eyesight |
| 6 | 100% of the Sum Assured | For unilateral foot from ankle and unilateral eyesight |
| 7 | 60% of the Sum Assured | For unilateral hand from wrist |
| 8 | 60% of the Sum Assured | For unilateral foot from the ankle |
| 9 | 60% of the Sum Assured | For unilateral eyesight |

The Company shall pay compensation under this Clause for the single maximum item only throughout the insurance period. The Company shall pay compensation for the combined effects that occur, according to this coverage agreement, not exceeding the amount specified in the Policy Schedule. If the Company pays compensation according to this coverage agreement and it does not exceed the sum assured, the Company will continue to provide coverage until the insurance period expires, with the remaining sum assured only.

Claim of Death Benefits

The policyholder, the beneficiary shall deliver the following evidence to the Company within 30 (thirty) days from the date of the insured's death at their expense.

1. Claim of Indemnity Form defined by the Company
2. Death Certificate
3. Copy of Autopsy Report under certification by a duty officer who owns the case or an agency that issues the report
4. Copy of Daily Police Report under certification by a duty officer who owns the case
5. Copy of the Insured's Identification Card and Census Registration affixed with "DEAD"
6. Copy of the Beneficiary's Identification Card and Census Registration

Claim of Total Permanent Disability or Loss of Organ and Eyesight Benefits

The policyholder, the beneficiary shall deliver the following evidence to the Company within 30 (thirty) days from the date of the insured's death at their expense.

1. Claim of Indemnity Form defined by the Company
2. Medical Report affirming Total Permanent Disability or Loss of Organ and Eyesight

Non-delivery of evidence within the said period is not deprived of the right of claim if it indicates that there is reasonable ground for inability to deliver the said evidence within the specified period, but delivery as quickly as possible.

Death, Loss of Organ, Eyesight, Hearing, Pronouncement, or Permanent Disability Benefits (for AD.2)

Definition

Loss of Organ means being amputated from the wrist or ankle and includes the total loss of functional capacity of the said organ, with a clear medical indicator of non-permanent recoverability.

Loss of Eyesight means complete and incurable blindness.

Total Permanent Disability means a total and permanent incapacity to perform any job in a full-time career or other careers.

Partial Permanent Disability means a disability to the extent of incapacity to regularly perform any job in a full-time career but still being able to perform other work for pay.

Coverage

This insurance covers the loss or damage caused by the insured's physical injury by accident and causing the insured's death, loss of organ, eyesight, hearing, pronouncement, or total permanent disability within 180 (one hundred and eighty) days from the date of accident or injury, causing the insured's requirement of IPD consecutive treatment in a hospital or a medical facility, and death due to that injury whenever. The Company shall pay compensation as follows.

| | | |
|----|-------------------------|--|
| 1 | 100% of the Sum Assured | For death |
| 2 | 100% of the Sum Assured | For becoming a person with a total permanent disability, the said total permanent disability takes place for not less than 12 (twelve) months from the date of the accident or there is a clear medical indicator that the insured becomes the person with total permanent disability. |
| 3 | 100% of the Sum Assured | For bilateral hands from the wrist or bilateral feet from the ankle or bilateral eyesight |
| 4 | 100% of the Sum Assured | For unilateral hand from the wrist and unilateral foot from the ankle |
| 5 | 100% of the Sum Assured | For unilateral hand from wrist and unilateral eyesight |
| 6 | 100% of the Sum Assured | For unilateral foot from ankle and unilateral eyesight |
| 7 | 60% of the Sum Assured | For unilateral hand from wrist |
| 8 | 60% of the Sum Assured | For unilateral foot from the ankle |
| 9 | 60% of the Sum Assured | For unilateral eyesight |
| 10 | 50% of the Sum Assured | For bilateral deafness or dumbness |
| 11 | 15% of the Sum Assured | For unilateral deafness |
| 12 | 25% of the Sum Assured | For pollex (the entire two joints) |
| 13 | 10% of the Sum Assured | For pollex (one joint) |
| 14 | 10% of the Sum Assured | For the forefinger (the entire three joints) |
| 15 | 8% of the Sum Assured | For the forefinger (the entire two joints) |
| 16 | 4% of the Sum Assured | For the forefinger (one joint) |
| 17 | 5% of the Sum Assured | For each of the other fingers (not less than two joints) besides the pollex and forefinger |
| 18 | 5% of the Sum Assured | For hallux |
| 19 | 1% of the Sum Assured | For each of the other toes (not less than one joint) besides hallux |

The Company shall pay compensation under this Clause for just the single maximum item only. Unless in the case of total permanent loss of finger or toe under Item No. 12 to 19 and cannot claim compensation under any item in Item No. 1 to 9, the Company shall pay compensation according to the actual loss in each item, including but not exceeding sum assured specified in Policy Schedule.

In the case of partial permanent disability that compensation determined in Item No. 2 to 19 cannot be claimed, and is not loss of taste or smell capacity, the Company shall pay compensation according to the opinion of the Company's physician but not exceeding 50% of the sum assured specified in Policy Schedule.

Throughout the insurance period, the Company shall pay compensation for the occurred effect according to this agreement of coverage in combination not exceeding the amount specified in the Policy Schedule. If the Company pays compensation according to this agreement of coverage not exceeding the sum assured, the Company will remain to provide the coverage until the insurance period is expired, equaling the remaining sum assured only.

Claim of Death Benefits

The policyholder, the beneficiary shall deliver the following evidence to the Company within 30 (thirty) days from the date of the insured's death at their expense.

1. Claim of Indemnity Form defined by the Company
2. Death Certificate
3. Copy of Autopsy Report under certification by a duty officer who owns the case or an agency that issues the report
4. Copy of Daily Police Report under certification by a duty officer who owns the case
5. Copy of the Insured's Identification Card and Census Registration affixed with "DEAD"
6. Copy of the Beneficiary's Identification Card and Census Registration

Claim of Total Permanent Disability or Loss of Organ, Eyesight, Hearing, and Pronouncement Benefits

The policyholder, the beneficiary shall deliver the following evidence to the Company within 30 (thirty) days from the date of the physician's conclusion of total disability or loss of organ, eyesight, hearing, and pronouncement at their expense.

1. Claim of Indemnity Form defined by the Company
2. Medical Report affirming Permanent Disability or Loss of Organ, Eyesight, Hearing, and Pronouncement

Non-delivery of evidence within the said period is not deprived of the right of claim if it indicates that there is reasonable ground for inability to deliver the said evidence within the specified period, but delivery as quickly as possible.

General Exceptions for Non-Coverage

1. Any loss or damage caused by or due to the following causes.
 - 1.1 The insured's acts while under the action of liquor, drug, or hard drug until failure to remain conscious. According to the term "while under the action of liquor" in the case of the blood test, the criteria of having a blood alcohol level of 150 mg% and higher shall be adhered to;
 - 1.2 Suicide, suicide attempt, or self-assault;
 - 1.3 Exposure of pathogen, parasite, unless infection of pathogen or tetanus or hydrophobia caused by wound obtained from accident;
 - 1.4 Medical or surgical treatment unless it is necessary to perform due to injury covered under this policy, and performed within the specified period in this policy;
 - 1.5 Miscarriage;
 - 1.6 Dental treatment or tooth root treatment unless the treatment occurred within 7 (seven) days from the date of the accident;
 - 1.7 Denture replacement or insertion, crowns, prosthodontics;
 - 1.8 Food poisoning;
 - 1.9 Backache caused by Disc herniation, Spondylolisthesis, Degenerative disc disease, Spondylosis, and Defect or Spondylolysis condition at the spine in part of Pars interarticularis, unless fracture or dislocation of the spine due to accident;
 - 1.10 War, invasion, malevolent act of a foreign enemy, or malevolent act like war either being declared or not, or civil war, mutiny, rebel, riot, strike, rout, revolution, coup d'etat, declaration of martial law, or any event that will result in the declaration or maintain the martial law;
 - 1.11 Terrorism;
 - 1.12 Radiation or diffusion of radioactivity from nuclear fuel, or any nuclear wastes due to nuclear fuel combustion and from any processes of auto-radiolysis which is continuously carried out;
 - 1.13 Explosion of radioactivity or nuclear composition or any other hazardous materials that may explode in the nuclear process.

2. Any loss or damage arising in the following time (unless upon extension of coverage and issuance of attachment for extension of the said coverage)

- 2.1 While the insured is racing a car or racing all kinds of boats, racing horse, playing or racing all kinds of skis, racing skate, boxing, parachuting (except parachuting for rescue; while getting on or getting off or traveling in a balloon or glider, bungee jumping, diving that requires the use of air tank and scuba;
- 2.2 While the insured is riding or traveling on a motorcycle;
- 2.3 While the insured is getting on or getting off, or while traveling in an aircraft that is not registered for transporting the passengers, and not operating by a commercial airline;
- 2.4 While the insured is flying or performing his/her duty as the crew of any aircraft;
- 2.5 While the insured is involved in quarreling or takes part in inciting to cause a quarrel;
- 2.6 While the insured is committing the crime with a heavy offence, or while being arrested or escaping from arrest;
- 2.7 While the insured is performing the soldier, policeman, or volunteer duty, and operating in war or suppressing. However, if the said operation exceeds 30 (thirty) days, the Company shall return the premium from the war operation or suppression period until the date of the said operation termination. After that, the policy is further effective until the expiration of the insurance period specified in the Policy Schedule.



Procedures and Important Documents for Use of Group Insurance Work Services

1. Procedures and Important Documents for Use of Services (for Employee / Member)

- 1.1 Change of policy data. The member shall contact the officer of the Personnel Department or Human Resource Department or notify the intention on change of policy data to the officer of Personnel Department or Human Resource Department to request changing the detail of the policy data, resulting in the change of the member's data and benefits given to the Company, such as
 - Change of name/surname
 - Change of the beneficiary
 - Change of Telephone Number
 - Change of E-mail
 - Change of Bank Account Number
- 1.2 Documents used in supporting the request for change of data and delivered to the Human Resource Department

a) Table of documents for requesting the change of data that must be delivered by the employee or member to the Human Resource Department

| Subject | Detail | Documents that must be delivered by the employee or member to Human Resource Department |
|---|--|--|
| 1. Change of the employee or member's name/surname | <ul style="list-style-type: none"> The change of the employee or member's surname is informed. | <ul style="list-style-type: none"> Copy of the Evidence of Change of Name/Surname (with signing for true copy certification) |
| 2. Change of the beneficiaries | <ul style="list-style-type: none"> The change of the employee or member's beneficiary is informed, where the beneficiary must be able to prove his/her relationship with the employee/member. | <ul style="list-style-type: none"> Application for Member (the Company's Form) Copy of the Employee or Member's Identification Card (with signing for a true copy) Copy of the Beneficiary's Identification Card (with signing for a true copy) |
| 3. Change of telephone number | <ul style="list-style-type: none"> The change of the insured's Telephone Number is informed. | <ul style="list-style-type: none"> According to the terms and Form of the Human Resource Department |
| 4. Change of E-mail | <ul style="list-style-type: none"> The change of the insured's E-mail is informed. | <ul style="list-style-type: none"> According to the terms and Form of the Human Resource Department |
| 5. Change of Bank Account Number | <ul style="list-style-type: none"> The change of the insured's Bank Account Number is informed. | <ul style="list-style-type: none"> Copy of the Passbook Page (with true copy certification by the insured) |

- 1.3 The officer of the Personnel Department or Human Resource Department delivers the member's data of requesting the change to the officer of the Group Insurance Department, Undertaking Section, Southeast Life Insurance Public Company Limited.
- In the case where the insured desires to request for changing the detail of policy data, resulting in the employee or member's changing data and benefits from before given to the Company, the Human Resource Department shall inform Southeast Life Insurance Public Company Limited.

2. Procedures and Important Documents for Use of Services (for Human Resource Department)

2.1 Change in the number of members and the member's data

2.1.1 Change in the number of members

- In the case of the employee/member's newly entrant during the policy year at the time that there is a new employee with the right to participate in the policy, kindly gather data and deliver it to the Company within 30 (thirty) days from the date of which the employee/member is entitled to participate and enclose the Data Notification Form as determined by the Company.

Documents required for delivery are as follows.

- Data Notification Form under the Company's form (Excel File Family)
- Group Insurance Application of the Employee/Member
- Copy of the Employee/Member's Identification Card (with true copy certification)

Download Forms and documents that are useful for the customers.

<https://www.southeastlife.co.th/services/group-form-download>

In the case where the employee/member resigns during the policy year

Upon recognition that the employee/member resigns or is disqualified from participation according to the policy's conditions, kindly immediately give notice to the Company. However, to avoid the excess right of medical treatment expenses that may occur from the employee/member's exercise of the right after resignation or termination of the employee/membership status, the policyholder shall revoke the Health Card issued by the Company for the policyholder's employee and return to the Company within 1 (one) month from the employee's termination from the working condition. In addition, for the case of the E-Health Card, the policyholder shall give immediate notice to the Company once the employee's termination from working conditions. In the case where the policyholder does not inform to revoke the Health Card or cannot return the Health Card to the Company on schedule, the policyholder shall be responsible for all incurred expenses. For the medical treatment expenses incurred after the employee's termination from working condition or the medical treatment expenses of which the employee uses the Health Card with the contract hospital after the termination of working condition, the policyholder agrees to be responsible for incurred expenses in the above case. The payment shall be made to the Company within 7 (seven) days after he/she is notified by the Company or the payment shall be made to the contract medical facility as the case may be. If the policyholder delays the payment, the policyholder allows the Company to suspend the use of the Identity Card of the Group Insured/E-Identity Card (E-Card) of the Group Insured in using the services at the contract medical facility.

The Data Notification Form determined by the Company shall be enclosed. The effective date of resignation or termination of employee/membership status shall be kindly specified.

Documents required for delivery are as follows.

1. Data Notification Form under the Company's form (Excel File Family)
2. The Group Insurance Card shall be returned to the Company /or destroyed.

2.2 Filling the Life and Health Insurance Application for the insured's member

- 2.2.1 In the case where the Company prescribes the undertaking conditions for the employee/member in the type of non-requirement of health statement, the employee or member shall fill the Application to completely fill the beneficiaries and sign.
- 2.2.2 In the case where the Company prescribes the undertaking conditions for the employee/member in the type of requirement of health statement, the employee or member shall completely fill the Statement of Health and sign. However, the Company shall give written notice to the employee/member whether the medical examination of the employee/member is required.

2.3 Change of the insured's data during the policy year. The employee/member may change any data that will cause the change of the employee/member's data and benefits from the existing data available with the Company

- 2.3.1 Change of data or revision of data, such as
 - Change of the employee/member's name/surname
 - Change of the beneficiary
 - Change of the insured's sum assured or insurance plan
 - Change of Telephone Number
 - Change of E-mail
 - Change of Bank Account Number

b) Table of documents used in supporting the request for changing data that the Human Resource Department must deliver to the Company

| Subject | Detail | Documents that must be delivered by the employee or member to Human Resource Department | Those that must be delivered by Human Resource Department to the Company |
|--|---|---|---|
| 1. Change of the employee or member's name/surname | <ul style="list-style-type: none"> The same data as a) Table of documents for requesting the change of data that must be | | <ul style="list-style-type: none"> The data is informed in the Company's form (Excel File Family). |
| 2. Change of the beneficiaries | <ul style="list-style-type: none"> Delivered by the employee or member to Human Resource Department | | <ul style="list-style-type: none"> Application Form for Member |
| 3. Change of the insured's sum assured or plan | <ul style="list-style-type: none"> The change of the employee/member's sum assured or benefits plan is informed <p>Remark: However, the document delivery is different according to the policy's conditions.</p> | <ul style="list-style-type: none"> according to the terms and Form of the Human Resource Department. | <ul style="list-style-type: none"> The data is informed in the Company's form (Excel File Family). |
| 4. Change of telephone number | <ul style="list-style-type: none"> The same data as a) Table of documents for requesting the change of data that must be | | |
| 5. Change of E-mail | | | |
| 6. Change of Bank Account Number | | | |

The Company's Form for Notifying Name List of Employees/Members

| The Company's Form – Entrant Notification Report | Download of Forms and Documents |
|---|---|
| 1. Entrant Notification Report for New Employee and Associate Member Form (EB) | <p>For Human Resource Department</p> <p>https://www.southeastlife.co.th/services/group-form-download</p> |
| 2. Entrant Notification Report for New Cooperative Employee and Associate Member Form (CO-OP) | |
| The Company's Form – Notification Report for Change of Employment-Quittance | Download of Forms and Documents |
| 1. Notification Report for Change of the Employee's Employment-Quittance Form (EB) | <p>For Human Resource Department</p> <p>https://www.southeastlife.co.th/services/group-form-download</p> |
| 2. Notification Report for Change of the Cooperative Member's Employment-Quittance Form (CO-OP) | |



Claim of Indemnity

1. Claim of Death Indemnity

In the event of the insured's death and autopsy, if the insured dies, the policyholder or the beneficiary shall immediately give notice to the Company for acknowledgment within 14 (fourteen) days from the date of death, unless it can be proven that he/she does not recognize the insured's death or does not recognize that the insurance was made. In such cases, he/she shall give notice to the Company for acknowledgment within 7 (seven) days from the recognition date of death or the recognition date that the insurance was made.

The policyholder or the beneficiary shall submit official evidence confirming the insured's death to the Company. Moreover, if the Company requests additional documentation for consideration, the policyholder or the beneficiary shall provide the supplementary documentary evidence at their own expense.

Consideration of Death Indemnity Payment

1. The Company shall consider reimbursing the indemnity within 15 (fifteen) days from the date of which the Company has received the complete documentation for considering the indemnity.
2. In the case of a reasonable suspicion that the claim for the Company's reimbursement is not in line with the conditions for coverage, the Company may extend the specified period as necessary, provided that the heir or the beneficiary provides the relevant information to the Company. However, the Company shall take the necessary time to investigate and inform the result within 90 (ninety) days from the date on which the Company has received the complete documentation.
3. The indemnity assessor assesses the death indemnity for deaths resulting from both illness and accidents, determining whether they fall within the undertaking conditions as specified in the policy or if they are exceptions according to the contract's terms. If the cause of death is unclear, the indemnity assessor shall record the details and inquire with related departments, such as the Legal Department, Group Insurance Department, or Kor.Por.Chor., by submitting the recorded data through the Manager and the Director, respectively.

Procedures for Consideration of the Beneficiary

1. In the case where the beneficiary is a minor, the blood relationship with the insured shall be verified. When the insured dies, the minor shall stay with either the father or the mother (the surviving parent shall receive the indemnity instead). If both father and mother have passed away, the relatives shall request a guardianship appointment letter from the court to receive the indemnity on behalf of the minor. However, in paying the indemnity, the Receipt of Indemnity shall be signed by the beneficiary, and a witness from the Company's Personnel Department shall also sign it.
2. In the case where the insured does not fill out the application or does not specify the beneficiary, the Company shall pay the indemnity to the insured's estate. The heir shall then file a petition to the court to apply as the administrator and request to receive indemnity on behalf of the estate.
3. In the case where the beneficiary dies before or at the same time as the insured, the Company shall pay the indemnity to the insured's estate. The heir shall then file a petition to the court to apply as the administrator and request to receive the indemnity on behalf of the estate.
4. In the case of several beneficiaries, if the insured does not specify the percentage and/or ratio of indemnity for each beneficiary, and if any beneficiary dies before or at the same time as the insured, the Company shall make equal payments to each remaining beneficiary.
5. In the case of several beneficiaries, if the insured specifies a percentage and/or ratio of indemnity for each beneficiary, and if any beneficiary dies before or at the same time as the insured, the Company can pay the indemnity in proportion to the specified percentage to the surviving beneficiaries. As for the portion of the beneficiary who dies before or at the same time as the insured, the Company shall pay the indemnity to the insured's estate, and the heir must file a petition to the court to apply as the administrator and request to receive the indemnity on behalf of the estate.

2. Claim of Loss of Organ and Disability Indemnity

Consideration of Loss of Organ and Disability Indemnity

1. The Company shall consider reimbursing the indemnity within 15 (fifteen) days from the date of which the Company has received the complete documentation for considering the indemnity.
2. In the case of a reasonable suspicion that the claim for the Company's reimbursement is not in line with the conditions for coverage, the Company may extend the specified period as necessary. The heir or the beneficiary should provide the relevant information to the Company. However, the Company shall take the necessary time to investigate and inform the result within 90 (ninety) days from the date on which the Company has received the complete documentation.
3. The indemnity assessor assesses the indemnity for loss of organ and disability, whether resulting from illness or accident, to determine if it falls within the undertaking conditions specified in the policy or if it qualifies as an exception according to the contract terms. In case the loss of organ or disability is unclear, the indemnity assessor shall record the details and inquire with related departments, such as the Legal Department, Group Insurance Department, or Kor.Por.Chor., by submitting the recorded data through the Manager and the Director, respectively.

3. Claim of Accidental Health and Medical Treatment Expenses Indemnity

Consideration of Accidental Health and Medical Treatment Expenses Indemnity (in the Case of Fax Claim)

is the service that the insured can claim indemnity when he/she undergoes the IPD or OPD treatment, but with Day Surgery at the contract hospital without the need for self-advance payment in the covered amount under the Rider attached with the policy.

is the service rendered to the group insured who holds the Identity Card of the Group Insured. The group insured can be under the medical treatment under the Group Health Insurance Rider, and the Group Accident Insurance Rider for compensating the medical treatment expenses in the covered amount under the policy without the need for self-advance payment. The contract hospital shall claim indemnity from the Company via a facsimile system and redeliver all documents for billing and collecting with the Company.

Claim of Indemnity through Fax Claim Service

When the insured desires to use the Fax claim service, he/she shall notify the intention with the contract hospital as per the following procedures.

1. Identification Card or other cards attached with a photograph and issued by the government agency shall be declared to the hospital officer.
2. The Identity Card of the Group Insured shall be declared.
3. The physician diagnoses that the insured needs to undergo IPD treatment or in the case of OPD, the physician shall diagnose, and Day Surgery is needed.
4. The hospital submits the primary right verification documents via facsimile to the Company.
 - Copy of Identification Card or other cards attached with photograph and issued by the government agency, with signing for copy certification
 - Copy of Identity Card of the Group Insured, with signing for copy certification
 - Part 1 Claim Form with the insured's signature
 - Treatment History (if the Company additionally requests)

5. The Company shall consider the primary right verification documents from the hospital and inform the consideration result back within 30 (thirty) minutes after receiving the complete documents.
6. The hospital submits the data of treatment and expenses detail via facsimile to the Company when the physician permits discharge from the hospital.
hospital submits the primary right verification documents via facsimile to the Company.
 - Copy of Identification Card or other cards attached with photograph and issued by the government agency, with signing for copy certification
 - Copy of Identity Card of the Group Insured, with signing for copy certification
 - Part 1 Claim Form, with the insured's signature
 - Part 2 Claim Form
 - Invoice and Medical Treatment Expenses Detail
 - Treatment History (if the Company additionally requests)
7. The Company shall consider the documents from the hospital and inform the consideration result back within 30 (thirty) minutes after receiving the complete documents.
 - In the case where the Company approves the exercise of the right of Fax Claim if the expenses are incurred over rights obtained from the Rider, the insured shall be the payor of the said excess expenses.

Conditions for Use of Fax Claim Service

1. The Company shall be the approver of the exercise of the rights and benefits of medical treatment expenses according to the terms and conditions after considering the documents delivered by the hospital via facsimile.
2. The right of Fax claim can be exercised with the injury or illness diagnosed by the physician and concluded that IPD treatment is needed or in the case of OPD, the physician shall diagnose, and Day surgery is needed. However, the consideration shall be taken under the policy's coverage.
3. The right can be exercised with a contract hospital only.

Working Days-Hours of Fax Claim

This service is daily opened at 8.30-17.00 hrs. on working days and 8.30-18.00 hrs. on holidays at Facsimile Number 0 2631 1388.

Hotline 081 991 8370, 081 911 1743 is daily opened at 8.30-20.00 hrs.

Use of Services of the Company's Network Medical Facilities without Need for Advance Payment of Medical Treatment Expenses in the Coverage Amount under the Rider Attached to the Policy

1. Identification Card or other cards attached with a photograph and issued by the government agencies or attached with the Company's Group Health Insurance Card to the hospital officer are declared.
2. The insured shall sign the Company's Claim of Indemnity Form and sign a recognizing all actual incurred expenses in the document of the medical facility every time.
3. If the incurred expenses exceed benefits in the Group Health Insurance Card, the insured shall immediately be responsible for paying the excessive expenses to the medical facility.
4. The Group Health Insurance Card cannot be used in the case where the insured undergoes the treatment due to the cause within the policy's exceptions, and upon expiration of the employee status or expiration of coverage.
5. The insured shall return the Group Health Insurance Card and the Group Health Insurance Card of the spouse and children (if any) to the Human Resource Department.

Use of Services of the Company's Non-Network Medical Facilities with Need for Advance Payment of Medical Treatment Expenses

In the case where the insured undergoes the treatment in medical facilities other than Southeast Life Insurance Public Company Limited has opened for network, he/she shall make the advance payment of medical treatment expenses and prepare the following documents for submitting to withdraw with the Company.

1. Original Receipt, Particulars of Receipt (Type, Quantity, Price)
2. Medical Certificate clearly specifying the cause of treated disease based on the treatment date)
3. Claim of Indemnity Form
4. Copy of Book Bank Page with Account Number (in the case where the Human Resource Department has not yet submitted the data of Account Number to the Company.)
5. The documents shall be delivered to your Human Resource Department to claim the indemnity (kindly duplicate all issues of documents for storage as reference evidence).

In the Case of Loss of Receipt / Medical Certificate

1. 1 Issue of Copy of Notice
2. Receipt, Particulars of Receipt (Type, Quantity, Price), and Medical Certificate, where the insured shall request for duplicating the Copy of Receipt from the medical facility by him/her, under true copy certification by the medical facility.

In the Case of Withdrawal of Right Excess from Other Insurance

The insured cannot use the Copy of the Receipt in withdrawing the indemnity of medical treatment expenses, unless in the case where withdrawal has been made with other insurances, such as personal insurance, social security, or compensation fund. The insured shall take the Copy of the Receipt and Particulars of Receipt from other insurance, social security, or compensation fund for the paid amount to claim the remainder of indemnity.

Remark : The Company reserves the right not to pay all medical treatment expenses if the submitted documents are found to be incorrect, incomplete, or unverified. Additionally, if it is detected that the insured has requested a separate receipt or other parties have requested the treatment instead, or if it is a disease within the policy's exceptions, the Company may withhold payment. In such cases, the physician or the officer of the medical facility may be requested to provide additional information or rewrite the disease diagnosis, etc.

In the Case of Damage / Loss of the Health Insurance Card

The insured shall contact Human Resource Department to request certification from Human Resource Department in preparing the new Group Health Insurance Card. The Human Resource Department shall notify the insurance company to issue the new Card.

Joint Use of Social Security with Group Insurance Welfare of Southeast Life Insurance Public Company Limited Guidelines for Joint Use of Social Security Welfare with Group Insurance Welfare of the Company

- **The hospital where you do not select to exercise the rights of social security and cannot use the Group Health Insurance Card of Southeast Life Insurance Public Company Limited**

The insured shall first make advance payment of medical treatment expenses and directly claim the indemnity with the Company by delivering the documents to Human Resource Department.

- **The hospital where you do not select to exercise the rights of social security and can use the Group Health Insurance Card of Southeast Life Insurance Public Company Limited**

The insured shall submit both the Social Security Card and the Group Health Insurance Card of Southeast Life Insurance Public Company Limited and declare the intention to jointly exercise the rights. The insured can choose to request to use the rights for medical treatment expenses through social security first or can choose to use the rights of the Company's group accident insurance/life insurance and health insurance first.

Remark : The above guidelines provide appropriate and maximally efficient options for selecting welfare benefits, contributing to treatment efficiency, and controlling the claim for medical treatment expenses within the scope, thereby affecting the premium to be paid by the Company in the following year. However, the member can choose to exercise any welfare right first and undergo the treatment at the hospital according to the requirements for using social security.

List of Network Medical Facilities



You can verify the list of network medical facilities at <https://www.southeastlife.co.th/services/group-form-download> or Line THAI GROUP to study the download method below.



Documentation for Claim of Indemnity

The document of the Claim of Indemnity Form can be downloaded at <https://www.southeastlife.co.th/services/group-form-download>.

1. Documentation for Claim of Indemnity

| No. | Documentation for Claim of Loss of Organ and Disability Indemnity |
|-----|---|
| 1 | Document Delivery Note of Claim of Death Indemnity |
| 2 | Assertion Form A. shall be filled in statements by the beneficiary and signed together with 2 witnesses for certification. |
| 3 | Assertion Form B. shall be filled in statements by the treating physician and signed together with 2 witnesses for certification, or Certificate of Death certified true by the beneficiary; or Death Notification Receipt Form from the officer of the Department of Local Administration (Sub-district Headman or Village Headman) under true copy certification by the beneficiary |
| 4 | Medical Report and History of all treatments in all medical facilities |
| 5 | Original Life Insurance Application specifying the beneficiary |
| 6 | Copy of Death Certificate under true copy certification by the beneficiary |
| 7 | Copy of Census Registration that delisted the deceased for death, under true copy certification by the beneficiary |
| 8 | Copy of Every Beneficiary's Census Registration under true copy certification by the beneficiary |
| 9 | Copy of Every Deceased and Beneficiary's Identification Card under true copy certification by the beneficiary |
| 10 | Copy of Birth Certificate (in the case where the beneficiary is a minor and has not yet held the Identification Card, under true copy certification by the beneficiary.) |
| 11 | Copy of Marriage Certificate (if any) under true copy certification by the beneficiary |
| 12 | Copy of the Change in Name-Surname (if any) certified true by the beneficiary |
| 13 | Certificate of the Deceased's Salary (in the case of purchasing the sum assured equal to salary) affixed with the signature and seal of the Company by the authorized signatory of the employer's Company that issues the Certificate and affixes the Company's seal. |
| 14 | Certificate of Total Debt Amount and Outstanding Debt Amount in the case of being a savings cooperative |
| 15 | Judicial Order for Appointing the Administrator (in the case where the insured does not specify the beneficiary) under true copy certification by the beneficiary |
| 16 | Judicial Order for Appointing the Curator (in the case where the beneficiary is a minor and father, mother die) under true copy certification by the beneficiary |
| 17 | Copy of the Beneficiary's Death Certificate in the case where he/she dies before/after the insured, under true copy certification by the beneficiary |
| 18 | Photograph of the Beneficiary together with Identification Card for "One Photograph per One Beneficiary" in the case where the minor does not hold the Identification Card, he/she shall take a photo with the minor's father or mother or lawful guardian. |
| 19 | 3 Sets of Letter of Consent and Power of Attorney on Request of the Medical Report, where the lawful heir signed to give consent. |
| 20 | Copy of Identification Card under true copy certification by the consenting heir for 3 copies |

1. Documentation for Claim of Death Indemnity (Continued)

| No. | Additional Documents in the Case of Accidental Death |
|-----|--|
| 1 | Copy of Analytic Autopsy Report under true copy certification by the place of issuance or the beneficiary |
| 2 | Copy of Daily Police Report specifying the date and time of the accident and under true copy certification by the beneficiary |
| 3 | Summary Report of the Daily Report and Summary Report of the File of the Case under true copy certification by the beneficiary |
| 4 | History of all treatments relating to this time of the accident in all medical facilities |

2. Documentation for Claim of Loss of Organ and Disability Indemnity

| No. | Documentation for Claim of Loss of Organ and Disability Indemnity |
|-----|--|
| 1 | Document Delivery Note of Claim of Non-Death Indemnity |
| 2 | Claim of Disability/Loss of Organ Indemnity Form Filled by the Treating Physician |
| 3 | Ophthalmologist's Opinion Note Form filled by the treating physician |
| 4 | Photograph of the Position of Organ Loss |
| 5 | Certified True Copy of Daily Police Report specifying the date and time of the accident |
| 6 | Certified True Summary Report of the Daily Report and Summary Report of the File of the Case |
| 7 | History of all treatments relating to this time of accident or illness in all medical facilities |
| 8 | Photograph of the Insured along with Identification Card |
| 9 | Letter of Informed Consent in the Case of Claim of Non-Death Indemnity |
| 10 | 3 Sets of Letter of Consent on Request for Medical Report |
| 11 | 3 Sets of Certified True Copy of the Insured's Identification Card |
| 12 | 1 Set of Certified True Copy of the Insured's Census Registration |

3. Documentation for Considering the Indemnity in the Case of Receipt

| No. | Documentation for Claim of Medical Treatment Expense Indemnity | Daily Compensation from Illness/Injury in Type of IDP | In Type of OPD | In Type of OPD (Dental Treatment) |
|-----|---|---|----------------|-----------------------------------|
| 1 | Document Delivery Note of Claim of Non-Death Indemnity | ✓ | ✓ | ✓ |
| 2 | Claim of IPD Treatment-Health Insurance Indemnity Form | ✓ | ✗ | ✗ |
| 3 | Claim of OPD Treatment-Health Insurance Indemnity Form | ✗ | ✓ | ✗ |
| 4 | Claim of Dental Treatment-Health Insurance Indemnity | ✗ | ✗ | ✓ |
| 5 | Original Receipt of Medical Treatment Expenses | ✓ | ✓ | ✓ |
| 6 | Original Medical Certificate | ✓ | ✓ | ✓ |
| 7 | Particulars of Receipt (Type, Quantity, Price) | ✓ | ✓ | ✓ |
| 8 | Treatment History | ✓ | ✓ | ✓ |
| 9 | Copy of Payment Slip of Other Insurance Companies or Other Agencies (In the Case of Right Excess) | ✓ | ✗ | ✗ |
| 10 | Letter of Consent in the Case of Claim of Non-Death Indemnity | ✓ | ✓ | ✓ |
| 11 | Photograph of the Insured along with Identification Card | ✓ | ✗ | ✗ |
| 12 | 3 Sets of Letter of Consent on Request for Medical Report | ✓ | ✓ | ✓ |
| 13 | 3 Sets of the Certified True Copy of the Insured's Identification Card | ✓ | ✓ | ✓ |

Remark: The mark showing ✓ means the documents required for use in consideration support.



Group insurance information for Expat

My Port & ECARD

1

Scan to add
"THAI GROUP" LINE OA



2

Click Menu
"SE Life Insurance"



3

Click Menu "Expat"



4

Click "My Port"



5

Fill in registration form

Register

Passport no.

First Name

Last Name

Mobile phone number

This is for OTP verification

Terms and condition to use LINC Official Account services
I have read and agree to our terms and conditions

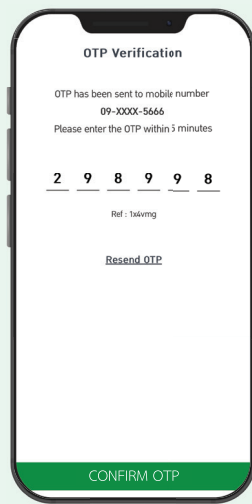
NEXT



My Port & ECARD

6

Proceed **OTP** verification



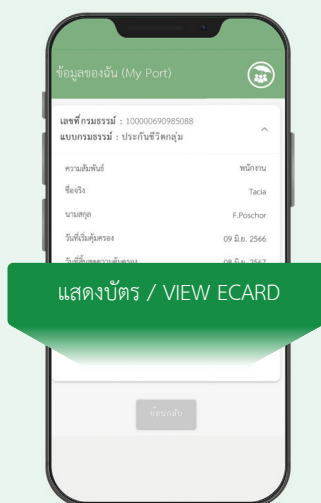
7

Accept **Terms & Conditions**



8

Click "**VIEW ECARD**" for your insurance card



9

Show **ECARD** to the hospital or click share symbol to send out



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อาภรณ์ประกันชีวิต