

Conditions for Assist Rider

1 What your rider covers

This rider covers the following **benefits**.

This rider applies as well as **your policy**. Our responsibility to pay the **benefits** under this rider will only arise if **you** are eligible to make a claim under **your policy**.

Paying the **benefits** under this rider depends on the **limits of compensation, limits on special benefits** (if it applies), **limit for each policy year of your policy** and all other limits listed in the **schedule of benefits**, where it applies.

1.1 Deductible and co-insurance

While this rider is in force, there is no **deductible** or **co-insurance** due under **your policy**. However, **you** will have to make a co-payment for each claim, as set out below, unless **you** have already paid up to the maximum amount for each **policy year**.

a Co-payment

For each claim under **your policy**, **you** will have to make a co-payment of 10% of the **benefits** due under **your policy** or the maximum amount for each **policy year** shown in the table below for the relevant **plan**, whichever is lower. This co-payment also applies to claims for 'Outpatient hospital treatment'.

Maximum co-payment for each policy year			
Enhanced Preferred or Plan P	Enhanced Advantage or Plan A	Enhanced Basic, Plan B or Standard Plan	Enhanced C or Plan C
\$3,000	\$2,500	\$2,000	\$1,500

You must make the co-payment before **we** pay any **benefit**. **We** will only pay the amount of **your** claim which is more than the co-payment.

For each **stay in a hospital** of 12 months or less, **you** must pay the co-payment for one **policy year** (even if the **stay in a hospital** runs into the next **policy year**). If the **stay in a hospital** is for a continuous period of more than 12 months and up to or less than 24 months, **you** must also pay the co-payment for the next **policy year**. And, for each further period of 12 months or less that the **stay in a hospital** extends for, **you** must pay the co-payment for one extra **policy year**.

1.2 Hospital cash benefit

If the **insured** is admitted to a ward which is a lower class than the class they are entitled to under **your policy**, **we** pay a daily hospital cash benefit for each full day as follows.

Hospital cash benefit		
Plan	Admitted ward	Cash benefit for each day
Enhanced Preferred	Restructured hospital ward class B1,B2 or C	\$150
Enhanced Preferred	Restructured hospital ward class A	\$125
Enhanced Advantage	Restructured hospital ward class B1, B2 or C	\$100
Enhanced Basic	Restructured hospital ward class B2 or C	\$75

If the **insured** is in **hospital** for only part of a day, **we** will pay half of the hospital cash benefit for that day (based on the rates in the table above). Whether **we** class the **stay in**

hospital as a full day or part of a day will depend on whether the **hospital** charges the room rate for a full day or for half a day, for the day in question.

Hospital cash benefit applies to the Enhanced IncomeShield plan only and is paid on top of the **benefits** covered under **your policy**.

1.3 Extra bed benefit

If during the **insured's stay in hospital** their parent or guardian stays and shares the same room, **we** will refund up to \$80 for each day the parent or guardian stays. This applies as long as the following conditions are met.

- The **insured** is a child aged 18 or below on the date a claim is made for this benefit.
- **We** will pay up to 10 days for each **stay in hospital**.
- If the **insured** is in **hospital** for only part of a day, **we** will pay half of this benefit for that day.

The co-payment under clause 1.1 (a) of this rider does not apply to any claim for this benefit.

2 Our responsibilities to you

Our responsibilities to **you** are only for the cover and period shown in this endorsement or **renewal certificate** (as the case may be) and depend on the terms, conditions and limits of this rider.

3 Your responsibilities

3.1 Premium

The amount of **premium for the rider** which **you** have to pay to **us** to receive the **benefits** in clause 1 is set out above. If this rider is added to **your policy** during a **policy year**, the **premium for this rider** for that **policy year** will be pro-rated. **You** must pay the **premium for the rider** every year.

We give **you** 60 days' grace from the **renewal date of this rider** to pay the **premium for this rider**. During this **period of grace**, this rider will stay in force. **You** must first pay any outstanding **premium for this rider, premium for your policy** or amounts **you** owe **us** before **we** pay any claim under this rider.

If **you** still have not paid the **premium for this rider** after the **period of grace**, this rider will be cancelled. This cancellation will apply from the **renewal date of this rider**.

You are responsible for making sure that the **premium for this rider** is paid up to date.

3.2 Refunding the premium when this rider ends

We will refund the unused pro-rated portion of the **premium for this rider** to **you** in cash when this rider ends.

3.3 Change in premium

The **premium for this rider** that **you** pay can change from time to time. If **we** change the **premium for this rider, we** will write to **you** at **your** last known address, at least 30 days before the change is to take place, to tell **you**

what **your** new **premium for this rider** is. **We** will change the **premium for this rider** only if the change applies to all policies within the same class.

4 What you need to be aware of

4.1 Cancelling the rider

You may cancel this rider by giving **us** at least 30 days' notice in writing. **We** will tell **you** the date it will end. Cancelling **your** rider will not affect the validity of **your policy**.

4.2 Ending the rider

If **your policy** is cancelled, ends or has lapsed for any reason, this rider will automatically and immediately end even if the **period of grace** has not come to an end.

4.3 Reinstating the rider

If this rider is cancelled because **you** have not paid the **premiums**, **you** may apply to reinstate **your** rider.

You can do this if **we** agree and **you** meet all of the following conditions.

- a **You** must pay all **premiums for the rider** **you** owe before **we** will reinstate **your policy**.
- b **We** will not pay for any expenses which happen between the date this rider ends and the date immediately before the **reinstatement date** of this rider.
- c If there is any change in the **insured's** medical or physical condition, **we** may add exclusions or charge an extra **premium for this rider** from the **reinstatement date**.

To avoid doubt, if **we** accept any **premium for this rider** after this rider has ended, it does not mean **we** will not enforce **our** rights under this rider or create any liability for **us** in terms of any claim. **Our** responsibility to pay will only arise after **we** have reinstated this rider.

4.4 The terms and conditions of your policy

Unless they are changed by this rider:

- a all other terms and conditions of **your policy** will not change and will apply to this rider, if it applies; and
- b words defined in the definitions section of the conditions of **your policy**, if used in this rider, will have the same meanings.

If there is any inconsistency between the terms and conditions of this rider and **your policy**, the terms and conditions of this rider will apply.

4.5 Exclusions

All exclusions under **your policy** will apply to this rider.