

GROUP HEALTH INSURANCE POLICY WORDING

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CHAPTER I: DEFINITION

1. **PJICO** is Petrolimex Joint Stock Insurance Company (short called PJICO)
2. **Doctor** is a legally licensed medical practitioner recognized by the law of the Socialist Republic of Vietnam and who, in rendering such treatment, is practicing within the scope of his licensing and training but excluding a Doctor who is the Insured Person himself or the sibling, the spouse, children of the Insured Person. A Doctor may be recognized as a Specialist.
3. **Special diseases** are cancer and all kinds of tumor, blood pressure disease, cardiovascular disease, gastritis, arthritis, hepatitis (A, B, C), stone in secretion system, chronic sinusitis, diabetes, bronchial asthma, renal inflammation (excluding acute phase, which give rise to emergency medical treatment).
4. **Pre-existing conditions** are any medical conditions of the Insured which have been diagnosed; or for which symptoms existed that would cause an ordinary prudent person to seek diagnosis, care or treatment; or for which medical treatment was recommended by a medical practitioner, irrespective of whether treatment was actually received or not.
5. **Newborn care expenses** are expenses including pediatric medication, pediatric care, pediatric tests, vaccination, and baby sanitation right after being born at the admission hospital.
6. **Actual medical expenses** are customary and reasonable charges indicated by attending doctor, incurred where the Insured Person giving rise to insured medical treatment for disease or pregnancy
7. **Customary and reasonable charges** are the medically necessary charges that do not exceed the general level of price made by providers of medical services of similar standing within the policy territorial limit where the charges are incurred, when providing like or comparable treatment, services, or supplies for a similar illness.
8. **Policy-holder** is a party who concludes an insurance policy with PJICO and named as Policy-holder in the Policy.
9. **Medical facility** is a legally licensed medical facility and is legally entitled to providing in-patient and out-patient treatment services, is not a resort nor a nursing home nor a home for the aged nor a drug or alcohol rehabilitation center.
10. **Congenital anomaly** is abnormal development with respect to form, structure or position of organ or body structure during gestation as concluded by Doctor based on medical practice.
11. **Out-patient treatment** means the Insured Person, who receives treatment at legally licensed medical facility, but is not admitted to a hospital bed for in-patient nor day-patient treatment.
12. **In-patient treatment** is medical treatment where the Insured Person has completed admission procedure and stayed at hospital bed overnight. Hospital discharge note is a necessary document to claim for this benefit.
13. **Day-patient treatment** is medical treatment where the Insured Person has to admit to hospital and stay at hospital bed but does not stay overnight. Hospital discharge note is a necessary document to claim for this benefit.

14. **Commencement date** is an Effective date of the first policy where the Policy-holder enrolls this insurance. For policies that are not annually consecutive renewed, Commencement date is an Effective date of the latest policy of the new period of insurance, except otherwise specified.
15. **Effective date** is the date when the each period of insurance starts. For consecutive renewal policies, the Effective Date is the renewal date. In this policy, effective time is 00:01 AM of Effective date.
16. **Enrolment date** is the date, on which the Insured Person enroll to the Policy.
17. **The Insured Person** is a person accepted by PJICO to be covered as specified in the List of Insured Persons.
18. **Employee** is member of an enterprise, organization and has labor contract, probational labor contract or legitimate labor agreement with such enterprise, organization.
19. **Dependents** include legal spouse, children. Children are from 12 months old to 18 years old or 23 years old (who are in continuous full-time education, not yet married and dependant on the Insured person for support). All dependents must be named in the List of Insured Persons.
20. **Hospitalization** is in-patient treatment over 24 hours and day-patient. Hospital discharge note is necessary document to claim for this benefit.
21. **Surgical Operation** is a scientifically surgical method used for bodily injury, illness treatment or pregnancy treatment conducted by a certified surgeon via manual operation including but not limited to therapy, which brings similar result (such as stone grind, cataract operation by laser...), minor surgery, surgical procedure with medicine instruments.
22. **Serious medical condition** mean a condition, which in the opinion of doctor and/or PJICO is a serious medical condition requiring emergency medical treatment to avoid death or serious impairment to the Insured Person's immediate or long term health prospects.
23. **Physiotherapy** is therapy, which is involved using physics therapy to reduce pain, recover muscle function or daily normal activities of the patient as indicated by attending Doctor.

CHAPTER II: SCOPE OF COVER

This Policy reimburses the Insured person all medical expenses, which is necessary for medical treatment due to illness, disease, pregnancy incurred within period of insurance.

The Insured Benefits mentioned in this Policy are payable to the Insured Person in case medical expenses covered under the Policy is incurred.

Upon receipt of proof of claim, PJICO shall pay the benefits covered under this Policy subject to its specified annual limit / sub-limits. All payable benefits are limited to the actual, necessary, customary and reasonable expenses

1. Hospital Charges

Should the Insured person sustain from hospitalization, PJICO shall pay hospital service charges or medication provided by hospital, including but not limited to the following charges:

- a. Standard room, board and meals. In respect of international hospital, room charge is limited to standard room class (not is special room class).
- b. Intensive care unit charges
- c. Administration fee, cost of blood aid or blood plasma.
- d. Drugs and medicine consumed within time of hospitalization
- e. Dressings, ordinary splints and plaster casts
- f. Physiotherapy (if it is required by attending doctor and necessary for hospitalization)
- g. Intravenous infusions
- h. X-rays, MRI, CT and PET scans, diagnostic test indicated by attending doctor to define the condition and carried out in a hospital as part of day-patient or in-patient treatment
- i. Delivery charges

Total number of days the Insured person stays in the hospital shall not exceed number of days as specified in the Benefit Schedule.

2. Surgical charges

PJICO shall pay for: medical expenses relating to an in-patient, day-patient, outpatient surgical operation including expenses for the surgical procedure, essential prostheses transplanted into the body to maintain life or necessary surgical appliances/materials, operating theatre, surgeon, anesthetizing fees and ordinary fees for the purpose of pre-operation diagnosis, post-operation recovery, organ transplantation, redone operation. Surgical charges do not include fees for procedure to diagnosis medical condition.

3. Emergency treatment

Emergency services carried out in emergency ward of hospital or clinic for serious medical conditions

4. Emergency transportation

Expense of emergency medical transportation and medical care en-route to move an Insured Person in a serious medical condition to emergency ward of the nearest hospital or clinic, where appropriate medical care and facilities are available.

5. Hospitalization Cash allowance

PJICO shall pay cash benefit per day as shown in the Benefit Schedule during time of hospitalization of the Insured person.

6. Pre-hospitalization treatment

PJICO shall pay the Insured Person the cost of necessary examination, diagnosis, related medical expenses and tests (indicated by attending Doctor), which are directly related to the Insured Person's illness, disease, pregnancy needed to be hospitalized right afterward. Results of above accesses shall be basic factors that enable Doctor concludes the hospitalization is necessary. This benefit is payable within 15 days prior to the date of hospital admission.

7. Post-hospitalization treatment

PJICO shall pay the Insured Person the cost for follow-up treatment indicated by attending Doctor for illness, disease, pregnancy, due to which the Insured Person has to be hospitalized. This benefit includes follow-up examination, tests, follow-up medication. This benefit is payable within 30 days after the date of hospital discharge.

8. Home nursing

PJICO shall pay the Insured Person the cost of nursing care as indicated by attending Doctor, rendered by a legally licensed nurse at the Insured Person's resident within 30 days after the date of hospital discharge.

9. Burial allowance

In case of death of the Insured Person due to the risks covered under the Policy, despite death while the Insured Person is staying in the hospital bad or not, PJICO shall pay burial allowance as specified in the Benefit Schedule

10. Newborn Baby care

PJICO shall pay newborn baby care expenses up to limit specified in the Benefit Schedule.

11. Pregnancy and Birth delivery

1. Complication of Pregnancy and complication of birth delivery

PJICO shall pay medical expenses incurred by complication of pregnancy or delivery needed obstetrical procedure. Caesarean operation is covered only when it is indicated by attending Doctor, not including caesarean operation as requested by the Insured Person (or redone operation due to such operation request). Complication of Pregnancy and complication of birth delivery include but not limit to the following cases:

- i. Miscarriage or stillbirth;

- ii. Hydatidiform mole;
 - iii. Ectopic pregnancy;
 - iv. Metrorrhagia after giving birth;
 - v. Carneous mole after giving birth;
 - vi. Indicated abortion;
 - vii. Complication of above conditions.
2. Normal delivery
PJICO shall pay medical expenses incurred by normal delivery, including but not limit to delivery charge, miscellaneous charges, specialist fee, mother care service fee before and after delivery at hospital, where the delivery takes place.

CHAPTER III: GENERAL EXCLUSIONS

The following treatments, items, conditions, activities and their related or consequential expenses are excluded under this Policy and PJICO is not liable for:

1. General Out-patient Services. This exclusion is not applied if the Insured Person enrolls “Out-patient treatment cover”.
2. Home treatment services (apart from Home nursing), treatments received in health hydros, nature cure clinics, spa, sanatorium, nursing home or long term care facility or similar establishment, which is not Medical facility.
3. Routine physical examinations including general health check-up, gynaecological check-up, pre-natal check-up, inoculations, vaccinations and preventative medicines, normal eye tests, normal hearing tests, non-medical/natural degenerative eye defects (including myopia, presbyopia and astigmatism) and any corrective surgery for nonmedical/ natural degenerative sight and hearing defects, examination for employment or travel purpose
4. Birth defects, congenital anomalies, genetic deformities or diseases, hereditary medical conditions with symptoms manifesting at birth.
5. All dental out-patient treatment and any related treatment for teeth (gums). This exclusion is not applied if the Insured Person enrolls “Out-patient treatment cover” or “Comprehensive dental care cover”.
6. Treatment and operation carried out as requested by the Insured Person which are not associated with common treatment or operation as regulated by S.R. Vietnam’s Ministry of Health
7. Cosmetic, plastic surgery, treatment for weight loss and consequences thereof.
8. Family planning, infertility, impotence, genital disfunction, sex change or any consequence or complications thereof.
9. Special diseases in first year from Commencement date, except for otherwise provided. This exclusion shall be waived for the Policy, which comprises of 50 employees or above
10. Pre-existing condition in first year from Commencement date. This exclusion shall be waived for the Policy, which comprises of 50 employees or above
11. Mental illness; psychiatric disorder, nervous breakdown, physical depression (without medical reason), exhausted, eye tire due to adjusting, stress, leprosy, syphilis, gonorrhea, Acquired Immune Deficiency Syndrome (AIDS) and AIDS related complex; venereal disease and other sexual transmitted disease, occupational diseases.
12. Costs of providing, maintaining, fitting or repairing any external prostheses or appliances, corrective devices, hearing and/or visual aids, crutches, wheelchairs or other equipments.
13. Consequence of taking drug, alcoholic substance, medication without physician’s indication or medication for drug abuse treatment.
14. War (declared or not), hostilities, terrorism, nuclear factor or radioactive contamination.
15. Cost incurred in connection with locating a replacement organ such as giving, buying, transportation, maintenance. Nevertheless, the Policy covers organ transplantation expenses.
16. Treatment that is not scientifically recognized or is experimental in nature.
17. Medical expenses and treatment for people, who are not eligible to this insurance.

CHAPTER IV – GENERAL CONDITIONS

1. Territorial scope

This Policy is geographically limited within the territory of the Socialist Republic of Vietnam, except otherwise provided. Territorial scope in the Policy is not subject to diplomatic agreement.

2. Eligibility

Eligible age for policy's enrolment is from 12 months to 65 years (calendar year). People sustaining cancer (enforceable to Dependents only), mental illness or permanent disablement of 80% upward is not eligible to enroll in the policy.

In respect of dependents, PJICO only accepts enrolment on Effective date but not in midterm of the Policy, except for:

- New employee's dependent(s)
- Spouse married within period of insurance;
- Newborn baby, who attain eligible age within period of insurance.

3. Period of insurance

Period of insurance is one year from Effective date, except otherwise agreed by PJICO.

4. Examination

PJICO shall have the right to appoint medical expert and/or loss adjuster to examine the Insured Person's health status and other information relevant to the Insured Person's claim at any time. In addition, PJICO shall have the right to require an Insured Person's autopsy in case of death, provided that this is not forbidden by law or religious beliefs and habits and customs.

5. Insured Benefits

- a. If period of insurance is over one year and is not round number of year, insured benefit for period in excess of the round number of years shall be provided as follows:
 - Full year benefit if premium rate for that period is calculated on short term basis.
 - Proportional insured benefit subject to pro-rata rate between that period against one year, if premium rate is calculated on pro-rata basis.
- b. If period of insurance is one year: insured benefit is provided on full year basis
- c. If period of insurance is less than one year: insured benefit is provided on full year basis and short term rate shall be applied.

6. Short-term premium

- a. For period not exceeding 1 month = 1/4 of annual premium
- b. For period not exceeding 2 months = 3/8 of annual premium
- c. For period not exceeding 3 months = 1/2 of annual premium
- d. For period not exceeding 4 months = 5/8 of annual premium
- e. For period not exceeding 6 months = 3/4 of annual premium
- f. For period not exceeding 8 months = 7/8 of annual premium
- g. For period exceeding 8 months = Full annual premium

7. Notice of trust or assignment

PJICO shall not be bound to accept or be affected by any notice of any trust, charge, lien, assignment or other dealings with or related to this Policy.

8. Effectiveness/ Waiting period

The Policy shall come into effect subject to following waiting period from Enrolment date.

- a. In respect of policy comprising of less than 50 employees:
 - i. Illness, disease treatment: 30 days;
 - ii. Special disease, pre-existing condition treatment: 12 months from Enrolment date;
 - iii. Pregnancy:
 - 60 days in respect of miscarriage, abortion indicated by Doctor;
 - 270 days in respect of delivery.
- b. In respect of policy comprising of 50 employees or above:
 - i. Illness, disease treatment: waiver of waiting period;
 - ii. Pre-existing condition treatment: waiver of waiting period (except for in-patient being treated on the Commencement date)
 - iii. Special disease treatment: waiver of waiting period
 - iv. Pregnancy: waiver of waiting period and benefits are settled as follows:
 - miscarriage, abortion indicated by Doctor: Insured benefit shall be paid on proportional basis between number of days from Enrolment date to the date of insured event and 60 days
 - delivery: Insured benefit shall be paid on proportional basis between number of days from Enrolment date to the date of insured event and 270 days

9. Cancellation

- a. Should the Insured or his legal beneficiary be fraudulent in pursuing the terms and conditions of this Policy, that Insured Person's cover shall be voided and the Insured Person shall no longer be entitled to any benefits. The premium for his/her cover shall be forfeited.
- b. Where either party requests to cancel this insurance, such party shall give the other party 30-day written notice in advance. The cancellation shall be in compliance with the Insurance Law and Civil Law and subject to two below terms:
 - In case the cancellation is agreed as per request of the Policy-holder, PJICO shall return 80% of the premium of unexpired period, provided always that, by the time of such agreed cancellation, the ratio between claim payments against policy premium is under 40%.
 - In case the cancellation is agreed as per request of PJICO, PJICO shall return 100% of the premium of unexpired period

10. The Insured Person's and the Policy-holder's obligations

- a. To truthfully and completely declare the material facts as required by PJICO, to observe the policy's terms and conditions and to fully pay due premium as stated in the Policy
- b. To notify PJICO at the soonest any circumstance, which may give rise to a claim, to be truthful in declaring and furnishing correct document related to an insured event.
- c. If the Insured Person authorizes another person to receive his/her claim payment, letter of legal authorization is required

11. Automatic inclusion, deletion clause

Any new eligible employee on joining the Policy-holder's employment shall be automatically covered with sum insured not exceeding sum insured as specified in the Policy and/or latest

effective Endorsements. The Policy also automatically deletes any resigned employees from the List of Insured Persons, provided that the Policy-holder shall declare actual employees' movement to PJICO at the end of every month during the period of Insurance. Premium adjustment will be calculated on pro-rata basis for the period from the date of employee addition/deletion to the expiry date of the policy.

This clause shall not be applied to any new employee, whose sum insured is higher than the highest current sum insured of the Policy, to foreigners and their dependent.

Insurance for such employees is only provided upon request of the Policy-holder and accepted by PJICO.

It is agreed and understood that the eligible insured employees must have labor contract with the Policy-holder subject to the Vietnam Labor Code.

It is further agreed and understood that automatic salary update clause shall be subject to labor contract between the Policy-holder and the employee, provided that the Policyholder must update PJICO with total monthly payroll alteration or monthly payroll sheet. Premium will be adjusted subject to salary alteration.

12. Policy currency clause

Subject to this clause, it is agreed and understood that the policy premium and claim payment can be settled in a currency other than the policy's currency and Vietcombank selling exchange rate shall be applied at the time of premium payment or claim payment. In case of premium adjustment, exchange rate shall follow same principle as above. In case payment or premium or claim is made in Vietnam Dong, exchange rate applicable shall be Vietcombank selling exchange rate at the time of payment.

13. Premium Warranty clause

- a. Notwithstanding anything herein contained to the contrary, and subject only and without prejudice to clause 2 hereinafter set out, it is hereby declared and agreed that it is a condition precedent to liability under this Policy, Renewal Certificate, Endorsement or Cover Note that any premium due must be paid or actually transferred to the Company, the registered broker or registered agent through whom this Policy was effected:
 - i. where the period of insurance is more than 30 (thirty) days, within 30 (thirty) days from the:
 - Inception date of the cover under the Policy, Renewal Certificate or Cover Note; or
 - Effective date of the cover stated on each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note; or
 - Issuance date of the Policy or the Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note if this ISSUANCE date is after 30 (thirty) days from the inception date or effective date; or
 - ii. where the Company has allowed payment of that premium by installments, within 30 (thirty) days from the:
 - Inception date of the cover under the Policy, Renewal Certificate or Cover Note for the first installment and thereafter from the agreed dates on which the subsequent installments become payable; or
 - Effective date of the cover of any Endorsement issued under such Policy, for the first installment and thereafter from the agreed dates on which the subsequent installments become payable; or
 - Issuance date of the Policy or the Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note if this ISSUANCE date is after 30 (thirty) days from the inception date or effective date for the first installment and thereafter from the agreed dates on which the subsequent installments become payable; or

- iii. where the period of insurance is less than 30 (thirty) days or less, the premium must be paid upon presentation of the Debit Note(s) but no later than 15 days from the Effective date of the Policy or the Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.
- b. In the event any of the abovementioned premium is not paid or actually transferred to the Company, registered broker or registered agent as described above in the manner and within the time stipulated above (the "premium warranty period"), the cover under this Policy, Renewal Certificate, Endorsement or Cover Note shall be deemed to have terminated from the expiry of the premium warranty period and the Company shall be discharged from all liability therefrom but without prejudice to any liability incurred before that date and the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of US\$25.
- c. It is further agreed and understood that in the event any of the abovementioned premium has been paid or actually transferred to the Company, registered broker or registered agent after the time stipulated above (the "premium warranty period"), the cover under this Policy, Renewal Certificate, Endorsement or Cover Note shall be deemed to have validated and the Company shall be responsible for all liability therefrom but without prejudice to any liability incurred before that late payment date.

CHAPTER V: CLAIM

1. Claim procedure (applied to the policy and endorsement thereof)

To claim PJICO, the Insured Person or his legal beneficiary or his representative must submit the following documents to PJICO within 180 days from the date of discharging hospital or finishing treatment or death of the Insured person. Beyond this period, the claim payment of the Insured Person or his legal beneficiary shall be declined partially or totally, except for a force majeure.

- i. Completed PJICO's claim form signed and stamped by the Policy-holder (except for otherwise provided)
- ii. Certificate of Permanent Disability (if the Insured Person sustains permanent disablement);
- iii. Certificate of Death (if the Insured Person die);
- iv. Document proving legal inheritance (if the Insured Person dies);
- v. Leave Indication of attending Doctor;
- vi. Medical records (in respect of bill, invoice, PJICO accepts original documents only):
 - Hospital discharge note, certificate of operation (in case of operation);
 - Doctor's indication of tests, X-ray, CT scan and its results
 - Prescription, pharmaceutical invoice, hospital charge bill, receipt (form as requested by the Ministry of Finance).
- vii. Staff In/out checking sheet, labor contract / agreement, payroll sheet confirmed by the Policy-holder or copy of staff's bank account transaction. In respect of probational employees, appropriate letter of job offer shall be required.
- viii. Nursing home:
 - If nurse sent by medical facility: the Insured person furnish invoice, receipt and referral letter issued by this medical facility.
 - If nurse is self-employed: the Insured Person furnishes copy of qualified certificate and receipt issued by that nurse.
- ix. Submitting document proving relation with dependants in case dependents making claim.
- x. Other relevant document if required.

2. Time for Claim settlement

PJICO shall notify the claim assessment result and settle the claim payment to the Insured Person or his legal beneficiary or his legal representative within 15 working days from the date of receipt of the sufficient claim document.

3. Time for appeal

The period for the Insured Person or his legal beneficiary to appeal against any claim payment is three (3) years as from the date the Insured Person or his legal beneficiary receive PJICO's payment notification. Beyond this period, all appeals are invalid.

The parties herein agree that any dispute between the parties with regard to the Policy shall be submitted to the Court of Socialist Republic of Vietnam and be governed by the Law of Socialist Republic of Vietnam.

4. General information on claim

All documents and materials, (including but not limited to original invoice, certificates and x-ray results) that are required by PJICO to support claim, including medical report of Insured Person's current health status or history of his/her health status shall be provided free of charge to PJICO, if requested, before any claim payment being made.

In case medical information is insufficient, or claim documents needed to be clarified, it shall be the Insured's responsibility to furnish such information and PJICO is free from expense to obtain such information.

5. Co-insurance / Dual insurance

Co-insurance, dual insurance are applicable for medical expenses but not for death or permanent disablement caused by illness or accident.

If the Insured Person is covered under other insurance scheme (except for Social insurance) at the time an insured even incurs, the medical expenses for treatment of the same medical condition shall not be reimbursed simultaneously by all the insurers.

CHAPTER VI: EXTENSIONS

1. Extension without premium loading

Special agreement on cash advance: subject to the necessity of Hospitalization, for particular cases:

- PJICO agrees to make cash advance up to VND 10,000,000 based on estimated claim amount provided that an estimated claim amount based on the initial diagnosis of hospital equals or higher than VND 5,000,000.
- If PJICO fails to make the cash advance within 24 hours after an insured even happens, the Policy-holder can, upon receipt of PJICO's writing confirmation, provide to related insured employee with a reasonable cash advance.
- The Policy-holder shall quickly afterwards notify PJICO of the cash advance, furnish PJICO with medical document, cash advance proposal which was confirmed by PJICO. PJICO shall refund the Policy-holder such amount of money within 15 days.

2. Extensions subject to premium loading

a. Out-patient treatment

Subject to additional premium payment of the Policy-holder PJICO agrees to cover the following out-patient treatment with the sum insured as specified in the Policy.

i. Out-patient treatment: PJICO shall pay medical expenses for out-patient treatment incurred in medical facilities, including:

- Examination fee
- Drugs prescribed by Doctor
- X-ray, laboratory tests, necessary radiographic and actinotherapy indicated by Doctor for diagnosis and treatment of the medical condition.
- Reasonable and necessary physiotherapy indicated by Doctor.
- Pregnant routine check-up.

ii. Basic dental care:

PJICO shall pay basic dental care expenses incurred in medical facilities, including:

- Examination and diagnosis
- X-ray
- Gingivitis (blow the gums)
- Normal compound fillings (amalgam or composite)
- Root canal Treatments
- Extractions of diseased teeth (without surgery)

b. Comprehensive dental care

Subject to additional premium payment of the Policyholder, PJICO agrees to cover follow dental care expenses incurred in medical facility subject to limit specified in the Policy, including

i. Basic dental care

- Examination and diagnosis
- X-ray
- Gingivitis (blow the gums)
- Normal compound fillings (amalgam or composite)
- Root canal Treatments
- Extractions of diseased teeth (without surgery)

ii. Special dental care

- Tooth cleaning (twice a year)
- Extractions of diseased teeth (with surgery)
- Removal of roots
- Removal of solid Odon tome (deep under gum)
- Apicetomy (cut the top of tooth's root)
- Where the Insured Person enrolls this cover, Basic Dental Care under Out-patient Treatment benefit shall be not applicable.

iii. Exclusions: The following dental treatment expenses shall be excluded under this extension:

- Dental prosthesis (new made, repair or replacement)
- Orthodontia for cosmetic purpose
- Accidental damage to teeth

CHAPTER VII: DEATH AND PERMANENT DISABLEMENT CAUSED BY ILLNESS, DISEASE, PREGNANCY COVER

1. Scope of cover

Subject to this term, PJICO agrees to extend to the Policy to cover death or permanent disability of the Insured Person due to health conditions (including but not limited to illness, disease,

pregnancy, food/drink poisoning, toxic gas, smoke inhalation). The cover shall be subject to the following exclusions but not subject to General Exclusions of this Policy (Chapter III) with maximum limit as specified in the Policy. In case the Insured Person did not assign the beneficiary or the assigned beneficiary has died or disappeared for a certain period of time, PJICO will pay the lump sum claim amount to his/her legal beneficiary as regulated by Inheritance Law of Vietnam.

2. Exclusions

PJICO shall have no liability to pay benefit in case death or permanent disablement is directly or indirectly caused by the followings causes:

- a. Accident
- b. Intentional act committed by the Insured Person or his/her beneficiary
- c. The Insured is under direct influence of alcohol, beer, drug, or other stimulants
- d. Pre-existing conditions, unless the Insured Person had enrolled the Policy for consecutive 24 months.
- e. Special diseases, unless the Insured Person had enrolled the cover for consecutive 24 months
- f. Congenital anomaly, mental illness.
- g. Treatment or drug usage not indicated by attending Doctor.
- h. Treatment that is not scientifically recognized or experimental in nature.
- i. The Insured intentionally violates the law, internal regulation, regulation of local authority or of social associations.
- j. Pregnancy, unless the Insured Person had enrolled the Policy for consecutive 12 months.
- k. War (declared or not), hostilities or war like activities, civil war, commotion, riot, or civil commotion.
- l. Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions or conditions caused by AIDS, gonorrhoea, syphilis; other sexual transmitted disease. Disablement percentage specification shall be based on Annex 2 – Table of Permanent Disablement Scale.

FOR AND ON BEHALF OF THE INSURER

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ANNEX 2
TABLE OF PERMANENT DISABLEMENT SCALE
(Applicable to Group Health Insurance)

TOTAL PERMANENT DISABLEMENT

1. Death.....	100%
2. Loss of or loss of sight of two eyes.....	100%
3. Total and incurable mental disorder	100%
4. Total loss of chewing and speaking function	100%
5. Loss of or total paralysis of two arms (at shoulder or elbow level) or two legs (at hip or knees level)	100%
6. Loss of two hands or two feet or loss of one arm and one foot or loss of one arm and one leg or loss of one hand and one leg or loss of one hand and one foot	100%
7. Cutting off of one lung and part of the other	100%
8. Total permanent disablement, which entirely prevents the Insured from doing any business (total paralysis, injuries resulting in being permanently bedridden or causing total permanent disability)	100%

PARTIAL PERMANENT DISABLEMENT

Upper limbs

9. Total loss of one arm at shoulder level (removal of shoulder joint)	64%
10. Amputation of one arm beneath shoulder level	60%
11. Amputation of one arm beneath elbow level (removal of elbow joint)	56%
12. Total loss of one hand or five fingers of one hand.....	52%
13. Total loss of thumb and the other two fingers of one hand.....	30%
14. Total loss of thumb and the other one finger of one hand.....	26%
15. Total loss of forefinger and the other two fingers of one hand	30%
16. Total loss of forefinger and middle finger of one hand.....	26%
17. Total loss of thumb of either hand	18%
- Total loss of one phalanx of thumb	10%
- Total loss of forefinger	17%
18. Total loss of two phalanges of forefinger	8%
- Total loss of one phalanx of forefinger	7%
19. Total loss of middle finger or ring finger (including the metacarpal bone)	16%
- Total loss of middle finger or ring finger	14%
- Total loss of two phalanges of middle finger or ring finger	8%
- Total loss of one phalanx of middle finger or ring finger	4%
20. Total loss of little finger and its metacarpal bone	14%
- Total loss of little finger of either hand	10%
- Total loss of two phalanges of little finger	7%
- Total loss of one phalanx of little finger.....	4%

Lower limbs

21. Loss of one leg at hip level (removal of hip joint)	64%
22. Amputation of femur at any position	55-60%
23. Amputation of a leg at knee level (removal of knee joint)	52%
24. Removal of tarsal joint or loss of one foot	48%
25. Amputation of portion of tibia or fibula resulting in false joint	32%
26. Amputation of portion of fibula	20%
27. Total loss of malleous medial, lateral	10-14%
28. Total loss of five toes of one foot	40%
29. Loss of four toes including great toe of one foot	34%
30. Loss of 4 toes except great toe	32%
31. Loss of the 3rd and the 4th and the 5th toe of one foot	22%
32. Loss of the 1st and the 2nd and the 3rd toe of one foot	26%
33. Loss of great toe and the 2nd toe of one foot.....	18%
34. Loss of great toe	14%
35. Loss of any one toe other than great toe	10%
36. Loss of one phalanx of great toe	8%
37. Anchylosis of hip joint	40%
38. Anchylosis of knee joint	28%
39. Loss of substantial portion of patella resulting in significant restricted extension of lower-leg	40%
40. Total paralysis of common peroneal nerve	32%
41. Total paralysis of tibial nerve	24%

Spinal column

42. Removal of intervertebral disc through anterior or posterior way.....	26%
43. Amputation of posterior arch of one vertebra	28%
44. Amputation of posterior arch of more than one vertebrae	40%

Skull and brain

45. Removal of cerebral hemisphere	48%
46. Removal part of or whole of cerebral lobe	40%

Thorax

47. Amputation of one to two ribs	14%
48. Amputation of three ribs (each additional amputated rib correspondences to increment of 5%).....	20%
49. Amputation of portion of each rib (each additional amputated rib portion correspondences to increment of 3%)	7%
50. Total amputation of one lung	60%
51. Amputation of many pulmonary lobes in both lungs, respiration volume decreases by 50%	56%
52. Amputation of many pulmonary lobes in one lung	44%
53. Removal of parietal pleura	24%
54. Amputation of one pulmonary lobe	32%

Abdomen

55. Total gastrectomy	80%
56. Removal three-fourth or two-third with removal of vagal nerve	32%
57. Enterectomy (remaining under 1 m)	64%
58. Partial enterectomy	36%
59. Total colonectomy	64%
60. Partial colonectomy	44%
61. Pure right hepatic lobectomy	60%
62. Pure hepatic left lobectomy	52%
63. Hepatic one-second lobectomy	48%
64. Hepatic one-third lobectomy	32%
65. Amputation of less than one-third of one hepatic lobe	24%
66. Cholecystectomy	21%
67. Lienectomy	36%
68. Amputation of tail of pancreas-lien	52%
69. Removal of pancreas with opening of pancreas to jejunum.....	32%
70. Appendectomy	12%
71. Removal of esophagus, removal portion of esophagus with connecting esophagus to stomach.....	40%

Urogenital System

72. Total nephrectomy, the function of remain kidney is normal	44%
73. Total nephrectomy, the remain kidney is injured or contracted disease	60%
74. Partial left or right nephrectomy	28%
75. Removal of ureter	24%
76. Loss of penis and two testicles , in respect of the person, who is under 55 years old and without children	60%
77. Loss of penis and two testicles , in respect of the person, who is under 55 years old and have had children	48%
78. Loss of penis and two testicles , in respect of the person, who is above 55 years old	32%
79. Uterectomy and ovariectomy in one side, in respect of the woman, who is under 45 years old and without children	52%
80. Uterectomy and ovariectomy in one side, in respect of the woman, who is under 45 years old and have had children	28%
81. Uterectomy and ovariectomy in one side, in respect of the woman, who is above 45 years old	22%
82. Mastectomy in one side, in respect of woman, who is under 45 years old.....	20%
83. Mastectomy in both side, in respect of woman, who is under 45 years old	40%
84. Mastectomy in one side, in respect of woman, who is above 45 years old	14%
85. Mastectomy in both side, in respect of woman, who is above 45 years old.....	28%
86. Partial bladder-ectomy	24%
87. Removal of whole Batholine gland or its tumor	5%
88. Incision of vagina being totally cut off	14%
89. Removal of whole fallopian tube and ovary in one side or both sides	17%
90. Removal of whole uterus through abdomen with or without removal of fallopian tube or ovary in one side or both sides	20%

91. Removal of ovary with removal of mesovarium	16%
92. Removal of one testicle	8%
93. Removal of two testicles	11%

Eye

94. Total loss of or total loss the use of one eye, not to be able to be installed artificial eye.....	48%
95. Total loss of or total loss the use of one eye, to be able to be installed artificial eye.....	44%
96. Loss or loss the use of one eye and there was loss or loss of use of the other eye before the accident.....	72%
97. Removal of lacrimal gland or sac	13%

Ear-Nose-Throat

98. Total loss of hearing in both ears, there is no ability of recovery	64%
99. Amputation of mastoid bone.....	28%
100. Total loss of hearing in one ear, there is no ability of recovery	28%
101. Total loss of helix in both sides	24%
102. Total loss of helix in one side	12%
103. Total loss of nose	32%
104. Cutting of total or partial vocal bands	10%

Dentistry

105. Total loss of maxilla and mandible at its ramus downward in different sides	58%
106. Total loss of maxilla and mandible at its ramus downward in one sides	60%
107. Total loss of maxilla or mandible	60%
108. Partial loss of maxilla or loss of one-third to one-second of mandible from its ramus downward	32%
109. Loss of three-fourth of tongue, root remained (from flax-line V outward)	64%
110. Loss of two-third of tongue, root remained	44%
111. Loss of one-third of tongue, having adverse impact on pronouncing	16%
112. Loss of part of tongue (less than one-third) which adversely impacts on pronouncing	8%

PETROLIMEX JOINT STOCK INSURANCE COMPANY
CHIEF EXECUTIVE OFFICER
(Signed)