

留学生综合保障计划简介

The Comprehensive Insurance Introduction for Foreign Students

保险责任

Insurance Liabilities

在保险责任有效期内，本公司承担下列保险责任：

1. The company shall undertake the following insurance liabilities during the period of insurance:

1、身故保险责任

被保险人因意外伤害事故或疾病(含 SARS)死亡，本公司按约定保险金额给付保险金，保险责任终止。

1. Life Insurance

The company shall pay the stipulated amount of death benefit if the Insured dies of any accidental injury or disease (including SARS). The Company's liability for this Insured is terminated.

2、残疾保险责任

被保险人因遭受意外伤害事故，并自遭受意外伤害之日起一百八十日内导致残疾，本公司按照《平安附加残疾保障团体意外伤害保险条款》所附“残疾程度与给付比例表”的规定比例乘以约定保险金额给付保险金。

2. Disability Insurance

If the Insured suffers from any accidental injury which results in any disability within 180 days since the occurrence of the accidental injury, the company shall be liable for the stipulated face amount multiplying the Indemnity Scale according to the Table attached to Ping An's Accidental Disability Rider of Group AD&D.

被保险人不论一次或多次发生意外伤害保险事故，本公司均按规定分别给付意外残疾保险金，但累计给付金额以不超过约定保险金额为限。

This company shall respectively pay the Accidental Disability Benefit in accordance with the stipulations no matter the Insured suffers from accidental injury once or for several times, however the accumulative payment hereto shall not exceed the stipulated benefit amount in the Insurance Policy.

被保险人自意外伤害事故发生并导致残疾之日起一百八十日内由于同一原因死亡，本公司只给付约定保险金额与意外残疾保险金的差额；超过一百八十日死亡，不论是否同一原因所致，本公司按约定保险金额给付保险金，保险责任终止。

If the Insured dies of the same reason within 180 days since the occurrence of accidental injury which results in any disability, the company shall be liable only for the difference between the stipulated amount of insurance and the Accidental Disability Benefit paid before; if the Insured dies after 180 days, the company shall pay the benefit up to the stipulated face amount no matter the death is caused by the same reason.

3、意外伤害医疗保险责任：

被保险人因遭受意外伤害事故，并自事故发生之日起一百八十日内进行治疗，本公司就其实际支出的合理医疗费用按 100% 给付意外伤害医疗保险金，累计给付金额以约定的保险金额为限。

3. Accidental Injury Medical Treatment Insurance

If the Insured receives any medical treatment within 180 days since the occurrence of the

accidental injury, the company shall be liable for the actual and reasonable expenses for medical treatment, however the accumulative payment shall not exceed the stipulated amount in the Insurance Policy.

4、住院医疗保险责任：

被保险人因意外伤害事故或因疾病(含 SARS)，经医院诊断必须住院治疗，本公司就其实际支出的护理费（限额 100 元/天）、床位费（限额 300 元/天）、手术费、药费、治疗费、化验费、放射费、检查费等合理医疗费用，按 100% 给付“住院医疗保险金”，累计给付金额以约定的保险金额为限。

4. Hospitalization Medical Insurance

If the Insured must be hospitalized through diagnosis for any accidental injury or disease (including SARS), the company shall be liable for the actual, necessary and reasonable medical expenses including nursing fee (limited to RMB100 Yuan per day), fee for bed (limited to RMB300 Yuan per day), expenses for operation, medicine, treatment, test, radiation and examination, however the accumulative payment shall not exceed the stipulated amount in the Insurance Policy.

5、团体高额医疗费用保险责任：

被保险人因疾病(含 SARS)或意外伤害住院治疗而导致的在保险期间发生的合理且必要的医疗费用以及在保险期间内发生并延续至保险合同到期日后一个月内的合理且必要的住院医疗费用（包括床位费（限额 300 元/天）、药费治疗费、护理费、护工费（限额 100 元/天，累计 30 天）、检查检验费、特殊检查治疗费、救护车费和手术费），在累计超过起付线（人民币 6 万元）时，本公司对起付线以上至封顶线（人民币 40 万元）的部分按 100% 给付住院医疗保险金。

5. Group Major Medical Expenses Insurance

If the Insured is hospitalized for any disease (including SARS) or accidental injury, when the sum of the reasonable, necessary medical expenses as well as the hospitalization medical expenses (including the fee for bed (limited to RMB300 Yuan per day), medicine, nursing fee, fee for tendance (limited to RMB100 Yuan per day, 30 days in total), treatment, test and examination, special examination and treatment, ambulance and operation) occurred during the insurance period or occurred during the insurance period and extended into one month after the expiration of the Insurance Policy is between RMB60,0000 yuan and RMB400,000 yuan, the company shall pay the insurance benefit.

注：1）以上所有医疗机构仅限于中华人民共和国大陆境内的公立医院。

2）医疗费用范围只限于符合当地社会基本医疗保险规定报销范围的项目和费用，但承担乙类药品的自负费用。

Note: 1) All the foregoing medical organizations shall be limited to the public hospitals established within the boundaries of the Mainland China;

2) The scope of medical expenses shall be limited to the items and expenses which can be reimbursed in accordance with the local regulations on social basic medical insurance. However the expenses for the B-class medicine shall be paid by themselves.

责任免除

Exclusions

身故及残疾责任免除

Exclusions for Life and Disability Insurance

因下列情形之一，造成被保险人身故、残疾的，本公司不负给付保险金责任：

- 一、投保人或受益人的故意行为；
- 二、被保险人犯罪、吸毒、殴斗、酒醉、自残或自杀；
- 三、被保险人酒后驾驶或无照驾驶；
- 四、被保险人怀孕、流产或分娩；
- 五、被保险人患有爱滋病或其它性病。
- 六、战争、军事行动、内乱或武装叛乱；
- 七、核爆炸、核辐射或核污染；
- 八、专业人员参与的高风险运动及高危竞技类活动。

发生上述情形，被保险人身故的，本公司对该被保险人保险责任终止，并在扣除手续费后退还该被保险人的未满期保险费。

The company shall be exempted from the insurance liabilities for the life and disability benefit of the Insured for any of the following circumstances:

1. The deliberate action by the Applicant or a Beneficiary that leads to the death or injury of the Insured;

2. The Insured commits crime intentionally, addiction or abuse of drug, fights, alcohol abuses, self-inflicted or commits suicide;

3. The Insured drives after drinking, drives without proper license or drives the a vehicle without valid license;

4. The Insured is pregnancy, childbearing (including dystopia), barren, sterile, miscarriage or childbirth;

5. The Insured has AIDS or has infected by HIV virus (HIV positive) or other VD;

6. War, declared or undeclared, military action, riot, civil commotion or any war like-armed operations;

7. Nuclear explosion, nuclear radiation or nuclear contamination;

8. High-risk sports and athletic activities by the professionals;

If any of the foregoing circumstances results in the death of the Insured, the company's liability for this Insured is terminated and the company will return the immature premium after the deduction of the commission.

医疗责任（意外伤害医疗、住院医疗、高额医疗费用）免除

Exclusions for Medical Insurance (medical expenses of accidental injury and hospitalization expenses, major medical expenses)

因下列情形之一造成被保险人支出的医疗费用，本公司不负给付保险金责任：

The company shall be exempted from the insurance liabilities for any of the following circumstances:

- 一、投保人、受益人对被保险人故意杀害、伤害；
- 二、被保险人故意犯罪或拒捕、自杀或故意自伤；
- 三、被保险人殴斗、醉酒，服用、吸食或注射毒品；
- 四、被保险人酒后驾驶、无照驾驶及驾驶无有效行驶证的机动车辆；
- 五、被保险人因整容手术或其他内、外科手术导致医疗事故；
- 六、被保险人因矫形、整容或康复性治疗等所支出的费用；
- 七、被保险人支出的挂号费、膳食费、陪住费、取暖费、交通费等；
- 八、当地社会基本医疗保险或公费医疗管理部门规定的自费项目和药品；

- 九、被保险人未遵医嘱，私自服用、涂用、注射药物；
- 十、战争、军事行动、暴乱或武装叛乱；
- 十一、核爆炸、核辐射或核污染；
- 十二、首次投保前的既往症、精神疾病、艾滋病、性病、先天性或遗传性疾病及其并发症；
- 十三、在中国大陆地区以外发生的医疗费用；
- 十四、被保险人怀孕、流产或分娩；
- 十五、普通疾病门诊医医疗费用。

1. The deliberate action by the Applicant or a Beneficiary that leads to the death or injury of the Insured;

2. The Insured commits crime intentionally, resists arrest, self-inflicted or commits suicide;

3. Fights, alcohol abuses, suicide, addiction or abuse of drug;

4. The Insured drives after drinking, drives without proper license or drives the a vehicle without valid license;

5. Medical accident caused by plastic surgery or any derive surgery;

6. The expenses of orthopedic operation, cosmetic operation or rehabilitating treatment of the insured;

7. Registration fee, expenses for board, accompanying accommodation, heating and traffic fee of the insured;

8. Items and drugs paid by individual stipulated by the social basic medical insurance or the managing department of the public medical expense;

9. The Insured takes, applies or injects medicines without doctor's permission;

10. War, declared or undeclared, military action, riot, civil commotion or any war like-armed operations;

11. Nuclear explosion, nuclear radiation or nuclear contamination;

12. Medical expenses for disease occurs before the first application for the insurance, mental disease, AIDS, VD, congenital or hereditary disease and the complications before the first application for the insurance;

13. Medical expenses occurred out of the boundaries of the Mainland China;

14. Pregnancy, miscarriage or childbirth of the Insured.

15. Out-patient treatment expenses of common diseases.

保险费

Premium

保障险种	保障金额 RMB (元)	6--45 周岁		46--69 周岁	
		保险费 (元 /人·半年)	保险费 (元 /人·年)	保险费 (元 /人·半年)	保险费 (元 /人人·年)
平安团体一年定寿保险	100000	300	600	600	1000
团体附加意外伤害医疗保险	20000				
团体住院医疗保险	60000				
团体高额医疗费用保险	60000— 400000				

Types of Insurance product	Sum Insured (Yuan) RMB	Age: 6–45		Age: 46–69	
		Premium (Yuan per half-of-year for each)	Premium (Yuan per year for each)	Premium (Yuan per half-of-Year for each)	Premium (Yuan per Year for Each)
Group one-year term life insurance	100,000	RMB300	RMB600	RMB600	RMB1,000
Group accidental medical insurance rider	20,000				
Group hospitalization insurance	60,000				
Group major medical expenses insurance	60,000-- 400,000				

注：未尽事宜以《平安团体一年定期保险条款》、《平安附加残疾保障团体意外伤害保险条款》、《团体附加意外伤害医疗保险条款》、《平安团体住院医疗保险条款》《团体高额医疗费用保险（B）款》的规定为准。

Note: Matters that are not stipulated in this plan shall refer to the following Clauses: Ping An's Group One-Year Term Life Insurance, Ping An's Accidental Disability Rider of Group AD&D, Ping An's Group Accidental Medical Insurance Rider, Ping An's Group Hospitalization Medical Insurance Rider and Group Major Medical Expenses Insurance (B).

来华人员保险投保与理赔指南

Guide to Foreign People Applying for Insurance and Claim Payment

尊敬的平安保险公司客户：

您如果想了解中国平安人寿保险股份有限公司来华人员综合保险理赔服务内容,请您仔细阅读下列内容。

Respectful Clients of Ping An Insurance Company:

If you want to know service for Benefit Application for the comprehensive insurance as a foreigner, please read this guide carefully.

理赔程序

Procedure of the Benefit Application:

保险事故发生后，理赔的规范程序

On occurrence of the insured incident, the standard procedure of Benefit Application is as the following:

1. 直接向平安保险福建分公司理赔部报案。

电话：18606999518 胡松涛；

1. Report to the claim settlement department of Fujian branch of Ping An Insurance Company directly by calling Mr. Songtao Hu on 18606999518;

2. 理赔应备文件：

2. Documents to be presented for Benefit Application:

① 团体一年定期寿险

- A 被保险人护照复印件;
- B 被保险人伤残时需提供伤残鉴定证明 (由司法或劳动部门出具);
- C 被保险人死亡需提供死亡证明;
- D 如发生交通事故, 需出具公安交通管理部门的事故证明;
- E 被保险人死亡时提供受益人身份证明复印件;
- F 死亡赔付需提供受益人亲笔签字认可的保险分配方案的文件;
- G 被保险人保险卡复印件;

①Group one-year term life insurance:

- A. Copy of passport of the insured;
- B. Disability appraisal (provided by judicial or labor department) in case the insured is disabled;
- C. Death Testimonial of the Insured issued by the medical establishment accepted by the Public Security Department or our Company;
- D. Proof of accident provided by the ministry of communications in case a traffic accident occurs;
- E. Copy of the beneficiary's I.D. card in case the insured is dead;
- F. Benefit distribution scheme signed and ratified by all the beneficiaries in death benefit;
- G. Copy of the Insurance Card or Insurance Policy of the insured.

② 团体意外伤害附加医疗

- A 被保险人护照复印件;
- B 意外事故经过及证明 (若是交通事故则需出具公安交通管理部门事故证明);
- C 医院诊断证明、病历本以及门诊收据、药费处方、超声波、CT、X光片、核磁等辅助检查报告单;

- D 被保险人保险卡复印件;

②Group accidental medical insurance rider

- A. Copy of passport of the insured;
- B. Process of the accident and its testimonial (A proof of accident provided by the ministry of communications has to be presented in case a traffic accident occurs);
- C. Diagnoses record, case history record and out-patient receipt, medicine prescription, record of ultrasonic, CT, X-ray, nuclear and magnetic etc.

- D. Copy of the insurance card or Insurance Policy of the insured.

③ 团体住院医疗

- A 被保险人护照复印件;
- B 意外事故经过及证明;
- C 医院诊断证明以及住院收据住院明细文件原件;
- D 被保险人保险卡复印件;

③Group hospitalization insurance

- A. Copy of passport of the insured;
- B. Process of the accident and its proof;
- C. Original copy of diagnoses record, medical expense receipt and documents in details during the hospitalization;

- D. Copy of the insurance card or Insurance Policy of the insured

④ 每次赔案文件中须附上被保险人或学校指定的银行帐号,并本人签字或学校盖章。

- ④ Bank account number of the insured with the insured's signature or the account number in

the bank designated by the school with school's seal shall be attached to each claim document.

注:

1. 若一次保险事故分别在两家(含)以上医院就诊,须出具相应医院诊断证明书、病历本等相关文件。

2. 就诊医院为公立二级(含)以上医疗机构。

3. 保险公司理赔完成后将加盖本公司公章的医药费分割单同赔款一同寄至申请人,以报销余下部分医药费。

4. 材料寄送地址:

福州市五一中路 **88** 号平安大厦 **32F** 胡松涛收

邮编: **350003**

Notes:

1. For each insured incident, if the insured was treated in two or more hospitals, diagnose records, case history records and other relative documents from aforesaid hospitals shall be provided.

2. The insured shall get treatment in hospitals which are second-rank or higher rank public medical institutions.

3. After the insurance company settles a Benefit Application, partition sheet of the medical bill sealed by the Insurance Company and the insurance benefit will be sent to the applicant for further compensation of the remaining medical expenses.

4. All documents shall be sent to the following address:

Mr. Songtao Hu 32nd Floor, Ping An Mansion, No.88 Middle Wu Yi Road, Fu Zhou

Postal Code: 350003