中意人寿
GENERALI CHINA

Adobe System Software (Beijing) Co. Ltd.
Employee Health Benefits
Service Mannual
奥多比系统软件（北京）有限公司员工保险福利指南

Adobe

This Service Manual should serve as a guide on how to use your health plan. If there are any discrepancies between this Service Manual and the Group Health Insurance Policy / Policy Rider, the wording in the Group Health Insurance Policy / Policy Rider shall prevail.

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员工须知

Employee Instructions

一、导言 Introduction

本手册旨在向奥多比系统软件（北京）有限公司的员工及其配偶/伴侣、子女提供团体保险计划的详细说明。为了使员工更好地了解保险计划、索赔流程和索赔时需要提交的资料，我们为您制作了本手册。需要声明的是我们尽量保证本手册的准确性，但若本保险手册与保险合同有任何不一致的地方，请以保险合同为准。请您仔细阅读本手册的相关内容，若您对手册的说明或解释发生疑问，请您联系以下中意人寿服务人员。

This handbook presents general information on the Employee Benefits Insurance (the scheme) offered for Adobe’ s employees and their eligible dependents. This document serves to help employees clearly understand the benefits coverage, the claim process and required documents when submitting a claim. Whilst every effort has been made to ensure accuracy, it must be clearly understood that should there be any discrepancy between this manual and insurance policy, the clauses in the policy shall prevail. Please read this scheme carefully. Should you have any questions regarding to the contents, please contact the customer service personnel from Generali China.

二、联系方式 Contact Information

中意人寿团险全国统一服务热线：400-888-7555

Generali China Group Business hotline: 400-888-7555

本热线的人工服务时间为周一至周五的 9：00—17：30，全国范围内均可拨打，只收市话费。非人工服务时间可以进行留言，我们会在下一个工作日回复您。

The hotline representatives are available during 9:00-17:30 from Monday to Friday. The number

can be dialed from nationwide and charged only as a local call. Please leave your message during off-hours and we will reply to you on the next working day.

中意人寿服务客户经理：

联系人：孙志男

联系邮箱：tina.sun@generalichina.com

联系电话：010-59303139

Generalichina Account Manager:

Contact Person: Tina.Sun

Email: tina.sun@generalichina.com

Telephone: 010-59303139

材料寄送地址： 北京市朝阳区建国门外大街甲 6 号世界财富大厦 6 层

收件人：奥多比项目组 电话: 010-59303139

Claim submission address: 6F, WWT Tower, No.6 Jia, Jianguomenwai Avenue, Chaoyang District, Beijing, Adobe Team, Tel：010-59303139

备注：本手册为保险利益、索赔和服务简介，具体以双方所签保险合同和协议为准。

Note: This handbook should serve as a guide on insurance benefits, claims and service. Specifically, please refer to the insurance contracts and agreements signed Adobe China and Generali China.

中意人寿保险有限公司简介

Introduction of Generali China Life Insurance

意大利忠利保险有限公司
Assicurazioni Generali S.p.A.

ASSICURAZIONI GENERALI

- 成立于 1831 年，迄今已有近 200 年的保险经营经验;
- 世界最大保险集团之一，其旗下的保险及金融实体遍布全球 60 多个国家和地区;
- 2024 年财富 500 强排名第 245 位。
- Founded in 1831, the Generali Group offers insurance services with nearly 200 years' experience in the industry;
- As one of the largest insurance groups worldwide, it operates in more than 60 countries and regions;
- Ranks 245 among 2024 Fortune Global 500 Companies by revenue.

中国石油天然气集团公司
China National Petroleum Corporation

China National Petroleum Corporation (CNPC)

- 中油资本是中石油集团旗下经营金融业务板块的全资子公司。投资于中意人寿等十多家金融服务公司;
- 中石油集团 2024 年财富 500 强企业排名第 6 位。
- China Petroleum Group Capital Limited Liability Company is the specialized financial management company of CNPC. The platform includes financial business integration, equity investment, financial supervision, financial asset management and risk control of financial business. It invests Generali China Life Insurance Company and other ten financial enterprises;
- Ranks 6th among 2024 Fortune Global 500 Companies by revenue.

中意人寿保险有限公司
GENERALI CHINA LIFE INSURANCE CO., LTD.

Generali China Life Insurance Co., Ltd

- 中意人寿保险有限公司是由意大利忠利保险有限公司（ASSICURAZIONI GENERALI）和中国石油天然气集团公司（CNPC）合资组建的人寿保险公司;
- 公司于 2002 年 1 月 15 日成立，总部设在北京;
- 公司注册资本 37 亿元人民币，是中国加入 WTO 后首家获准成立的中外合资保险公司。
- Generali China Life Insurance Company Limited is a joint-venture between Assicurazioni Generali S.p.A. (Generali) and China National Petroleum Corporation (CNPC);
- The company was approved for establishment by China Insurance Regulatory Commission on 15th January 2002 headquartered in Beijing;
- It was the first Sino-foreign joint-venture insurance company approved for operation by the Chinese authorities after China joined the World Trade Organization. The registered capital of the company is CNY 3.7 billion.

中意人寿团险业务部一直致力于为跨国公司在中国地区的员工提供良好的商业保险服务，已服务的客户有微软、联想、辉瑞、诺和诺德、甲骨文、雀巢、DHL 等众多知名跨国企业。

Generali China Group Business department has been committed to providing quality insurance services to the employees of multinational corporations in China. Many famous enterprises including Microsoft, Lenovo, Pfrizer, NovoNordisk, Oracle, Nestle and DHL are our important clients.

第一部分 保障内容
Part One Benefit Schedule

一、保险福利简介 Benefit Introduction

1. 保险期间 Policy Period

自 2025 年 10 月 1 日 0 时起至 2026 年 9 月 30 日 24 时止。

The policy period is from 00:00 Oct 1, 2025 to 24:00 Sep 30, 2026.

2. 参加资格 Eligibility

2.1. 员工 Employee

参加保险合同的被保险人须是年满 16 周岁至 65 周岁、身体健康并能从事正常工作或劳动的团体在职成员。

The eligible insured member in this endorsement refers to the employee who is between 16 to 65 years of age, healthy and actively-at-work.

2.2. 连带被保险人 Dependents

年满中国法定结婚年龄（男性 22 周岁，女性 20 周岁）至 65 周岁且身体健康并能从事正常工作或劳动的被保险人配偶或同居时间 1 年及以上的同性或异性伴侣；。

Dependent in this endorsement refers to the spouse with marriageable age (22 years of age for male and 20 years of age for female) less than 65 years of age, healthy and actively-at-work or same-sex or opposite-sex partners who have been living together for 1 year or more.

健康出院之日至 18 周岁且身体健康的被保险人子女，全日制学生可延长至 23 岁。

The healthy child who leaves hospital healthily after birth to 18 years old (full-time students can be extended to 23 years old).

2.3 若被保险人既往在我司投保过《中意附加重疾保障团体疾病保险》且已罹患约定的重大疾病或投保《中意安康团体重大疾病保险》且已罹患约定的重度疾病，保险人不承担其《中意安康团体重大疾病保险》重度疾病及轻度疾病保险责任。

Any insured who insured the group dread disease insurance and suffered from the disease listed below before the insurance came to effect or has insured for the Ankang Group Critical Illness

Insurance and has suffered from the agreed dread disease; the insurer will not take the responsibilities of dread disease and mild disease.

若被保险人现在或过去已罹患以下 50 种重度疾病中任何健康问题，保险人不承担其《中意安康团体重大疾病保险》重度疾病及轻度疾病保险责任，其它险种保险责任需提供相关就诊病历及检查报告等资料，经保险人审核另行决定是否承保及（或）承保条件：

50 种重度疾病：恶性肿瘤 – 重度、较重急性心肌梗死、严重脑中风后遗症、重大器官移植术或造血干细胞移植术、冠状动脉搭桥术（或称冠状动脉旁路移植术）、严重慢性肾衰竭、多个肢体缺失、急性重症肝炎或亚急性重症肝炎、严重非恶性颅内肿瘤、严重慢性肝衰竭、严重脑炎后遗症或严重脑膜炎后遗症、深度昏迷、双耳失聪、双目失明、瘫痪、心脏瓣膜手术、严重阿尔茨海默病、严重脑损伤、严重原发性帕金森病、严重Ⅲ度烧伤、严重特发性肺动脉高压、严重运动神经元病、语言能力丧失、重型再生障碍性贫血、主动脉手术、严重慢性呼吸衰竭、严重克罗恩病、严重溃疡性结肠炎、严重心肌病、严重多发性硬化症、重症肌无力、严重类风湿性关节炎、经输血导致的人类免疫缺陷病毒（HIV）感染、多处臂丛神经根性撕脱、严重弥漫性系统性硬皮病、严重慢性复发性胰腺炎、植物人状态、嗜铬细胞瘤、肺源性心脏病、严重自身免疫性肝炎、原发性骨髓纤维化（PMF）、严重感染性心内膜炎、心脏粘液瘤、开颅手术、系统性红斑狼疮性肾炎尿毒症、1 型糖尿病严重并发症、失去一肢及一眼、严重川崎病、严重肠道疾病并发症、脊柱裂。

If the insured is suffering from or has suffered from any of the following 50 kinds of dread diseases, the insurer will shall not take the responsibilities insurance liability for serious diseases and mild diseases in the Zhongyi Ankang group major diseases insurance. For other insurance liabilities, relevant medical records and examination reports shall be provided, and the insurer shall decide whether to underwrite and (or) the conditions of insurance after examination.

50 kinds of dread diseases: malignant tumor - severe and severe acute myocardial infarction, sequelae of severe stroke, major organ transplantation or hematopoietic stem cell transplantation, coronary artery bypass grafting Coronary artery bypass grafting (CABG), severe chronic renal failure, multiple limb loss, acute severe hepatitis or subacute severe hepatitis, severe non-malignant intracranial tumor, severe chronic liver failure, severe encephalitis sequela or severe meningitis sequela, deep coma, binaural deafness, blindness, paralysis, heart valve surgery, severe Alzheimer's disease, severe heart disease Brain injury, severe primary Parkinson's disease, severe third degree burn, severe idiopathic pulmonary hypertension, severe motor neuron disease, language loss, severe aplastic anemia, aortic surgery, severe chronic respiratory failure, severe Crohn's disease, severe ulcerative colitis, severe

cardiomyopathy, severe multiple sclerosis, myasthenia gravis, severe rheumatoid arthritis Arthritis, human immunodeficiency virus (HIV) infection caused by blood transfusion, multiple brachial plexus root avulsion, severe diffuse systemic sclerosis, severe chronic recurrent pancreatitis, vegetative state, pheochromocytoma, pulmonary heart disease, severe autoimmune hepatitis, primary myelofibrosis (PMF), severe infective endocarditis, cardiac myxoma, open heart disease Craniotomy, systemic lupus erythematosus nephritis uremia, severe complications of type 1 diabetes, loss of one limb and one eye, severe Kawasaki disease, severe complications of intestinal diseases, spina bifida.

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3. 计划分类 Plan Category

计划类别 Benefit Plan	被保险人 Insured
计划 1 Plan 1	员工 Employee
计划 2 Plan 2	子女 Child
计划 3 Plan 3	配偶/伴侣 Spouse/partner
计划 4 Plan 4	实习生 Intern

二、保险计划简表 Table of Insurance Benefits

1. 员工福利计划：Employee Benefits Plan：

险种简称 Lines of Risks	保障内容 Description of Coverage	保单年度保额 Annual limits (RMB)
定期寿险 Group Term Life Insurance	疾病身故、全残 Death arising from illness /disability	36 倍基本月薪（含目标奖金）+30 万 36*BMS（including target bonus）+300,000
意外伤害保险 D 款 Group Accidental Death & Dismemberment Insurance D	意外伤残、意外身故 Accidental death, Accidental dismemberment	36 倍基本月薪（含目标奖金）+30 万 36*BMS（including target bonus）+300,000
重大疾病保险	50 种重度疾病 50 kinds of critical illness	100,000

Group Dread Disease Insurance		
医疗险 **Medical Insurance**	**门急诊（含牙科）责任：** **Outpatient & Emergency(including Dental)** 1. 年度保险金额：与住院共用 2 万元 Annual limit : RMB 20,000 with IP 2. 赔付比例：甲乙类 100%，丙类 50%。 开放特需病区：若使用社保卡结算，则甲乙类 100%、丙类 50%赔付；若未使用社保卡结算，则甲乙丙类均 50%赔付 Reimburse ratio: 100% for class I and II, 50% for class III. VIP wards: 100% for Class I , II and 50% for class III with SMI settlement. 50% for class I, II and III without SMI settlement. 3. 赔付范围：就诊当地社保范围内费用，并开放乙、丙类药品、诊疗项目和医疗服务设施(不包括美容项目、整容项目（具体项目参照卫生部办公厅关于印发《医疗美容项目分级管理目录》及当地规定） Coverage: medical expense within SMI, and extend class II, III（Not include beauty items and cosmetic surgery items (for specific items, please refer to the General Office of the Ministry of Health on the issuance of the "Catalogue of Graded Management of Medical Beauty Items" and local regulations). 4. 年/次限额：挂号费/医师费次限额 100 元 Deductible: RMB 100 for registration fee per visit	20,000
	住院责任： **Inpatient:** 1. 年度保险金额：与门诊共用 2 万元 Annual limit: RMB 20,000 with OP 2. 赔付比例：甲乙类 100%，丙类 50%。 开放特需病区：若使用社保卡结算，则甲乙类 100%、丙类 50%赔付；若未使用社保卡结算，则甲乙丙类均 50%赔付 Reimburse ratio: 100% for class I and II, 50% for class III. VIP wards: 100% for Class I , II and 50% for class III with SMI settlement.	

	50% for class I, II and III without SMI settlement. 3. 赔付范围：就诊当地社保范围内费用，并开放乙、丙类药品、诊疗项目和医疗服务设施(不包括美容项目、整容项目（具体项目参照卫生部办公厅关于印发《医疗美容项目分级管理目录》及当地规定）） Coverage: medical expense within SMI, and extend class II, III（Not include beauty items and cosmetic surgery items (for specific items, please refer to the General Office of the Ministry of Health on the issuance of the "Catalogue of Graded Management of Medical Beauty Items" and local regulations)）. 4. 床位费日限额：200 元 Daily limit for bed fee: RMB 200	
	生育责任: **Maternity** 年度保险金额：8,000 元 Annual limit : RMB 8,000 赔付比例：100% Reimburse ratio: 100% 赔付范围：仅赔付就诊当地社保范围内费用 Coverage: medical expenses within SMI 床位费：同社保 Bed limit: subject to SMI	8,000
	试管婴儿: **IVF:** 1. 承担员工因进行试管婴儿导致的门急诊及住院医疗费用 Outpatient, emergency, and hospitalization medical expenses incurred by employees due to IVF 2. 每个保单年度保额 3 万元，赔付比例 90%，赔付范围为合理及必须的医疗费用，不受社保范围限制 Each policy has an annual coverage of RMB30,000, with a compensation ratio of 90%. The compensation scope is reasonable and necessary medical expenses, and is not limited by the social security coverage 3. 就诊医院为中国大陆当地基本医疗指定的医疗机构普通病区。 The hospital is a general ward of a medical	30,000

	institution designated by local basic medical institutions in Chinese Mainland	
住院津贴 Hospital Income	因意外事故或疾病导致住院给付住院津贴 Hospital Income due to accidents & illness	100 元/天（ICU 200 元/天） RMB 100 / day (ICU RMB 200 / day)

2. 员工子女福利计划 Child Benefits Plans:

险种简称 Lines of Risks	保障内容 Description of Coverage	保单年度保额 Annual limits (RMB)
医疗 Medical Insurance	**门急诊（含牙科）责任:** **Outpatient & Emergency (including dental)** 1. 年度保险金额：与住院共用 2 万元 Annual limit: RMB 20,000 with IP 2. 赔付比例：100% Reimburse ratio: 100% 3. 赔付范围：就诊当地社保范围内费用，并开放乙类药品 Coverage: medical expenses within SMI, and extend class II medicine 4. 年/次免赔额：无 No deductible	20,000
	住院责任: **Inpatient** 1. 年度保险金额：与门诊共用 2 万元 Annual limit: RMB 20,000 with OP 2. 赔付比例：100% Reimburse ratio: 100% 3. 赔付范围：就诊当地社保范围内费用，并开放乙类药品 Coverage: medical expenses within SMI, and extend class II medicine 4. 床位费日限额：同社保 Daily limit for bed fee: subject to SMI	

注意：已参保员工的新出生子女请在出生起保全申请回溯期 60 天内申请加保，通过 My Adobe Benefits 添加子女。

Notice: The newly born child of the insured employee should enroll within 60 days from the birth date who can be added via My Adobe Benefits.

3. 员工配偶/伴侣福利计划：Spouse/partner Benefits Plan

险种简称 Lines of Risks	保障内容 Description of Coverage	保单年度保额 Annual limits (RMB)
综合医疗 **Medical Insurance**	**门急诊（含牙科）责任：** **Outpatient & Emergency (including dental)** 1. 年度保险金额：与住院共用 2 万元 Annual limit: RMB 20,000 with IP 2. 赔付比例：90% Reimburse ratio: 90% 3. 赔付范围：就诊当地社保范围内费用，并开放乙药品 Coverage: medical expenses within SMI, and extend class II medicine 4. 年/次免赔额：年免赔 300 元 Annual deductible: RMB 300	20,000
	住院责任： **Inpatient:** 1. 年度保险金额：与门诊共用 2 万元 Annual limit: RMB 20,000 with OP 2. 赔付比例：100% Reimburse ratio: 100% 3. 赔付范围：就诊当地社保范围内费用，并开放乙类药品 Coverage: medical expenses within SMI, and extend class II medicine 4. 床位费日限额：同社保 Daily limit for bed fee: subject to SMI	

备注：

1. **伴侣需为同居时间 1 年及以上的同性或异性伴侣**
   The partner must be a same-sex or opposite sex partner who has been living together for 1 year or more.
2. **已参保员工可通过 My Adobe Benefits 添加配偶/伴侣，保全追溯期为 60 天;**
   Notice：Insured employees can add spouses/partners via My Adobe Benefits for a 60-day retroactive period.

4. 实习生福利计划：Intern Benefits Plan

险种简称 Lines of Risks	保障内容 Description of Coverage	保单年度保额 Annual limits (RMB)
定期寿险 Group Term Life Insurance	疾病身故、全残 Death arising from illness /disability	200,000
意外伤害保险 D 款 Group Accidental Death & Dismemberment Insurance D	意外伤残、意外身故 Accidental death, Accidental dismemberment	200,000
意外医疗 Medical Insurance	如果被保险人在个人保险期间内遭遇**意外伤害**事故，且自该事故发生之日起180天内，以此事故为直接且单独原因导致被保险人身体伤害而经**医院**进行必要治疗，本公司将对治疗期间发生的已支出的医药费用按约定方式进行赔付，赔付范围为就诊当地社保范围内费用 Where an insured encounters an accidental injury within the duration of the individual insurance period, which injury becomes the immediate and sole cause of a bodily injury and the resultant necessary medical treatment of the insured happening within one hundred and eighty days from the occurrence of the accident, the company shall reimburse for the medical expenses incurred and paid out-of-pocket by the insured within the treatment period in the manner agreed herein, the expenses within the SMI.	20,000（100 元免赔额，100%赔付） 20, 000 (RMB100 deductible, Reimburse ratio: 100%)
住院津贴 Hospital Income	因意外事故或疾病导致住院给付住院津贴 Hospital Income due to accidents & illness	100 元/天（ICU 200 元/天） RMB 100 / day (ICU RMB 200 / day)

三、社保结算的要求 Requirement of using of the social insurance card

员工 For employees

1. 住院：在社保所在地住院时必须进行社保结算后，保险人将按照约定的方式和比例进行赔付，否则保险人不予赔付；出差或休假期间在非社保所在地住院，如满足社保结算条件（如因遭受意外伤害或突发急性病就诊）且至社保所在地进行医保结算后，提供 HR 出具的出差或休假证明，保险人将按照约定的方式和比例进行赔付，否则保险人不予赔付。特需就诊不受此限。
   The insured must use the social medical insurance first for inpatient expense. The insurer would reimburse the expenses according to the limitation and percentage. Otherwise, the insurer would not reimburse the medical expense. As for the insured who take in-patient treatment outside the location of his/her social medical insurance, the inpatient expense should be claim from the Medical Insurance Bureau of the location of his/her social medical insurance before claiming from the insurer. Otherwise, the insurer would not reimburse the medical expense. Not applicable to the treatment in VIP wards.
2. 被保险人在门诊就医时不要求使用医保卡。
   It is not required to use the social insurance card for out-patient.
3. 生育：生育费用需先经社保结算后，保险人将按照约定的方式和比例进行赔付，否则保险人不予赔付。如被保险人无社保生育险，提供 HR 出具的相关证明，保险人将按照约定的方式和比例进行赔付；
4. The insured should settle the maternity expense with the social maternity insurance before claim application. The insurer shall reimburse the expenses up to the limitation and percentage; otherwise, the insurer would not reimburse the medical expense.
5. 新员工入职之日起六个月内若尚未成功办理社保卡，提供 HR 出具的相关证明，无需社保结算。For the Newly hired employees who doesn’ t have the social medical insurance within 6 months, the insurer would reimburse the medical expense according to the policy if HR could offer the related documents.
6. 在职员工如意外原因导致社保卡不慎丢失或因其他非个人主观原因导致社保卡损毁等，若社保卡尚在补办等待期间，员工提供有效的社保卡补办证明材料，无需社保结算。
   For the employees who have lost their medical insurance card, the insurer would reimburse the medical expenses according to the policy if HR could offer the related documents.
7. 因当地社保政策导致无法进行社保结算的（工伤、交通事故），无需社保结算。
   For the medical expense that could not be settled with social medical insurance (like traffic accident or on-the-job injuries) duing to local medical regulations, the insurer would reimburse the medical expense according to the policy
8. 当社保卡账户无余额或超社保上限时，无需社保结算，但需持医保卡就诊以便保险人审核判断。

When there is no balance in the account of social security card or beyond the upper limit of social security, there is no need for social security settlement, but medical insurance card is required for the insurer to examine and judge.**员工配偶/伴侣和子女 For Employees' spouse/partner and child**

不强制社保结算。Not required to use the social medical insurance.

四、就诊医院范围 Scope of hospital

1. 社保所在地的医保定点医院。出差或休假期间，可至当地医保定点的二级及二级以上医院就诊。Medical insurance designated hospitals in the location of social security. For business travel and personal leaves, the medical expense in hospital of Class 2 or above approved by the local Medical Insurance Bureau is available is also covered.
2. 急诊可至当地任一医保定点医院就诊，复诊或病情稳定后须转入约定范围内医院。In the event of an emergency situation, any medical institution with legal qualification is available, but should transfer to conventional hospitals if out of emergency situation.
3. 女性被保险人孕产期检查可根据当地计生部门的要求在指定医疗机构进行。As for the maternity benefit, the maternity expenses incurred in the medical institutions designated by the local Medical Insurance Bureau would be covered.
4. 转院治疗或异地就诊需符合当地医保规定的异地就医政策。Hospital transfer and take medical treatment outside the location of his/her social medical insurance should be under the policy of the local Medical Insurance Bureau.
5. 员工因进行试管婴儿治疗导致的门急诊及住院指定为中国大陆当地基本医疗保险指定的医疗机构普通部。Outpatient emergency and inpatient medical expenses of employees due to IVF treatment， the hospital is designated as the general department of medical institutions designated Chinese mainland local basic medical insurance.

五、用药量及外购药说明 Drug Dosage and Instructions for OTC

用药量规定 Drug Dosage Regulations:

1. 一般常见病一次性门诊开药不超过七天；普通慢性病（除以下列明的其他慢性病）一次性门诊开药不超过十四天；急诊一次性开药不超过三天；出院带药及出差带药不超过十四天。 经医保结算，认同医保开具的药量，未经医保结算的严格按约定审核。

   The prescription for one-time outpatient treatment of common diseases should not exceed seven days; the prescription for one-time outpatient treatment of common chronic diseases (except other chronic diseases listed below) should not exceed fourteen days; the prescription for one-time emergency treatment should not exceed three days; and the prescription for discharge and business trip should not exceed fourteen days. After the medical insurance settlement, the amount of drugs issued by the medical insurance is agreed, and the drug amount issued by the medical insurance is strictly reviewed according to the agreement if the medical

insurance settlement is not settled.

2. 对诊断明确、病情稳定的特殊慢性病（因治疗需要需长期连续服用同一类药物以控制病情，如果停药，会加重患者病情，产生严重不良后果），门诊用药可限 1 个月内用量（但上次门诊有五天以上余量，本次门诊不可重复续用相同药品）。此处所指特殊慢性病，仅包括：高血压、高脂血症、慢性肾功能不全（氮质血症期、尿毒症）、糖尿病、冠心病、脑血管病、慢性肝炎、脑中风、肝硬化、结核病、精神病、癌症、甲亢、甲减、痛风、类风湿性关节炎、前列腺肥大疾病。

   For the special chronic diseases with definite diagnosis and stable condition (because of the need for long-term continuous use of the same drug to control the condition, if discontinued, it will aggravate the patient's condition and cause serious adverse consequences), the dosage of outpatient medication can be limited to one month (but the last outpatient service has more than five days, the same drug cannot be repeated in this outpatient service). Special chronic diseases referred to here include hypertension, hyperlipidemia, chronic renal insufficiency (azotemia stage, uremia), diabetes, coronary heart disease, cerebrovascular disease, chronic hepatitis, stroke, cirrhosis, tuberculosis, psychosis, cancer, hyperthyroidism, hypothyroidism, gout, rheumatoid arthritis and prostatic hypertrophy

3. 中药遵医嘱，不受以上开药天数的限制。

   Chinese medicines comply with doctor's instructions and are not subject to the limitation of the above prescription days.

外购药规定 OTC Regulations:

不论是否在医保定点药房购药，正常情况下不予报销，除非就诊的指定医院确实缺少该药，并允许外出购药。这时，医院需加盖含有该医院名称的印章，如该医院门诊部、收费处或医务处的印章。

Normally, the OTC fee is not reimbursed, whether or not the drug is purchased at the designated pharmacy of the Social Medical Insurance, unless the designated hospital does not have the drug and is allowed to go out to purchase the drug. At this time, the prescription shall be stamped with the name of the hospital by such as the hospital outpatient department, toll office or medical department.

儿童用药规定 Drug Dosage Regulations for Children:

员工子女除可使用社会基本医疗保险范围内药品外，如果当地有儿童医保目录的也可同时开放。

In addition to using medicines within the scope of Social Medical Insurance, children can also use the medicines from local Social Junior Medical Insurance catalogue if any.

第二部分　索赔所需资料及流程
Part Two Claim Documents and Procedure

一、　索赔所需资料 Claim Documents

（一）、医疗险（含试管婴儿）Medical Insurance（Including IVF）

索赔项目 Claim Items	索赔申请表 Claim Application Form	收据（发票）原件 Original Receipt (Invoice)	病历复印件 Copy of Medical Record	检验报告复印件 Copy of Examination Report	其他材料 Others
门急诊 OP&Emegency (including dental)	√	√	√	√	费用清单、处方 Cost List, Prescription
住院 Inpatient	√	√	√	√	出院小结、费用清单、诊断证明、医保分割单 Discharge summary, expense list, diagnostic certificate, settlement notification by Social Medical Insurance
女性生育 Maternity	√	√	√	√	结婚证明、准生证明、出院小结、费用清单、孕期检查记录、新生儿出生医学证明、医保分割单；若为流产或计划生育：结婚证、医保分割单 Marriage certificate, birth approval, discharge summary, expense list, pregnancy examination record, newborn birth medical certificate, settlement notification by Social Medical Insurance; Abortion or Family Planning: Marriage Certificate, settlement slip by Social Medical Insurance

所有资料请使用订书器按就诊时间顺序装订，切勿使用曲别针或粘贴，以免票据遗失或损坏。

*** Please use stapler to bind all paper in order of visiting time. Do not use clip or paste to avoid loss or damage of bills.**

1. 门诊 Outpatient:

（1） 《个人索赔申请表》(需申请人本人**签字**，子女可由主被保险人签字)

<Application Form for Individual Claims> (which requires the signature of the applicant or the signature of the employee for child’ s expenses)

（2） 门诊病历复印件

Copy of outpatient medical record

（3） 门诊收费收据原件（医保分割后提交复印件即可）

The original receipt of outpatient fees (or a copy after the settlement of Social Medical Insurance)

（4） 医保划价用药处方原件/机打处方原件/划价药品明细

Social Medical Insurance priced drug prescription originals/machine-typed prescription originals/priced drug details

（5） 各项检查治疗费明细原件

Original list of detailed examination and treatment fee

（6） 各项检查、化验报告单复印件

Copies of inspection and laboratory reports

（7） 其他中意人寿认为在必要时需提供的单证

Other necessary documents requested by the insurer

（8） 索赔金额超过一万元人民币的理赔需同时提交身份证明复印件（主被保险人及出险人）

The copies of the identity certificate of the employee and the applicant are required for the claims with amount exceeding RMB 10,000.

2. 住院 Inpatient:

（1） 《个人索赔申请表》(需申请人本人签字，子女可由主被保险人签字)

<Application Form for Individual Claims> (which requires the signature of the applicant or the signature of the employee for child’ s expenses)

（2） 住院病历复印件

Copies of inpatient medical records

（3） 住院费用明细清单原件

Original detailed list of inpatient expenses

（4） 住院费用收据原件

Original receipt of inpatient expenses

（5） 诊断证明或出院小结复印件

Copies of Diagnostic Certificate or Discharge Summary

（6） 各项检查、化验报告单复印件

Copies of inspection and laboratory reports

（7） 其他中意人寿认为在必要时需提供的单证

Other necessary documents requested by the insurer

（8） 索赔金额超过一万元人民币的理赔需同时提交身份证明复印件（主被保险人及出险人）

The copies of the identity certificate of the employee and the applicant are required for the claims with amount exceeding RMB 10,000.

3. 生育 Maternity:

（1） 《个人索赔申请表》(需申请人本人签字)

<Application Form for Individual Claims> (to be signed by the applicant)

（2） 结婚证明复印件

Copies of marriage certificates

（3） 医疗费用发票原件

Original receipt / invoice of medical expenses

（4） 医疗费用清单原件

Original list of medical expenses

（5） 门急诊病历或产前检查记录的复印件

Copies of outpatient and emergency medical records or prenatal examination records

（6） 出院小结复印件（含出入院诊断、入院后主要诊疗过程、出院时恢复情况等）

Copy of discharge summary including diagnosis, main process of diagnosis and treatment after admission, recovery at discharge, etc.

（7） 住院费用明细表复印件（含住院期间每日各项费用明细）

Copy of detailed inpatient expenses (including daily expenses during inpatient)

（8） 各种检查、化验报告单复印件

Copies of various inspection and laboratory reports

（9） 准生证明复印件（上海地区的孕妇保健手册封面可作为准生证明）

Copies of the birth approval (the cover of the Pregnant Women's Health Manual in Shanghai can be used as the birth approval)

（10）新生儿出生医学证明复印件

Copies of medical certificates for newborns

（11） 索赔金额超过一万元人民币的理赔需同时提交身份证明复印件（主被保险人及出险人）

The copies of the identity certificate of the employee and the applicant are required for the claims with amount exceeding RMB 10,000.

注：请确认索赔材料上的姓名与被保险人投保清单中的姓名相同，并且发票日期与病历报告上的日期相同。如果有任何不一致的地方，请与医院核实并改正，并在修改处加盖医院收费章，否则保险公司不承担保险金给付责任。

Note: Please confirm that the name on the claim application is the same as the name on the insurance list and that the invoice date is the same as the date on the medical record. If there are any inconsistencies, please check with the hospital and correct them, and let the hospital stamp at the amendment, otherwise the insurer will not reimburse the expenses.

（二）、非医疗险

Non-medical Insurance

温馨提示：员工若发生重大保险事故理赔，员工本人或家属应及时将此情况告知投保单位 HR 或者保险公司服务人员，我公司服务人员会根据实际情况告知员工本人或家属如何准备齐全的理赔资料。以下内容供参考。

Kind reminder: If a major insurance event occurs, the employee or family member should inform the HR of policy holder or Account Manager of the insurance company. They will indicate how to prepare complete claim documents according to the specific situation. The following information is for reference.

1．疾病身故保险金理赔申请所需资料 Information required for claims for illness death insurance

(1)《综合索赔申请表》;(需详细填写保险单编号、被保险人身份证号、死亡日期、死亡原因、就诊医院名称等信息，投保单位盖章，所有受益人签字并按手印)

<Comprehensive Claim Application Form>; (The insurance policy number, the insured's ID card number, the date of death, the cause of death, the name of the hospital and other information should be filled in detail, and the insured unit should stamp, all the beneficiaries should sign and press their fingerprints.)

(2) 死亡证明（医学死亡诊断证明）

Death certificate (medical death diagnosis certificate)

(3) 户口注销证明（公安部门出具）

Certificate of cancellation of household registration issued by public security department.

(4) 丧葬证明（火化证明或土葬证明）

Burial certificate (cremation certificate or burial certificate)

(5) 被保险人、受益人、继承人身份证明（居民身份证、户口簿、护照、军人证、居留证等）

Identity Certificate of Insured, Beneficiary and Successor, e.g. Resident Identity Card, Household Registration, Passport, Military Personnel Card, Residence Card, etc.

(6) 受益人、继承人与被保险人关系证明（户口本、结婚证、出生证、独生子女证等）

Certificate of the relationship between beneficiary, heir and insured, e.g. household registration, marriage certificate, birth certificate, one-child certificate, etc.

(7) 遗产继承法律文件（未指定受益人时，请提供被保险人的遗嘱、判决书、公证书、保险金继承协议等）

Legal documents on inheritance of property （when no beneficiary is designated, please provide the insured's will, judgment, notarized deed, insurance money inheritance agreement, etc.）.

(8) 完整住院病历（包括首页、入院记录、疾病诊断、手术记录、检查化验报告、死亡记录等）

Complete in-patient medical records including home page, admission records, disease diagnosis, surgical records, examination and laboratory reports, death records, etc.

(9) 明确授权转账银行账户信息，并提供转账存折复印件（复印件要能清晰反映账户信息：银行名称、开户所在省、市名称、账户名、账号）;

Clearly authorize the transfer bank account information and provide a copy of the transfer passbook (the copy should clearly reflect the account information: bank name, province and city where the account is opened, account name, account number);

(10) 如受益人为未成年人或无民事行为能力人，由其监护人提出索赔申请。申请时，除提供受益人身份证明外，还需提供监护人身份证明及其与受益人的合法监护关系证明。

If the beneficiary is a minor or a person without civil capacity, the guardian of the beneficiary shall apply for compensation. In addition to providing the beneficiary's identity certificate, a guardian's identity certificate and a certificate of the legal guardianship relationship with the beneficiary should also be provided when applying.

(11) 在境外发生保险事故，须出具当地合法机构的各类单证正本，并需经过合法公证机构及中国驻当地使领馆的验证认可，需由中立的翻译机构翻译成中文（以上涉及费用由索赔人承担）。

In the event of an insurance accident abroad, the original documents of the local legitimate institutions shall be issued, which shall be verified and approved by the legitimate notary institutions and the Chinese embassies and consulates stationed in the locality and shall be translated into Chinese by a neutral translation agency (the above-mentioned costs shall be borne by the claimant).

(12) 除以上资料外，如在理赔审核过程中发现其它问题，还将请索赔人提供相应资料。

In addition to the above information, the claimant will also be asked to provide relevant information if any other problems are found during the claims review process.

注：上述资料中的（5）、（6）和（11），申请人应提供原件，经理赔人员核实后留存复印件。

Note: In (5), (6) and (11) of the above documents, the applicant shall provide the originals, and the insurer shall retain the copy after verification

2. 意外身故保险金理赔申请所需资料

Documents Required for Claims for Accidental Death Insurance Benefit

(1)《综合索赔申请表》;（需详细填写保险单编号、被保险人身份证号、死亡日期、死亡原因、就诊医院名称等信息，投保单位盖章，所有受益人签字并按手印）

<Comprehensive Claim Application Form>; (The insurance policy number, the insured's ID number, the date of death, the cause of death, the name of the hospital, and other information should be filled in detail, and the policy holder should seal, all the beneficiaries should sign and press their fingerprints.)

(2)死亡证明（由医院或法医鉴定中心出具）;

Death certificate issued by hospital or forensic appraisal center.

(3)被保险人的户籍注销证明（公安部门出具）;

Cancellation certificate of the household registration of the insured issued by the public security department.

(4)被保险人、受益人、继承人身份证明（居民身份证、户口簿、护照、军人证、居留证等）

Identity Certificate of insured, beneficiary and heir e.g. Resident Identity Card, Household Registration, Passport, Military Personnel Card, Residence Card, etc.

(5) 受益人、继承人与被保险人关系证明（户口本、结婚证、出生证、独生子女证等）

Certificate of relationship between beneficiary, heir and insured, e.g. household registration, marriage certificate, birth certificate, only child certificate, etc.

(6)遗产继承法律文件（未指定受益人时，请提供被保险人的遗嘱、判决书、公证书、保险金继承协议等）;

Legal documents on inheritance （when no beneficiary is designated, please provide the insured's will, judgment, notarized deed, insurance money inheritance agreement, etc.)

(7)殡葬证明（火化证明或土葬证明)；

Funeral certificate (cremation certificate or burial certificate);

(8)意外事故说明（由出险事故见证人或知情人出具)；

Accident statement issued by an accident witness or insider;

(9)意外事故证明（由相关部门出具)；

- 若为交通意外，请提供交管部门出具的道路交通事故责任认定书原件及有效驾驶证和行驶证；
- 为遭遇他人袭击等治安事故，请提供公安部门出具的报警证明原件；
- 若为工伤，请提供工伤事故处理报告书原件。

Accident certificate issued by relevant departments.

If it is a traffic accident, please provide the original certificate of road traffic accident liability issued by the traffic control department, valid driver's license and driving license.

If you encounter any public security incidents such as attacks by others, please provide the original police alarm certificate issued by the public security department.

If it is an industrial injury, please provide the original report on the handling of industrial accidents.

(10)如受益人为未成年人或无民事行为能力人，由其监护人提出索赔申请。申请时，除提供受益人身份证明外，还需提供监护人身份证明及其与受益人的合法监护关系证明。

If the beneficiary is a minor or a person without civil capacity, the guardian of the beneficiary shall apply for compensation. In addition to providing the beneficiary's identity certificate, it is also necessary to provide the guardian's identity certificate and the certificate of the legal guardianship relationship with the beneficiary.

(11)在境外发生保险事故，须出具当地合法机构的各类单证正本，并需经过合法公证机构及中国驻当地使领馆的验证认可，回国后需由中立的翻译机构翻译成中文（以上涉及费用由索赔人承担)。

The insurance accident outside, shall be issued by the local legal institutions of various types of original documents, and subject to legal notary and Chinese embassy verification approval, after returning from Chinese translated into neutral translation agencies (more involved costs borne by the claimant).

(12)若未曾在本公司指定授权转账的银行账户，须明确授权转账银行账户信息，并提供转账存折复印件（复印件要能清晰反映账户信息：银行名称、开户所在省、市名称、账户名、账号)

If the bank account has not been authorized to transfer in our company, we must clearly authorize the transfer bank account information and provide a copy of the transfer passbook (the copy should clearly reflect the account information: bank name, province, city name, account name, account number).

(13)除以上资料外，如在理赔审核过程中发现其它问题，还将请索赔人提供相应资料。

Any other necessary materials helping to solve the problems encountered during the claim process.

注：上述资料中的（5)、(6）和（10)，申请人应提供原件，经理赔人员核实后留存复印件。

Note: In (5), (6) and (10) of the above items, the applicant shall provide the original documents, and the insurer shall retain the copy after verification.

3. 伤残保险金的申请 Accidental dismemberment application

（1）被保险人的有效身份证件；

Valid identity document of the insured.

（2）由二级或以上医院或者由法定机关出具的被保险人伤残程度鉴定书，或者其他本公司认可的伤残证明或资料；

Proof of the degree of disability issued by legal hospital (Class 2 or above) or legal institutions, or other proof of disability or burn admitted by the insurer.

（3）如有就诊或住院记录，则还需提供门诊病历、出院小结或住院病历；

The outpatient medical record, inpatient medical record and discharge abstracts shall also be provided, if there is any inpatient or outpatient treatment.

（4）所能提供的与确认保险事故的性质、原因等有关的其他证明和资料。

Other proof or materials relating to the nature and reason of insurance events can be provided.

4. 重大疾病理赔申请所需资料

Information required for dread illness claims

(1)《综合索赔申请表》;（需详细填写保险单编号、被保险人身份证号、就诊医院名称等信息，投保单位盖章，被保险人或其监护人签字）

<Comprehensive Claim Application Form>; (Information such as insurance policy number, insured identity card number and hospital name should be filled in detail, with the seal of the insured unit and the signature of the insured or his guardian)

(2)被保险人身份证明（居民身份证、户口簿、护照、军人证、居留证等）

Insured's identity certificate, e.g. Resident ID Card, Household Register, Passport, Soldier's Card, Residence Card, etc.

(3)完整门诊病历（包括病历及各种检查化验报告的复印件）、住院病历（包括首页、入院记录、出院记录、手术记录、检查化验报告、病理报告等）及与此疾病相关的所有就医经过的记录。具体需提供的相关材料依据重大疾病条款中的疾病定义。

Complete outpatient medical records including copies of medical records and various examination and laboratory reports, in-patient medical records including home page, admission records, discharge records, surgical records, examination and laboratory reports, pathological reports, etc. and all medical records related to the disease. Specific information to be provided is based on the definition of disease in the dread disease clause.

（4）如被保险人为未成年人或无民事行为能力人，由其监护人提出索赔申请。申请时，除提供被保险人身份证明外，还需提供监护人身份证明及其与被保险人的合法监护关系证明。

If the insured is a minor or a person without civil capacity, the guardian of the insured shall apply for compensation. When applying, besides providing the identity certificate of the insured, it is also necessary to provide the identity certificate of the guardian and the certificate of the legal guardianship relationship with the insured.

（5）在境外发生保险事故，须出具当地合法机构的各类单证正本，并需经过合法公证机构及中国驻当地使领馆的验证认可，回国后需由中立的翻译机构翻译成中文（以上涉及费用由索赔人承担）。

In the event of an insurance accident abroad, the original documents of the local legitimate institutions shall be issued, which shall be verified and approved by the legitimate notary institutions and the Chinese embassies and consulates stationed at the local level. After returning home, the documents shall be translated into Chinese by a neutral translation agency (the above-mentioned costs shall be borne by the claimant).

(6)若未曾在本公司指定授权转账的银行账户，须明确授权转账银行账户信息，并提供转账存折或银行卡复印件（复印件要能清晰反映账户信息：银行名称、开户所在省、市名称、账户名、账号）

If a bank account has not been authorized to transfer in our company, the bank account information shall be clearly authorized to transfer and a copy of the transfer passbook or bank card shall be provided. (Copies shall clearly reflect the account information: bank name, province or city where the account is opened, account name, account number.

(7)除上述资料外，如在理赔审核过程中发现其它问题，还将请索赔人提供相应资料。

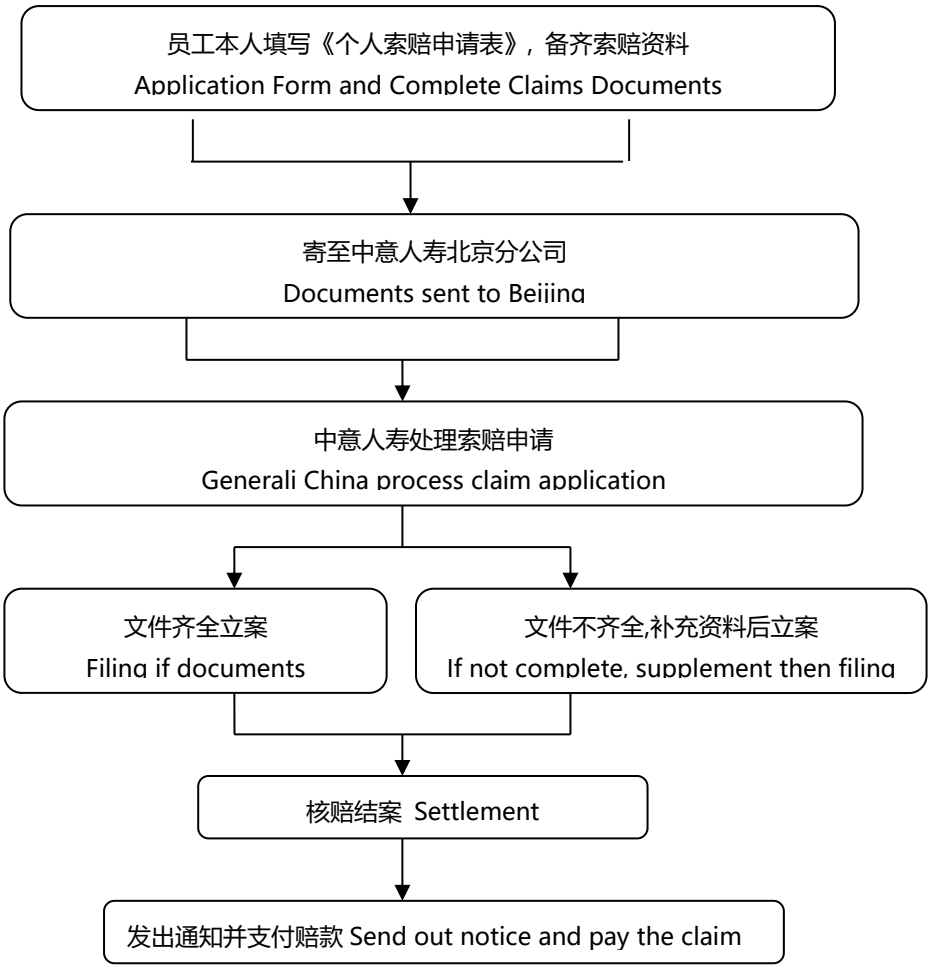
In addition to the above documents, the claimant will also be asked to provide the relevant document if any other problems are found during the claims review process.

注：上述资料中的（2）、（5），申请人应提供原件，经理赔人员核实后留存复印件。

Note: In (2) and (5) of the above documents, the applicant shall provide the originals, and the insurer shall retain the copy after verification.

二、 索赔及理赔流程 Claim Procedure

(一) 医疗险索赔流程 Claim process of medical insurance



医疗险理赔时效 Medical Insurance Claims TAT:

自接到理赔申请之日起，对资料齐全、无疑问的赔案，中意人寿在 10 个工作日内完成审核，接下来 2-3 个工作日内将赔款划出；对有疑问的索赔，在与被保险人协商达成一致后将与标准赔案一并操作。

From the date of receipt of complete and clear claims application, Generali China will finish process within 10 working days, and then the payment will be released within 2-3 working days; claims in doubt will be settled with the standard claims after negotiation and agreement with the insured.

中意将在理赔结束后提供如下服务：

The services offered by Generali China after settling the claims:

1. 如果员工提供个人邮箱，将以邮件形式向索赔员工发送《理赔决定通知书》电子版；

If an employee provides a personal email address, an electronic version of the Notice of Claims

Decision will be sent to the employee by mail;

2. 如果员工提供手机号码，将在理赔结束后由系统自动发送短信通知;

If the employee provides the mobile phone number, the system will automatically send short message notification after the claim is settled;

3. 员工可在网上自助查询理赔结果;

Employees can check claims results online;

4. 若需要开具子女分割单，请在《索赔申请表》空白处写上“需要分割单”字样，并准确填写寄送地址，自行留存资料复印件；您还可以发送邮件给中意人寿指定客户服务邮箱：tina.sun@generalichina.com。

If you need an insurance settlement notification for child, please write the words "need insurance settlement notification" in the blank of the Claims Application Form and fill in the sending address accurately. Keep copies of relavent documents; you can also send an email to the Service Email box: tina.sun@generalichina.com

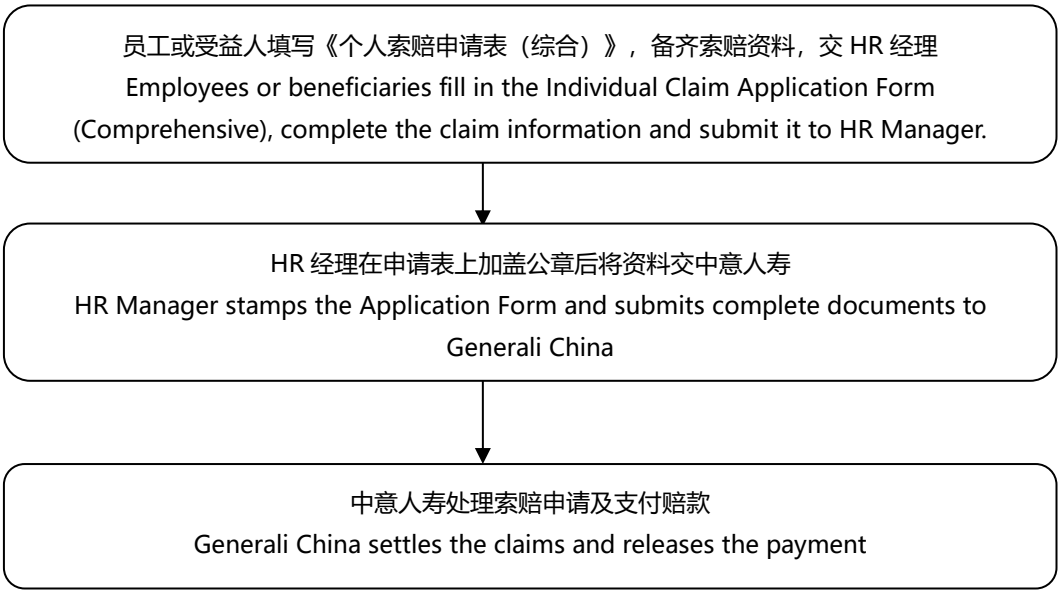
5. 如果您对理赔有任何疑问，您可以第一时间拨打中意人寿团险全国统一服务热线：400-888-7555 进行查询。

If you have any questions about claims, you can call the Generali China Group Insurance Hotline 400-888-7555 for inquiry.

（二） 重大索赔流程 Major Event Claim Procedure

如果发生重大理赔案件，员工或其受益人应在保险事故发生后即刻上报贵公司人力资源部，以便及时通知保险公司。重大案件索赔申请表需加盖公司人力资源部章。

In case of major event claims, employees or their beneficiaries should report to the Human Resources Department of your company immediately after the occurrence of the insurance event, so as to inform the insurance company in time. Claims Application Form for major cases need to be stamped by the company's Human Resources Department.



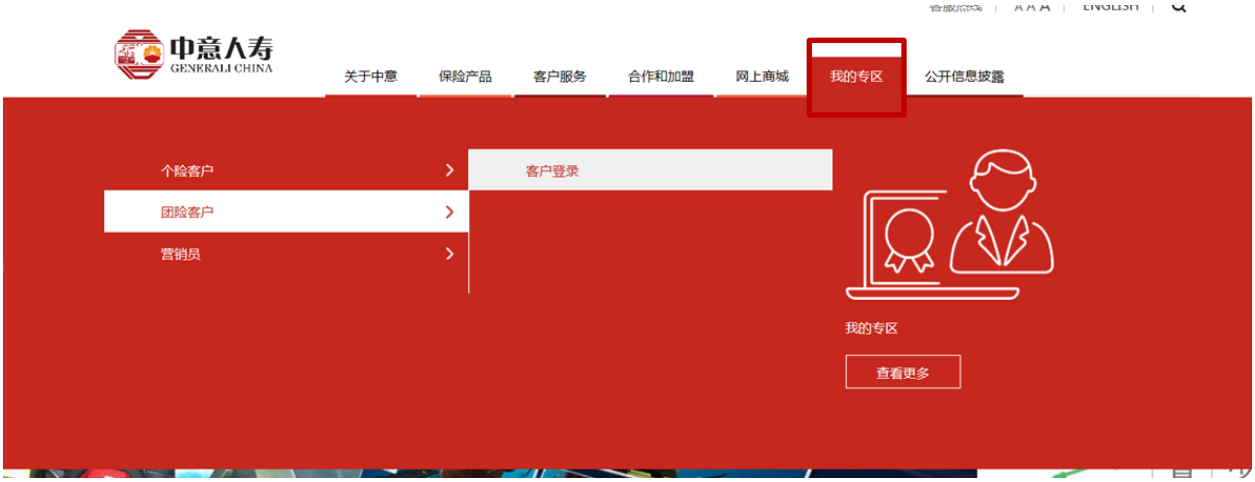
（三） 网上查询系统 Online Enquiry System

员工本人或家属的资料齐全、无疑问的赔案交到中意人寿 5 个工作日后，即可在中意人寿网站上查询理赔信息。登陆员工本人账户，可以直接查询家属理赔信息。

Employees or their families with complete and clear claims submit to Generali China can track the information on Generali China official website after 5 working days. Family members' information can be accessed through employee's account.

步骤 1：登录 http://www.generalichina.com

Step 1: Log on to http://www.generalichina.com



步骤 2：点击 “我的专区”选择“团体客户”，“团险理赔查询”

Step 2: Click "My Zone" to select "Group Customer" then "Group Insurance Claims Enquiry"

步骤 3：通过手机号和邮箱进行注册。注册后即可进行理赔查询。

Step 3: Register by phone number or email. After successful registration, the claims can be tracked online.

（四） 手机 APP-“掌上中意”自助理赔（单笔申请低于 800 元理赔）

Smartphone Application – “掌上中意”Online Claim (single claim less than RMB 800)

◆ APP下载：Download the APP：

扫描下方二维码或在应用市场（支持安卓和鸿蒙系统）、APP Store（支持苹果手机）查询“掌上中意”后下载：

Scan the QR code below or download it after querying the " 掌上中意" in App Market (support Android and Harmony System), APP Store (support Apple mobile phones):

◆ 登陆账户并绑定保单：

Log on to the account and connect to the policy information:

◆ APP–在线自助理赔操作指引:

APP - Online Claim Guidelines:

◆ APP– 理赔状态查询

APP-Claim Status Enquiry

◆ APP– 保障内容查询

APP – Benefit Plan Enquiry

◆ APP– 个人保险凭证下载

APP - Personal Insurance Certificate Download

第三部分 理赔注意事项
Part Three Claim Q&A

问1：本保障计划适用于哪些人员?

答：全国正式员工及其子女、配偶/伴侣。

Q 1: What kind of personnel does this Employee Benefits Insurance apply to?

A: Formal employees in China and their children, spouses/partner.

问2：如果我有关于该福利计划的内容需要咨询，我将如何联系到相关负责人员?

答：中意人寿为您提供了以下几种联系方式供您使用：

(1) 拨打全国客服热线：400-888-7555

(2) 联系中意人寿指定客户服务邮箱：tina.sun@generalichina.com

Q 2: If I need to consult about the content of Employee Benefits Insurance plans, how can I contact the relevant personnel in charge?

A: Generali China provides you with the following contact information:

(1) Call the Nationwide Customer Service Hotline: 400-888-7555

(2) Contact the designated Customer Service Mailbox: tina.sun@generalichina.com

问3：如果我有关于重大案件申请的咨询，我将如何联系到相关负责人员?

答：中意人寿为您提供了以下几种联系方式供您使用：

(1) 拨打全国免费客服热线：400-888-7555

(2) 联系中意人寿指定客户服务邮箱：tina.sun@generalichina.com

Q3: If I have consultation on major case applications, how can I contact the relevant person in charge?

A: Generali China provides you with the following contact information:

(1) Call the Nationwide Customer Service Hotline: 400-888-7555

(2) Contact the designated Customer Service Mailbox: tina.sun@generalichina.com

问4：如何查询理赔?

步骤 1：登录 http://www.generalichina.com

步骤 2：点击 “我的专区” 选择 “团体客户”，“团险理赔查询”

步骤 3：通过手机号或邮箱进行注册。

Q4: How to inquire about claims?

Step 1: Log on to http://www.generalichina.com

Step 2: Click "My Zone" to select "Group Customer" and then "Group Insurance Claims Enquiry"

Step 3: Register by phone number or email.

问5：子女理赔分割单如何索取：

答：若需要开具子女分割单，请在《索赔申请表》空白处写上“需要分割单”字样，并准确填写寄送地址自行留存资料复印件；您还可以发送邮件给中意人寿指定客户服务邮箱：tina.sun@generalichina.com。

Q5：How to get the children's insurance settlement notification?

A：If you need to issue a children's insurance settlement notification, please write the words " insurance settlement notification” in the blank of the Claims Application Form, and fill in the sending address accurately. Keep copies of your relevant documents. You can also send an email to the Account Manager via: tina.sun@generalichina.com.

问6：什么样的情况算意外伤害?

答：意外伤害是指遭受外来的、突发的、非本意的、非疾病的使身体受到伤害的客观事件。

Q6: How to define an accident?

A: Accident is an external, sudden, unintentional, non-disease-related objective event that causes physical injury.

问7：身故保险金的受益人是谁?

答：身故受益人由您指定，如您需要指定受益人，可填写《指定受益人申请表》，请向客户经理索取。并将填写好的《指定受益人申请表》原件（需本人签名）原件以快件的形式提交给中意人寿北京分公司项目负责人，中意人寿在系统录入您指定的受益人信息。

如果您没有指定受益人，您的身故保险金将按《中华人民共和国保险法》第六十四条的规定，作为遗产由您的法定继承人继承。依照《中华人民共和国继承法》的规定，法定继承人为：第一顺序：配偶、子女、父母；第二顺序：兄弟姐妹、祖父母、外祖父母。

Q7: Who is the beneficiary of death insurance benefit?

A: Beneficiaries of death are designated by you. If you need to designate beneficiaries, you can fill in the Application Form for Designated Beneficiaries. Please ask the Account Manager for it. The original of the application form for designated beneficiaries (which needs signature of applicant) will be submitted to the Account Manager of Generali China by express mail. Generali China will register the information of the beneficiaries you designated in the system.

If you do not designate a beneficiary, your death insurance benefit will be inherited by your legal heir in accordance with the provisions of Article 64 of the Insurance Law of the People's Republic of China. According to the Inheritance Law of the People's Republic of China, the legal successors are: spouse, children and parents in the first order; brothers, sisters and grandparents in the second order.

问8：医疗保险所涵盖的内容都有哪些?

答：在本保险计划中，如果您因疾病或意外伤害到指定医院进行治疗所发生的，符合当地社会基本医疗保险管理部门规定的治疗项目范围、医疗服务设施范围及用药范围的费用，包括药品费、治疗费、检查费、材料费和住院床位费都可以从中意人寿得到赔偿。该保险责任仅限于中国大陆地区，不包括中国境外及港、澳、台地区。

Q8：What are the contents of medical insurance?

A: In this insurance plan, if you visit a designated hospital for treatment due to illness or accidental injury, the expenses of treatment, medical service facilities and medication within Social Medical Insurance scheme, including medicine fees, treatment fees, exmination fees, material fees and accommodation fees, can be reimbursed from Generali China. This medical insurance is limited to the Mainland China and expenses incurred abroad or in Hong Kong, Macao and Taiwan shall not be reimbursed.

问 9：每次就诊的开药有限制吗?

答：一般常见病一次性门诊开药不超过七天；普通慢性病（除以下列明的其他慢性病）一次性门诊开药不超过十四天；急诊一次性开药不超过三天；出院带药及出差带药不超过十四天。 经医保结算，认同医保开具的药量，未经医保结算的严格按约定审核。

对诊断明确、病情稳定的特殊慢性病（因治疗需要需长期连续服用同一类药物以控制病情，如果停药，会加重患者病情，产生严重不良后果），门诊用药可限 1 个月内用量（但上次门诊有五天以上余量，本次门诊不可重复续用相同药品）。此处所指特殊慢性病，仅包括：高血压、高脂血症、慢性肾功能不全（氮质血症期、尿毒症）、糖尿病、冠心病、脑血管病、慢性肝炎、脑中风、肝硬化、结核病、精神病、癌症、甲亢、甲减、痛风、类风湿性关节炎、前列腺肥大疾病。

中药遵医嘱，不受以上开药天数的限制。

Q9：Is there a limit on the prescription of drugs for each visit?

The prescription for one-time outpatient treatment of common diseases should not exceed seven days; the prescription for one-time outpatient treatment of common chronic diseases (except other chronic diseases listed below) should not exceed fourteen days; the prescription for one-time emergency treatment should not exceed three days; and the prescription for discharge and business trip should not exceed fourteen days. After the medical insurance settlement, the amount of drugs issued by the medical insurance is agreed, and the drug amount issued by the medical insurance is strictly reviewed according to the agreement if the medical insurance settlement is not settled.

For the special chronic diseases with definite diagnosis and stable condition (because of the need for long-term continuous use of the same drug to control the condition, if discontinued, it will aggravate the patient's condition and cause serious adverse consequences), the dosage of outpatient medication can be limited to one month (but the last outpatient service has more than five days, the same drug cannot be repeated in this outpatient service). Special chronic diseases referred to here include hypertension, hyperlipidemia, chronic renal insufficiency (azotemia stage, uremia), diabetes, coronary heart disease, cerebrovascular disease, chronic hepatitis, stroke, cirrhosis, tuberculosis, psychosis, cancer, hyperthyroidism, hypothyroidism, gout, rheumatoid arthritis and prostatic hypertrophy

Chinese medicines comply with doctor's instructions and are not subject to the limitation of the above prescription days.

问10： 药店购药可以赔付吗?

答：对于药店购药，不论是否属于医保定点药房，原则上皆不予赔付，除非就诊的指定医院确实缺少该药，并允许外出购药，需要由医院的相关职能部门加盖允许外出购药的印章，才可去当地医保指定药店购药。

Q10: Can OTC medicine be reimbursed?

A: Normally, the OTC fee is not reimbursed, whether or not the drug is purchased at the designated pharmacy of the Social Medical Insurance, unless the designated hospital does not have the drug and is allowed to go out to purchase the drug. At this time, the prescription shall be stamped with the name of the hospital by such as the hospital outpatient department, toll office or medical department.

问11： 转院治疗的程序是怎样的?

答：员工在以下情况下可申请转院治疗：

(1) 医院医疗设备或医疗技术条件限制不能有效治疗的；

(2) 经长期治疗而不能解决问题的；

(3) 由院方提请转院治疗的。

要求转院时，被保险人应向中意人寿提交书面申请，并附病历和相关检查报告，并在索赔时提供医生会诊的结果和转院证明。

Q11: What is the procedure for transferred treatment?

A: Employees can apply for transferred treatment under the following circumstances:

(1) If the medical equipment or technical conditions of the hospital are not available for effective treatment;

(2) Can't solve the problem after long-term treatment;

(3) Transferred treatment is requested by the hospital.

When requesting transfer, the insured shall submit a written application to the insurer, accompanied by a medical record and related examination report, and provide the results of doctor consultation and transfer certificate in case of claim.

问12： 对索赔材料有什么具体规定呢?

答：索赔时所提供的病历复印件须符合以下标准：

(1) 病历上清晰注明病情、检查、治疗、用药及剂量；

(2) 病历上的记录与收据上的收费的项目相符；

(3) 病历上的诊病日期须与收据上的日期一致（特殊原因请用文字说明）；

(4) 医疗卫生收费统一收据上应有医院收费章及财政专用章；

(5) 收据上的姓名无误，若有误必须由医院更正后加盖医院收费章。如姓名有误或遇生僻字医院电脑无法打印的，请您告知医院更正或手写后由相关职能部门加盖更正章；

※ **如个人原因导致发票原件的遗失、损毁等情况，无论医院或其他任何机构，出具任何形式的证明材料，中意都不予接受理赔。**必须提供药品及诊疗项目费用清单。

Q12: What are the specific provisions for claim materials?

A: The copies of medical records provided in the case of claims must meet the following criteria:

(1) The condition, examination, treatment, medication and dosage should be clearly indicated on the medical record.

(2) Records on medical records are consistent with the items of fees on receipts;
(3) The date of consultation on the medical record should be the same as the date on the receipt (for special reasons, please specify in writing);
(4) The unified receipt of medical and health charges shall have a hospital charge stamp and a special financial stamp.
(5) The name on the receipt is correct. If there is any mistake, the hospital must correct it and stamp the hospital charge stamp. If there is a mistake in the name or if the computer of the hospital is unable to print, please inform the hospital to correct it or affix a correction stamp to the relevant functional departments after handwriting.
※ **In case of loss or damage of the original invoice due to personal reasons, no claim will be accepted in any form of proof issued by any hospital or any other institutions.** A list of the costs of medicines and treatment items must be provided.

问13：如果员工或者员工子女有多种理赔渠道，中意理赔后是否可以退还发票原件?
答：对于理赔过的费用发票原件，中意不予退还，但是可以提供分割单。如有需要，请在索赔申请表相应位置勾选“需要分割单”选项，并将所有理赔资料复印后自行留存。
如果其他理赔渠道（如社保机构）理赔时要求必须提供发票原件，则建议先将理赔资料提交到其他渠道，然后将理赔后的分割单原件及其他理赔资料复印件提交中意理赔。

Q13：If employees or their children have multiple channels to claim, can the original documents be returned after the settlement of claims by Generali China?
A: For the original invoice, which has been settled, we prefer not to return it, but we can provide a insurance settlement notification. If need it, please tick the "Need insurance settlement notification" option at the appropriate location of the claim application form and keep all hard copies of claim documents.
If other institutions (such as social medical insurance) require that the original invoice be provided, it is suggested that the claim documents should be submitted to them first, and then the original copy of settlement notification and other copies of the claim documents are submitted to Generali China for a further claim.

问14：我应在就诊后多久提交索赔资料?
答：您在当年保险年度内发生的医疗费用，可以在保险年度内索赔，鼓励员工尽早提交索赔资料，最好在每次治疗结束后及时进行索赔（一般为 3 个月），若需要先去医保结算，则在获得医保结算单原件后尽快申请索赔。

Q 14: How long should I submit the claim information after the visit?
A: You can claim for medical expenses incurred during the insurance year. Employees are encouraged to submit claim information as soon as possible. It is best to claim medical expenses in a timely manner (usually for three months) after the end of each treatment. If you need to go

to Social Medical Insurance for settlement first, you can apply for compensation as soon as possible after obtaining the original settlement statement.

问15： 我应如何提交索赔资料?

答：请您将准备好的理赔资料用订书机订好（**切勿粘贴**），可将理赔资料直接寄往北京中意人寿北京分公司。

温馨提示：员工、子女、配偶或伴侣的理赔申请必须分开提交，切勿将多名就诊人员的理赔混在一起。

Q15: How should I submit claim documents?

A: Please staple (**not to paste**) all claim documents together and send the documents to Generali China Beijing Branch.

Warm Tips: claims of employees, children, spouses or partners must be submitted separately. Do not submit one piece of claim with the documents of different applicants mixed.

问16： 我什么时候能收到理赔款呢?

答：对于门诊及住院索赔申请，若提交的索赔资料齐全，无需进一步调查，中意人寿将于10个工作日完成理赔，并在理赔完成后3个工作日内，将理赔款划转至员工的工资卡银行账户。正常情况下，银行同城转账需1~3个工作日，异地转账需3~5个工作日。

手机APP客户端自助索赔申请门诊及住院费用，若提交的索赔资料齐全，无需进一步调查，中意人寿将于5个工作日完成理赔，并理赔款划转至员工的银行工资账户。

Q16: When can I receive the claim payment?

A: For outpatient and inpatient claims, if the information submitted is complete and no further investigation is needed, Generali China will settle the claim in 10 working days and pay of claim to the employee's salary card bank account within 3 working days after the claim is settled. Normally, it takes 1 to 3 working days for the same cities, and 3 to 5 working days for from one city to another.

For outpatient and inpatient claims submit

ted by mobile APP, if the information submitted is complete and no further investigation is needed, Generali China will settle the claim and pay to the employee's salary card bank account in 5 working days.

问17： 为了避免索赔过程中退单和拒赔的发生，还有哪些情况是需要特别留意的?

答：一般来讲，请留意相应保障项目的责任免除事项，同时对于以下情况也需要注意：

(1) 非本人就诊的费用是无法得到正常赔付的。为了更好的保障您的健康以及保险福利，请不要让他人代诊，也不要代替他人就诊。在必要情况下，我们将向 HR 核实。

※ 非本人就诊一般指“代诊”、“代配药”、“未见患者”等。

(2) 无病症单纯开药：有的员工看病时让医生开一些与病情不相关的药品，以备病时用或保健。这样开出的药品以及相关费用将不会获得赔偿的。

(3) 拆单：同一天诊病分写为不同日期的收据，此类情况整笔费用都无法获得赔偿。

(4) 如果因外伤（如扭伤、摔伤等）导致的医疗理赔，请同时提供“外伤说明”，将受伤过程描述清晰并签名。

Q17: In order to avoid the occurrence of refunds and refusals in the process of claims, what other situations need special attention?

A: Generally speaking, please pay attention to the exemption of responsibility for the corresponding safeguard projects, and also pay attention to the following situations:

(1) The expenses of non-self-treatment cannot be normally compensated. In order to better protect your health and insurance benefits, please don't let others see you on behalf of others, nor do you replace others. If necessary, we will check with HR.

※ Non-self-consultation generally refers to "consulting on behalf of others", "dispensing on behalf of others", "no patient" and so on.

(2) Drug prescription without illness: Some employees ask doctors to prescribe medicines unrelated to their illness when they see a doctor, in order to prepare for use or health care when they are ill. No compensation will be paid for the drugs and related expenses.

(3) Bill breaking: The same day of diagnosis is divided into different dates of receipt, the whole cost of such cases cannot be compensated.

(4) If medical claims are due to trauma (e.g. sprain, fall, etc.), please also provide a "trauma description" to clearly describe the injury process and sign it.

第四部分 保险计划简表责任分述
Part Four Insurance Policy Clauses

（一）中意团体意外伤害保险 D 款 （仅员工）

Group Accidental Death & Dismemberment Insurance D (Only Employee)

保险责任 Policy Clauses

意外身故保险金(I) Accidental death benefit(I)

若被保险人于其个人保险期间内遭遇意外伤害事故，且自该事故发生之日起 180 天内，以此事故为直接且单独原因而死亡，本公司将向意外身故保险金受益人给付该被保险人的意外身故保险金。如果本公司依据本合同对该被保险人赔付过下列意外伤残保险金，则给付意外身故保险金时须扣除实际已赔付金额。

In the event that an insured suffers an accidental injury within the duration of individual insurance period, which injury becomes the immediate and sole cause of the insured' s death happening within one hundred and eighty days from the occurrence of the accident, the Company shall pay the accidental death benefit to the beneficiary named in the policy. In the event that the Company has paid an accidental disability benefit mentioned below to the insured pursuant to the contract, the amount of accidental disability benefit paid shall be deducted at the time of paying accidental death benefit.

意外伤害指遭受外来的、突发的、非本意的、非疾病的客观事件直接致使身体受到的伤害。猝死不属于意外伤害。

Accidental injury: a physical injury which is the direct result of an external, accidental, unintended and non-disease related event. A sudden death does not qualify as an accidental injury.

意外伤残保险金(II) Accidental disability benefit(II)

如果被保险人于其个人保险期间内遭遇意外伤害事故，且自该事故发生之日起 180 天内，以此事故为直接且单独原因达到《人身保险伤残评定标准及代码》所列的伤残类别，在依照该标准规定的评定原则对该伤残类别进行评定后，本公司将向被保险人给付意外伤残保险金，其给付金额为评定结果所对应的保险金给付比例乘以该被保险人的基本保险金额。如在意外伤害事故发生 180 天治疗仍未结束的，按该意外伤害发生之日起第 180 日的身体情况进行伤残评定，并据此给付意外伤残保险金。

In the event that the Insured suffers an accidental injury during the Individual Insurance Period, and, within one hundred and eighty days from the occurrence of the accident, the Insured becomes affected by a type of disability defined by China Insurance Disability Standard and Code as a result of such accident which is the direct and sole cause of the disability, the Company shall pay the accidental disability benefit to the Insured after conducting an assessment of the disability in accordance with the assessment criteria set out in the abovementioned standard, the amount of payment shall be determined based on the basic insured amount for the insured, multiplied by the payment ratio that corresponds to the

disability rating. In case that the treatment has not yet ended on the one hundred and eightieth days after the occurrence of the accident, a disability assessment shall be conducted regarding the physical condition of the Insured on the one hundred and eightieth day, and thereupon the accidental disability benefit shall be paid accordingly.

当同一保险事故造成两处或两处以上伤残时，应首先对各处伤残程度分别进行评定，如果几处伤残等级不同，以最重的伤残等级作为最终的评定结论；如果两处或两处以上伤残等级相同，伤残等级在原评定基础上最多晋升一级，最高晋升至第一级。同一部位和性质的伤残，不应采用《人身保险伤残评定标准及代码》两条以上或者同一条文两次以上进行评定。

Where the same insured event has resulted in two or more disabilities of the insured, the degree of each disability shall be assessed separately in the first place, and if the insured' s disabilities are of different degrees, the most severe degree shall be regarded as the final result of assessment; if two or more of the insured' s disabilities are of the same degree, then the rating of degree may be upgraded by one level based on the original rating, and the maximum degree of disability will be the first degree. A disability of the same body region and of the same nature should not be assessed by citing two or more different clauses in the China Insurance Disability Standard and Code or by citing the same clause twice or more.

如果不同意外伤害事故发生在同一部位且伤残项目所对应的给付比例不同，则以较严重项目的伤残保险金给付为准,但前次已给付的伤残保险金（投保前已患或因责任免除事项达到《人身保险伤残评定标准及代码》中所列的伤残同样视为已给付伤残保险金）应予以扣除。

If different events of accidental injury occur to the same body region of the insured and different payment ratios apply to the different types of disability suffered by the insured, the disability benefit payable to the insured shall be determined based on the type of disability which is more severe, provided that, the disability benefit paid previously shall be deducted from the payment (disability benefit is deemed to have been paid previously in case the insured has become affected by a disability defined in China Insurance Disability Standard and Code hereto before taking out the policy or is affected by such disability due to an event covered by the exception clauses) .

人身保险伤残程度等级相对应的保险金给付比例分为十档，伤残程度第一级对应的保险金给付比例为 100%,伤残程度第十级对应的保险金给付比例为 10%，每级相差 10%。

The Reimbursement ratios corresponding with the different degrees of disability are classified into ten levels. The Reimbursement ratio applicable to first degree disability is 100%, and that applicable to tenth degree disability is 10%, and the Reimbursement ratio will increase by 10% when the degree of disability rises by one level.

意外伤残保险金以基本保险金额为限，累计给付的意外伤残保险金的总额达到基本保险金额时，本合同终止。

The accidental disability benefit is subject to the basic insured amount, and the contract ceases to be effective when the aggregate amount of accidental disability benefit paid reaches the insured amount.

如果被保险人为未成年人，因被保险人身故给付的保险金总和不得超过国务院保险监督管理机构规定的限额，身故给付的保险金总和约定也不得超过前述限制。

In the event that the insured is a minor, the aggregate sum of insurance proceeds paid due to the death of the insured shall not exceed the limit stipulated by the insurance regulatory authority of the State Council, and the aggregate amount of death benefits agreed between the parties hereto must not exceed the abovementioned limit.

责任免除 Exclusion of liability

意外身故保险金责任免除：Exclusion of liability for death benefits

因下列情形之一导致被保险人身故或伤残的，本公司不承担给付保险金责任：

The Company shall not be responsible for paying insurance benefits for the death or disability of an insured which occurs within any of the following periods or due to any of the following reasons:

（一）投保人对被保险人的故意杀害、故意伤害；

A murder or intentional injury committed by the Insurance Policy Holder against an insured;

（二）被保险人故意犯罪或者抗拒依法采取的刑事强制措施；

A criminal offence committed intentionally by the insured or the insured’ s resistance to the criminal enforcement action lawfully taken against him/her;

（三）被保险人自杀、故意自伤，但自杀时为无民事行为能力人的除外；

Suicide or self-inflicted injury committed by the insured, except for a person who has no civil capacity at the time of committing suicide;

（四）被保险人服用、吸食或注射毒品；

The insured person takes, consumes or injects drugs;

（五）被保险人酒后驾驶、无合法有效驾驶证驾驶或驾驶无有效行驶证的机动车；

Driving while intoxicated, unlicensed driving, or driving an unlicensed motor vehicle by the insured;

（六）战争、军事冲突、暴乱或武装叛乱；

Warfare, military conflict, insurgence and armed rebellion;

（七）核爆炸、核辐射或核污染；

Nuclear explosions, nuclear radiation or nuclear pollution;

（八）被保险人从事潜水、跳伞、攀岩、蹦极、驾驶滑翔机或滑翔伞、探险、摔跤、武术比赛、特技表演、赛马、赛车等高风险运动；

The insured is engaged in high-risk sports such as diving, parachuting, rock climbing, bungee jumping, glider driving or paragliding, exploration, wrestling, martial arts competitions, stunt performances, horse racing, motor racing, etc.;

（九） 被保险人殴斗、醉酒；

Fights and drunkenness of the insured;

发生上述第（1）项情形导致被保险人身故的，本合同对该被保险人的保险责任终止。若本合同下该被保险人尚未发生保险金赔付，本公司向该被保险人的继承人退还被保险人身故时本合同下该被保险人对应的未满期净保险费；发生上述其他情形导致被保险人身故的，本合同对该被保险人的保险责任终止。若本合同下该被保险人尚未发生保险金赔付，本公司向投保人退还被保险人身故时本合同下该被保险人对应的未满期净保险费。

In the event of the death of the insured due to the occurrence of the above (1), the insurance liability of the insured under this contract shall be terminated. If the insured has not paid the insurance benefits under this contract, the Company shall refund to the heirs of the insured the net unexpired insurance premium corresponding to the insured under this contract at the time of the insured's death; In the event of the death of the insured due to the occurrence of the above other circumstances, the insurance liability of the insured shall be terminated under this contract. If the insured has not paid the insurance benefit under this contract, the company will refund to the policyholder the unexpired net insurance premium corresponding to the insured under this contract at the time of the insured's death.

（二）中意团体定期寿险 （仅员工）

Group Term Life Insurance (Only for Employee)

保险责任Policy Clauses

疾病身故保险金：

若被保险人于其个人保险期间内因疾病或其他非意外的原因导致身故，本公司将向身故保险金受益人给付该被保险人的疾病身故保险金，同时，本合同对该被保险人的保险责任终止。

Illness death benefit: This is a compulsory insurance coverage.

In the event that an insured deceases due to the occurrence of a disease or other situation other than an accident within the duration of the individual insurance period, the Company shall pay the disease-related death benefits to the stipulated beneficiary of the death benefits, and the Company’ s insurance liability for the insured hereunder shall terminate simultaneously upon the payment of insurance benefits

全残保险金 Total disability benefit

若被保险人于其个人保险期间内发生本合同所约定的全残，本公司将向该被保险人给付其全残保险金，同时，本合同对该被保险人的保险责任终止。

In the event that total disability as defined herein occurs to the insured within the duration of individual insurance period, the Company shall pay total disability benefits to the insured and its liability for the insured hereunder shall terminate simultaneously upon payment.

责任免除Exclusion of liability

对任何由下列原因之一而导致的被保险人身故，本合同不承担给付身故保险金责任：

The Company shall not be obligated to pay death benefits for the death of an insured due to any of the following reasons:

1. 投保人对被保险人的故意杀害、故意伤害；

   A murder or intentional injury committed by the Insurance Applicant against an insured;

2. 被保险人故意犯罪或者抗拒依法采取的刑事强制措施；

   A criminal offence committed intentionally by the insured or the insured’ s resistance to the criminal enforcement action lawfully taken against him/her;

3. 被保险人自杀（在本公司连续参保满两年除外），但自杀时为无民事行为能力人的除外；

   Suicide committed by the insured (except in the case where the insured has maintained the insurance policy for two full years consecutively), except for an insured who has no civil capacity at the time of committing suicide;

4. 被保险人主动吸食或注射毒品；

   The insured’ s receiving injection, use or administration of narcotics or prescription drugs without a physician’ s prescription;

5. 被保险人酒后驾驶、无合法有效驾驶证驾驶，或驾驶无有效行驶证的机动车，或驾驶证被当地交通管理部门暂扣期间；

   Driving while intoxicated, unlicensed driving, driving an unlicensed motor vehicle by the insured, or driving while the Insured's driving license is suspended by the local traffic department;

6. 核爆炸、核辐射、核污染、战争、军事冲突、暴乱或武装叛乱。

   Nuclear explosion, radiation, pollution, warfare, military conflict, insurgence and armed rebellion;

（三）中意安康团体重大疾病保障（仅员工）

Generali China An Kang Group Dread Disease Insurance（Only for Employee）

保险责任 Policy Clauses

若被保险人在等待期内确诊患有任何一项符合本合同约定保障范围及定义的重度疾病（无论一种或多种），本公司将按照该被保险人对应的已交纳保险费给付重度疾病保险金，同时本合同对该被保险的人的保险责任终止。

Where the insured is definitely diagnosed with any of the dread disease (one or multiple dread disease) covered and defined in Contract, the Company will pay out the insurance benefit of dread diseases according to the insurance premium that been paid by the Insured, and the insurance liability under this Contract to the Insured shall be terminated.

若被保险人在等待期后经专科医生首次确诊患有任何一项符合约定保障范围及定义的重度疾病（无论一种或多种），本公司将按该被保险人的基本保险金额给付重度疾病保险金同时对该被保险人的保险责任随即终止。

Where the Insured is definitely diagnosed for the first time by a specialist physician with any of the dread diseases (one or multiple dread diseases) covered and defined in Contract after the waiting period, the Company shall pay out the insurance benefit of dread diseases according to the basic insurance amount of the Insured, and the insurance liability under this Contract to the Insured shall be terminated.

50 种重大疾病列表

The List of 50 Types of Dread Disease

1	恶性肿瘤——重度 Malignant tumor-severe	26	严重慢性呼吸衰竭 Severe chronic respiratory failure
2	较重急性心肌梗死 More severe acute myocardial infarction	27	严重克罗恩病 Severe Crohn's disease
3	严重脑中风后遗症 Severe post-stroke sequelae	28	严重溃疡性结肠炎 Severe ulcerative colitis
4	重大器官移植术或造血干细胞移植术 Major organ transplantation or hematopoietic stem cell transplantation	29	严重心肌病 Severe cardiomyopathy
5	冠状动脉搭桥术（或称冠状动脉旁路移植术）Coronary artery bypass grafting (or CABG)	30	严重多发性硬化症 Severe cardiomyopathy
6	严重慢性肾衰竭 Severe chronic renal failure	31	重症肌无力 Myasthenia gravis
7	多个肢体缺失 Deficiency in multiple limbs	32	严重类风湿性关节炎 Severe rheumatoid arthritis
8	急性重症肝炎或亚急性重症肝炎 Acute or subacute severe hepatitis	33	经输血导致的人类免疫缺陷病毒（HIV）感染 Human immunodeficiency virus (HIV) infection caused by blood transfusion
9	严重非恶性颅内肿瘤 Severe non-malignant intracranial tumors	34	多处臂丛神经根性撕脱 Root avulsion of multiple brachial plexus
10	严重慢性肝衰竭 Severe chronic liver failure	35	严重弥漫性系统性硬皮病 Severe diffuse systemic scleroderma
11	严重脑炎后遗症或严重脑膜炎后遗症	36	严重慢性复发胰腺炎 Severe chronic recurrent

	Sequela of severe encephalitis or meningitis		pancreatitis
12	深度昏迷 Deep coma	37	植物人状态 Vegetative state
13	双耳失聪 Binaural hearing loss	38	嗜铬细胞瘤 Pheochromocytoma
14	双目失明 Loss of binocular vision	39	肺源性心脏病 Pulmonary heart disease
15	瘫痪 Paralysis	40	严重自身免疫性肝炎 Severe autoimmune hepatitis
16	心脏瓣膜手术 Cardiac valvular surgery	41	原发性骨髓纤维化(PMF) Primary myelofibrosis (PMF)
17	严重阿尔茨海默病 Severe Alzheimer's disease	42	严重感染性心内膜炎 Severe infective endocarditis
18	严重脑损伤 Severe brain injury	43	心脏粘液瘤 Cardiac myxoma
19	严重原发性帕金森病 Severe Parkinson's disease	44	开颅手术 Craniotomy
20	严重Ⅲ度烧伤 Severe degree III burn	45	系统性红斑狼疮性肾炎尿毒症 Systemic lupus erythenlatosus nephritis uremia
21	严重特发性肺动脉高压 Severe idiopathic pulmonary hypertension	46	1 型糖尿病严重并发症 Serious complications of Type I diabetes
22	严重运动神经元病 Severe motor neuron disease	47	失去一肢及一眼 Loss of a limb and an eye
23	语言能力丧失 Loss of power of speech	48	严重川崎病 Severe Kawasaki disease
24	重型再生障碍性贫血 Severe aplastic anemia	49	严重肠道疾病并发症 Complications of severe intestinal disease
25	主动脉手术 Aortic surgery	50	脊柱裂 Rachischisis

等待期 Waiting period

- 2025 年 10 月 1 日前曾经参保相同责任的员工无等待期。Not impose any waiting period to employees who has insured the same plan before 01/10/2025.
- 2025 年 10 月 1 日(含)后入职的员工等待期为 30 天。A 30-day waiting period will be imposed to employees who have been enrolled after 01/10/2025.

责任免除 Exclusion of liability

在被保险人的个人保险期间内，因下列情形之一导致被保险人发生疾病、达到疾病状态或进行手术的，本公司不负给付保险金责任：

The Company shall not be obligated to pay insurance proceeds to an insured if the insured is affected by a disease, has a medical condition or undergoes a surgery due to any of the following situations within the duration of the insured’ s individual insurance period:

（一）投保人对被保险人的故意杀害、故意伤害；Murder or intentional injury committed by the Insurance Applicant against an insured;

（二）被保险人故意自伤、故意犯罪或者抗拒依法采取的刑事强制措施；

Self-inflicted injury or willful criminal offence by the insured, or the insured’ s resistance to criminal enforcement action lawfully taken against the insured;

（三）被保险人服用、吸食或注射毒品；

The use, administration or receiving injection of narcotics by the insured;

（四）被保险人酒后驾驶、无合法有效驾驶证驾驶，或驾驶无有效行驶证的机动车；

Driving while intoxicated, unlicensed driving or driving an unlicensed motor vehicle by the insured;

（五） 被保险人感染艾滋病病毒或患艾滋病；

The insured become affected by HIV or AIDS;

（六） 遗传性疾病、先天性畸形、变形或染色体异常；

Genetic diseases, congenital malformation, deformation or chromosomal abnormality;

（七）战争、军事冲突、暴乱或武装叛乱、核爆炸、核辐射或核污染。

Warfare, military conflict, riot or armed rebellion, nuclear explosion, radiation or pollution.

（四）中意附加住院津贴团体医疗保险（仅员工）

Generali China Group Hospital Income Insurance Rider Clauses (Only Employee)

保险责任：Policy Clauses

（一）疾病住院津贴保险责任Disease-related hospitalization insurance coverage

被保险人自参加本附加合同之日起 30 天内，如果被保险人因疾病入住医院治疗，本公司不承担保险责任，这 30 天的时间称为等待期，续保无等待期的限制。

The Company shall not assume insurance responsibility in the event that the insured becomes hospitalized in the hospital due to the occurrence of a disease within thirty days from participation in the present Rider, which period is referred to herein as a Waiting Period. The Waiting Period does not apply in the case of insurance renewal.

如果被保险人在等待期后的个人保险期间因疾病入住医院接受治疗，本公司将按该被保险人的个人保险期间内的住院天数乘以基本保险金额向被保险人给付保险金。如果被保险人入住重症监护病房治疗，则在此期间每日以双倍基本保险金额向被保险人给付保险金。

If the insured becomes hospitalized for receiving treatment due to the occurrence of a disease within the individual insurance period after the Waiting Period, the Company shall pay the insurance benefit to the insured according to the basic insured amount multiplied by the number of days of hospital stay within the individual insurance period. If the insured is admitted to an intensive care unit for treatment, the Company shall pay the insurance benefit with twice the basic insured amount for each day within the duration of the insured’ s stay in the ICU.

（二）意外伤害住院津贴保险责任

如果被保险人在其个人保险期间内因遭受意外伤害事故入住医院接受治疗，本公司将按该被保

险人的个人保险期间内的住院天数乘以基本保险金额向被保险人给付保险金。如果被保险人入住重症监护病房治疗，则在此期间每日以双倍基本保险金额向被保险人给付保险金。
If the insured becomes hospitalized for receiving treatment due to the occurrence of a disease within the individual insurance period after the Waiting Period, the Company shall pay the insurance benefit to the insured according to the basic insured amount multiplied by the number of days of hospital stay within the individual insurance period. If the insured is admitted to an intensive care unit for treatment, the Company shall pay the insurance benefit with twice the basic insured amount for each day within the duration of the insured’ s stay in the ICU.

同一住院原因的住院天数，最高以 180 天为限。若被保险人因同一原因间歇性入住医院，前次出院与后次入院日期间隔未达 90 天，则视为同一住院原因。
The days of hospital stay due to the same reason shall be limited to one hundred and eighty days. If the insured becomes hospitalized intermittently due to the same reason and the time interval between the previous hospital discharge and the subsequent hospital stay is less than ninety days, then it is deemed that the two hospital stays are due to the same reason.

责任免除Insurance Exclusions

对任何在下列期间发生的或由下列原因之一导致的被保险人住院，本公司不负保险责任:
The Company shall be exempt from payment liability for hospitalization medical expenses incurred within the period or due to one of the reasons specified below：

（一）被保险人自参加本附加合同当日之前，曾接受治疗、诊断、会诊或服用处方药物的疾病，病症或伤害（续保除外）；
A disease, symptom or injury, for which the insured has received treatment, diagnosis, medical consultation or been administered prescription drugs before that day to the insured’ s joining the present contract (except in the case of insurance renewal);

（二） 投保人对被保险人的故意杀害、故意伤害；
Murder or intentional injury committed by the Policy Holder against an insured;
（三）被保险人未经医师处方注射、吸食、服用毒品或处方药品；
The insured’ s receiving injection, use or administration of narcotics or prescription drugs without a physician’ s prescription;
（四）被保险人故意自伤、故意犯罪或者抗拒依法采取的刑事强制措施；
Self-inflicted injury or willful criminal offence of the insured, or the insured’ s resistance to criminal enforcement action lawfully taken;
（五）被保险人酒后驾驶、无合法有效驾驶证驾驶或驾驶无有效行驶证的机动车；驾驶证被当地交通管理部门暂扣期间；
Driving while intoxicated, unlicensed driving, driving an unlicensed motor vehicle by the insured, or driving while the Insured's driving license is suspended by the local traffic department;

(六) 被保险人感染艾滋病病毒或患艾滋病；

The insured becoming affected by HIV or AIDS;

（七）先天性畸形、变形或染色体异常、遗传性疾病及精神疾病、性传播疾病、蛋白粒子病（包括疯牛病等）、性功能异常、不孕不育；

Congenital malformation, deformation or chromosomal abnormality, genetic disease and mental illness, sexually transmitted disease, prion diseases, sexual dysfunction, sterility and infertility;

（八）妊娠、分娩、流产、节育、避孕、辅助生育技术（包括但不限于人工受精、应用促排卵药、胚胎移植或配子输卵管移植）及应用辅助生育技术后发生的异位妊娠，戒毒、戒酒、戒烟、疗养、整容、美容、变性、包皮环切、视力矫正，被保险人献血、捐赠骨髓或任何人体器官、组织；

Pregnancy, delivery, abortion, birth control, contraception, pregnancy-aiding technique (including without limitation artificial insemination, application of ovulation stimulants, embryo transfer or gamete intra-Fallopian transfer,) and the extrauterine pregnancy arising from the application of pregnancy-aiding technique, withdrawal from narcotic, alcohol and smoking, convalescence, cosmetic surgery, beauty treatment, transsexual surgery, circumcision, vision correction, donation of blood, bone marrow or any human organ and tissue by the insured;

（九）被保险人以职业运动员身份参加的运动；或参与可获得报酬的运动；或者参加以下项目的竞赛、表演或专业训练：赛马、马术、马球、机动车、自行车、赛艇、滑板、冲浪、滑水、跳水、潜水、跳高滑雪、雪橇、滑冰、冰球、拳击、武术、摔跤；或参加攀岩、攀登海拔 3500 米以上山峰、滑翔翼、气球驾驶、跳伞、空中飞行（不包括以乘客身份乘坐作为公共交通工具的民航班机）、蹦极跳；或参加洞穴、极地、沙漠、火山、冰川等探险和考察；

The insured’ s participation in any sports event in the capacity of a professional athlete; the insured’ s participation in a remunerated sports event or participation in any competition, performance show or professional training relating to the following activities, such as horse racing, horsemanship, polo, motor vehicle racing, bicycle racing, rowing, skateboarding, surfing, water skiing, diving, snorkeling, ski jumping, sleighing, skating, ice hockey, boxing, martial arts, wrestling or rock climbing, climbing of a mountain peak with altitude of 3,500 meters or higher; gliding, ballooning, parachuting, air travel(not including the case of traveling as a passenger on a civil aircraft intended as a means of public transport), bungee jumping, participation in exploration and expedition to caves, polar regions, deserts, volcanoes, and glaciers;

（十）核爆炸、核辐射、核污染、战争、军事冲突、暴乱、武装叛乱。

Nuclear explosion, radiation, pollution, warfare, military conflict, insurgence and armed rebellion.

（五）中意医保补充团体医疗保险（员工适用）

Generali China Group Supplementary Medical Insurance Clauses (For Local Employee)

保险责任 Policy Clauses

1.住院和门诊特定项目 Insurance coverage for hospitalization and specific outpatient treatment

若被保险人因意外伤害事故或等待期后因疾病导致住院或接受门诊特定项目治疗，对于在治疗期间发生的，属于当地基本医疗保险部门规定的基本医疗保险（以下简称“医保”）支付范围、并按医保起付标准、赔付限额、共付比例等相关规定需由个人支付的医疗费用，以及投保人和本公司约定的其它住院医疗费用，本公司按约定的赔付方式进行赔付。

In the event that the insured becomes hospitalized or receives the specified outpatient treatment as a result of an accidental injury or the occurrence of a disease after the Waiting Period, the Company shall pay, in the manner specified herein, the medical expenses incurred and payable by the insured within the treatment period which fall within the scope of the basic medical insurance program administered by the local basic medical insurance authority (hereafter “Medical Insurance”), according to the medical insurance payment threshold, the limit of payment and the sharing ratio prescribed by the local medical insurance authority, as well as other medical expenses of hospitalization agreed upon by the Policy holder and the Company.

2. 普通门（急）诊医疗 Medical insurance coverage for general outpatient and emergency treatment

若被保险人因意外伤害事故或疾病在**医院**接受门诊、急诊治疗，对于由此发生的，属于当地基本医疗保险部门规定的基本医疗支付范围、并按医保起付标准、赔付限额、共付比例等相关规定需由个人支付的医疗费用，以及投保人和本公司约定的其它合理门诊、急诊医疗费用，本公司按约定的赔付方式进行赔付。

In the event that the insured receives outpatient/emergency treatment at a hospital as a result of an accidental injury or a disease, the Company shall pay, in the manner specified herein, the medical expenses incurred and payable by the insured, which fall within the scope of the basic medical insurance coverage prescribed by the local basic medical insurance authority, according to the medical insurance payment threshold, the limit of payment and the sharing ratio prescribed by the local medical insurance authority, as well as other reasonable outpatient/emergency treatment medical expenses agreed upon by the Policy holder and the Company.

3.牙科医疗 Insurance coverage for dental treatment

对于被保险人由以下原因导致的牙科门（急）诊费用，本公司按约定的赔付方式进行赔付：

The Company will pay for the dental outpatient (emergency) treatment expenses incurred by the insured due to the following reasons, according to the payment method agreed herein:

（1）龋病、牙髓病、牙隐裂所引起的补牙、牙髓治疗、拔牙、阻生齿治疗；

Dental filling, endodontic treatment, tooth extraction and treatment of impacted tooth due to dental caries, dental pulp disease and cracked tooth;

（2）牙周组织疾病，如牙周炎、牙龈炎、根周炎等治疗（保健性洗牙洁牙除外）；

Treatment of periodontal tissue diseases such as periodontitis, gingivitis and periapicitis (except for health care scaling);

除本合同另有约定外，申请赔付的上述医疗费用应属于当地基本医疗保险部门规定的基本医疗保险支付范围、并按规定需由个人支付的医疗费用。

Unless otherwise provided herein, the abovementioned medical expenses for which payment is requested by the insured shall fall within the scope of the basic medical insurance coverage prescribed by the local basic insurance department and is payable by the insured pursuant to the regulations of the local medical insurance authority.

4.生育医疗保险责任 Maternity insurance coverage

对于已婚女性被保险人，在符合国家计划生育法规条件下所发生的，且符合当地政府制订的职工生育保险实施细则规定的支付范围、按规定需由个人支付的下列生育医疗费用，本公司按约定方式进行赔付：

For an insured who is a married woman, the Company will pay, in the manner agreed herein, for the medical expenses incurred by the insured in connection with pregnancy and childbirth, which are in compliance with the family planning laws and regulations of China and are eligible for insurance payment under the specific rules of employee maternity insurance formulated by the local government, as well as the following maternity-related medical expenses which are payable by the insured:

（1） 孕产期检查费、药品费和治疗费；

Medical examination, medication and treatment expenses incurred during the pregnant and maternal period;

（2） 分娩时所产生的合理医疗费用(不包括婴儿费用)；

The medical expenses reasonably incurred at the time of delivery(not including the expenses incurred for the newborns)

（3） 流产或终止妊娠医疗费用；

Medical expenses incurred due to miscarriage or termination of pregnancy;

（4）因妊娠、分娩、流产或终止妊娠所引起的并发症而支出的医疗费用；

Medical expenses incurred due to the complications resulting from pregnancy, delivery, miscarriage or termination of pregnancy;

（5） 投保人与本公司约定的其它合理生育医疗费用。

Other reasonable medical expenses for pregnancy and childbirth as agreed on between the Policy holder and the Company.

若被保险人的孕产期跨越两个保单年度，则该项保险责任的最高赔付限额以该被保险人分娩时所在的保单年度约定的最高赔付限额为限；若未续保，则本公司仅赔付被保险人在其个人保险期间内发生的上述生育医疗费用。

In the event that the pregnant and maternal period of an insured spans two policy years, then the maximum amount of payment for the maternity insurance coverage shall be subject to the maximum amount of payment agreed on by the Policy holder and the Company for the current policy year in which delivery occurs. If the Policy holder does not renew the insurance policy, the Company will only pay for the medical expenses incurred by the insured within the individual insurance period.

✧ 温馨提示：被保险人女性生育费用应在孕产期结束后一次性申请；根据保险合同要求，因分娩时所产生的住院费用未经当地医保分割，不在规定的报销范围内(外籍员工除外)。

Warm Tips: The insured female’ s maternity expenses shall be applied for once after the end of pregnancy and childbirth; according to the requirements of the insurance contract, the hospitalization expenses incurred during childbirth are not separated by the local medical insurance and are not within the prescribed reimbursement scope (Exclude Non-Chinese employee).

责任免除 Exemption of liability

本公司对任何在下列期间发生的或因下列原因之一而导致的医疗费用不负赔偿责任：

The Company shall be exempt from payment liability for any medical expenses incurred within the period or due to one of the reasons specified below:

（一）普通门（急）诊医疗保险责任、牙科医疗保险责任、生育医疗保险责任和公共保额保险责任，但保险计划中选择的保险责任除外；

Medical insurance coverage for general outpatient and emergency treatment, medical insurance coverage for dental treatment, maternity insurance coverage and pooled insurance coverage, except for the insurance coverage selected by the Policy holder in the insurance plan;

（二）被保险人自参加本合同当日之前曾接受治疗、诊断、会诊或服用处方药物的疾病，病症或伤害（续保除外）；

A disease, symptom or injury, for which the insured has received treatment, diagnosis, medical consultation or been administered prescription drugs before that day to the insured’ s joining the present contract (except in the case of insurance renewal);

（三）被保险人因交通事故、医疗事故或者其它责任事故造成伤害的；

An injury suffered by the insured due to a traffic accident, medical accident or other accident;

（四）被保险人故意自伤、故意犯罪或者抗拒依法采取的刑事强制措施；

Self-inflicted injury or willful criminal offence of the insured, or the insured’ s resistance to criminal enforcement action lawfully taken;

（五）被保险人酒后驾驶、无合法有效驾驶证驾驶，或驾驶无有效行驶证的机动车；或驾驶证被当地交通管理部门暂扣期间；

Driving while intoxicated , unlicensed driving, driving an unlicensed motor vehicle by the insured; or driving while the Insured's driving license is suspended by the local traffic department;

（六）被保险人未经医师处方注射、吸食、服用毒品或处方药品；

The insured’ s receiving injection, use or administration of narcotics or prescription drugs without a physician’ s prescription;

（七）被保险人以职业运动员身份参加的运动；或参与可获得报酬的运动；或者参加以下项目的竞赛、表演或专业训练：赛马、马术、马球、机动车、自行车、赛艇、滑板、冲浪、滑水、跳水、潜水、跳高滑雪、雪橇、滑冰、冰球、拳击、武术、摔跤；或参加攀岩、攀登海拔 3500 米以上山峰、滑翔翼、气球驾驶、跳伞、空中飞行（不包括以乘客身份乘坐作为公共交通工具的民航班机）、蹦极跳；或参加洞穴、极地、沙漠、火山、冰川等探险和考察；

The insured’ s participation in any sports event in the capacity of a professional athlete; the insured’ s participation in a remunerated sports event or participation in any competition, performance show or professional training relating to the following activities, such as horse racing, horsemanship, polo, motor vehicle racing, bicycle racing, rowing, skateboarding, surfing, water skiing, diving, snorkeling, ski jumping, sleighing, skating, ice hockey, boxing, martial arts, wrestling or rock climbing, climbing of a mountain peak with altitude of 3,500 meters or higher; gliding, ballooning, parachuting, air travel (not including the case of traveling as a passenger on a civil aircraft intended as a means of public transport), bungee jumping, participation in exploration and expedition to caves, polar regions, deserts, volcanoes, and glaciers;

（八）核爆炸、核辐射、核污染、战争、军事冲突、暴乱、武装叛乱；

Nuclear explosion, radiation, pollution, warfare, military conflict, insurgence and armed rebellion;

（九）在中国境外及港、澳、台地区接受治疗（突发急性病住院除外）。

Receiving medical treatment in a foreign territory, Hong Kong, Macau or Taiwan (except for hospitalization due to the occurrence of an acute disease).

(六) 中意综合保障团体医疗保险（员工子女、配偶/伴侣）

GENERALI CHINA Group Comprehensive Medical Insurance Clauses (For Child, Spouse/Partner)

保险责任 Policy Clauses

1．住院和门诊特定项目保险责任 Insurance coverage for hospitalization and specific outpatient treatment

若被保险人因意外伤害事故或等待期后因疾病导致住院或接受门诊特定项目治疗，对于在治疗期间发生的，符合当地社会医疗保险部门规定的基本医疗保险（以下简称“医保”）诊疗项目、医疗服务设施、用药范围等相关规定的基本医疗保险支付范围内的医疗费用，以及投保人和本公司约定的其它住院医疗费用，本公司按本合同约定的赔付方式进行赔付。

The medical expenses incurred within the period of medical treatment by an insured for hospitalization or receiving specific outpatient treatment due to an accidental injury or due to a disease occurring after the Waiting Period, which fall within the scope of the basic medical services, medical facilities and medications that are eligible for insurance payment under the China Social Medical Insurance（“CSMI”）coverage specified by the local social insurance department, as well as other hospitalization expenses agreed upon by the policyholder and the Company, shall be paid by the Company according to the payment method specified herein.

2. 普通门（急）诊医疗保险责任 Medical insurance coverage for general outpatient and emergency treatment

若被保险人因意外伤害事故或疾病在医院接受门诊、急诊治疗，对于由此发生的，符合当地基本医疗保险诊疗项目、医疗服务设施、用药范围等相关规定的基本医疗保险支付范围内的医疗费用，以及投保人和本公司约定的其它合理门、急诊医疗费用，本公司按约定的赔付方式进行赔付。

The medical expenses incurred by an insured for receiving outpatient or emergency treatment in a hospital due to an accidental injury or disease, which fall within the scope of basic medical services, medical facilities and medications that are eligible for insurance payment under the local basic medical insurance program, as well as other reasonably incurred outpatient and emergency treatment expenses as agreed on by the policyholder and the Company, shall be paid by the Company according to the payment method agreed herein.

3. 牙科医疗保险责任 Insurance coverage for dental treatment

对于被保险人由以下原因导致的牙科门（急）诊费用，本公司按约定的赔付方式进行赔付：

The Company will pay for the dental outpatient (emergency) treatment expenses incurred by the insured due to the following reasons, according to the payment method agreed herein:

（1）龋病、牙髓病、牙隐裂所引起的补牙、牙髓治疗、拔牙、阻生齿治疗；

Dental filling, endodontic treatment, tooth extraction and treatment of impacted tooth due to dental caries, dental pulp disease and cracked tooth;

（2）牙周组织疾病，如牙周炎、牙龈炎、根周炎等治疗；

Treatment of periodontal tissue diseases such as periodontitis, gingivitis and periapicitis;
Other dental treatment agreed by the parties.
除本合同另有约定外，申请赔付的上述医疗费用应属于当地社会医疗保险部门规定的基本医疗保险支付范围。
Unless otherwise provided herein, the abovementioned medical expenses for which payment is requested by the insured shall fall within the scope of the China Social Medical Insurance coverage prescribed by the local social insurance department.

责任免除 Exemption of liability

本公司对任何在下列期间发生的或因下列原因之一而导致的医疗费用不负赔偿责任，但本合同另有约定除外：
The Company shall be exempt from payment liability for any medical expenses incurred within the period or due to one of the reasons specified below, except where otherwise provided in the contract:

（一）普通门、急诊医疗保险责任、牙科医疗保险责任、生育医疗保险责任和公共保额保险责任，但保险计划中选择的保险责任除外；

Medical insurance coverage for general outpatient and emergency treatment, medical insurance coverage for dental treatment, maternity insurance coverage and pooled insurance coverage, except for the insurance coverage selected by the policyholder in the insurance plan;

（二）被保险人自参加本合同当日之前，曾接受治疗、诊断、会诊或服用处方药物的疾病，病症或伤害（续保除外）；
A disease, symptom or injury, for which the insured has received treatment, diagnosis, medical consultation or been administered prescription drugs before that day to the insured’ s joining the present contract (except in the case of insurance renewal);
（三）先天性畸形、变形或染色体异常、遗传性疾病及精神疾病、性传播疾病、蛋白粒子病、性功能异常、不孕不育；
Congenital malformation, deformation or chromosomal abnormality, genetic disease and mental illness, sexually transmitted disease, Prion diseases (including mad cow disease), sexual dysfunction, sterility and infertility;

（四）下列药品或诊疗项目：
Any of the following drugs or medical diagnosis and treatment:
（1）任何免疫疫苗及调节性功能的药品；
Any vaccine and drug intended for adjusting sexual function;

（2）节育、避孕、辅助生育技术（包括但不限于人工受精、应用促排卵药、胚胎移植或配子输卵管移植）及应用辅助生育技术后发生的异位妊娠；

Any birth control, contraceptive and pregnancy-aiding technique (including without limitation artificial fertilization, the administration of ovulation stimulants, embryo transfer or gamete intra-Fallopian transfer), as well as ectopic pregnancy occurring after the application of pregnancy-aiding technique;

（3）戒毒、戒酒、戒烟、疗养、整容、美容、变性、包皮环切、视力矫正，被保险人献血、捐赠骨髓或任何人体器官、组织。

Withdrawal from narcotic, alcohol and smoking, convalescence, plastic surgery, beauty treatment , transsexual surgery, circumcision, vision correction, donation of blood, marrow or any human organ or tissue by the insured;

（五）被保险人因交通事故、医疗事故或者其它责任事故造成伤害的，当地社保已经给予统筹支付的除外；

An injury suffered by the insured due to a traffic accident, medical accident or other accident, which have paid by the local social security;

（六）被保险人故意自伤、故意犯罪或者抗拒依法采取的刑事强制措施；

Self-inflicted injury or willful criminal offence of the insured, or the insured’ s resistance to criminal enforcement action lawfully taken;

（七）被保险人酒后驾驶、无合法有效驾驶证驾驶，或驾驶无有效行驶证的机动车；或驾驶证被当地交通管理部门暂扣期间；

Driving while intoxicated, unlicensed driving, driving an unlicensed motor vehicle by the insured; or driving while the Insured's driving license is suspended by the local traffic department;

（八）被保险人未经医师处方注射、吸食、服用毒品或处方药品；

The insured’ s receiving injection, use or administration of narcotics or prescription drugs without a physician’ s prescription;

（九）被保险人感染艾滋病病毒（HIV）或患艾滋病；

The insured becoming affected by HIV or AIDS

（十）被保险人以职业运动员身份参加的运动；或参与可获得报酬的运动；或者参加以下项目的竞赛、表演或专业训练：赛马、马术、马球、机动车、自行车、赛艇、滑板、冲浪、滑水、跳水、潜水、跳高滑雪、雪橇、滑冰、冰球、拳击、武术、摔跤；或参加攀岩、攀登海拔 3500 米以上山峰、滑翔翼、气球驾驶、跳伞、空中飞行（不包括以乘客身份乘坐作为公共交通工具的民航班机）、蹦极跳；或参加洞穴、极地、沙漠、火山、冰川等探险和考察；

The insured’ s participation in any sports event in the capacity of a professional athlete; the insured’ s participation in a remunerated sports event or participation in any competition, performance show or professional training relating to the following activities, such as horse racing, horsemanship, polo, motor vehicle racing, bicycle racing, rowing, skateboarding, surfing, water skiing, diving, snorkeling, ski jumping, sleighing, skating, ice hockey, boxing, martial arts, wrestling or rock climbing, climbing of a mountain peak with altitude of 3,500 meters or higher; gliding, ballooning, parachuting, air travel (not including the case of traveling as a passenger on

a civil aircraft intended as a means of public transport), bungee jumping, participation in exploration and expedition to caves, polar regions, deserts, volcanoes, and glaciers;

（十一）核爆炸、核辐射、核污染、战争、军事冲突、暴乱、武装叛乱；

Nuclear explosion, radiation, pollution, warfare, military conflict, insurgence and armed rebellion;

（十二）在中国境外及港、澳、台地区接受治疗（突发急性病住院除外）。

Receiving medical treatment in a foreign territory, Hong Kong, Macau or Taiwan (except for hospitalization due to the occurrence of an acute disease).

第五部分 附 件
Part Five Appendix

附件一：指定受益人

被保险人及受益人资料

Information of the Insured and Beneficiary

被保险人(员工)资料 Information of the Insured(Employee)

被保险人工号 Employee No.	被保险人中文姓名 Chinese Name	被保险人英文姓名 English Name	身份证/护照号码 ID/Passport No.
邮编 Post Code	通讯地址 Address		联系电话 Contact No.

受益人资料 Information of the Beneficiary

受益顺序 Benefit Order	姓名 Name	有效证件号码 Valid Identity Certificate No.	与被保险人关系 Relationship with the Insured	受益比例 Benefit Proportion
第一顺序 The First Order				
第二顺序 The Second Order				

被保险人声明 Declaration of the Insured

我完全授权奥多比作为投保人，为我向中意人寿保险有限公司北京分公司(以下称“中意”)投保团体保险。我知道我有权利在保单有效期（包括续约期间）内任何时候以书面形式指示变更我的人身险受益人。如果奥多比与中意在保险期满时续约，那么我在续约日之前最近一次所指定的人身险受益人（如我在保单有效期内未曾变更过人身险受益人，则应为我首次指定的人身险受益人）将在续约期间继续有效，直至我再次以书面形式指示变更我的人身险受益人。我已审核我的受益人指定表并确认它完全代表我的个人意愿。

I fully authorize Adobe.as the policyholder of my group insurance by Generali China Co., Ltd Beijing Branch (herein after referred to as “Generali China”). I know that I have the right to alter my insurance beneficiary in writing instructions at any time within the effective period of the policy

(including the renewal period). If Adobe renews the policy with Generali China on the expiration date, then the last life insurance beneficiary (if I haven't altered my beneficiary during the effective period of the policy, then it will be the beneficiary I designated at first) I designated before the renewal date shall continue to be effective during the renewal period until I alter my beneficiary in writing instructions again. I have looked through my Beneficiary Designation Form and acknowledge that it absolutely represents my personal will.

注释 Note:

1、 被保险人签名栏，其签名应与有效证件所载姓名相符； In the signature column, the insured's signature should match the name on the valid identity certificate.

2、 受益比例栏，同一顺序受益比例相加应为100%。 In the Benefit Proportion column, the sum of the benefit proportion of the same benefit order should be 100%.

3、 请注意不得指定其近亲属以外的人为受益人。近亲属是指配偶、父母、子女、祖父母、(外)孙子、(外)孙女、兄弟、姐妹 。You have to designate your close relatives to be your beneficiary, and close relatives means spouse, parents, children, grandparents, grandchildren, brothers and sisters.

4、 请将《受益人指定书》原件寄至中意人寿联系人处。
Please mail the original Beneficiary Designation Form to Generali China service representatives.

5、 如果被保险人未指定受益人，或在其他特定情况下，被保险人的身故保险金将被视为遗产依照《中华人民共和国继承法》的继承顺序继承。同一顺序继承人平均分配遗产。第一顺序：配偶、子女、父母。 第二顺序：兄弟姐妹、祖父母、外祖父母。继承开始后，由第一顺序继承人继承，第二顺序继承人不继承。没有第一顺序继承人继承的，由第二顺序继承人继承。
If the insured did not designate any beneficiary, and under specified circumstances, the death benefit will be treated as the deceased's estate and distributed according to the Law of Succession of the People's Republic of China. Article 10. The estate of the deceased shall be inherited in the following order. Successors in the same order should inherit in equal shares: First in order: spouse, children, and parents.
Second in order: brothers and sisters, paternal grandparents, maternal grandparents.
The successor(s) first in order shall inherit to the exclusion of the successor(s) second in order. The successor(s) second in order shall inherit if there is no surviving successor first in order.

被保险人签名 Signature of the Insured：　　签署日期 Date：

附件二：个人索赔申请表

中意人寿 GENERALI CHINA

团 险 索 赔 申 请 表

投保单位：_____ 保单号：_____

*单次申请金额超 1 万元或 1000 美元，第一和第二部分标注为必填的项目须全部填写。

第一部分：申请人一般资料

申请人姓名（必填）：_____ 性别（必填）_____ 员工号：_____ 国籍(必填)_____

证件类型（必填）：_____ 证件号码（必填）：□□□□□□□□□□□□□□□□□□ 证件有效期限（必填）：_____

员工目前职业（必填）：_____ 工作地址/居住地址（必填）：_____ 邮政编码：_____

联系电话（必填）：_____ E-mail：_____

第二部分：被保险人基本资料（如果被保险人为员工本人，无需填写此栏）

被保险人姓名（必填）：_____ 性别（必填）：_____ 与申请人之关系 □配偶/伴侣 □父母/子女 □监护人 国籍（必填）_____

证件类型（必填）：_____ 证件号码（必填）：□□□□□□□□□□□□□□□□□□ 证件有效期（必填）：_____

目前职业（必填）：_____ 工作地址/居住地址（必填）：_____ 联系电话（必填）：_____

如果是双职工子女，两方员工同时申请，请填写另一方员工姓名及证件号，并且由另一方员工签名确认：

另一方员工姓名：_____ 证件号码：□□□□□□□□□□□□□□□□□□

第三部分：保险金转账授权（如保险金转入非被保险人本人账户，且被保险人为成年客户时，以下内容必须填写）：

本人授权中意人寿保险有限公司将赔付款项划入_____已在贵公司指定的银行账户。

被保险人/法定监护人签名：_____ **日期：**_____

第四部分： 疾病 / 意外适用(门诊或住院) 费用类别填写：1-门诊；2-住院；3-大病；4-生育；5-体检；6-其他

诊治日期	费用类别	病因	就诊医院	收据数量	其它单证、文件	发生金额（账单总金额）

合计：索赔收据数量：_____ **张；索赔总金额：¥** _____ **□门诊费用：¥** _____ **□住院费用：¥** _____

反 保 险 欺 诈 提 示

最大诚信是保险合同基本原则，保险欺诈将承担以下责任：

[刑事责任] 进行保险诈骗犯罪活动，将会受到最高十年以上有期徒刑，并处罚金或者没收财产的刑事处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，以保险诈骗罪的共犯论处。

[行政责任]进行保险诈骗活动，尚不构成犯罪的，将会受到 15 日以下拘留、5000 元以下罚款的行政处罚；保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，也会受到相应行政处罚。

[民事责任]投保人、被保险人故意制造保险事故的，保险公司不承担赔偿或给付保险金的责任；以伪造、变造的有关证明、资料或者其他证据，编造虚假的事故原因或者夸大损失程度的，保险公司对其虚报的部分不承担赔偿或给付保险金的责任。

声 明 及 授 权

1.本人经过仔细审阅后确认上述所填内容、答案及与之有关的资料均为本人亲自提供。

2.上述各项内容、答案及与之有关的资料均为完整并确实无误，本人并无隐瞒或遗漏。

3.本人同意并授权贵公司在必要时可向医疗机构、公安部门及理赔相关其他机构及个人索取、查询、调阅、摘抄、复印被保险人与本次理赔申请相关的材料，本授权书之影印件、传真件、扫描件和原件具有同等效力，中意人寿对客户信息负有保密义务。

4.本人同意中意人寿保险有限公司将有关被保险人的资料用于保险、再保险、数据处理及统计事宜。

5.本人清楚明白中意人寿保险有限公司的赔偿款项一经通过银行成功转账至本人所指定的账户，将视为本人已收到该笔赔偿款项。

个 人 信 息 使 用 授 权

本人因向中意人寿申请理赔业务，特向中意人寿授权如下:

敏感个人信息:

本人同意并授权中意人寿在本人理赔业务处理阶段及业务存续期间，基于本人理赔业务处理与后续管理的目的,向本人或中意人寿必要的合作伙伴及第三方机构收集有关本人的敏感个人信息。中意人寿有权出于办理理赔业务的需要，就收集到的本人的敏感个人信息开展处理活动。

敏感个人信息包括但不限于：本人的生物识别、宗教信仰、特定身份、医疗健康、金融账户、行踪轨迹等，以及不满十四周岁未成年人的个人信息。

处理活动包括：存储、使用、加工、传输、提供、删除等行为。

非敏感个人信息:

本人同意并授权中意人寿在本人理赔业务处理阶段及业务存续期间，基于本人理赔业务审查审核与后续管理的目的,向本人或中意人寿必要的合作伙伴及第三方机构收集有关本人的非敏感个人信息。中意人寿有权出于办理理赔业务的需要，就收集到的本人的非敏感个人信息开展处理活动。

非敏感个人信息指除以上列举的敏感个人信息外的其他信息，包括但不限于：本人的姓名、性别、国籍等个人信息。

处理活动包括：存储、使用、加工、传输、提供、删除等行为。

必要的合作伙伴及第三方机构是指：包括行政司法机关、公安部门、司法鉴定中心、银保监会及其下设机构、医疗机构、医院、体检单位、社会医疗保险机构、银行、中国邮政等物流公司、律师事务所、保险公估公司、与保险事故相关单位及人士、中国银行保险信息技术管理有限公司、上海圆心惠保网络科技有限公司、优普旅行援助服务（北京）有限公司、Generali Employee Benefits、中国人寿再保险有限责任公司、汉诺威再保险股份公司上海分公司、太平再保险（中国）有限公司、德国通用再保险股份公司上海分公司、RGA 美国再保险公司上海分公司、鼎睿再保险有限公司等。

签名前请再次核对所填资料是否正确无误。

投保单位盖章	申请人签名	被保险人/监护人签名	联系电话	日期

（如连带被保险人出险，必须由连带被保险人签名，连带被保险人为未成年人或无民事行为能力人的，由其监护人签名。）

索赔资料参照表

申请项目	应备单证	申请项目	应备单证
住院医疗	1.索赔申请表 2.被保险人身份证明 3.病历、诊断证明、出院小结 4.住院收据、费用明细单	重大疾病	1.投保单位证明 2.索赔申请表 3.被保险人身份证明 4.病历、诊断证明、出院小结（住院治疗） 5.病理、血液、影像等化验检查报告

门诊急诊医疗	1.索赔申请表 2.被保险人身份证明 3.病历、诊断证明 4.门、急诊医疗费用收据、处方、检查检验报告 5.意外事故证明（意外事故导致就诊）	残疾	1.投保单位证明 2.索赔申请表 3.被保险人身份证明 4.病历、诊断证明、出院小结（住院治疗） 5.伤残鉴定书 6.意外事故证明（意外事故导致残疾）
意外医疗	1.投保单位证明 2.索赔申请表 3.被保险人身份证明 4.意外事故证明 5.病历、诊断证明 6.门、急诊医疗费用收据、处方、检查检验报告 7.住院收据、出院小结、费用明细单（住院治疗）	身故	1.投保单位证明 2.索赔申请表 3.被保险人、受益人、继承人身份证明 4.病历、死亡证明、户口注销证明、丧葬证明 5.受益人、继承人与被保险人关系证明、遗产继承法律文件（未指定受益人） 6.意外事故证明（意外事故导致身故）
住院给付收入保障	1.索赔申请表 2.被保险人身份证明 3.病历、医院及工作单位的病假证明 4.住院收据和费用明细复印件	生育	1.索赔申请表 2.被保险人身份证明 3.病历、诊断证明 4.产前检查费用收据、处方、检查检验报告 5.住院收据、费用明细单、出院小结 6.结婚证、生育服务证、子女出生证明

注：如您需要了解更详细的内容，可登陆我公司网站 http://www.generalichina.com。