

**Forte**  
General Insurance

**FIG+TREE**  
BLUE

**ປະກັນໄພສຸຂະພາບລະຫວ່າງປະເທດ**  
**FIG TREE BLUE INSURANCE**

Live with  
confidence.

# Contract of Insurance

This Policy is the legal contract between Forte-Toko Lao Assurance Co., Ltd and the Policyholder. It is made up of the following provisions, the application forms and other supporting documents submitted to apply for the Benefits, the Policy Schedule and any subsequent Endorsement issued by Forte-Toko Lao Assurance Co., Ltd and made part of this Policy.

This Policy gives the Policyholder protection against the cost of Hospitalization, surgery, other related expenses and helps reduce the financial burden if the Policyholder or a member of his Family who is covered under the Policy is hospitalized as a result of Sickness or Accident. Additional protection against the cost of Out-Patient treatment and Maternity is provided if the Policyholder has opted for any or all of them and this is shown in the Policy Schedule.

This Policy may not be valid if any information given by You/Insured Person is in-complete or inaccurate or if You/Insured Person do not comply with the terms and conditions of this Policy.

No amendments or waiver of rights or requirements to this Policy will be effective unless such amendments or waiver are made by Our authorized officer.

## General Definitions

The following are meanings of words and expressions used in this Policy, unless otherwise stated:

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| <b>We, Us, Our, Forte or the Company</b>                        | Forte-Toko Lao Assurance Co., Ltd  |
| <b>You or Your</b>  | The Policyholder named in the Policy Schedule (or the Policyholder's legal representative where appropriate).  |
| <b>Benefit(s)</b>   | The amount(s) payable by Forte when a valid claim made under this Policy is accepted for the following cover as described in this Policy:<br>(a) Hospitalization & Surgery<br>(b) Outpatient<br>(c) Maternity  |
| <b>Child</b>  | An unmarried person:<br>(a) up to the age of eighteen (18) years (last birthday), if he is wholly dependent on his parent(s)/guardian for support and maintenance; and<br>(b) from the age of nineteen (19) years to twenty-five (25) years (last birthday) if he is attending an accredited school, college or university on a full- time basis.<br><br>This includes a natural child, a step-child, a legally adopted child and a child for whom you are the legal guardian. " <b>Children</b> " shall be similarly construed. |
| <b>Commencement Date</b>  | The date the Policy starts effective and as stated in the Policy Schedule.   |
| <b>Dependents</b>   | The spouse and all the children of the Insured Person.   |
| <b>Eligible Members</b>   | You, Your spouse and all Your Children.  |
| <b>Endorsement</b>  | Any written statement or noticed issued by Forte to confirm and record changes to the terms and conditions of the Policy.  |
| <b>Insured Person(s) or Insured(s)</b>                          | The person(s) whose names appear on the Policy Schedule or whose names are added by Endorsement and who are insured under this Policy.   |
| <b>Period of Insurance / Insurance Period / Period of Cover</b> | Each term of cover under this Policy, which is for one calendar year and starts on the Commencement Date or the Renewal Date, whichever is applicable.   |
| <b>Policyholder</b>   | The owner of the Policy, who shall have all the rights and privileges granted by the Policy and is bound by the terms and conditions of the Policy.  |
| <b>Policy Year</b>  | The one-year period from the Commencement Date or the Renewal Date of this Policy, whichever applicable.   |
| <b>Renewal Date</b>   | The date on which the Policy is renewed for a further Period of Insurance.   |
| <b>Renewed or Renewal Policy</b>                                | A Policy which has been renewed without any lapse of time after it expires.  |

# Definitions Relating to Benefits

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| <b>Accident</b>                   | An event caused solely and directly by unexpected, violent, external and visible means resulting in injury.   |
| <b>Acute</b>                      | A Disability which is an episode of ill health which requires Treatment which is not a Palliative Treatment.  |
| <b>Advice</b>                     | Any consultation from a Medical Practitioner or Specialist including the issue of any prescriptions or repeat prescription.   |
| <b>Chronic</b>                    | A Disability or Related Condition which We, on advice or General Advice, determine cannot be cured by Treatment.  |
| <b>Congenital Conditions</b>      | Known medical abnormalities existing at the time of birth and neo-natal physical abnormalities developing within six (6) months of birth. They will include hernias of all types and epilepsy, except when caused by trauma, which occurred after the date that the Insured was continuously covered under this Policy.   |
| <b>Date of Entry</b>              | The date shown on the Policy schedule on which an Insured Person was included under this Policy.  |
| <b>Day-Patient</b>                | An Insured Person who is admitted to a Hospital bed but does not stay overnight.  |
| <b>Disability</b>                 | A sickness, disease, illness or Injury arising from Accident, which is covered under this Policy and any complications therefrom, arising from the same cause.  |
| <b>Elective</b>                   | Planned Treatment which is Medically Necessary but which is not required in an Emergency.   |
| <b>Eligible Medical Condition</b> | Treatments of any disease, illness, or Injury and charges which are covered by Your Policy before the application of any Deductible, Co-payment that will be borne by You/Insured Person. In order to determine whether a Treatment or charge is covered, all sections of Your Policy should be read together and are subject to all terms, benefits, exclusions and limitations set out in this Policy.  |
| <b>Emergency</b>                  | A situation or condition placing You in an immediate life-threatening situation.  |
| <b>Evacuation</b>                 | In the event of a medical emergency, where Treatment is not available at the place of the incident this refers to the costs incurred in moving an Insured Person from the place of incident to the nearest country with appropriate medical facilities, as determine by the attending Medical Practitioner or Specialist in conjunction with Our medical advisors.  |
| <b>Expatriate</b>                 | A member who is residing outside his/her home country.  |
| <b>Family</b>                     | In reference to Clause 7 CONDITIONS (cover for infants) shall mean the parents and all children.  |
| <b>General Advice</b>             | Advice from the relevant professional body to establish medical practice and/or established medical opinion in relation to any Disability or treatment.   |
| <b>Hospital</b>                   | An institution which is legally licensed in the geographical area in which it is located as a medical or surgical hospital for the care and treatment of sick and injured persons as paying patients and which:<br>(a) has facilities for diagnosis and major surgery<br>(b) provides 24 hours a day nursing services by registered and graduate nurses<br>(c) is under supervision of one or more Physicians at all times; and<br>is not primarily a clinic, a mental hospital or institution, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or a home for the aged or any similar establishment. |
| <b>Hospitalization</b>            | A continuous stay of at least six (6) hours in a Hospital for Medically Necessary treatment of a Disability as an In-patient or Day-Patient. No minimum stay is required for surgery.   |

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| <b>Injury</b>                       | Bodily damage caused solely and directly by an Accident.   |
| <b>In-Patient</b>                   | An Insured Person who stays in a Hospital bed is admitted for one or more nights solely to receive Treatment.  |
| <b>Medical Practitioner</b>         | Medical Practitioner A person who has attained primary degrees in medicine or surgery by attending a medical school recognized by the World Health Organization and who is licensed by the relevant authority to practice medicine in the country where Treatment is given.  |
| <b>Medically Necessary</b>          | A medical service<br>a) which is consistent with the diagnosis and customary medical treatment for a Disability<br>b) according to standards of good medical practice not for the convenience of the Insured or the Physician<br>c) for which the charges are fair and reasonable for the Disability   |
| <b>Operation</b>                    | A surgical procedure performed in an operating theatre.  |
| <b>Out-Patient</b>                  | An Insured Person who receives Treatment at a recognized medical facility, but is not admitted to a Hospital bed as In- Patient or Day-Patient.  |
| <b>Palliative Treatment</b>         | A Treatment which offers only temporary relief of a condition's symptoms rather than curing the Disabilities causing the symptoms.   |
| <b>Physician or Surgeon</b>         | A person with a recognized degree in western medicine which is legally authorized to practice medicine in the geographical area of his practice.   |
| <b>Pre-Existing Conditions</b>      | Disabilities that existed before the date the Insured was covered under this Policy and which the Insured:<br>a) received treatment during the two (2) years period prior to the date of the application for this Policy and<br>b) showed symptoms on or before the date of the application for this Policy and of which the Insured was aware or should have reasonably been aware. |
| <b>Premature Birth</b>              | A birth that takes place before thirty-seven (37) weeks of gestation have passed counting from the first day of the last menstrual period, (LMP).  |
| <b>Prescribed Medicine</b>          | Medicine that are dispensed by a Physician, a registered pharmacist or a Hospital and which have been prescribed by a Physician or Specialist for the Treatment of a covered Disability.   |
| <b>Qualified Nurse</b>              | A qualified nurse who is currently on the register or roll of nurses, maintained by any statutory nursing registration body within the country in which they are resident.   |
| <b>Rehabilitation</b>               | Assisting an Insured Person who, following a Disability, requires assistance in physical, vocational, independent living and educational pursuits to restore them to the position in which they were in prior to such Disability occurring.  |
| <b>Related Condition</b>            | Any Injuries, Illnesses, or Diseases are related conditions if We, on Advice or General Advice, determine that one is a result of the other or if each is a result of the same Injury, Illness or Disease.   |
| <b>Sickness, Disease or Illness</b> | A physical condition marked by a pathological deviation from the normal healthy state.   |
| <b>Specialist</b>                   | A Medical or dental Practitioner who is legally authorized to practice as a Physician or dentist in the geographical area of his practice and who is classified by the appropriate health authorities as a person with superior and special expertise in specified areas of medicine or dentistry.   |

# BENEFITS COVERED IN THE POLICY

## Section HS – HOSPITALIZATION & SURGERY BENEFIT

The maximum Benefit amount as shown in the Benefit Schedule are for each Insured in one Policy Year. Our maximum liability shall not exceed the maximum Benefit amount for the actual costs of Medically Necessary services.

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| <b>Benefit 1 – Hospital Room and Board</b>    | We will pay the daily charges for the room and board (generally cooked and provided by the hospital) for each day whilst confined as an In-Patient or Day-Patient in Hospital subject to the daily maximum amount stated in the Benefit Schedule.   |
| <b>Benefit 2 – Intensive Care Unit</b>        | We will pay the charges for Intensive Care Unit, provided it is Medically Necessary by the attending Physician or Surgeon that an Insured should be confined to an Intensive Care Unit as an In-Patient subject to a daily maximum amount as stated in the Benefit Schedule.  |
| <b>Benefit 3 – Hospital Charges</b>           | <p>We will pay the charges incurred as an In-Patient or Day- Patient in a Hospital for:</p> <ul style="list-style-type: none"> <li>◆ Diagnostic procedures (including but not limited to X-rays, laboratory tests, Electrocardiograms, Basal Metabolism Test, Ultrasound, Endoscopy and Biopsy),</li> <li>◆ Prescribed drugs, medications, dressings, ordinary splints, plaster casts, and intravenous Infusions,</li> <li>◆ Medical Practitioner’s or Specialist’s consultation fee,</li> <li>◆ Doctor’s visiting fee,</li> <li>◆ Nursing fee by a Qualified Nurse</li> <li>◆ The cost of blood or blood plasma and its administration;</li> <li>◆ Prescribed Take Home Medicines</li> </ul> <p>subject to the maximum amount stated in the Benefit Schedule for any one Disability.</p> |
| <b>Benefit 4 – CT, MRI, and PET Scans</b>     | We will pay the costs of scans received as an In-Patient, Day- Patient or surgery subject to the maximum limit as specified in the Benefit Schedule for any one Disability.   |
| <b>Benefit 5 – Emergency Ground Ambulance</b> | We will pay emergency ground ambulance fee to and/or from the Hospital incurred as In-Patient, Day-Patient or surgery provided emergency ground ambulance fee is Necessary and Reasonable Charges made by the Hospital, subject to the maximum amount stated in the Benefit Schedule for any one Disability.  |
| <b>Benefit 6 – Surgical Operation</b>         | We will pay the fees of a Surgeon in respect of pre and post-surgical consultation and any surgical procedure, the fees of the Anaesthetist for the purpose of carrying out anaesthesia to enable a surgical procedure, and the costs of the Operating Theatre in a Hospital and any associated materials, for the purpose of performing a surgical procedure subject to the maximum amount as specified in the Benefit Schedule for any one Disability.  |
| <b>Benefit 7 – Organ Transplant</b>           | <p>We will pay the costs incurred to perform an organ transplant, including Accommodation, Intensive Care Unit, Hospital Charges, Surgeon’s Fees, Anaesthetists Fees, Operating Theatre Fees and Specialist’s Fees whilst confined as In-Patient or Day-Patient in a Hospital subject to the maximum amount stated as specified in the Benefit Schedule for any one Disability provided these organ(s) has come from a relative or a certified and verified source of donation.</p> <p>This Policy does not cover the costs of collecting donor organs (including but not limited to, transportation and administration costs) or any expenses incurred by the donor or if the organ(s) is not from a relative or a certified and verified source of donation.</p>                        |
| <b>Benefit 8 – Surgical Implant</b>           | We will pay the costs incurred for medical device surgically implanted into the body as part of an Eligible Medical Condition (excluding any dental implants) subject to the maximum amount stated as specified in the Benefit Schedule for any one Disability.   |

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| <p><b>Benefit 9 – Reconstructive Surgery</b></p>                | <p>We will pay for initial treatment plan for reconstructive surgery and only when it is Medically Necessary and</p> <ul style="list-style-type: none"> <li>(i) it is carried out to restore function after an Accident or following surgery for an Eligible Medical Condition, provided that the Insured Person has been continuously covered under the Policy since before the Accident or surgery happened; and</li> <li>(ii) it is done at a medically appropriate stage after the Accident or surgery; and</li> <li>(iii) We agree the cost of the Treatment in writing before it is done.</li> </ul> <p>subject to the maximum amount stated as specified in the Benefit Schedule for any one Disability.</p>   |
| <p><b>Benefit 10 – Pre-hospitalization</b></p>                  | <p>If an Insured Person seeks the opinion, advice or services of a legally licensed and qualified Medical Practitioner or Specialist, an amount equal to the Necessary and Reasonable Charges for outpatient Specialist’s consultations, Diagnostic X-Ray and Laboratory Tests and Medications, excluding treatment, shall be payable subject to the maximum amount stated as specified in the Benefit Schedule for any one Disability.</p> <p>Payment shall be made under this benefit only if hospitalization or surgical operation takes place within ninety (90) days of the Consultation.</p>  |
| <p><b>Benefit 11 – Post-hospitalization</b></p>                 | <p>We will pay for follow-up treatment expenses incurred by a Member following his discharge from the Hospital or after the day surgery done in a Hospital, which shall include the Necessary and Reasonable Charges for Medical Practitioner or Specialist Consultation, Diagnostic X-Ray and Laboratory Tests, Nursing and Dressing, Medical Supplies/Equipments and Medicines provided that such treatments are provided by the same Hospital where the Member was hospitalized and that such expenses are incurred within ninety (90) days of his discharge from the Hospital or day surgery, subject to the maximum amount stated as specified in the Benefit Schedule for any one Disability.</p>   |
| <p><b>Benefit 12 – Emergency Treatment due to Accident</b></p>  | <p>If an Insured Person is injured as a result of an accident and is given emergency outpatient treatment in a Hospital within twenty-four hours from the time of accident, We will pay a benefit equals to the Necessary and Reasonable Charges made for such treatment. Expenses incurred as a result of follow-up visits made within thirty (30) days of the accident shall be payable, subject to the maximum amount stated as specified in the Benefit Schedule for any one Disability.</p>  |
| <p><b>Benefit 13 – Emergency Accidental Damage to Teeth</b></p> | <p>We will pay in respect of Necessary and Reasonable Charges for dental treatment needed following accidental damage caused by external impact to the sound and natural teeth. The benefit includes restoring or replacing sound natural teeth. Benefit is payable only if damage is diagnosed by a dentist within twenty-one (21) days from the accident taking place and treatment is received within ninety (90) days from the accidental damage and within the Period of Insurance, subject to the maximum amount stated as specified in the Benefit Schedule for any one Disability.</p> <p>This benefit is not payable if:</p> <ul style="list-style-type: none"> <li>- the damage was caused by normal wear and tear,</li> <li>- the Injury was caused when boxing or playing rugby (except school rugby) unless appropriate mouth protection was worn,</li> <li>- the damage was caused by tooth brushing or any other oral hygiene procedure,</li> <li>- the damage was caused by or as a result of the consumption of food or drink or any foreign bodies contained in such food or drink,</li> <li>- the damage is not apparent within twenty-one (21) days of the impact which caused the Injury,</li> <li>- it is dental implant, or</li> <li>- it is routine dental treatment</li> </ul> |
| <p><b>Benefit 14 – Complication of Pregnancy</b></p>            | <p>We will pay in respect of Necessary and Reasonable Charges for treatment related to Complications of Pregnancy arising during the pregnancy prior to the birth subject to the waiting period shown in the Benefit Schedule, subject to the maximum amount stated as specified in the Benefit Schedule for any one</p>  |

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|  | <p>Disability. Costs associated with baby delivery are not included in the benefit, whatever the mode of delivery used.</p> <p>For the purpose of the Policy, Complications of Pregnancy - Means:</p> <p>(a) when pregnancy is not terminated, conditions that require Hospital confinement, whose diagnoses are distinct from pregnancy but are adversely affected by or are caused by pregnancy, such as:</p> <ol style="list-style-type: none"> <li>i. acute nephritis;</li> <li>ii. nephrosis;</li> <li>iii. cardiac decompensation;</li> <li>iv. missed abortion; and</li> </ol> <p>(b) when pregnancy is terminated;</p> <ol style="list-style-type: none"> <li>i. ectopic pregnancy that is terminated; or</li> <li>ii. spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible; or</li> <li>iii. accidental miscarriage (not subject to waiting period)</li> </ol> <p>Complications of Pregnancy will not include elective abortions and complications thereof, false labor; occasional spotting; physician prescribed rest during the period of pregnancy; morning sickness; hyperemesis gravidarum; and similar conditions associated with the management of a difficult pregnancy that do not constitute a nosologically distinct Complication of Pregnancy.</p> |
| <b>Benefit 15 – AIDS</b>   | <p>We will repay the medical expenses which arise from or are in anyway related to Immuno-deficiency Virus (HIV) and/or HIV related illnesses and including Acquired Immune Deficient Syndrome (AIDS) being maintained throughout or AIDS Related Complex (ARC) and/or any mutant the period, derivative or variations thereof, subject to a maximum lifetime limit as specified in the Benefit Schedule.</p>   |
| <b>Benefit 16 – Kidney Dialysis</b>  | <p>We will pay kidney dialysis charges for an Eligible Medical Condition received as an outpatient at a registered medical facility recognized by Us, subject to a maximum limit as specified in the Benefit Schedule.</p> <p>For avoidance of doubt, no benefit shall be payable for Medical Practitioner’s consultation, medication, medical investigations including but not limited to laboratory tests, diagnostic tests, X-rays, ultrasound, or imaging scans.</p>  |
| <b>Benefit 17 – Radiotherapy/ Chemotherapy</b>   | <p>We will pay for radiotherapy and chemotherapy charges for an Eligible Medical Condition received as an outpatient at a registered medical facility recognized by Us, subject to a maximum limit as specified in the Benefit Schedule.</p> <p>For avoidance of doubt, no benefit shall be payable for Medical Practitioner’s consultation, medication, and medical investigations including but not limited to laboratory tests, diagnostic tests, X-rays, ultrasound, or imaging scans.</p>  |
| <b>Benefit 18 – Physiotherapists, Chiropractors, Osteopaths, Homeopaths and Acupuncturists</b> | <p>We will pay the costs of Treatments administered by registered Physiotherapists, Chiropractors, Osteopaths, Homeopaths and Acupuncturists when given under the direct control of and following referral by a Medical Practitioner or Specialist, subject to a maximum limit and maximum number of days as specified in the Benefit Schedule.</p>   |
| <b>Benefit 19 – Daily Hospital Cash Allowance</b>  | <p>We will pay a daily cash allowance per each day of confinement at a hospital, for treatment eligible for coverage under this Policy, provided the Insured Person is claiming for the hospitalization costs from National Social Security Fund (NSSF) and/or other insurance policies but not from other benefits under this Policy. This benefit is not payable if reimbursement of any part of the hospital confinement is claimed from other benefit under this Policy, subject to a maximum limit and maximum number of days as specified in the Benefit Schedule.</p>  |
| <b>Benefit 20 – International Emergency Medical Assistance (IEMA)</b>                          | <p>We will pay the costs of International Emergency Medical Assistance subject to a maximum limit as specified in the Benefit Schedule.</p> <p>For the detail of coverage, please refer to policy wording of <b>International Emergency Medical Assistance (IEMA)</b>.</p>  |

# Optional Benefits

## Section OB – OUTPATIENT BENEFIT

The maximum Benefit amounts as shown in the Benefit Schedule are for each Insured Person in one Policy Year.

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| <b>Optional<br/>OUT-PATIENT</b> | <p>Subject to this benefit being added to the Policy Schedule with an applicable additional premium, We will pay for Out-Patient Treatment in respect of Necessary and Reasonable Charges for the following:</p> <ul style="list-style-type: none"><li>- medical practitioner's / specialist consultation fees;</li><li>- prescribed medicine and dressings; and</li><li>- prescribed diagnostic procedure: X-ray, Electrocardiograms, Basal Metabolism Test, Laboratory Examinations and Tests, Ultrasound, Endoscopy and Biopsy, CT, MRI and PET Scan</li></ul> <p>subject to the maximum amount per visit and Out-Patient Annual Limit stated as specified in the Benefit Schedule for any one Disability.</p> |
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## Section OB – MATERNITY BENEFIT

The maximum Benefit amounts as shown in the Benefit Schedule are for each Insured Person in one Policy Year, subject to waiting period as shown in Policy Schedule

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| <b>Optional<br/>MATERNITY</b> | <p>Subject to this benefit being added to the Policy Schedule with an applicable additional premium and to any applicable waiting period shown in the Policy Schedule, We will pay in respect of Necessary and Reasonable Charges for routine pregnancy (including pre- and post-natal checkup) and for childbirth, whether through normal vaginal delivery or by caesarean section, and We will provide New Born cover in case of In-patient or Day-patient Treatment of an Acute Disability and any associated costs which presents symptoms at birth or which manifests itself within thirty (30) days following birth, subject to the maximum amount as specified in the Benefit Schedule.</p> <p>Please note:</p> <ul style="list-style-type: none"><li>- For birth through non-Medically Necessary caesarean section (Elective C-sections), We will pay for the delivery costs up to the costs of a normal delivery. The complications arising from such delivery will be paid up to the remainder of the 'Optional MATERNITY' limit.</li><li>- If we are not able to determine that a caesarean section is Medically Necessary, we will consider it is non-Medically Necessary.</li></ul> <p>This benefit does not cover Elective abortions and complications thereof.</p> |
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# Exclusions

1. Any Disability or Related Condition for which You have received medical Treatment, had symptoms of or sought Advice prior to Your Commencement Date, unless otherwise specifically covered as stated in the Policy Schedule and/ or Pre-existing Letter which is issued by Us and confirm accepting by the Insured. (Pre-Existing Condition). However, after two (2) years' continuous membership, all Pre-Existing Conditions will become eligible for Benefit provided You have not:
  - a. consulted any Medical Practitioner for medical Treatment or Advice (including check-ups) or from which You have suffered from symptoms. or
  - b. taken medication (including, drugs, medicines, special diet or injections), for a continuous period of two (2) years after Commencement Date (Two Year Moratorium).
2. Care or Treatment for which payment is not required or Disabilities arising out of duties of employment or profession that is payable under a Workmen's Compensation Law or other insurance.
3. Cost of providing, maintaining, fitting, rental or purchase any external prostheses, appliance, crutches, wheelchairs or other medical equipment.
4. Dental care and treatment, cosmetic surgery, cosmetic treatment, services or supplies for aesthetic treatment and cosmetic treatment whether or not for psychological purpose, including eye refraction or fitting of glasses, control lens and hearing aids.
5. Treatment or removal of benign skin lesions not demonstrating evidence of suspicious cellular activity such as, but not limited to, recent changes in size, shape or color; Treatment of Vitiligo; Treatment of or surgery for superficial varicose veins that are not Medically Necessary, spider veins, non-keloid scars, tattoo removal, or other skin discolorations.
6. Charges for breast reduction or augmentation and any complications arising from such procedures.
7. Smoking cessation drugs, appetite suppressants, hair regenerative drugs, hair loss, hairplasty for male pattern alopecia or any alopecia; the temporary or permanent removal of hair by laser, electrolysis, waxing, or any other means; hair transplants to correct permanent hair loss that is clearly caused by disease or Injury, for male pattern baldness; age related thinning in women, anti-photo aging drugs, megavitamins.
8. Weight reduction and the cost of any and all treatments for weight reduction or weight reduction programs; Medical fast diets, weight loss programs and educational dietary counseling related to weight loss efforts; Health care services and associated expenses related to or associated with treatment of morbid or non-morbid obesity, including but not limited to gastric bypass, gastric balloons, gastric stapling, jejunal ileal bypass, and any other procedures or complications arising therefrom.
9. Traditional Medicine. This exclusion does not apply to Benefit 18.
10. Injury or Disease arising out of excessive consumption of alcohol or narcotics or similar drugs or agents arising directly or indirectly from such abuse and addiction.
11. Injuries due to insanity; Suicide, attempted suicide or intentionally self-inflicted Injury, rest cures or sanatoria care.
12. Sexually transmitted Disease except HIV/AIDS as mentioned under Benefit 15 of the Benefit Schedule.
13. Congenital conditions
14. Any Treatment for mental disorders.
15. All types of learning disorders, educational problems, behavioral problems, physical development, or psychological development, including assessment or grading of such problems.
16. Normal pregnancy, childbirth and Caesarean section costs unless the Insured Person has the optional Maternity benefit.
17. Pregnancy termination on non-medical grounds, antenatal classes, midwifery costs when not associated with amniocentesis (or associated/similar procedure).
18. Premature Births and any associated or secondary costs unless the Insured Person has the optional Maternity benefit.
19. Complications of pregnancy costs incurred within the waiting period.
20. Any fertility/infertility services, tests, treatments and/or procedures of any kind, including but not limited to fertility/ infertility drugs, artificial inseminations, in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), surrogate mother and all other procedures and services related to fertility and infertility; Any pregnancy resulting from such treatments, complications of that pregnancy, delivery and postpartum care are also excluded; Resulting children born due to such procedures/ treatment are subject to full underwriting with no automatic enrollment.
21. Male and female birth control; Vasectomies and sterilization or any expenses for their reversal; Sex changes or implantations; Treatment for sexual transformation, sexual dysfunctions or inadequacies; Circumcisions and related fees; Maternity/delivery preparation classes; "Viagra" or other sexual enhancement drugs and their respective generic equivalents.
22. Genetic counseling, screening, testing or treatment.
23. Professional fees charged by a member of the Insured's immediate family or by a person normally resident in the household of the Insured or under his employment.
24. Services of a non-medical nature provided by a Hospital, such as television, telephones, telex or fax services, radios or similar facilities.
25. Alternative medicines including but not limited to chiropractors, optometrists and podiatrists. This exclusion does not apply to Benefit 18.
26. Vaccination, routine physical examinations, health check-ups or tests not incidental to Treatment or diagnosis of a covered Disability, Palliative Treatment or any Treatment which is not Medically Necessary and any preventive Treatment, preventive medicine or examination carried out by Physician; home visits by Medical Practitioner, Specialist or Qualified Nurse; dietary supplements and substances which are available naturally, including but not limited to vitamins, minerals and organic substances.
27. Sickness or Injury arising from racing of any kind (except foot racing), skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
28. a. War invasion, act of foreign enemy, hostilities or warlike operations (whether war is declared or not)  
b. Civil War, mutiny, civil commotion assuming the proportions of an amount to a popular rising, military

rising, insurrection, rebellion, revolution, conspiracy  
military or usurped power

- c. Martial law or stage of siege or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege
  - d. Direct participation in strikes or riots
  - e. any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of any de jure or de facto government or to the influencing of it by Terrorism or violence.
  - f. Acts of Terrorism
29. The Insured engaging in or taking part in naval, military or air force services or operations or participating in operations of an offensive nature planned or conducted by the civil or military authorities against bandits, terrorists or other elements.
30. Ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion only, combustion shall include any self- sustaining process of nuclear fission, Nuclear Disaster, and/or release of nuclear or atomic energy.
31. Treatment received as an Out-Patient unless the Insured Person has the optional Out-Patient benefit.
32. Any second or subsequent medical opinions from a Medical Practitioner or Specialist for the same Disability unless it has been authorized by Us in writing.
33. Rehabilitation unless it forms an integral part of Treatment received as an In-Patient and is under the control or supervision of a Specialist and is undertaken in a recognized Rehabilitation unit.
34. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as nursing home attached to such establishments or a Hospital where the Hospital has effectively become the Insured Person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
35. Costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs unless covered under Benefit 7.
36. Travel and accommodation costs unless specifically agreed by Us in writing prior to travel. No travel or accommodation costs are payable where Treatment is obtained solely as an Out-Patient including the cost of a hire car; costs and expenses incurred where an Insured Person has traveled against Medical Advice.
37. Treatment for sleep related breathing disorders, including snoring and sleep apnea, fatigue, jet lag or work-related stress or any Related Condition.

# Conditions

## 1. Age Limit

This Policy does not cover Insured Persons who age reach sixty-five (65) years (last birthday), unless such a person has been continuously insured under this Policy prior to the age of sixty (60), in which case continuous insurance up to the end of the Policy Year in which such Insured turns seventy (70) years old is allowed under this Policy.

## 2. Alterations

No alterations in this Policy will take effect unless it is recorded in an Endorsement issued by Forte and signed by an authorized officer of Forte.

## 3. Cancellation

- a) We may cancel the Policy by giving You thirty (30) days notice in writing. The cancellation shall not prejudice the rights of any Insured in respect of any covered Disability, which had occurred prior to the effective date of cancellation of the Policy. On cancellation, there shall be a pro-rated refund of premiums less ten percent (10%) administrative charge for the unexpired part of the Period of Insurance under this Policy if it is not related to anyone or more of the following circumstances:
  - i) Misled us by misstatement
  - ii) Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to Our detriment
  - iii) Otherwise failed to observe the terms and conditions of this Policy or failed to act with utmost good faith.
- b) We may cancel cover on an individual Insured for failure to comply with requirements under this Policy and in such event there will be no refund premium either in full or in part.
- c) You may cancel the Policy at any time by notifying us in writing and by registered post stating the effective date of cancellation of the said Policy. You will have no entitlement to any refund premium on the unexpired part of the Policy if You cancel the Policy for reasons other than permanent departure from Cambodia. We will provide a proportionate refund for the unexpired part of the Period of Insurance less twenty percent (20%) administrative charge on the aforementioned reason.

There shall be no refund of premium either in full or in part if there is claim(s) made under the Policy during the Period of Insurance.

## 4. Short Period Policy/Renewal

We shall be entitled to payment of any short period rates as follows:

| Period Covered     | Short Period Rates  |
|--------------------|---------------------|
| 1 month or less    | 25%                 |
| 3 month or less    | 50%                 |
| 6 month or less    | 75%                 |
| 9 month or less    | 90%                 |
| More than 9 months | Full Annual Premium |

## 5. Premium Refund

After the first fourteen (14) days of cover from Your Date of Entry You will not be entitled to any refund of premium, either in full or in part, for reasons other than those stated under Condition 3 of the Policy.

## 6. Certification, Information and Evidence

All certificates, information, medical reports and any other evidences required by Us shall be furnished at Your expense, and in a form as required by Us. All notices, which We require from You, must be in writing and addressed to Us. An Insured shall, at Our request and at Your expense, submit to a medical examination whenever We deem necessary.

## 7. Change of Factors Affecting Insurance

You shall give thirty (30) days notice in writing to Us of any material change in the information given to Us at the time of the application and at any time after that. Material change includes any change in address, Country of Residence, passport number, marital status, occupation and any other circumstances that entitle a person to be an Eligible Member. We may revise the premium rate, if necessary, by giving You at least thirty (30) days notice in writing.

## 8. Break in Cover

Where there is a break in cover, for whatever reason, We reserve the right to reapply Exclusion 1 in respect of Pre-Existing Conditions.

## 9. Governing law

This Policy is governed by and interpreted according to the laws of the Kingdom of Cambodia.

## 10. Membership

This Policy covers all Eligible Members.

## 11. Residence Requirement

The Insured Person must be a resident of the Kingdom of Cambodia. Resident includes Cambodians, permanent residents of Cambodia as well as Expatriates or foreigners who hold valid student, employment pass or work permits and have a residential address in the Kingdom of Cambodia. The Policy will not cover You if You reside or travel outside the Kingdom of Cambodia for more than ninety (90) days consecutively unless We have been informed and You have paid the additional premium, if any.

## 12. Accuracy of Complete Information

### 12.1 Correct and Complete Information

All information relevant to Us in deciding whether to issue or renew this Policy must be given. The information must be correct and complete as at the date of the application or the Commencement Date. If any information given to Us is inaccurate or incomplete, the cover for the Insured Person may become void from the start. If the inaccurate or incomplete information was:

- a) given with the intention to deceive us, any premium paid for that Insured Person's cover will be forfeited not given with any intention to deceive us, We will
- b) refund eighty percent (80%) of the annual premium paid for that Insured Person's cover

### 12.2 Wrong Statement of Age

If the age of an Insured Person is wrongly stated in the application for his cover but there was no intention to deceive us, We may change the amount payable and other terms of the Policy according to the Insured Person's correct age.

## 13. Other Insurance

All persons Insured shall inform Us of any Sickness or medical insurance cover which is in force during the terms of this Policy including insurance contract that the

Insured may be required to take out either by the conditions of his employment or by nature of his citizenship or residence status. The Policy will not provide compensation or reimbursement other than on proportionate basis if the Insured Person has any other insurance in force or is entitled to indemnity from any other source in respect of the same Accident, Sickness or Disease.

#### **14. Ownership of Policy**

We shall treat the Policyholder as the absolute owner of the Policy. We shall not be bound to recognize any equitable or other claim to or interest in the Policy. The receipt of the Policy or a claim payment by the Policyholder (or by his legal or authorized representative) alone shall be an effective discharge of all of Our obligations and liabilities.

#### **15. Limit of Liability**

Our total liability under this Policy during the Period of Insurance in respect of any one Disability shall not exceed:

- a) In respect of any one item of expenses (charges or fees) described in each Section Insured the amount stated in the Benefit Schedule for that item applicable.
- b) In respect of any one Section Insured:  
The sum total of the limits of the amount payable by Us for each item of expenses (or charges or fees) applicable under the Section Insured as specified in the Benefit Schedule.
- c) In respect of any one Disability (applicable to Section HS (Hospital and Surgery) only):

The limit of the amount payable by Us under the Section insured as specified in sub- clause (b) above and in the Benefit Schedule.

BUT if the Insured Person has completely recovered from a Disability for a period of at least fourteen consecutive days immediately following the day of the latest discharge from the Hospital THEN any claim for expenses incurred for the same Disability thereafter shall be admissible under this Policy as if it is a new Disability SUBJECT to the limit of the amount of Our liability under sub- clause (c) above in respect of any one Disability.

For the purpose of the above

- i) "Section Insured" shall mean:
  - a) The Section appearing under the heading of the Description of Cover in this Policy (Section HS and Section OP) and
  - b) The Section for which the Policyholder or Insured in the Benefit Schedule and Endorsed Person Schedule.
- ii) "Any one Disability" shall mean:

All Illness, Sickness, Disease, Disabilities or bodily Injury, and any complications therefrom, arising from the same cause

The maximum Benefit payable for eligible Disabilities per person per year is as stated in the Benefit Schedule.

#### **16. Termination of Cover**

The cover for the individual Insured under this Policy shall terminate:

- i) when the maximum amount for the specific Benefit as stated in the Policy Schedule has been paid by Forte; or
- ii) at midnight (Cambodian Time) on the last day of the Period of Insurance provided that if an Insured is confined to a Hospital for a Disability at the time he is discharged from Hospital for the said confinement or the time the maximum amount under his cover for the said Disability shall have been exhausted; whichever occurs first.

#### **17. The Policy, Schedules and Endorsements are to be read as one contract**

If a special meaning is attached to any word or expression in this Policy, the Schedules or Endorsements, it will continue to bear such meaning throughout this contract.

#### **18. Upgraded Policies**

If the cover of any Insured under the terms of this Policy is increased while it is in force or on the Renewal Date and if such Insured has been afflicted with a Disability at the time the cover was increased, the maximum amount payable in respect of the Pre-Existing Conditions shall not be more than the maximum amount as stated in the Policy Schedule before the date the cover was increased and it shall remain so for twenty-four (24) months following the date on which the cover was increased.

#### **19. Renewal**

This is a yearly renewable Policy. Prior to the expiry of the Period of Insurance, the Policyholder may apply and Forte may renew for a further Period of Insurance until the Renewal Date in the year he attains the age of seventy (70) years last birthday (or more at Our discretion).

19.1 All terms and conditions, Endorsements and variations of this Policy shall continue to apply to the Renewed Policy upon renewal unless otherwise agreed in writing by Us.

19.2 Premiums payable for this Policy are not guaranteed and may be increased on the Renewal Date at the discretion of Forte

#### **20. Assignment**

The Benefits provided under this Policy may not be assigned.

#### **21. Notices Sent to Forte**

Any notice sent to Us for the purposes of this Policy will only be considered accepted if it is received at Our registered office at the relevant time.

#### **22. Dispatch of Documents, Cheques and Notices**

Any document, cheque or written notice will be sent by post to the Policyholder's address held in Forte's records at the relevant time. Forte will not be responsible for any consequences resulting from the Policyholder's failure to notify Forte of any change of address.

#### **23. Premium and Premium Warranty**

The Parties agree that before Forte is liable under this Policy, Renewal Policy or Endorsement any premium due must be paid and actually received in full by Us, the Registered Broker or Registered Agent through whom this Policy was effected:

- a) when the Period of Insurance is thirty (30) days or more, within thirty (30) days from the
  - i) INCEPTION date of the coverage under the Policy, Renewed Policy or Endorsement; or
  - ii) EFFECTIVE date of the coverage stated on each Endorsement, if any, issued under the Policy or Renewed Policy when the effective date of coverage stated on the Endorsement is on or after the issuance date of the Endorsement; or
  - iii) ISSUANCE date of each Endorsement, if any, issued under the Policy or Renewed Policy where the effective date of coverage under the Endorsement is before the issuance date;

or

- b) when the Period of Insurance is less than thirty (30) days, within the Period of Insurance specified in the Policy, Renewed Policy or Endorsement.

In the event any premium due is not paid in full to Us, registered Broker or Registered Agent as described above in the manner and within the time stipulated above (the "premium warranty period"), the cover under this Policy Renewed Policy or Endorsement shall be deemed to have terminated from the expiry of the premium warranty period and We shall be discharged from all liability but without prejudice to any liability incurred before that date in which case We will be entitled to a pro-rated premium for the time it is put on risk subject to a minimum of US\$52.50.

The premium is based on the attained age of the Insured Person in the current year. The premium rates are not guaranteed and We reserves the right to change the premium rates on any Renewal Date with at least thirty (30) days notice to the Policyholder.

## **24. Conditions Precedent to any Liability**

The due observance and fulfillment of the terms, conditions, limitations, exclusions, definitions and Endorsements of this Policy, in so far as they relate to anything to be done or complied with by an Insured under this Policy, and shall the truth of the statements and answers in the application form or in respect of any claim shall be conditions precedent to any of Our liability.

## **25. Dispute Resolution**

All disputes arising out of or in connection with this Policy, including the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be settled first through negotiations in good faith. If the parties fail to resolve a dispute by negotiations such dispute shall be submitted to Insurance Regulator of Cambodia.

## **26. Suits against Third Parties**

Nothing in this Policy shall render Us liable or be responsible or to be liable to be added as a party in any way to any suit for damages which may be instituted by the Policyholder or an Insured nominated under this Policy against any provider of medical or dental services or Treatments for reasons of neglect, malpractice or other causes arising from his/their acts or omissions in Treatment or examination of any Insured under the terms of this Policy.

## CLAIM PROCEDURE



### Medical Helpline

• If in doubt, please contact our 24 hour medical helpline (as shown on your membership card). We will arrange admission to Hospital, ambulance transfers and air Evacuation where necessary.

#### Whilst you are:

- in Lao PDR – **(+856) 5559 8830**
- Oversea – **(+66) 2 180 5588**

**Email: [medical.claims@fortelaos.com](mailto:medical.claims@fortelaos.com)**

Please remember to provide:

- Your name
- Policy number
- Nature of Injury or Sickness
- Details of attending doctor
- Present location and contact particulars



### Direct Billing Services:

In the event of an accident or sickness, you can have an option to seek treatment at a Forte Panel Hospital without having to pay the full hospital bills.

For list of Panel Hospital, please find in the Insurance Document package or find Our updated list of Panel Hospital from Our website **[www.fortelaos.com](http://www.fortelaos.com)**

Please bring with you the following documents when you visit Forte Panel Hospital:

- Your **Figtree Blue Insurance** membership card,
- Your National ID Card, Employee card, Passport or an equivalent document, or Birth Certificate for kids

Before discharging from the hospital, you may need to pay for expenses which are over the maximum limits specified in the Policy Schedule/Benefit Schedule and/or for expenses which are excluded by virtue of the Limitations, Exclusions and other relevant Conditions of the Policy. Forte will settle the eligible expenses directly with the Forte Panel Hospital.



### Reimbursement Claims:

You can also seek treatment at any licensed Hospitals within your coverage territory. However, you have to pay the hospital bills by yourself first, and submit your claim documents to Forte within thirty (30) days from discharge date.

- **Claim Form** duly completed, signed and stamped by you/Policyholder and the attending doctor or surgeon with the hospital stamp,
- A copy of your **Figtree Blue Insurance** membership card,
- Medical Certificate (an outpatient case) or Discharge Letter (an inpatient or surgery case),
- Medical Test Results (if the expenses are included in the hospital bills),
- Prescriptions with diagnosis, issue dates, stamps, names and signatures of the doctors,
- Original Invoices with issue dates, unit prices, actual total costs and the hospital stamps,
- An Authorization Letter for Claim Payment and a copy of the payee's National ID card if it is paid to other person not the Insured Person nor the Policyholder, and
- Other relevant documents (if required).

All Claim documents should be sent to Forte-Toko Lao Assurance Co., Ltd at the following addresses:

- **Vientiane Capital** : Thadeua Road, Level 1&6 Floor NK Building, Unit 04, Beungkhayong Village, Sisattanak District, Vientiane Capital, Lao PDR
- **Champasak Province:** 13 South Road, Unit 15, Building No.152, Phone kung, Village, Pakse District, Province, Lao PDR
- **Luang Prabang Province** : Kaison Road, Ban Mano Village, Luang Prabang District and Province, Lao PDR

Your claim will be processed and settled within **fourteen (14) working days** on receipt of complete documents. You will be informed in the event of incomplete documents. You will be also be informed whether your claim is payable or not.





[www.fortelaos.com](http://www.fortelaos.com)

☎ **021 264 712-5**

✉ **info@fortelaos.com**

ຖະໜົນທ່າເດືອນ, ຊັ້ນ 1 & 6 ອາຄານ NK, | Thadeua Road, Level 1 & 6 Floor NK Building,  
ໜ່ວຍ 04, ບ້ານ ບຶງຂະຫຍອງ, ເມືອງ ສີສັດຕະນາກ, | Unit 04, Beungkhayong Village, Sisattanak District,  
ນະຄອນຫຼວງວຽງຈັນ, ສປປ ລາວ | Vientiane Capital, Lao PDR