

## Application for certification of a Voluntary Health Insurance Scheme (VHIS) Flexi Plan

Please tick as appropriate. Please read “Part Seven – Important Notes” carefully before submitting application.

Part One – Product Information			
Name of insurance company (“the Company”)	(Chinese)		
	(English)		
Name of product for certification (“the Product”)	(Chinese)		
	(English)		
Policy structure : <input type="checkbox"/> Standalone plan only <input type="checkbox"/> Rider only <input type="checkbox"/> Standalone plan and rider	Proposed launch date of the Product (DD/MM/YY) _____	No. of plan levels <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Part Two – Benefit Items			
<b>1) Basic Benefit Items (under the framework of the Standard Plan coverage)</b> Please provide information of the Basic Benefit items accordingly			
Basic Benefit items	Full cover up to the Annual Benefit Limit	Item limit applies <sup>1</sup>	
a) Room and board	<input type="checkbox"/>	<input type="checkbox"/>	
b) Miscellaneous charges	<input type="checkbox"/>	<input type="checkbox"/>	
c) Attending doctor’s visit fee	<input type="checkbox"/>	<input type="checkbox"/>	
d) Specialist’s fee	<input type="checkbox"/>	<input type="checkbox"/>	
e) Intensive care	<input type="checkbox"/>	<input type="checkbox"/>	
f) Surgeon’s fee	<input type="checkbox"/>	<input type="checkbox"/>	
g) Anaesthetist’s fee	<input type="checkbox"/>	<input type="checkbox"/>	
h) Operating theatre charges	<input type="checkbox"/>	<input type="checkbox"/>	
i) Prescribed Diagnostic Imaging Tests	<input type="checkbox"/>	<input type="checkbox"/>	
j) Prescribed Non-surgical Cancer Treatments	<input type="checkbox"/>	<input type="checkbox"/>	
k) Pre- and post-Confinement/Day Case Procedure outpatient care	<input type="checkbox"/>	<input type="checkbox"/>	
l) Psychiatric treatments	<input type="checkbox"/>	<input type="checkbox"/>	
<sup>1</sup> Only Flexi Plans offering full cover up to the Annual Benefit Limit (i.e. no itemised dollar benefit limits) for at least 10 of the 12 Basic Benefit items listed above are qualified for the exemptions of Lifetime Limit and cost-sharing at policy level in the Product.			
<b>2) Enhanced Benefit Items</b> Please provide information of the Enhanced Benefit items in addition to the enhancement of Basic Benefit Items of (1) accordingly			
Enhanced Benefit Items	Embedded <sup>2</sup>	Optional <sup>3</sup>	Name of the corresponding benefit item in the Benefit Schedule
a) Donor benefit	<input type="checkbox"/>	<input type="checkbox"/>	
b) Emergency outpatient treatment	<input type="checkbox"/>	<input type="checkbox"/>	
c) Home Nursing	<input type="checkbox"/>	<input type="checkbox"/>	
d) Hospice and palliative care benefit	<input type="checkbox"/>	<input type="checkbox"/>	
e) Outpatient kidney dialysis	<input type="checkbox"/>	<input type="checkbox"/>	
f) Rehabilitative care	<input type="checkbox"/>	<input type="checkbox"/>	
g) Others, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<sup>2</sup> The benefit items embedded to the basic coverage do not require additional premium and the applicants cannot opt out from such benefit items.			
<sup>3</sup> The benefit items provided on an optional basis require additional premium and the applicants can choose not to opt for such benefit items.			

<b>Cont'd Part Two – Benefit Items</b>				
<b>3) Other Benefit Items</b>				
			<b>Yes</b>	<b>No</b>
a) Are there any Other Benefit items embedded <sup>4</sup> to the basic coverage of the Product? (If yes, please proceed to question b of this part.)			<input type="checkbox"/>	<input type="checkbox"/>
b) Please provide information of such Other Benefit items accordingly				
<b>Other Benefit Items embedded to the basic coverage</b>	<b>Yes</b>	<b>No</b>	<b>Name of the corresponding benefit item in the Benefit Schedule</b>	
i) Accidental Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
ii) Cash Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
iii) Check-up Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
iv) Critical Illness Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
v) Dental Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
vi) Life / (Compassionate) Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
vii) Medical Negligence Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
viii) Optical Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
ix) Outpatient Care Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
x) Outpatient Maternity Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
xi) Personal Accident Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
xii) Second Opinion Service	<input type="checkbox"/>	<input type="checkbox"/>		
xiii) Vaccination Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
xiv) Worldwide Emergency Assistance Services	<input type="checkbox"/>	<input type="checkbox"/>		
<sup>4</sup> Other Benefit items not embedded to the basic coverage (i.e. additional premium is required) will not be considered as part of the Certified Plan.				
<b>Part Three – Allowable Variations</b>				
1) Please provide information of the allowable variations accordingly				
<b>Items</b>	<b>Contents</b>		<b>Reference in the Product</b>	<b>Standardised Policy Terms and Conditions</b>
a) Lifetime Benefit Limit <sup>5</sup>	<input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No			Section 1, Part 6
b) Cost-sharing on a policy level <sup>5</sup>	<input type="checkbox"/> Deductible <input type="checkbox"/> Other cost sharing terms			Section 5, Part 6
c) Territorial scope of cover <sup>6</sup>	<input type="checkbox"/> Worldwide without any restrictions <input type="checkbox"/> Worldwide without any restrictions (except for psychiatric treatment) <input type="checkbox"/> Restrictions for specific regions			Section 1, Part 6
d) Choice of health care service provider <sup>6</sup>	<input type="checkbox"/> No restrictions <input type="checkbox"/> Choice of health care service provider may affect benefits entitlement			Section 1, Part 6
e) Choice of ward class <sup>6</sup>	<input type="checkbox"/> No restrictions <input type="checkbox"/> With restrictions, please specify targeted ward class :			Section 1, Part 6
f) Cooling-off period	_____ days after the listed conditions in the policy terms and conditions			Section 2, Part 2
g) Cancellation after cooling-off period	_____ days prior written notice to the Company			Section 3, Part 2 and Section 1, Part 4

<b>Cont'd Part Three – Allowable Variations</b>			
<b>Items</b>	<b>Contents</b>	<b>Reference in the Product</b>	<b>Standardised Policy Terms and Conditions</b>
h) Currency	(i) <input type="checkbox"/> HKD <input type="checkbox"/> Others, please specify : _____  (ii) Claim for Eligible Expenses in non-HKD currency will be converted to HKD at the exchange rate published by The Hong Kong Association of Banks for the date on which: <input type="checkbox"/> the claim is settled by the Company <input type="checkbox"/> the actual Eligible Expenses are settled by the Policy Holder or Insured Person		Section 7, Part 2
i) Misstatement of personal information	(i) Grace period: _____ days after the due date as notified by the Company  (ii) Arrangement of refund: <input type="checkbox"/> For the current Policy Year and the previous Policy Years in which the Policy was in force <input type="checkbox"/> For the current Policy Year only		Section 13, Part 2
j) Arrangement of premium refund regarding misrepresentation or fraud	<input type="checkbox"/> For the current Policy Year and the previous Policy Years in which the Policy was in force <input type="checkbox"/> For the current Policy Year only		Section 14, Part 2
k) The right to request the Policy Holder to transfer the ownership of the Policy to the Insured Person who has reached the Age specified by the Company	<input type="checkbox"/> Yes, please specify Age: _____ <input type="checkbox"/> No		Section 20, Part 2
l) Grace period for regular premium payment	_____ days after the premium due date		Section 3, Part 3
m) Notification of renewal	_____ days prior to the Renewal Date		Section 3, Part 4
n) Re-underwriting on the Place(s) of Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No		Section 4, Part 4
o) Re-underwriting on occupation	<input type="checkbox"/> Yes <input type="checkbox"/> No		Section 4, Part 4
p) Period of claims submission	Within _____ days after the date of treatment		Section 1, Part 5
q) Legal action of claims provisions	Within the first _____ days from which all proof of claims has been received by the Company		Section 3, Part 5
r) Definition – Certified Plan Additional Supplement(s), other terms and benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		Part 8
s) Definition – Confinement or Confined	Minimum length of stay: <input type="checkbox"/> Yes, a period of no less than _____ hours <input type="checkbox"/> No		Part 8
t) Provisions for multiple Policy Holders	<input type="checkbox"/> Yes <input type="checkbox"/> No		Part 9

**Cont'd Part Three – Allowable Variations**

u) The right to request the Policy Holder to transfer the ownership of the Policy to the Insured Person who has reached the Age specified by the Company (Multiple Policy Holders)	<input type="checkbox"/> Yes, please specify Age: _____ <input type="checkbox"/> No		Section 4, Part 9
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<sup>5</sup> *Applicable to Flexi Plans offering full cover up to the Annual Benefit Limit (i.e. no itemised dollar benefit limits) for at least 10 of the 12 Basic Benefit items prescribed under the Standard Plan framework only.*

<sup>6</sup> *Not applicable to the terms and benefits within the scope of the Standard Plan coverage.*

2) Are there any other variable information included in the policy terms and conditions, the Benefit Schedule or Supplement(s) of the Product not mentioned in Part Two and question 1 of this Part Three? <input type="checkbox"/> Yes, please provide information in the table below <input type="checkbox"/> No
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Items	Reference

**Part Four – Supplementary Information**

Please provide the supplementary information of Part One to Part Three here. Please specify the reference clearly.

**Part Five – Declaration****By signing this form,****the Product Officer declares to the best of his/her knowledge, information and belief as follows –**

- 1) the information contained in this application form is true and complete;
- 2) the Product has met the complying requirements of the prevailing versions of the following Voluntary Health Insurance Scheme (“VHIS”) Scheme Documents published by the Health Bureau at the time of submitting application for product certification –
  - a) Voluntary Health Insurance Scheme Certified Plan Policy Template;
  - b) Code of Practice for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;
  - c) Product Compliance Rules under the Ambit of the Voluntary Health Insurance Scheme; and
  - d) Registration Rules for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;
- 3) in the event of any inconsistency between –
  - a) the terms and benefits of the Product; and
  - b) the prevailing version of the Standard Plan Terms and Benefits published by the Health Bureau at the time of submitting application for product certification,
 then so far as the scope of Standard Plan Terms and Benefits is concerned, the terms and benefits which are more favourable to the Policy Holder or the Insured Person will prevail to the extent of such inconsistency and the terms and benefits which impose additional restrictions or limitations to the Policy Holder or the Insured Person will become ineffective, save for the exceptions of Case-based Exclusions, the Coinsurance of Prescribed Diagnostic Imaging Tests, the Coinsurance or Deductible on a plan level (if any) and any other exceptions as may be approved by the Government from time to time; and

**the Qualified Actuary declares to the best of his/her knowledge, information and belief as follows –**

- 4) all Other Benefit items of the Product are listed in Part Two of this form and the inclusion of such Other Benefit items, if any, constitutes no more than 10% of the actuarially fair value (i.e. cost of insurance and services) on average terms across all ages and gender.

**Signed on behalf of the Company**

	<b>Product Officer</b>	<b>Qualified Actuary</b>
<b>Name</b>		
<b>Position</b>		
<b>Telephone</b>		
<b>Email</b>		
<b>Signature<sup>7</sup></b>		
<b>Company Chop<sup>8</sup></b>		
<b>Date</b>		

<sup>7</sup> Submission by electronic means (i.e. via GovHK or by encrypted email) requires digital signatures by a valid Hongkong Post e-Cert (Organisational) certificate issued by Hongkong Post or Organisational ID-Cert (Class 2 and Class 5 only) issued by the Digi-Sign Certification Services Limited.

<sup>8</sup> Company Chop is only required for submission by hardcopy.

**Part Six – Required Documents**

To process your product certification promptly, please ensure that the following documents have been enclosed –

Required Documents	Please insert the corresponding files here <sup>9</sup>
<input type="checkbox"/> The completed form “Application for certification of a Voluntary Health Insurance Scheme (VHIS) Flexi Plan”	NA
<input type="checkbox"/> Terms and conditions	
<input type="checkbox"/> Benefit Schedule (including the Schedule of Surgical Procedures)	
<input type="checkbox"/> The completed VHIS Standard Premium schedule template Excel (“SPS Excel”) <sup>10</sup>	
<input type="checkbox"/> Policy Schedule	
<input type="checkbox"/> Supplements of terms and conditions (if any)	

<sup>9</sup> For the use of submission by electronic means only.

<sup>10</sup> The number of Benefit Schedule(s) and SPS Excel file(s) submitted must tally accordingly. The SPS Excel should be saved as a macro-free workbook (a file ends with “.xlsx”) for submission.

**Part Seven – Important Notes**

- 1) This form is for use by the Company applying for the VHIS Flexi Plan certification.
- 2) This form must be submitted with all the required documents as listed in Part Six of this form. Otherwise, product certification will not be proceeded.
- 3) This form can be submitted to the Health Bureau –
  - a) via GovHK, please click [here](#);
  - b) by email containing the required documents encrypted with e-Cert<sup>11</sup> and sent to: [yhis\\_esubmit@healthbureau.gov.hk](mailto:yhis_esubmit@healthbureau.gov.hk) ; or
  - c) by post or in person to: Voluntary Health Insurance Scheme Office,  
Units 2902 & 2907, Millennium City 6,  
392 Kwun Tong Road, Kowloon, Hong Kong  
(Attn: Compliance Team)

Upon receipt of the form and any relevant information, the Health Bureau will send out an acknowledgement email or mail to the Product Officer according to the details provided in this form. If the Product Officer does not receive such acknowledgement email or mail, the form and any relevant information will not be regarded as delivered to the Health Bureau and the Product Officer must resend the form and any relevant information to the Health Bureau.

<sup>11</sup> Should you send us an encrypted email, please download our e-Cert (Encipherment) certificate from the Hongkong Post. For detailed information on the use of e-Cert, please browse the e-Cert user guide of the Hongkong Post.
- 4) The personal information collected in this form will be kept confidential and will be used for the purpose of product certification only. The parties concerned have a right of access to and correction of their personal data as provided for in Section 18 and Section 22 and principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. The right of access includes the right to obtain a copy of the personal data provided in this form.