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) 齊健康醫療保險有限公司	
	(English) All Healthy Insurance Company Limited	
Name of product for certification ('the Product")	(Chinese) 齊健康醫療保障計劃	
	(English) All Healthy Medical Insurance Plan	
Policy structure : ☑ Standalone plan only ☐ Rider only ☐ Standalone plan and rider	Proposed launch date of the Product (DD/MM/YY) 01/04/25	No. of plan levels 4

Part Two – Benefit Items

1) Basic Benefit Items (under the framework of the Standard Plan coverage)

Please provide information of the Basic Benefit items accordingly

Basic Benefit items	Full cover up to the Annual Benefit Limit	Item limit applies[1]
a) Room and board	☐	☑
b) Miscellaneous charges	☐	☑
c) Attending doctor's visit fee	☐	☑
d) Specialist's fee	☐	☑
e) Intensive care	☐	☑
f) Surgeon's fee	☐	☑
g) Anaesthetist's fee	☐	☑
h) Operating theatre charges	☐	☑
i) Prescribed Diagnostic Imaging Tests	☐	☑
j) Prescribed Non-surgical Cancer Treatments	☐	☑
k) Pre- and post-Confinement/Day Case Procedure outpatient care	☐	☑
l) Psychiatric treatments	☐	☑

[1] *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.*

2) Enhanced Benefit Items

Please provide information of the Enhanced Benefit items in addition to the enhancement of Basic Benefit Items of (1) accordingly

Enhanced Benefit Items	Embedded[2]	Optional[3]	Name of the corresponding benefit item in the Benefit Schedule
a) Donor benefit	☐	☐	
b) Emergency outpatient treatment	☐	☐	
c) Home Nursing	☐	☐	
d) Hospice and palliative care benefit	☐	☐	
e) Outpatient kidney dialysis	☑	☐	Outpatient kidney dialysis benefit
f) Rehabilitative care	☐	☐	
g) Others, please specify:	☑ ☐ ☐ ☐ ☐	☐ ☑ ☐ ☐ ☐	Hospital companion bed benefit Supplementary major medical benefits

[2] *The benefit items embedded to the basic coverage do not require additional premium and the applicants cannot opt out from such benefit items.*

[3] *The benefit items provided on an optional basis require additional premium and the applicants can choose not to opt for such benefit items.*

Cont'd Part Two – Benefit Items

3) Other Benefit Items

	Yes	No
a) Are there any Other Benefit items embedded[4] to the basic coverage of the Product? *(If yes, please proceed to question b of this part.)*	☑	☐

b) Please provide information of such Other Benefit items accordingly

Other Benefit Items embedded to the basic coverage	Yes	No	Name of the corresponding benefit item in the Benefit Schedule
i) Accidental Death Benefit	☐	☑	
ii) Cash Benefit	☐	☑	
iii) Check-up Benefit	☐	☑	
iv) Critical Illness Benefit	☐	☑	
v) Dental Benefit	☑	☐	Compassionate death benefit
vi) Life / (Compassionate) Death Benefit	☐	☑	
vii) Medical Negligence Benefit	☐	☑	
viii) Optical Benefit	☐	☑	
ix) Outpatient Care Benefit	☐	☑	
x) Outpatient Maternity Benefit	☐	☑	
xi) Personal Accident Benefit	☐	☑	
xii) Second Opinion Service	☐	☑	
xiii) Vaccination Benefit	☐	☑	
xiv) Worldwide Emergency Assistance Services	☐	☑	

[4] *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.*

Part Three – Allowable Variations

1) Please provide information of the allowable variations accordingly

Items	Contents	Reference in the Product	Standardised Policy Terms and Conditions
a) Lifetime Benefit Limit[5]	☐ Yes, please specify: _____ ☑ No		Section 1, Part 6
b) Cost-sharing on a policy level[5]	☐ Deductible ☑ Other cost sharing terms	Section 5, Part 6	Section 5, Part 6
c) Territorial scope of cover[6]	☐ Worldwide without any restrictions ☑ Worldwide without any restrictions (except for psychiatric treatment) ☐ Restrictions for specific regions	Section 1, Part 6	Section 1, Part 6
d) Choice of health care service provider[6]	☑ No restrictions ☐ Choice of health care service provider may affect benefits entitlement		Section 1, Part 6
e) Choice of ward class[6]	☐ No restrictions ☑ With restrictions, please specify targeted ward class : based on plan levels	Section 1, Part 6 / Supplement	Section 1, Part 6
f) Cooling-off period	21 days after the listed conditions in the policy terms and conditions	Section 2, Part 2	Section 2, Part 2
g) Cancellation after cooling-off period	30 days prior written notice to the Company	Section3, Part 2 and Section 1, Part 4	Section 3, Part 2 and Section 1, Part 4

Cont'd Part Three – Allowable Variations			
Items	**Contents**	**Reference in the Product**	**Standardised Policy Terms and Conditions**
h) Currency	(i) ☑ HKD ☐ 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: ☑ the claim is settled by the Company ☐ the actual Eligible Expenses are settled by the Policy Holder or Insured Person	Section 7, Part 2	Section 7, Part 2
i) Misstatement of personal information	(i) Grace period: 30 days after the due date as notified by the Company (ii) Arrangement of refund: ☑ For the current Policy Year and the previous Policy Years in which the Policy was in force ☐ For the current Policy Year only	Section 13, Part 2	Section 13, Part 2
j) Arrangement of premium refund regarding misrepresentation or fraud	☑ For the current Policy Year and the previous Policy Years in which the Policy was in force ☐ For the current Policy Year only	Section 14, Part 2	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	☐ Yes, please specify Age: _____ ☑ No		Section 20, Part 2
l) Grace period for regular premium payment	30 days after the premium due date	Section 3, Part 3	Section 3, Part 3
m) Notification of renewal	30 days prior to the Renewal Date	Section 3, Part 4	Section 3, Part 4
n) Re-underwriting on the Place(s) of Residence	☐ Yes ☑ No		Section 4, Part 4
o) Re-underwriting on occupation	☐ Yes ☑ No		Section 4, Part 4
p) Period of claims submission	Within 90 days after the date of treatment	Section 1, Part 5	Section 1, Part 5
q) Legal action of claims provisions	Within the first 60 days from which all proof of claims has been received by the Company	Section 3, Part 5	Section 3, Part 5
r) Definition – Certified Plan Additional Supplement(s), other terms and benefits	☑ Yes ☐ No	Part 8	Part 8
s) Definition – Confinement or Confined	Minimum length of stay: ☐ Yes, a period of no less than _____ hours ☑ No	Part 8	Part 8
t) Provisions for multiple Policy Holders	☐ Yes ☑ 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)	☐ Yes, please specify Age: _____ ☑ No		Section 4, Part 9

[5] *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.*

[6] *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?

☑ Yes, please provide information in the table below

☐ No

Items	**Reference**
No claim renewal discount	Supplement

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

	Product Officer	**Qualified Actuary**
Name	Chan Tai Man	Lee Wing Man
Position	Head of Product	Chief Actuary
Telephone	21234567	31234567
Email	tm@allhealthy.com.hk	wm@allhealthy.com.hk
Signature[7]	CHAN Tai Man 數位簽署者：CHAN Tai Man 日期：2024.12.19 12:20:47 +08'00'	LEE Wing Man 數位簽署者：LEE Wing Man 日期：2024.12.19 12:20:25 +08'00' Please Sign Your Name Here
Company Chop[8]		
Date	19/12/24	19/12/24

[7] *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.*

[8] *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[9]
☑ The completed form "Application for certification of a Voluntary Health Insurance Scheme (VHIS) Flexi Plan"	NA
☑ Terms and conditions	
☑ Benefit Schedule (including the Schedule of Surgical Procedures)	
☑ The completed VHIS Standard Premium schedule template Excel ("SPS Excel")[10]	
☑ Policy Schedule	
☑ Supplements of terms and conditions (if any)	

[9] *For the use of submission by electronic means only.*

[10] *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[11] and sent to: *vhis_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.

   [11] *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.