



DOMESTIC HELPER INSURANCE

Limit of Indemnity Table

Non-resident Domestic Helper Benefit Items and Coverage ³		Maximum Limit (MOP)
1. Clinical Expenses Suffered from Sickness, Disease or Bodily Injury of the Insured Domestic Helper. (1) Out-patient expenses, prescribed medicines and drugs (2) Physiotherapy and Chiropractic treatment ² Copayment of the above (1) and (2): 25% of benefit amount per claim visit Waiting period: 14 days (except arising from Accident)		3,000/ year¹ 200/ day/ visit 500/ year ¹
2. Hospital and Surgical Expenses Medical expenses arising from Sickness, Disease or Bodily Injury of the Insured Domestic Helper. (1) Room and board fee (2) Surgical fee (3) Anesthetist's fee (4) Operating theatre charges Waiting period: 14 days (except arising from Accident)		30,000/ year¹ 300/ day 12,000/ event 3,000/ event 1,500/ event
3. Dental Expenses Two-thirds of dental expenses actually incurred for oral surgery, Treatment of abscesses, X-ray, extractions or fillings for the Insured Domestic Helper, provided that such Treatment is received from a legally qualified and registered Dentist. Waiting period: 14 days (except arising from Accident)		1,500/ year¹
4. Personal Accident Benefit Arising from Bodily Injury of the Insured Domestic Helper during rest day in Macau. (1) Accidental death (2) Permanent Total Disablement (3) Loss of use of both Limbs or both Eyes (4) Loss of use of one Limb and one Eye (5) Loss of use of one Limb or one Eye (6) Permanent Loss of Hearing by both Ears (7) Permanent Loss of Hearing by one Ear (8) Permanent Loss of Speech		100,000/ Person 100,000 100,000/ event 100,000/ event 100,000/ event 50,000/ event 50,000/ event 20,000/ event 50,000/ event
5. Employees' Compensation Insurance Benefit Protects the Policyholder against liability under the Employees' Compensation Ordinance arising from accidents and occupational diseases arising out of and in the course his/her employment of the Insured Domestic Helper.		Employees' Compensation Ordinance (Decree-Law no. 40/95/M of 14 August) of Macau
6. Repatriation of Mortal Remains Emergency Assistance Service IPA will arrange and pay for the transfer of the body or ashes from Macau to the funeral agent in the Policyholder's deceased non-resident Domestic Helper's permanent Country of Residence of a South East Asian Country upon the death of an Policyholder's non-resident Domestic Helper triggered by Bodily Injury or sudden illness.		Unlimited
7. Temporary Domestic Helper Allowance Cover the reasonable and necessary expenses incurred for engagement of service of a temporary domestic helper if the Insured Domestic Helper is confined in the Hospital and unable to work for over 3 consecutive days. (The allowance is paid from the 4th day of the Confinement.)		3,000/ year¹ 200/ day
8. Replacement of Domestic Helper Expenses Actual replacement expenses reasonably and necessarily incurred for the Policyholder employing a new non-resident domestic helper due to death of the Insured Domestic Helper in Macau causing the termination of the contract of service with the Policyholder.		3,000/ year¹

Note: 1. It means each continuous 12 months period starting from the effective date of this Policy.
2. It means upon advice and monitor of a Medical Practitioner and subject to a referral letter and subsequent medical reports obtained from a Medical Practitioner.
3. It means subject to all terms, conditions and exclusions of the policy, insurance certificate, schedule, endorsement and any memoranda.

Personal Information Collection Statement

The information you provide to Luen Fung Hang Insurance Company Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:

1. processing and evaluating your insurance application and any future insurance application you may make;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. analysis or investigating, processing and paying claims made under your insurance policy;
4. invoicing and collecting premiums and outstanding amounts from you;
5. any alterations, variations, cancellation or renewal of any insurance related product or service;
6. contacting you for any of the above purposes;
7. exercising any right of subrogation;
8. other ancillary purposes which are directly related to the above purposes; and
9. complying with applicable law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by policy or other government or regulatory authorities in Macau or elsewhere; including but not limited to FATCA and the IGA.

The Company may disclose your personal data for the above purposes to the following classes of transferees who may be located in Macau or outside of Macau:

1. third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
2. in the event of a claim, loss adjudicators, claims investigators and medical advisors;
3. in the event of default, debt collectors and recovery agents;
4. insurance reference bureaus or credit reference bureaus;
5. reinsurers and reinsurance brokers;
6. the Company's legal and professional advisors;
7. any financial services provider industry association or federation;
8. any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
9. the Monetary Authority of Macao; and
10. government agencies and authorities as required or permitted by law.

The Company is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the industry association or federation from the insurance industry. Moreover, the Company may also use and disclose your personal data otherwise with your consent.

The Company intends to use the data subject's data in direct marketing. The Company will comply with the provisions of the Personal Data Protection Act. If you do not wish the Company to use or provide to other persons your data for use in direct marketing, you may exercise your opt-out right by notifying the Company.

The person to whom requests for access to data and/or correction of data and/or for information regarding policies and practices and kinds of data held and/or not to use data for direct marketing purpose are to be addressed to the Underwriting Department of the Company at No.398 Alameda Dr. Carlos D' Assumpção, Edifício CNAC, 4º Andar, Macau.



DOMESTIC HELPER INSURANCE

Domestic Helper Insurance Proposal Form

Please complete in English BLOCK LETTERS and tick the box where appropriate. Any changes to be made should be signed by the Proposer.

Details of Proposer (Employer)		
Chinese Name <input type="checkbox"/> Mr. <input type="checkbox"/> Miss/Mrs.	English Name (Surname first)	Macau ID Card No. or Passport No. (Applicable for non-Macau resident)
Correspondence Address		
Mobile No.	Email	Receive message through Email or S.M.S <input type="checkbox"/> Yes <input type="checkbox"/> No
Details of Insured Non-resident Domestic Helper		
Full Name of Insured Domestic Helper <input type="checkbox"/> Mr. <input type="checkbox"/> Miss/Mrs.	Date of Birth	Day/ Month/ Year
Passport No.	Nationality	Country of Residence
Non-resident Worker ID No.	Expiry Date	Annual Earnings (MOP)
Place of Employment <input type="checkbox"/> Same as Correspondence Address as above <input type="checkbox"/> As below		Day/ Month/ Year
Details of Application		
Insured Annual Earnings (MOP) <input type="checkbox"/> <55,000 <input type="checkbox"/> ≥55,000	Effective Date of Insurance*	From Day/ Month/ Year (1 year)
Annual Premium / Per Person (MOP) 700 750		

*The insurance is effective which is subject to the Proposer has paid the premium and all underwriting procedure are completed.

Important Notes of Application

- Proposer must be aged 18 or above.
- Proposer non-resident Domestic Helper must be aged between 18 and 60 years old (or not over 65 upon consecutive renewals of this insurance) and is a full-time non-resident employee under a written contract of domestic service of the Proposer to perform household work.
- If you have any doubt on what should be disclosed in this proposal form, please call Luen Fung Hang Insurance Company Limited (named below as "Luen Fung Hang Insurance") or contact your agent / broker. It is advantageous to the Proposer and/or Insured Domestic Helper to fully disclose all material facts to the insurance company. Failure to disclose may mean that the policy will not provide the Proposer and/or Insured Domestic Helper with the coverage required, or may invalidate the policy.
- In the event that the information contained in this proposal form does not conform to the terms in any policy issued, the policy terms shall prevail.

Declaration

- I declare that my domestic helper insurance have never been cancelled, refused to renew or applications have never been declined, postponed, accepted with extra premium or modified term by the insurer or Luen Fung Hang Insurance Company Limited.
- I declare that the Insured Domestic Helper is only required to perform the domestic duties specified in the employment contract and it is excluded any non-domestic work (e.g. Driving, work of Gardener, etc.).
- I acknowledge that benefits are not payable under "Domestic Helper Insurance" for any costs of treatment arising from any existing illnesses, injuries or other conditions, regardless of whether the Proposer and/or the Insured Domestic Helper have known or should have been reasonably known or aware of such illness.
- I hereby authorize any doctor, hospital, clinic, insurance company or any other person to provide the Insured Domestic Helper's (if any) health condition or detail medical history to Luen Fung Hang Insurance Company Limited. Copy of this authorization form will have same effect as of the original copy.
- I declare that I have obtained the necessary authorization from the Insured Domestic Helper(s), that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for myself and/or for the Insured Domestic Helper(s) may be invalidated.
- I agree Luen Fung Hang Insurance Company Limited reserves the right to accept or decline this application. Luen Fung Hang Insurance Company Limited reserves the right to determine in its sole and absolute discretion whether to accept any application for "the insurance" on the basis of the information submitted at the time of application by the Proposer and/or Insured Domestic Helper(s).
- I understand that Luen Fung Hang Insurance Company Limited's insurance liability for myself and/or for the Insured Domestic Helper(s) will only take effect and the policy will be put in-force provided that premium has been paid and this insurance application has been reexamined by Luen Fung Hang Insurance Company Limited.

Signature of Proposer

Signed Date (DD/MM/YY)

For Office use only			
Agent No.	Policy No.	Handled By	Checked By