Allianz Ayudhya Assurance Pcl.

Group Insurance Employee Benefits Plus

Group Insurance Plan that cover employee's benefits

Benefit

Allianz Ayudhya for the rhythm of your life



Coverage Plan for Group Insurance

For business with 11 - 100 employees

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Coverage	Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10
Group Term Life Insurance	Death Benefit	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000
	1 Death due to accident (Added from Group Term Life Insurance)	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000
	2 Loss of both hands or both feet or sight of both eyes or combination of any two	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000
	3 Loss of one hand or one foot or sight of one eye	30,000	60,000	120,000	180,000	240,000	300,000	360,000	420,000	480,000	600,000
	4 Loss of one arm starting from the shoulder or one leg starting from the neck of femur	37,500	75,000	150,000	225,000	300,000	375,000	450,000	525,000	600,000	750,000
	5 Loss of one arm starting from the elbow or one leg starting from the knee	32,500	65,000	130,000	195,000	260,000	325,000	390,000	455,000	520,000	650,000
	6 Deafness of both ears or Loss of speech	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	500,000
	7 Deafness of one ear	7,500	15,000	30,000	45,000	60,000	75,000	90,000	105,000	120,000	150,000
Group Accident	8 Loss of thumb (two joints)	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	250,000
Insurance	9 Loss of thumb (one joint) or index finger (all three joints)	5,000	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	100,000
	10 Loss of index finger (two joints)	4,000	8,000	16,000	24,000	32,000	40,000	48,000	56,000	64,000	80,000
	11 Loss of index finger (one joint)	2,000	4,000	8,000	12,000	16,000	20,000	24,000	28,000	32,000	40,000
	Loss of other fingers (not less than two joints) other than a thumb or an index finger	2,500	5,000	10,000	15,000	20,000	25,000	30,000	35,000	40,000	50,000
	13 Loss of big toe	2,500	5,000	10,000	15,000	20,000	25,000	30,000	35,000	40,000	50,000
	14 Loss of other toes (not less than one joint) other than a big toe	500	1,000	2,000	3,000	4,000	5,000	6,000	7,000	8,000	10,000
	Total and Permanent Disability due to accident (must continue for a period not less than 180 days)	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000
	16 Double amount of benefit (Accident in publicity)	The Ben	efits from	No. 1-15 v	vill pay dou	uble amou	nt of the b	enefits if a	accident h	appens in	publicity.
	17 Extension to cover Murder and Riot		efits from ent, or riot					t the Insur	ed is murc	lered or as	saulted
Group Permanent Total Disability Insurance	Total and Permanent Disability Benefit from sickness or accident (must continue for a period not less than 180 days)	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000
	Premium per employee or spouse or children per person (per year)		450	900	1,350	1,800	2,250	2,700	3,150	3,600	4,500

											Unit: Baht
	oup Health Insurance: ·Patient Hospitalization & Surgical Benefits (IPD)	HS 1	HS 2	HS 3	HS 4	HS 5	HS 6	HS 7	HS 8	HS 9	HS 10
1	Room & Board Fees per day (Max. 45 days)	600	700	1,000	1,200	1,500	2,000	2,500	3,000	4,000	5,000
2	Intensive Care Unit (ICU) Fee (Max. 7 Days)	1,200	1,400	2,000	2,400	3,000	4,000	5,000	6,000	8,000	10,000
3	Other Medical Treatment Fees (Including OPD follow up within 30 days of discharging from hospital)		18,000	20,000	25,000	31,000	41,000	51,000	61,000	71,000	100,000
4	The Actual Surgery Fees	15,000	18,000	20,000	25,000	31,000	41,000	51,000	61,000	71,000	100,000
5	Specialist Physician's Counseling Fee (Excluded from item 3 or 4 above)	3,500	4,000	4,500	5,000	6,500	7,500	8,500	9,500	10,000	12,000
6	Physician Fee per day (Max. 45 days)	500	600	700	800	1,000	1,500	2,000	2,500	2,700	3,200
7	Emergency Treatment Fee Due to Accident within 72 hours per any Injury (Excluded from Other Medical Treatment Fees)	3,500	4,000	4,500	5,000	6,500	7,500	8,500	9,500	10,000	12,000
8	Ambulance service fees (included under Other Medical Treatment Fees)	600	700	1,000	1,200	1,500	2,000	2,500	3,000	4,000	5,000
 9 HB Incentive 9 HB Incentive 9 In case the Insured get injury or illness causing the Insured to hospitalization as the Inpatient with full amount of such Plan, wany request of benefits equal to the Room & Board benefits according to the Poplic Health Insurance Plan si first day of Hospitalization as the Inpatient or 9 HB Incentive 9 If the Insured employs the rights under the Public Health Insurance Plan si first day of Hospitalization as the Inpatient or 9 If the Insured employs the rights under the Public Health Insurance Plan si first day of Hospitalization as the Inpatient or 9 If the Insured employs the rights under the Public Health Insurance Plan si first day of Hospitalization as the Inpatient or 9 If the Insured employs the rights under the Public Health Insurance Plan si first day of Hospitalization as the Inpatient with full amount of such Plan si first day of Hospitalization as the Inpatient with full amount of such Plan si first day of Hospitalization as the Inpatient with full amount of such Plan si first day of Hospitalization as the Inpatient with full amount of such Plan si first day of Hospitalization as the Inpatient with full amount of such Plan si first day of Hospitalization as the Inpatient with full amount of such Plan si first day of Hospitalization as the Inpatient with full amount of such Plan si first day of Hospitalization as the Inpatient. 					nce the without ditional number nce the an and ard, the & Board request pay the						
	emium per employee spouse or children per person (per year)	1,100	1,307	1,573	1,913	2,384	3,194	4,003	4,812	5,787	7,647

										Unit: Baht
Group Health Insurance: Out-Patient (OPD)	OPD 1	OPD 2	OPD 3	OPD 4	OPD 5	OPD 6	OPD 7	OPD 8	OPD 9	OPD 10
Out-Patient hospital services (Max. 1 time per day and Max. 30 days per year)	300	400	500	600	700	800	1,000	1,500	2,000	2,500
Premium per employee or spouse or children per person (per year)	1,222	1,551	1,880	2,162	2,565	2,882	3,600	5,390	7,178	8,910

										Unit: Baht
Group Health Insurance: OPD Follow Up	OPDF 1	OPDF 2	OPDF 3	OPDF 4	OPDF 5	OPDF 6	OPDF 7	OPDF 8	OPDF 9	OPDF 10
OPD follow up within 90 days of discharging from hospital (Max. 1 time per day and Max. 5 times per Hospitalization) Max. per one time	600	700	1,000	1,200	1,500	2,000	2,500	3,000	4,000	5,000
Premium per employee or spouse or children per person (per year)	91	106	151	181	227	302	378	454	605	756

										Unit: Baht
Group Health Insurance: Out-Patient Laboratory Test Fee	XRAY 1	XRAY 2	XRAY 3	XRAY 4	XRAY 5	XRAY 6	XRAY 7	XRAY 8	XRAY 9	XRAY 10
Out-Patient Laboratory Test Fee (diagnosis disease with X-ray, electrocardiography or laboratory tests for the treatment as an Out-Patient according to the physician's recommendation) Max. per policy year	1,500	2,000	2,500	3,000	3,500	4,000	4,500	5,000	5,500	6,000
Premium per employee or spouse or children per person (per year)	150	200	250	300	350	400	450	500	550	600

										Unit: Baht
Group Dental Insurance	Dental 1	Dental 2	Dental 3	Dental 4	Dental 5	Dental 6	Dental 7	Dental 8	Dental 9	Dental 10
Dental Benefits (Max. per policy year) 1) tooth extraction, dental filling and teeth scaling 2) root canal treatment and nerve root treatment 3) Oral cavity examination or x-ray	1,500	2,000	2,500	3,000	3,500	4,000	5,000	6,000	7,000	8,000
Premium per employee or spouse or children per person (per year)	960	1,280	1,500	1,680	1,960	2,240	2,800	3,360	3,920	4,480

HB Incentive reimbursement when utilizing Public Health Insurance Plan

If the Insured is reimbursed with full amount from the Public Health Insurance Plan without any request of benefits from the Company

The Company shall pay the Additional Daily Hospital Benefits equal to the Room & Board benefits according to the number of days of Hospitalization as the Inpatient. The Company shall pay the benefits not exceeding the maximum days of Room & Board benefits per Hospitalization or

If the Insured is reimbursed with full amount from the Public Health Insurance Plan and request the benefits from the Company only for the benefits of Room & Board

The Company shall pay the Additional Daily Hospital Benefits equal to the remaining amount of Room & Board benefits according to number of days of Hospitalization as the Inpatient. The Company shall pay the benefits not exceeding the maximum days of Room & Board benefits per Hospitalization.

It cannot be used together with Workman's Compensation Fund, Personal Insurance, and other kinds of insurance benefits as prescribed above

such as Insurance policy from Allianz Ayudhya or other Insurance companies.

Public Health Insurance Plan

means the social security rights according to the Social Security Act, the rights under the Motor Vehicle Accident Victims Act, or the Gold Card under the National Health Security Act.

Example: Plan 7 the benefits of Room & I	Board Fees per day is 2,500 baht
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Example	Room & Board Fees per day benefits from Allianz Ayudhya (A)	Actual Expense		1 3 1 3	HB Incentive per day (E) = (A-D)
1	2,500	700	700	-	2,500
2	2,500	2,500	700	1,800 (2,500 - 700)	700 (2,500 - 1,800)
3	2,500	3,200	700	2,500 (3,200 - 700) (but not exceed benefits of Room & Board Fees per day)	0 (2,500 - 2,500)

Registration of Group Insurance

Business Eligibility

- A business is comprised of 11-100 full-time employees and does not have any Group Insurance Employee Benefit Policy which still effective with Allianz Ayudhya Assurance Pcl.
- An organization or a business unit registered as a legal entity.
- A business with a location of work in Thailand and eligible employee having a state of work in Thailand.
- Abusiness requires group insurance program to the full-time employees.
- Director or business owner or consultants who are not full-time actively at work are not available.
- A Business with risk exposure not higher than occupation class 3.
- All benefits are not available for Cooperative Member, Labor Union, Club Member, Creditor and Debtor consist group of member or employees who go to work on aboard.
- The Company reserves the right to underwrite on a case by case basis for an organization that has ever been insured under the same coverage of Group Insurance Employee Benefit even though the policy is not effective with Allianz Ayudhya Pcl.

Employees Eligibility

- All employees must participate in the group insurance program.
- Eligible employee age15-65 years.
- Minimum eligible employees at 11 persons on the effective date or policy anniversary date, which are excluded the employees' dependent.
- If eligible employees are less than 20 persons, all employees are required to answer health questions and/or do medical check-up according to the Company's guideline.

Eligibility of Dependent

- In case the employer requires extending insurance coverage to the employees' dependents, all employees and their dependents must participate in the group insurance program.
- Premium rate for spouse or children will be equal to premium rate of the insured employees.
- The eligible spouse are marriage, age is not over 65 years old. In case the spouse and the insured employee work in the same company, the spouse can apply as an employee only.

- If eligible employees are 20 persons or more, all employees are required to fill the form of "Beneficiary Designation for Member of Group Insurance" (no health questions).
- All eligible employees are required to be healthy and are not ill or under illness, medical treatment, inpatient, or follow up.
- Only full-time employees, exclude part-time employees.
- The average age of all employees should not over 45 years old, which does not include spouse and children.
- The eligible child must be legitimate child of employee, age not less than 14 days and not over 18 years old and unmarried, or age not over 25 years old and be a full-time student and unmarried.
- All eligible spouse and children are required to answer health questions and/or do medical check-up according to the Company's guideline.

Classification of Group Insurance and Group Health Insurance Plan

- 1 policy can be composed of the insurance plans for employees not more than 5 plans (limit insurance plans for employees 5 plans per 1 policy)
- In case chosen the coverage more than 1 plan, the next higher plan should not exceed 4 plan levels. For example, if plan 1 is the lowest plan, the next plan that can be chosen should not exceed plan 5.
- Group Health Insurance: In-Patient Hospitalization & Surgical Benefits (IPD), Out-Patient (OPD), OPD Follow Up, Out-Patient Laboratory Test Fee; Group Dental Insurance are the coverage that the employer can choose as an additional (added on) benefits. However, if the employer would like to enroll for such benefits, all employees and their all dependents must participate.
- Group Health Insurance: In-Patient Hospitalization & Surgical Benefits (IPD) is available for plan HS1-HS10, and enrollment of Group Term Life Insurance is required.

Eligibility of classification plan

- Classify only one plan under the same plan for all employees.
- Classify by employee position.

- Group Health Insurance: Out-Patient (OPD) is available for plan OPD1- OPD10, but the OPD benefit should not exceed Room & Board Fees per day of IPD, and enrollment of IPD is required.
- Group Health Insurance: OPD Follow Up is available for plan OPDF1-OPDF10 and/or Group Health Insurance: Out-Patient Laboratory Test Fee is available for plan XRAY1- XRAY10 and/or Group Dental Insurance is available for plan Dental1-Dental10, but the benefits should not exceed 4 times of Room & Board Fees per day of IPD, and enrollment of IPD is required.
- All employees who are in the same or equivalent position should be insured under the same plan.
- The spouse and children must enroll under the same plan and such plan should not over than the plan of the insured employee. For employees who are in the same or equivalent position, their dependents should be insured under the same plan.
- Classify by salary.
- Classify by working period.

Premium payment and Medical Check-up Cost

- Employer shall be responsible for all premiums of employees and their dependents.
- Available only annual premium payment mode and the minimum premium per policy on the effective date or policy anniversary date is 10,000 THB.
- In case a required for medical check-up, the insured employees must absorb the cost by themselves.
- The Company reserves the right to amend the new premium rate base on actual occupation class of the employer.

Premium Discount Rate (Excluding spouse and children)

Number of Employees on the effective date or policy anniversary date	Premium Discount Rate
11-24	-
25-49	5.0%
50-99	7.5%
100	10%

Registration Requirements

- Completed the "Policyholder Application for Group Insurance", and signed by authorized directors or authorized person with affixing the company's seal (must submitted the power of an attorney and the company's affidavit.)
- Completed the "Member Application for Group Insurance" or "Beneficiary Designation for Member of Group Insurance" (depends on the case) by the employees and the dependents (if applicable). This must be signed and specified the date.
- Completed the "Agreement on the Use of Group Insurance ID Cards", and signed by authorized directors or authorized person with affixing the company's seal.
- Submitted a data sheet containing detailed summary of all employees and their dependents with date of birth, position, effective date of work, ID number, mobile phone number, email (if any), group insurance plan, and classification plan for each employee/spouse/child according to the Company's format.

- Payment done before effective date.
- All required documents should be submitted 7 days before effective date.
- Effective date of the policy will be the next day that the Company received all required documents and approved for the insurance or will be the specified date in the "Policyholder Application for Group Insurance" whichever occurs later.
- In case the employee apply for insurance during the policy year, the effective date for that employee will be the first day of work or the day after the probation period (according to employer's regulation) or the specific date defined in written by the Company, depends on the case. However, such date must be approved by the Company. In case the dependents apply for insurance and have been approved by the Company, the effective date for the dependents will be the same effective date of the employee.

Documentation Requirements

- The Policyholder Application for Group Insurance.
- The Member Application for Group Insurance (for employees and their dependents (if apply)).
- The Agreement on the Use of Group Insurance ID Cards.
- A data sheet containing detailed summary of all employees and their dependents as a compact disc or soft file according to the Company's format.
- A photo copy of commercial registration certificate signed by authorized person.
- The power of an attorney (in case submitted the photo copy, it should be signed by the authorized person).
- Premium amount.



Allianz Ayudhya Assurance Pcl. บมา. อลิอันซ์ อยุธยา ประกันชีวิต

้ชั้น 1 อาคารเพลินจิตทาวเวอร์ 898 ถนนเพลินจิต เขตปทุมวัน กรุมเทพฯ 10330 ้ศูนย์ดูแลลูกค้าอลิอันซ์ อยุธยา โทร. 1373 เคียวข้าวทุกาัวหวะชีวิต ตลอด 24 ชั่วโมว

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