**众惠财产相互保险社**

**附加旅行每日住院津贴收入保障保险（互联网专属）条款**

**总则**

**Public Mutual Insurance Corporation（PMIC）**

**Additional travel daily hospitalization allowance income guarantee insurance (Internet exclusive) clause**

**General**

**第一条 附加保险合同构成**

本附加保险合同须附加于互联网专属的意外伤害保险合同、短期健康保险合同（以下简称“主保险合同”）项下。

主保险合同所附条款、投保单、保险单、保险凭证以及批单等构成主保险合同的全部书面文件，凡与本附加保险合同相关者，均为本附加保险合同的构成部分。

本附加保险合同与主保险合同相抵触之处，以本附加保险合同为准。本附加保险合同未约定事项，以主保险合同为准。**主保险合同效力终止，本附加保险合同效力亦同时终止；主保险合同无效，本附加保险合同亦无效。**

凡涉及本附加保险合同的约定，均应采用书面形式。

Article 1 Composition of additional insurance contract

This additional insurance contract must be attached to the Internet exclusive accident insurance contract and short-term health insurance contract (hereinafter referred to as the "main insurance contract").

The clauses, application forms, insurance policies, insurance certificates and endorsements attached to the main insurance contract constitute all the written documents of the main insurance contract, and all those related to this additional insurance contract are an integral part of this additional insurance contract.

In case of any conflict between this additional insurance contract and the main insurance contract, this additional insurance contract shall prevail. Matters not agreed in this additional insurance contract shall be subject to the main insurance contract. The validity of the main insurance contract shall be terminated, and the validity of this additional insurance contract shall also be terminated; The main insurance contract is invalid, and this additional insurance contract is also invalid.

Any agreement involving this additional insurance contract shall be in writing.

**第二条 受益人**

除另有约定外，本附加保险合同的受益人为被保险人本人。

Article 2 Beneficiary

Unless otherwise agreed, the beneficiary of this additional insurance contract is the insured himself.

**保险责任**

**第三条** **保险责任**

在本附加保险合同的保险期间内，若任何被保险人于旅行期间遭受主保险合同约定的意外事故或罹患疾病而入住医院治疗，本社将依据保险单所载本附加合同项下该被保险人相应的每日住院津贴金额，按**住院日数（释义一）**赔偿该被保险人，**总赔偿日数以九十天为限。**

**若该被保险人为同一旅行自愿投保由本社承保的多种保障产品（不包括团体保险），且在不同保障产品中有相同保险利益的，则本社仅按其中保险金额最高者做出赔偿，并退还其它保险项下已收取的相应保险利益的保险费。**

**Insurance liability**

**Article 3 Insurance liability**

**During the insurance period of this additional insurance contract, if any insured person is admitted to the hospital for treatment due to an accident or illness as agreed in the main insurance contract during the period of travel, the agency will compensate the insured person according to the corresponding daily hospitalization allowance amount of the insured person under this additional insurance contract contained in the insurance policy according to the number of hospitalization days (interpretation 1), and the total compensation days are limited to 90 days.**

**If the insured voluntarily buys multiple insurance products (excluding group insurance) for the same travel, and has the same insurance interest in different insurance products, we will only make compensation according to the highest insurance amount, and return the premium of corresponding insurance interest received under other insurance items.**

**责任免除**

**第四条 任何直接或间接由于下列情形引起的，与之有关的，或可归因于之的被保险人住院，本社不负任何赔偿责任：**

**（一）受保前已存在的疾病（释义二）及其并发症；**

**（二）非因意外事故而进行的牙科治疗、牙科手术、牙齿修复、植种或牙齿整形；对非自然牙进行的任何治疗；**

**（三）非因意外事故而进行的视力矫正或因矫正视力而作的眼科验光检查、屈光不正；**

**（四）美容手术、外科整形手术或者任何非必要的手术；**

**（五）脊椎病；**

**（六）先天性疾病和先天性畸形；**

**（七）精神疾病、错乱、失常；受酒精、毒品、管制药物影响或滥用、误用药物；**

**（八）妊娠、流产、分娩、不孕不育症、避孕及绝育手术；性传播疾病；**

**（九）任何原因导致的推拿、按摩及针灸治疗；**

**（十）药物过敏或其他医疗导致的伤害；**

**（十一）扁桃腺、腺样体肥大、疝气、女性生殖器官疾病的治疗与外科手术；**

**（十二）根据被保险人的主治医生的意见，可以被合理延迟至被保险人返回境内后进行而被保险人坚持在境外进行的治疗或手术；**

**（十三）未能取得医院或医生证明；**

**（十四）被保险人旅行的目的之一是为了进行治疗或该旅行违背医嘱；**

**（十五）属于主保险合同的责任免除事项（但若该事项与本附加保险条款有相抵触之处，以本附加保险条款为准）。**

**Exemption from liability**

**Article 4 The PMIC shall not be liable for any hospitalization of the insured directly or indirectly caused by, related to or attributable to the following circumstances:**

**（1） Existing diseases (interpretation 2) and their complications before being insured;**

**（2） Dental treatment, dental surgery, dental restoration, seed implantation or dental plastic surgery not due to accidents; Any treatment of unnatural teeth;**

**（3） Vision correction not due to accidents or ophthalmic optometry and refractive error due to correction of vision;**

**（4） Cosmetic surgery, plastic surgery or any unnecessary operation;**

**（5） Spinal disease;**

**（6） Congenital diseases and malformations;**

**（7） Mental illness, insanity, disorder; Affected by alcohol, drugs and controlled drugs or abused or misused drugs;**

**（8） Pregnancy, abortion, childbirth, infertility, contraception and sterilization; Sexually transmitted diseases;**

**（9） Massage, massage and acupuncture treatment for any reason;**

**（10） Injury caused by drug allergy or other medical treatment;**

**（11） Treatment and surgical operation of tonsil, adenoid hypertrophy, hernia, female genital diseases;**

**（12） According to the opinion of the attending doctor of the insured, the treatment or surgery can be reasonably delayed until the insured returns to China and the insured insists on being carried out abroad;**

**（13） Failure to obtain hospital or doctor's certificate;**

**（14） One of the purposes of the insured's travel is to carry out treatment or the travel violates medical advice;**

**（15） It is a liability exemption item of the main insurance contract (but in case of any conflict between this item and this additional insurance clause, this additional insurance clause shall prevail).**

**保险金额**

1. 本附加保险合同的每日住院津贴保险金额由投保人、保险人双方约定，并在保险单中载明。

Insurance amount

Article 5 The insured amount of the daily hospitalization allowance of this additional insurance contract shall be agreed by the applicant and the insurer, and shall be stated in the insurance policy.

**保险期间**

1. 本附加保险合同的保险期间同主保险合同一致，最长不超过一年。

Insurance period

Article 6 The insurance period of this additional insurance contract shall be the same as that of the main insurance contract, and the maximum period shall not exceed one year.

**续保**

1. **本附加保险合同不保证续保。本附加保险合同保险期间不超过一年，保险期间届满，投保人需要重新向保险人申请投保本产品，并经保险人同意，交纳保险费，获得新的附加保险合同。**

**Renewal**

**Article 7 This additional insurance contract does not guarantee renewal. The insurance period of this additional insurance contract shall not exceed one year. At the end of the insurance period, the applicant needs to reapply to the insurer for the insurance of this product, pay the premium and obtain a new additional insurance contract with the consent of the insurer.**

**保险费支付方式**

第八条 本附加保险合同保险费支付方式分为一次性支付全部保险费或分期支付保险费，由投保人、保险人双方约定，并在附加保险合同中载明。

约定一次性支付全部保险费的，投保人应当在附加保险合同成立时一次性支付全部保险费。投保人未按约定全额支付应缴保险费的，附加保险合同不生效，对附加保险合同生效前发生的保险事故，保险人不承担保险责任。

约定分期支付保险费的，每期缴费金额应一致，投保人在投保时支付首期保险费，并应于附加保险合同约定的各分期缴费之日前及时并足额支付当期应缴保险费。投保人未按约定支付首期保险费的，附加保险合同不生效，对附加保险合同生效前发生的保险事故，保险人不承担保险责任。若投保人未按约定支付当期应缴保险费，保险人允许投保人在缴费延长期内补缴保险费，如果被保险人在此缴费延长期内发生保险事故，保险人按照附加保险合同约定给付保险金，但有权先从给付的保险金中扣除投保人欠缴的当期应缴的保险费。缴费延长期由投保人、保险人双方约定，并在附加保险合同中载明。

若投保人在缴费延长期内未补缴当期应缴保险费，本附加保险合同在上期保险费对应的保障期满日24时终止，终止之日后（含缴费延长期内）发生的保险事故，保险人不承担保险责任。

Payment method of insurance premium

Article 8 The premium payment method of this additional insurance contract is divided into one-time payment of all premium or installment payment of premium, which shall be agreed by both the applicant and the insurer, and shall be specified in the additional insurance contract.

If it is agreed to pay all the insurance premiums at one time, the applicant shall pay all the insurance premiums at one time when the additional insurance contract is established. If the applicant fails to pay the premium payable in full as agreed, the additional insurance contract will not come into force, and the insurer will not bear the insurance liability for the insurance accident that occurred before the additional insurance contract comes into force.

If the insurance premium is agreed to be paid in installments, the amount of each installment shall be the same. The applicant shall pay the first installment of the insurance premium when applying for insurance, and shall timely and fully pay the current payable insurance premium before the date of each installment agreed in the additional insurance contract. If the applicant fails to pay the initial premium as agreed, the additional insurance contract will not take effect, and the insurer will not bear the insurance liability for the insured accident that occurred before the additional insurance contract takes effect. If the applicant fails to pay the current payable premium as agreed, the insurer allows the applicant to make up the premium within the extended period of payment. If the insured has an insurance accident within the extended period of payment, the insurer shall pay the premium according to the additional insurance contract, but has the right to deduct the current payable premium that the applicant has not paid from the premium paid. The extension period of payment shall be agreed by both the applicant and the insurer, and shall be specified in the additional insurance contract.

If the applicant fails to pay the current premium within the extension period of payment, this additional insurance contract will be terminated at 24:00 on the expiry date of the corresponding guarantee period of the previous premium. The insurer will not be liable for any insurance accident occurring after the termination date (including the extension period of payment).

**保险金的申请**

**第九条 保险金申请人（释义三）向保险人申请给付保险金时，应提交以下材料：**

**（一）理赔申请书；**

**（二）保险单或其他保险凭证；**

**（三）保险金申请人的有效身份证件；**

**（四）完整出院小结，住院医疗正式收据；**

**（五）索赔申请人所能提供的与本项申请相关的其他材料；**

**（六）若保险金申请人委托他人申请的，还应提供授权委托书原件、委托人和受托人的身份证明等相关证明文件；**

**（七）保险金作为被保险人遗产时，须提供可证明合法继承权的相关权利文件；**

**（八）受益人或者继承人为无民事行为能力人或者限制民事行为能力人的，由其监护人代为申领保险金，并需要提供监护人的身份证明等资料。**

**如果被保险人本人作为保险金受益人已向保险人书面申领保险金，但在实际领取保险金前身故，保险金将作为其遗产，由保险人向其合法继承人给付。**

**保险金申请人未能提供有关材料，导致保险人无法核实该申请的真实性的，本社对无法核实部分不承担给付保险金的责任。**

**Application for insurance benefits**

**Article 9 When applying for payment of insurance benefits to the insurer, the applicant for insurance benefits (Interpretation 3) shall submit the following materials:**

**（1） Claim settlement application;**

**（2） Insurance policy or other insurance certificate;**

**（3） The valid identity certificate of the insurance benefit applicant;**

**（4） Complete discharge summary and official receipt of inpatient medical treatment;**

**（5） Other materials related to this application that the claimant can provide;**

**（6） If the insurance benefit applicant entrusts others to apply, it shall also provide the original power of attorney, the identity certificates of the principal and the trustee and other relevant supporting documents;**

**（7） When the insurance money is taken as the property of the insured, the relevant rights documents that can prove the legal inheritance rights must be provided;**

**（8） If the beneficiary or heir is a person without or with limited capacity for civil conduct, his guardian shall apply for the insurance benefits on his behalf and provide the guardian's identity certificate and other information.**

**If the insured, as the beneficiary of the insurance benefits, has applied for the insurance benefits in writing from the insurer, but died before the actual payment of the insurance benefits, the insurance benefits will be paid by the insurer to its legal successor as its heritage.**

**If the applicant for insurance benefits fails to provide relevant materials, resulting in the insurer being unable to verify the authenticity of the application, PMIC will not be responsible for paying the insurance benefits for the part that cannot be verified.**

**释义**

**一、住院日数：**指被保险人在医院住院部病房内实际的住院治疗日数，住院满二十四小时为一日。

**二、受保前已存在的疾病：**指被保险人于其在本附加合同项下获保前两年内曾出现任何症状而引致一正常而审慎的人寻求诊断、医疗护理或医药治疗；或被保险人于其在本附加合同项下获保前两年内曾经医生推荐接受医药治疗或医疗意见。

**三、保险金申请人**：指受益人或被保险人的继承人或依法享有保险金请求权的其他自然人。

**本附加保险合同的未释义名词，以本附加保险合同所附属的主保险合同条款中的释义为准。**

**Interpretation**

**1、 Hospitalization days: refers to the actual number of inpatient treatment days of the insured in the inpatient ward of the hospital, and one day is one day after 24 hours of hospitalization.**

**2、 Pre-insurance disease: refers to any symptom of the insured within two years before being insured under this Additional Contract, which causes a normal and prudent person to seek diagnosis, medical care or medical treatment; Or the insured has been recommended by a doctor for medical treatment or medical advice within two years before being insured under this Additional Contract.**

**3、 Insurance benefit applicant: refers to the beneficiary or the heirs of the insured or other natural persons who have the right to claim insurance benefits according to law.**

**The undefined terms in this additional insurance contract shall be subject to the interpretation in the main insurance contract attached to this additional insurance contract.**