

## Group Insurance Program for Member Practices 2018/ 2019

The Insurance Program for Member Practices which is renewable on 1 October each year offers member practices a comprehensive coverage at competitive premiums. The salient features of the program are set out below. Further information can be obtained from the Institute's insurance broker, **Insuright**, by:

- returning the reply slip below; or
- calling Mr. Kent Leung (tel: 3443 9891 / 2541 1300) email – [kent.leung@insubest.com.hk](mailto:kent.leung@insubest.com.hk) / Ms. Estella Cheng (tel: 3443 9898)

### Medical Insurance

Underwriter:

AXA China Region Insurance Co Ltd

This program is designed for member practices to provide medical coverage to their employees and dependents at preferential premium rates. Salient features of the program include:

- No minimum requirement on number of employee
- Four levels of Hospitalization and Surgical coverage
- Optional Major Medical coverage
- Optional plan of Out-patient coverage with both free-choice and panel doctors
- Free Emergency evacuation & repatriation benefit with China hospital deposit guarantee benefit

Premiums are subject to review on annual basis based on claims of the preceding years. Substantial increase in premium is anticipated if claim records are high.

### Office Insurance & Employees' Compensation

Underwriter:

AXA General Insurance Hong Kong Ltd

Member practices will enjoy **a 20% discount** off the standard premium rates. The benefits include All Risks Coverage on Office Contents, Business Interruption - Additional Expenditure, Electronic Equipment, Loss of Money, Office Assault - Personal Accident, Glass Breakage, Public Liability, and optional Employees' Compensation.

**Net minimum annual premiums** are at **\$700** and **\$1,200** for coverage for office contents only, and office contents together with Employees' Compensation respectively.

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To: Insuright Employee Benefits Ltd  
Email : [kent.leung@insubest.com.hk](mailto:kent.leung@insubest.com.hk)  
Fax : 3443 9889

Re: HKICPA Insurance Program for Member Practices 2018/2019

We wish to obtain the following information: *(please ✓)*

- Medical Insurance Plan
- Office Insurance and Employees' Compensation

Existing policy information:

Insurer:

Medical Insurance Plan \_\_\_\_\_

Office Insurance and Employees' Compensation \_\_\_\_\_

Expiry date:

Medical Insurance Plan \_\_\_\_\_

Office Insurance and Employees' Compensation \_\_\_\_\_

Please send us the information by: *(please ✓)*

Email      Email address :

Mail      Address :

Facsimile      Fax no.:

Name of Member Practice :

Practice no.:

Contact person:  
Mr/Ms/Mrs

Tel. no.: