

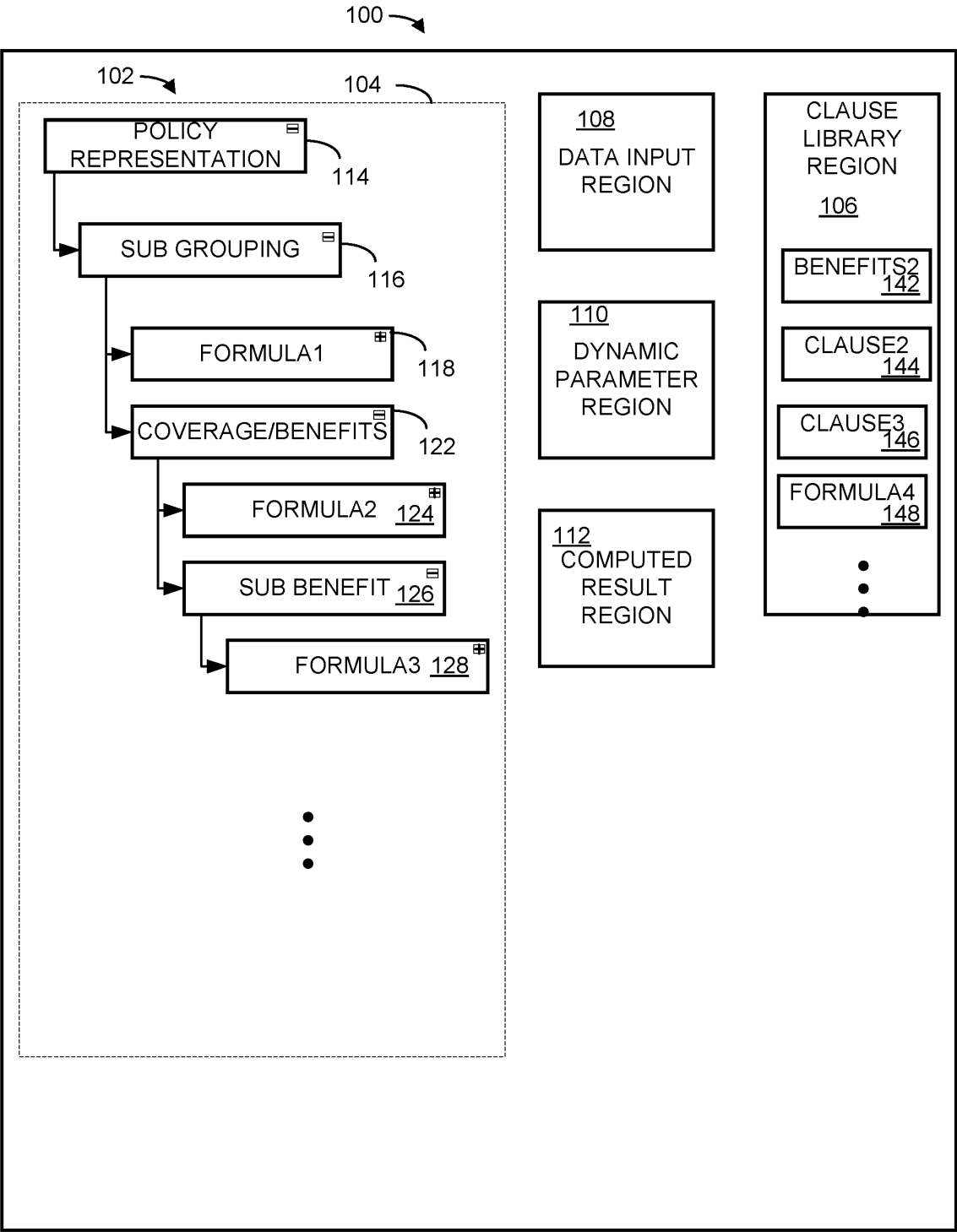


FIG. 1

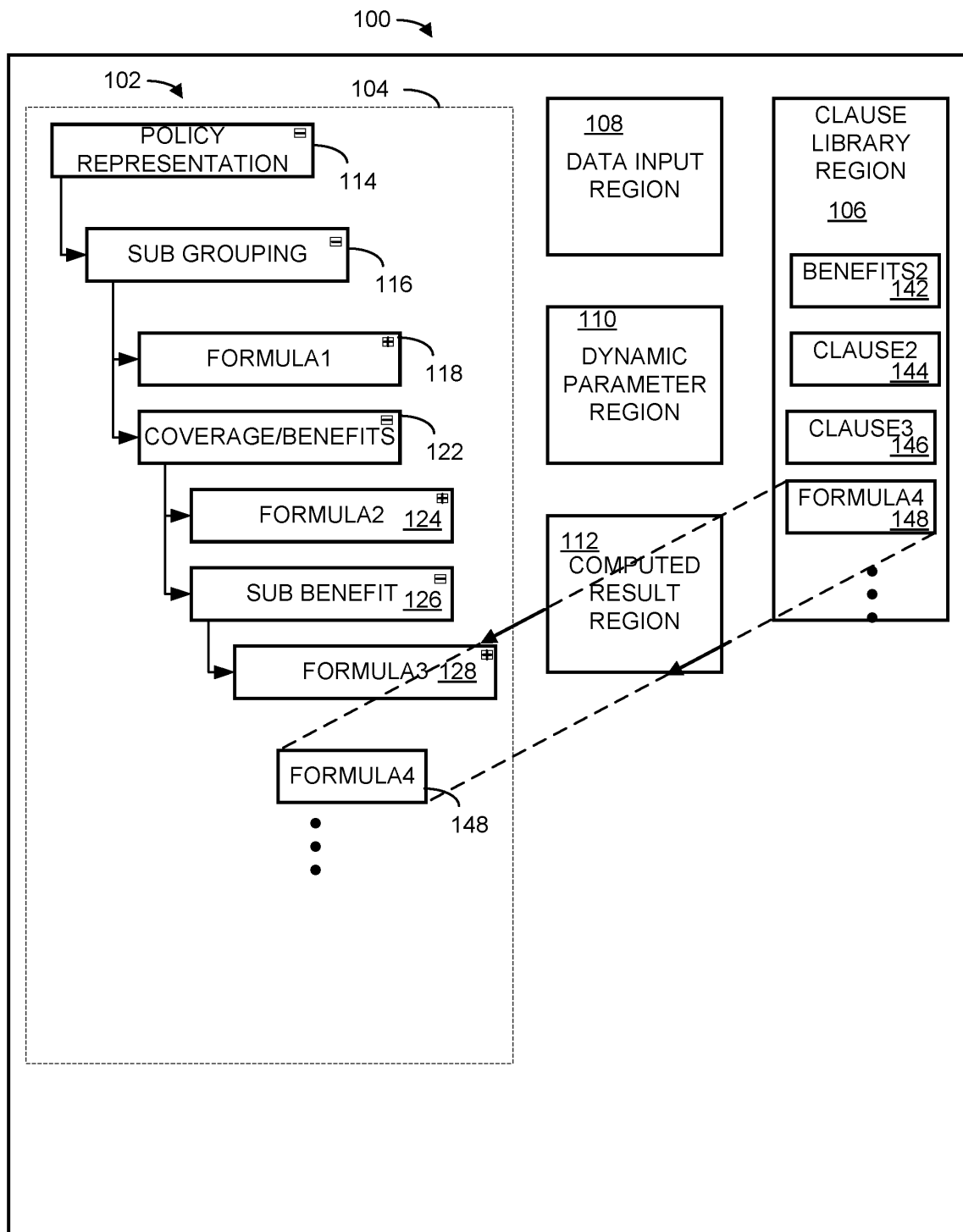


FIG. 2

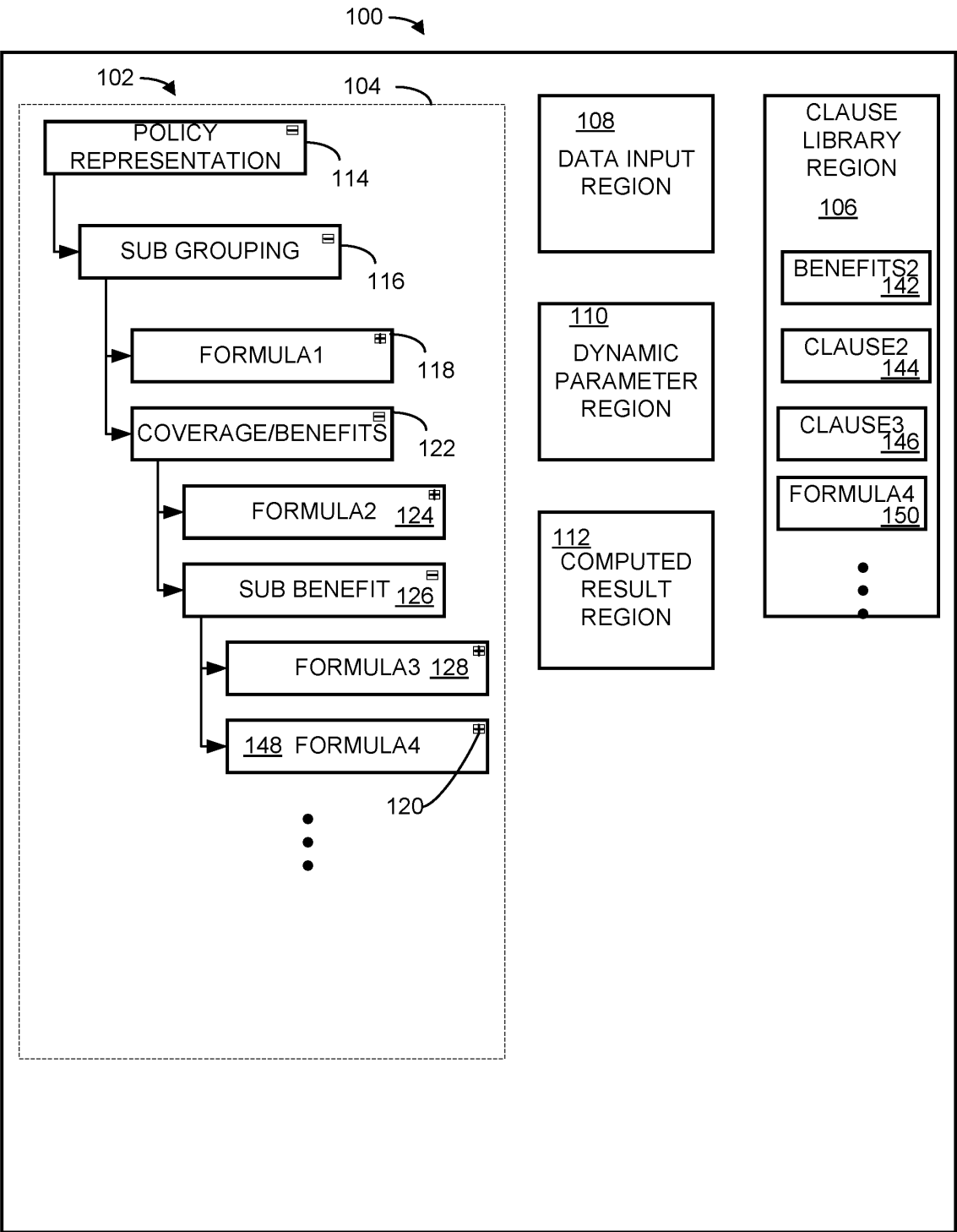


FIG. 3

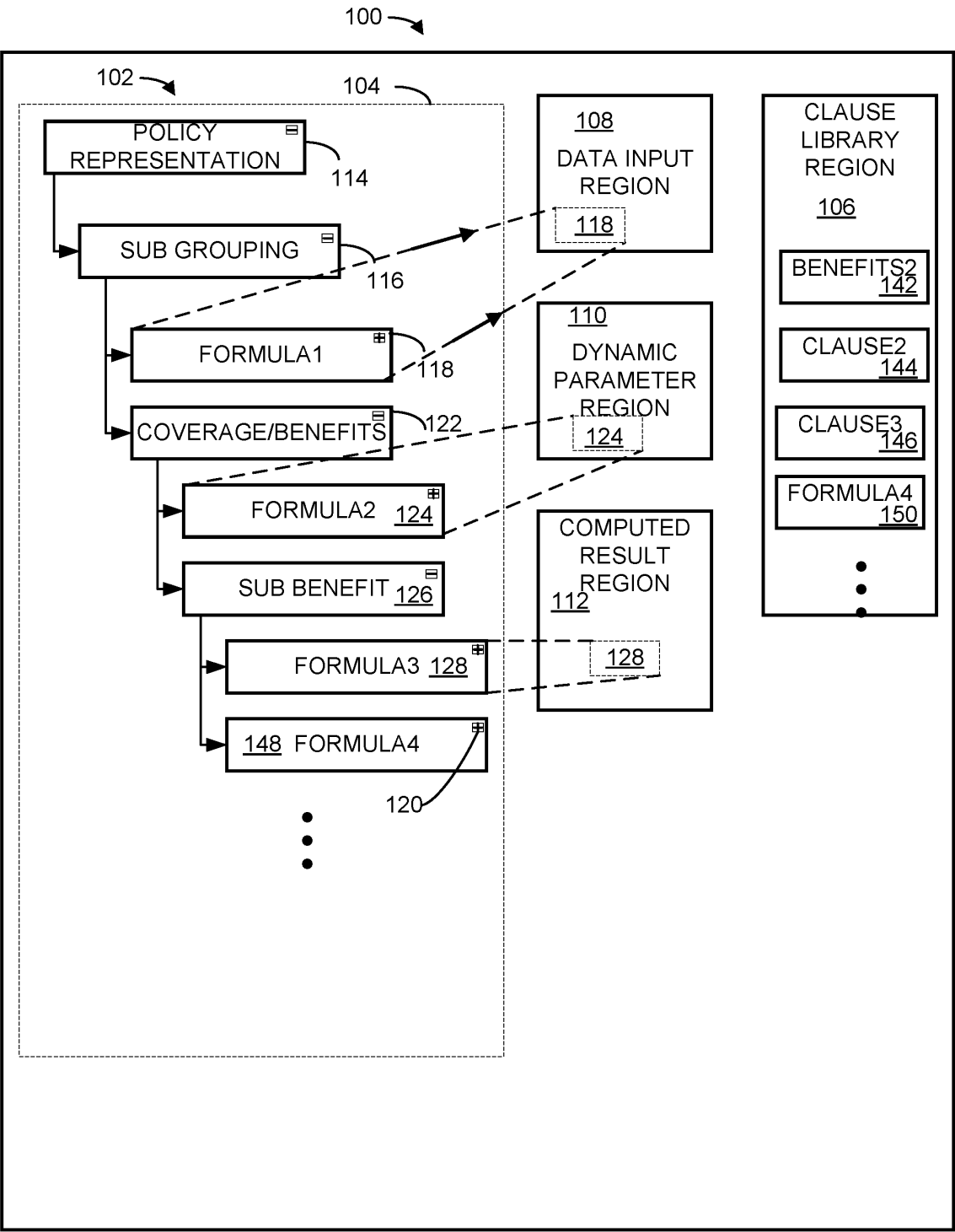


FIG. 4

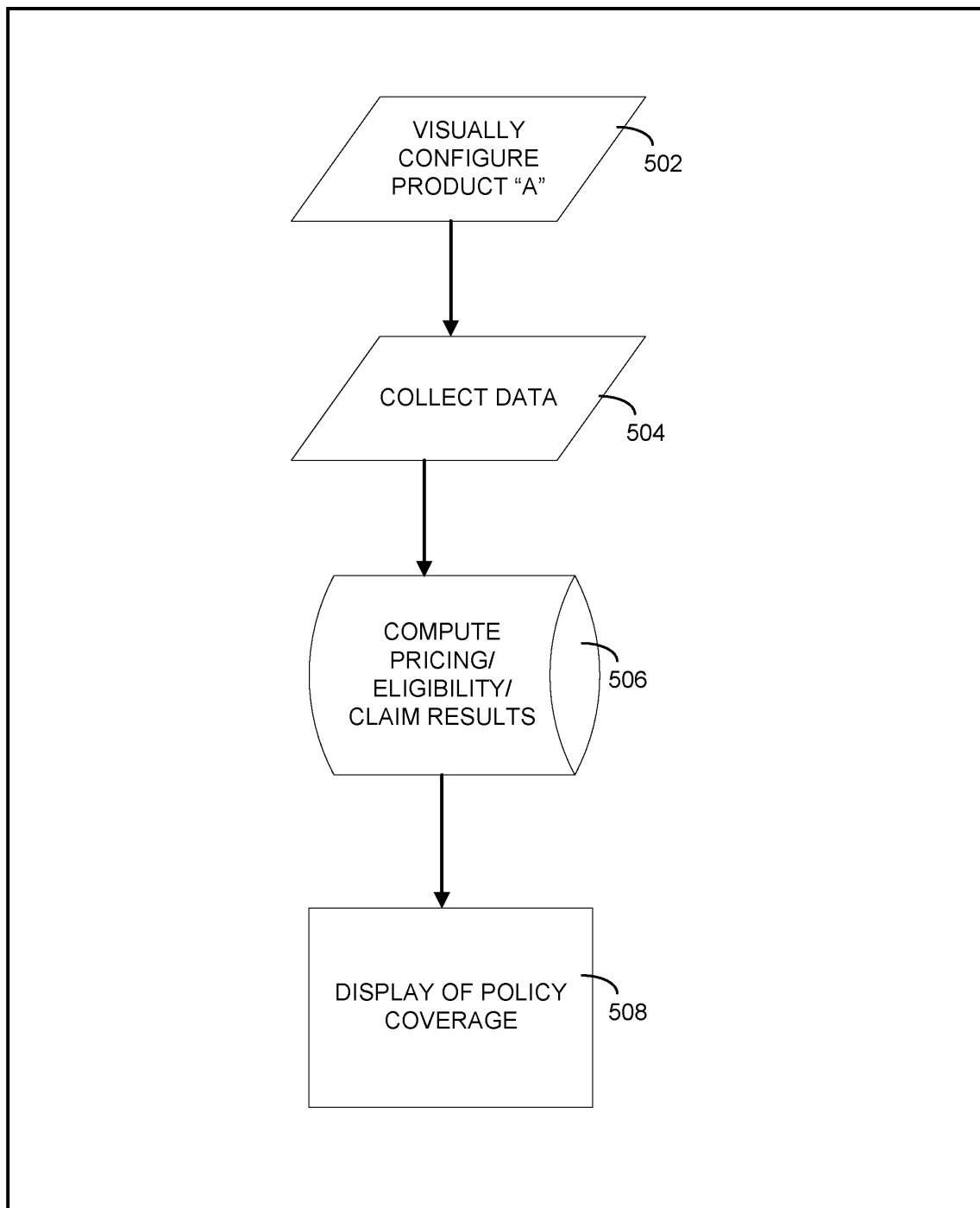
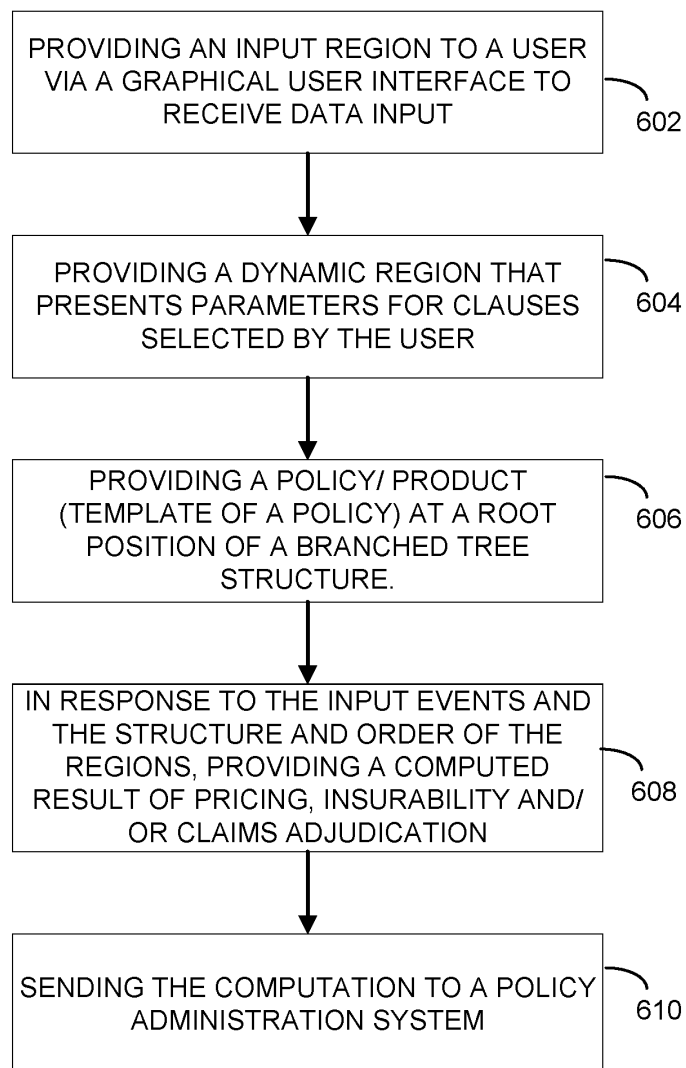


FIG. 5

FIG. 6



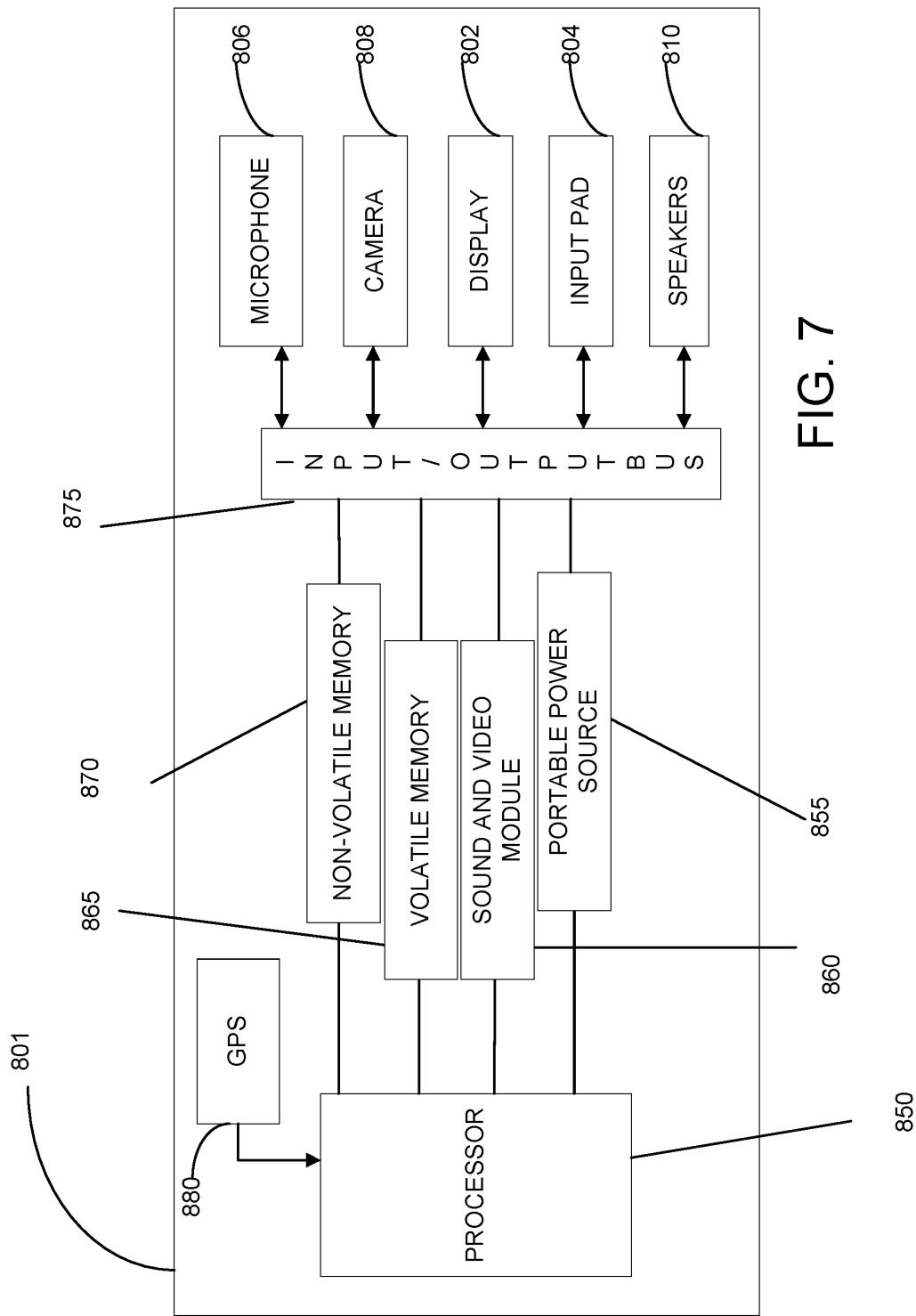


FIG. 7

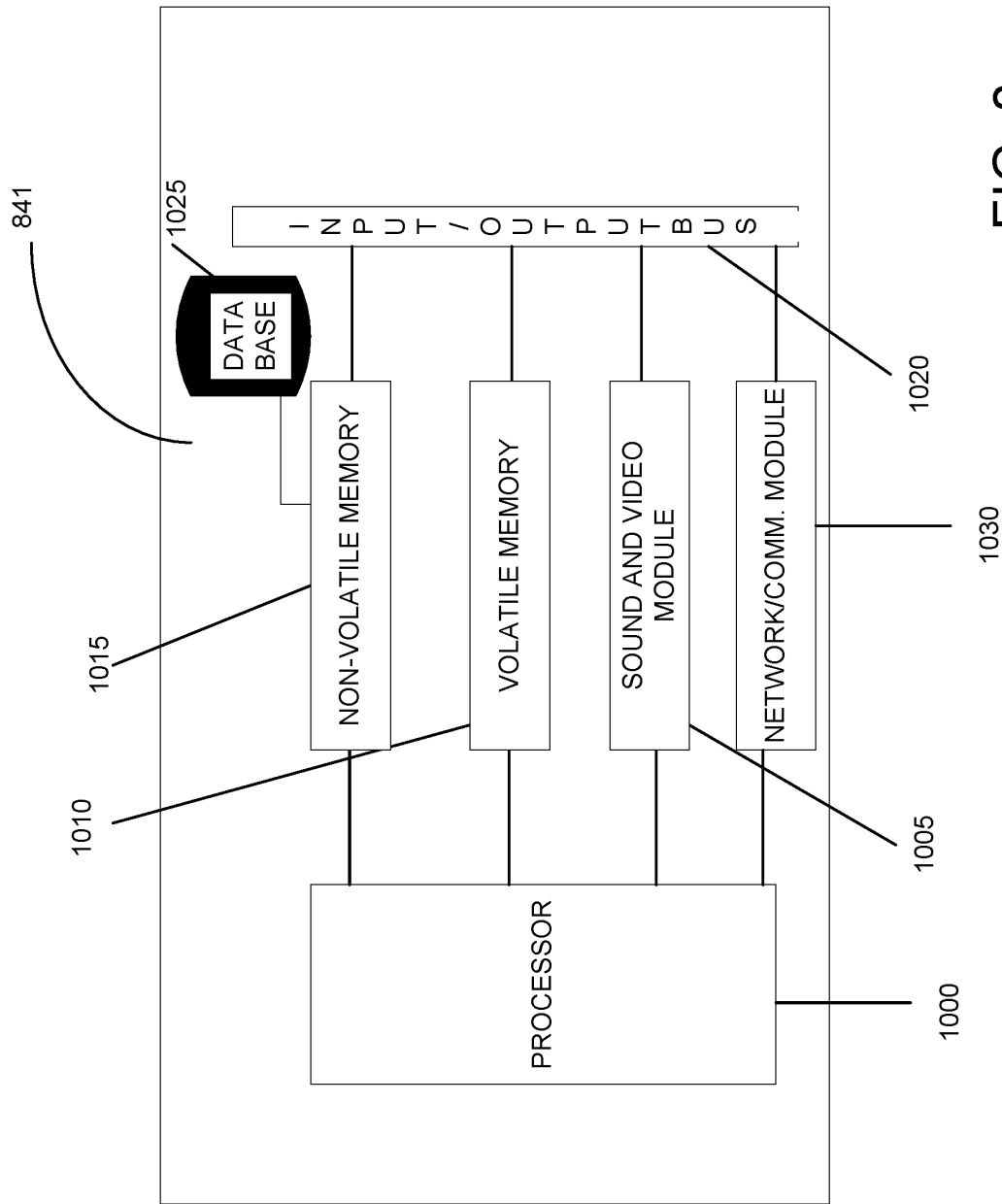


FIG. 8

FIG. 9

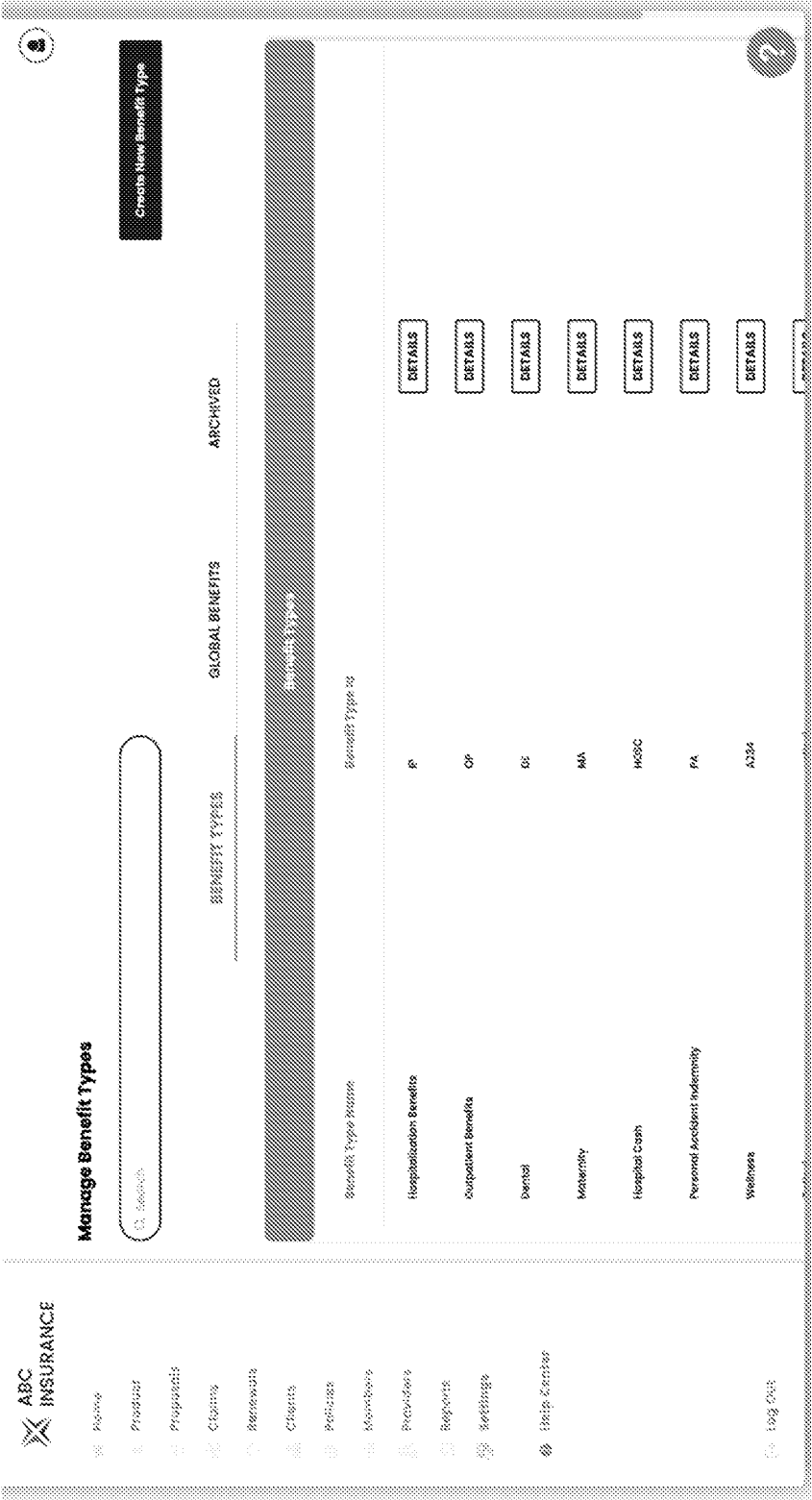


FIG. 10

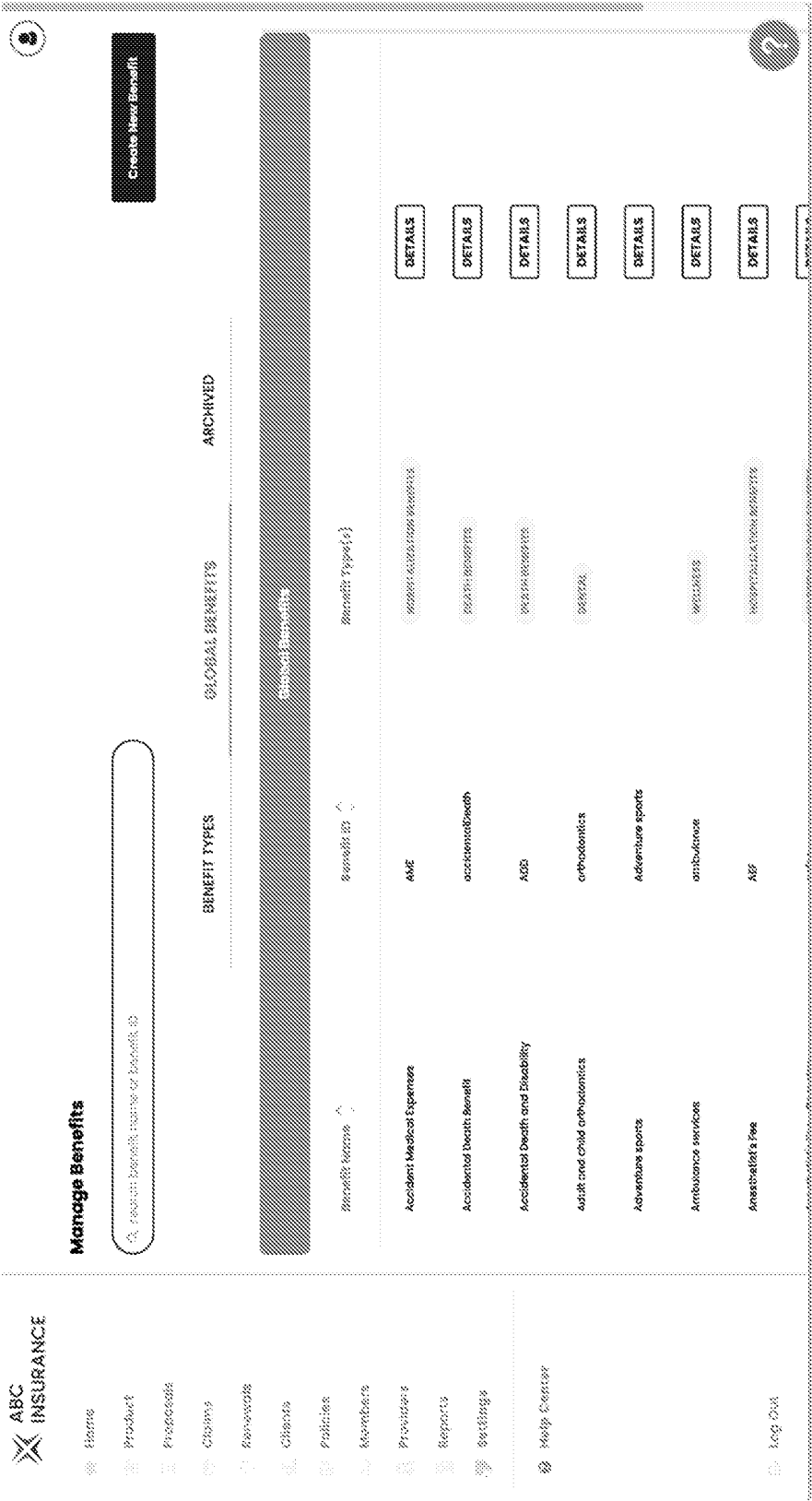


FIG. 11

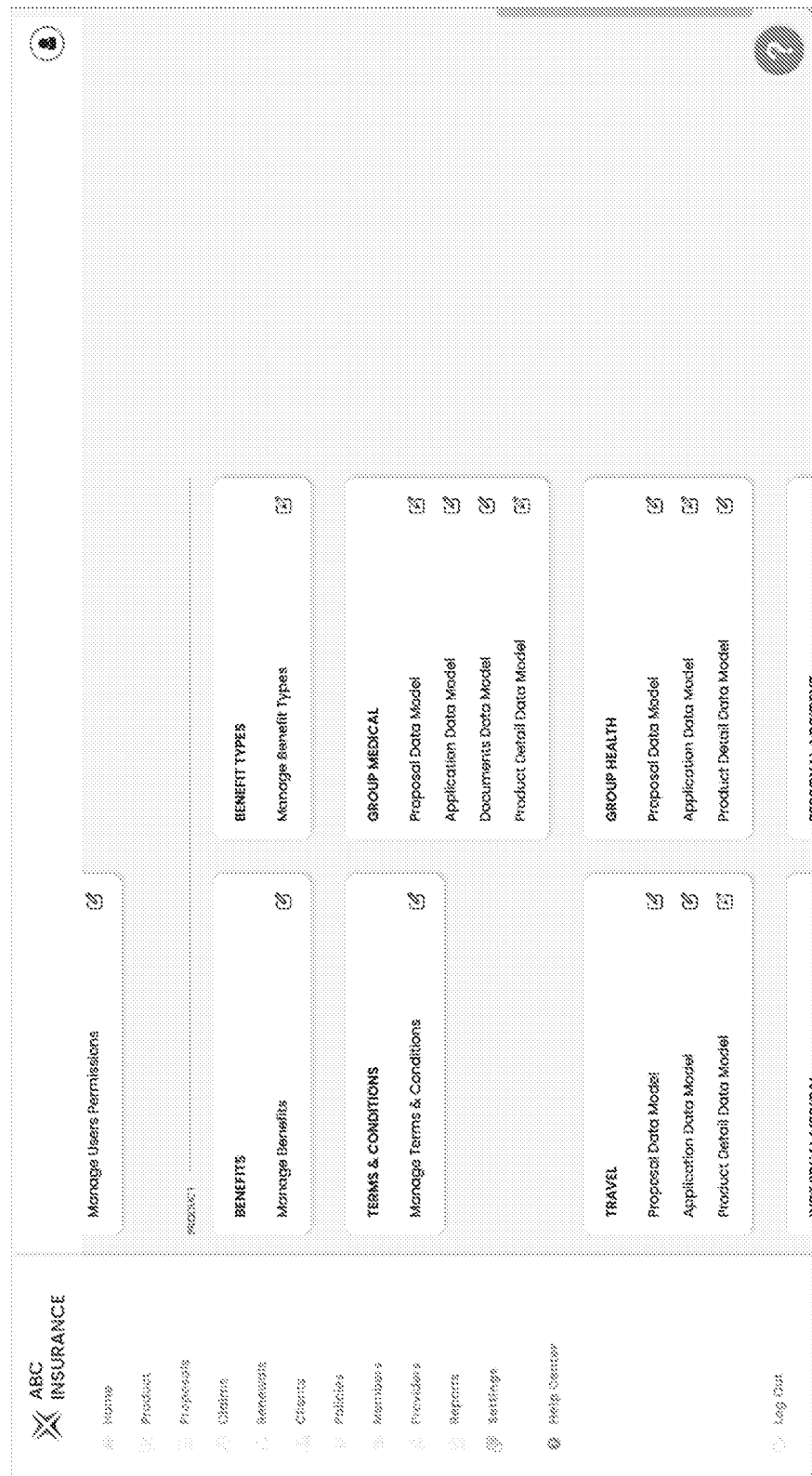


FIG. 12

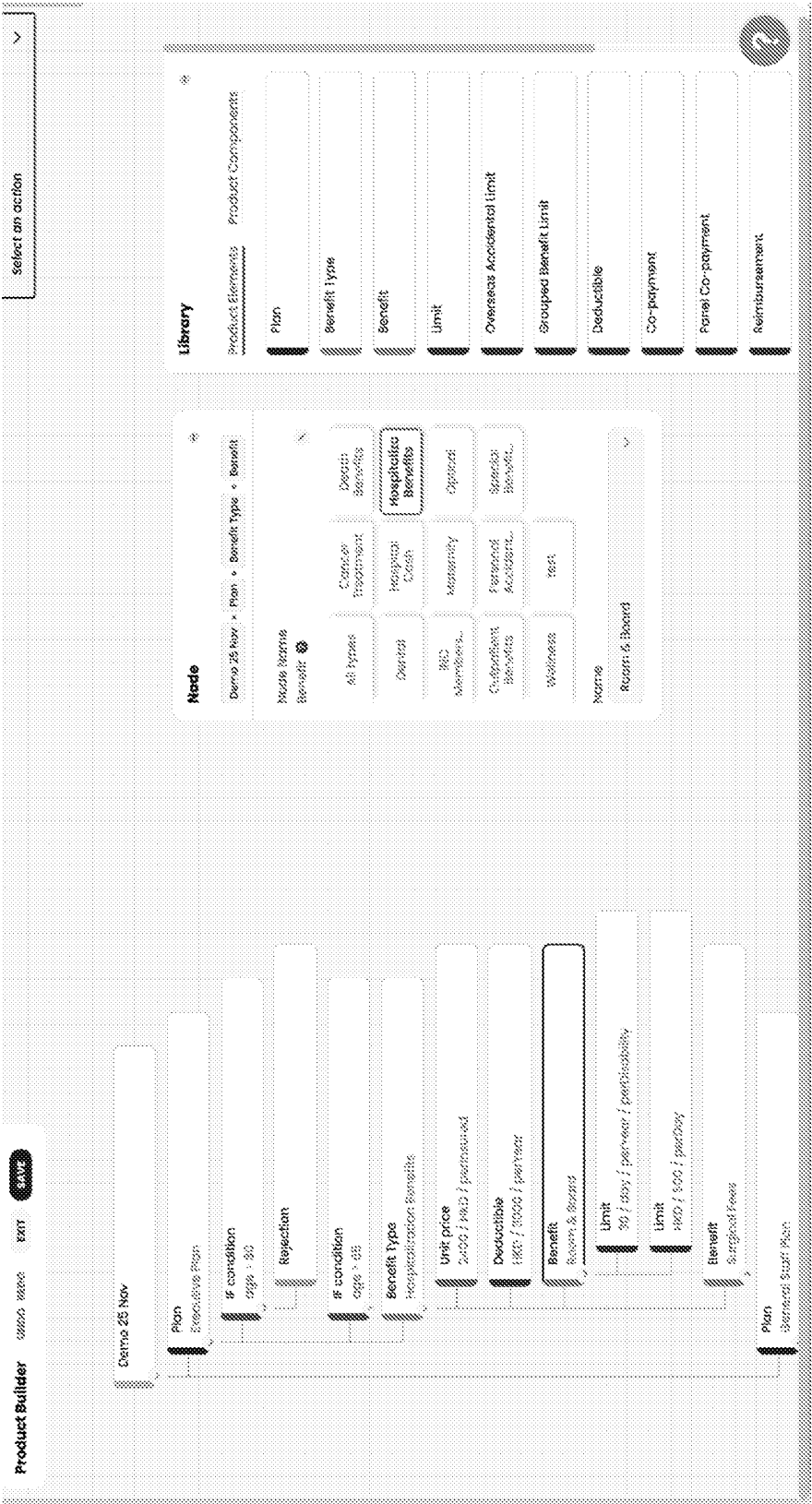


FIG. 13

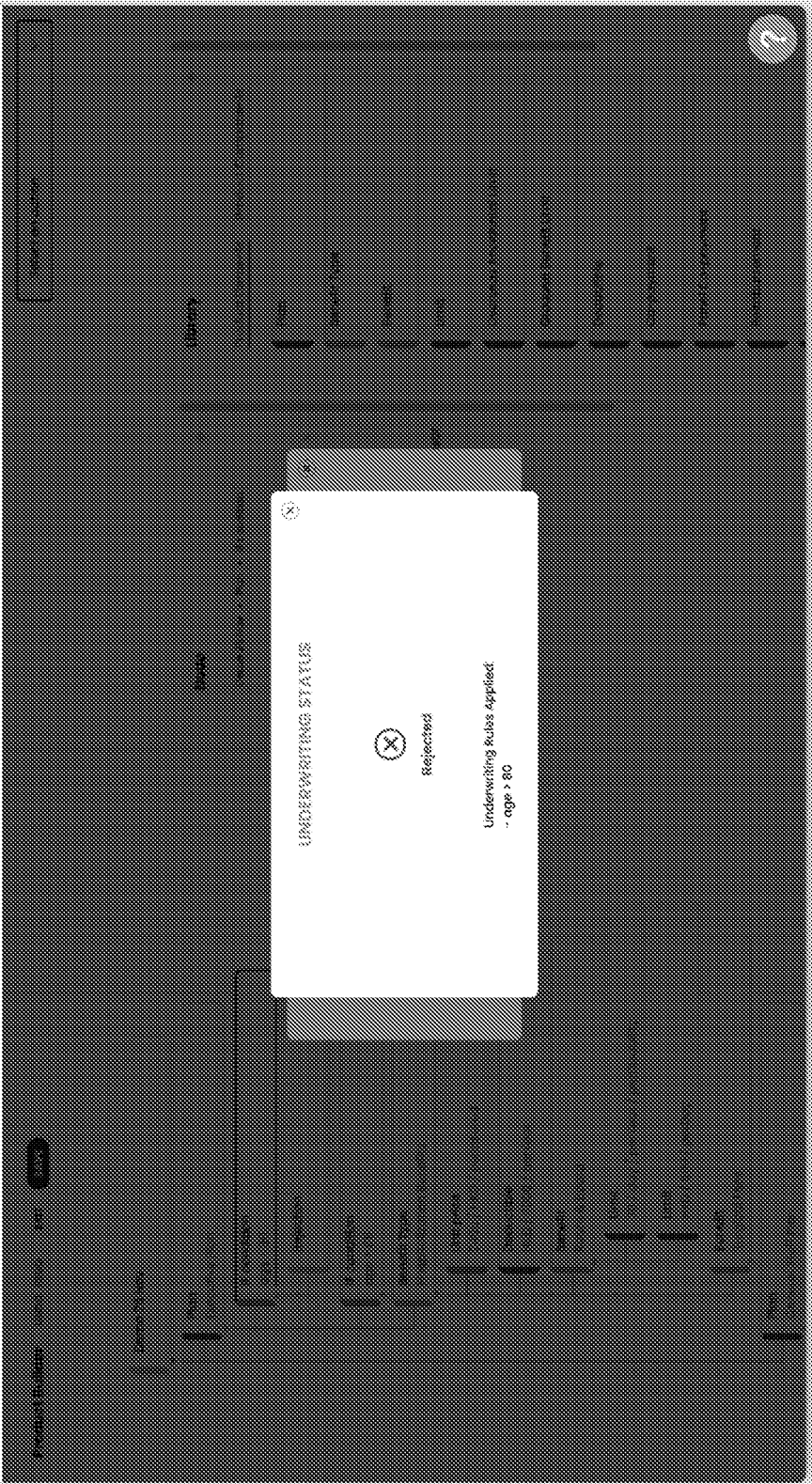


FIG. 14

Product Builder

UNINSURED

EXIT

SAVE

Demo 35 Nov

Plan
Executive Plan

IF condition
days > 90

Rejection

IF condition
days > 90

Benefit Type
Hospitalization Benefits

Limit price
2400 / 4800 / per insured

Deductible
1000 / 5000 / per year

Benefit
Reason & Reason

Limit
30 / day / per year / per disability

Limit
1000 / 5000 / per day

Benefit
Per year limit

Plan
Executive Plan

Node

Demo 35 Nov > Plan > IF condition

Product Library

Product Descriptions

Product Descriptions

EXECUTIVE PLAN

Product Descriptions

Item	No. of Insureds	Unit Price	Subtotal
Premium per Plan			HK\$9,600.00
✓ UNIT BREAKDOWN			
Hospitalization Benefits	4	HK\$2,400.00	HK\$9,600.00
EXECUTIVE STAFF PLAN			
Premium per Plan			HK\$9,600.00
✓ UNIT BREAKDOWN			
Hospitalization Benefits	34	HK\$2,400.00	HK\$81,600.00
Subtotal is calculated by the premium per plan * pro-rata days. The premium of the breakdown may be different from the actual total premium due to rounding issues.			
Subtotal			HK\$91,200.00
14.14% (0.100%)			HK\$91.20

FIG. 15



PRICING

SUMMARY

Executive Plan x 4 insureds

General Staff Plan x 64 insureds

TOTAL: 68 INSURED

[View Detail](#)

EXECUTIVE PLAN	SUBTOTAL: HK\$6,600.00
GENERAL STAFF PLAN	SUBTOTAL: HK\$81,600.00
SUBTOTAL	HK\$91,200.00
14 Levy	0.100% x HK\$91,200.00
	HK\$91.20
TOTAL PREMIUM	HK\$91,291.20

Finish

FIG. 16

RELACTY FIELDS		ASSIGNED GROUP 1	
Start Date *		Number of Insureds *	4
01-11-2023			
End Date		Date of Birth *	01-11-2003
001-11-2003			
EXECUTIVE PLAN FIELDS		Do you smoke?	
Do you want dental coverage?		☒	
		New Selection *	
		Health Plan *	
		REMOVE GROUP	
		ASSIGNED GROUP 2	
		Number of Insureds *	
		34	
		Date of Birth *	
		02-11-2021	
		Do you smoke?	
		☒	
		New Selection *	
		General Staff Plan	
		REMOVE GROUP	
		ADD INSURED GROUP	

FIG. 18



FIG. 20

Policy Fields >

Executive Plan Fields >

General Staff Plan Fields >

Insureds Fields >

Prescription Fields >

MEMBER FIELDS

MEMBER FIELDS

NAME

Gender

Date of Birth

MEM NO.

Member Type

Plan

Effective Date

Email

Contract Number

Bank Account No.

Passport No.

Start Date

Dependent of Employee Name

Claims Settlement Mode

Sequence No.

Relationship to Employee

MEMBER FIELDS

MEMBER FIELDS

NAME

Gender

Date of Birth

MEM NO.

Member Type

Plan

Effective Date

Email

Contract Number

Bank Account No.

Passport No.

Start Date

Dependent of Employee Name

Claims Settlement Mode

Sequence No.

Relationship to Employee

MEMBER FIELDS

MEMBER FIELDS

NAME

Gender

Date of Birth

MEM NO.

Member Type

Plan

Effective Date

Email

Contract Number

Bank Account No.

Passport No.

Start Date

Dependent of Employee Name

Claims Settlement Mode

Sequence No.

Relationship to Employee

MEMBER FIELDS

MEMBER FIELDS

NAME

Gender

Date of Birth

MEM NO.

Member Type

Plan

Effective Date

Email

Contract Number

Bank Account No.

Passport No.

Start Date

Dependent of Employee Name

Claims Settlement Mode

Sequence No.

Relationship to Employee

MEMBER FIELDS

MEMBER FIELDS

NAME

Gender

Date of Birth

MEM NO.

Member Type

Plan

Effective Date

Email

Contract Number

Bank Account No.

Passport No.

Start Date

Dependent of Employee Name

Claims Settlement Mode

Sequence No.

Relationship to Employee

FIG. 21

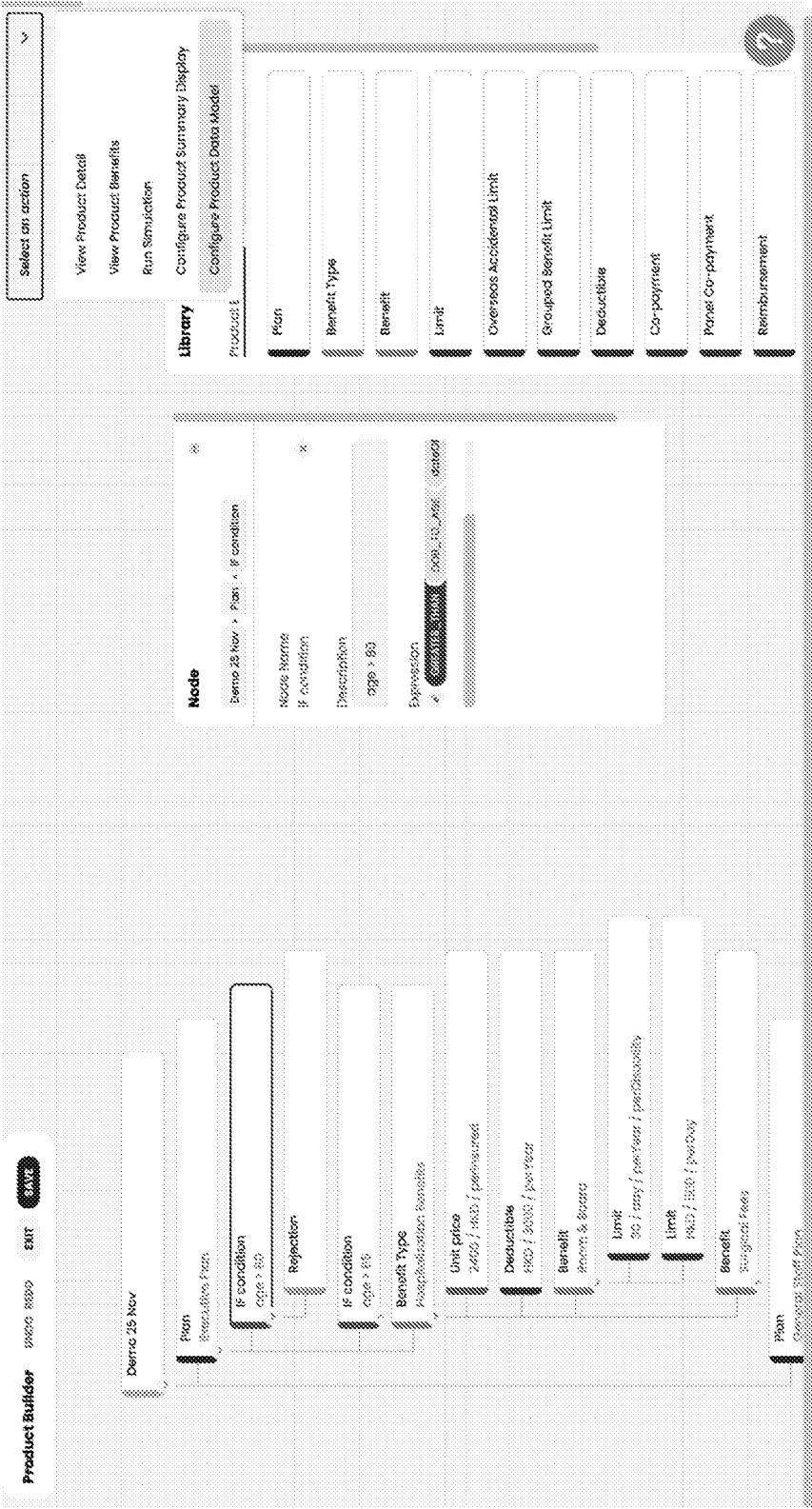


FIG. 22

Product Builder
UNDO REDO EXIT SAVE

Demo 25 Nov

Plan
Exclusive Plan

If condition
Age > 80

Rejection

If condition
Age > 25

Benefit type
Hospitalization Benefit

Unit price
2400 / 1400 / per month

Deductible
1400 / 3000 / per year

Benefit
Room & Board

Limit
10 / day / per year / per beneficiary

Limit

Product Builder
UNDO REDO EXIT SAVE

Demo 25 Nov

Plan
Exclusive Plan

If condition
Age > 80

Rejection

If condition
Age > 25

Benefit type
Hospitalization Benefit

Unit price
2400 / 1400 / per month

Deductible
1400 / 3000 / per year

Benefit
Room & Board

Limit
10 / day / per year / per beneficiary

Limit

FIG. 23



FIG. 24

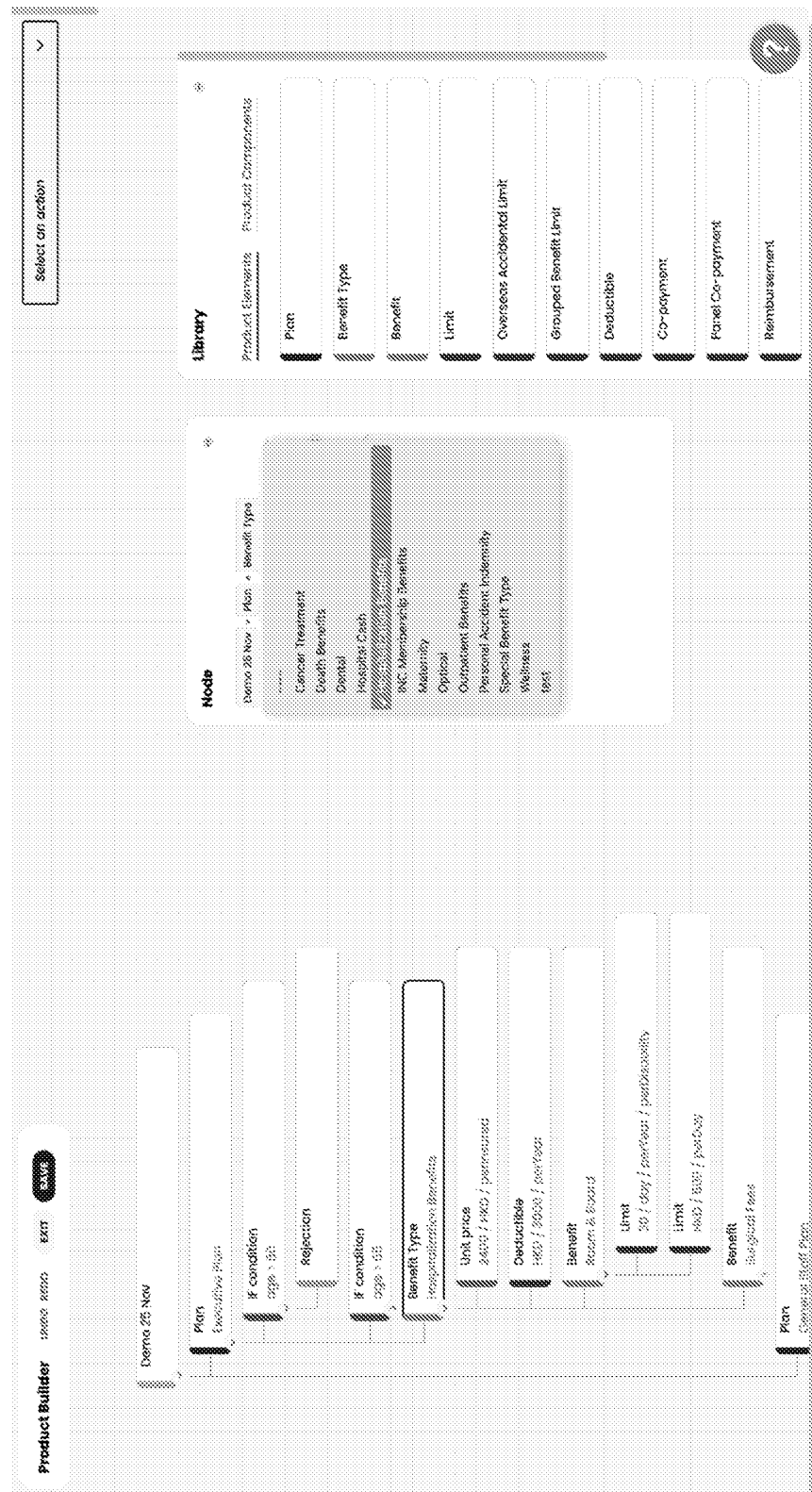


FIG. 25

