



賽馬會 萬鈞毅智書院
JOCKEY CLUB MAN KWAN EDUYOUNG COLLEGE

SUPERVISOR:
Prof. TAM MAN KWAN
Ph.D., B.H., B.B.S., J.P.
校監：譚萬鈞教授·太平紳士
PRINCIPAL:
Ms. CHAN YIN YIN(MA)
校長：田盈盈女士（文學碩士）

學校檔號： JCMKEC-2324011

公司名稱： _____

及地址： _____

執事先生：

邀請招標

承投 2024-2025年度萬鈞教育機構有限公司教職員住院保險服務供應商 的投標書

現誠邀 貴公司承投 **2024-2025 年度萬鈞教育機構有限公司教職員住院保險服務供應商** 的投標附表上所列的項目。倘 貴公司不擬接納部分訂貨，請於投標附表上清楚註明。

1. 投標表格必須填具一式兩份，並放置信封內封密。信封面應清楚註明：

(承投 2024-2025 年度萬鈞教育機構有限公司教職員住院保險服務供應商 投標書

投標書應寄往新界元朗天水圍天榮路5號(天頌苑)賽馬會萬鈞毅智書院校長收，並須於二零二四年七月四日中午十二時前送達上述地址。逾期的投標書，概不受理。 貴公司的投標書有效期為90天，由上述截標日期起計。如在該90天內仍未接獲訂單，則是次投標可視作落選論。另外亦請注意，貴公司必須填妥投標表格第III部分，否則標書概不受理。

2. 倘貴公司未能或不擬投標，亦煩請盡快把本函及投標表格寄回上述地址，並列明不擬投標的原因。

3. 學校邀請招標承投承辦所需物品/服務時，會以「整批」形式考慮接受供應商的投標。

如有查詢，請致電2447 2322 與簡達明副校長聯絡。

敬頌

祝台安!

校長 田盈盈 謹啓

二零二四年六月十四日

供應商／承辦商有關向學校教職員致送禮物注意事項

本校已就教職員執行校務時索取或收受禮物之問題，制定政策，特此通知貴公司。

根據本校政策，屬下教職員在未獲得法團校董會之特別批准前，不得在執行校務時索取或收受任何禮物、金錢或其他形式的利益，以建立本校教職員之清廉形象。

本校教職員均了解此政策，如有違犯，會遭受紀律處分。而本校亦會考慮將事件向廉署舉報。

本校竭誠希望 貴公司支持本校的廉政方針，假若 貴公司遇有本校教職員索取利益，請盡速通知本人。

校長 田盈盈 謹啟

二零二四年六月十四日



賽馬會萬鈞毅智書院
JOCKEY CLUB MAN KWAN EDUYOUNG COLLEGE

SUPERVISOR:
Prof. TAM MAN KWAN
Ph.D., B.H., B.B.S., J.P.
校監：譚萬鈞教授·太平紳士
PRINCIPAL:
Ms. CHAN YIN YIN(MA)
校長：田盈盈女士(文學碩士)

賽馬會萬鈞毅智書院

承投提供 2024-2025 年度萬鈞教育機構有限公司教職員住院保險服務供應商

不擬投標通知書

如 貴公司未能提供服務或產品，請填妥此表格後，並連同所有文件
寄回新界元朗天水圍天榮路 5 號(天頌苑) 賽馬會萬鈞毅智書院

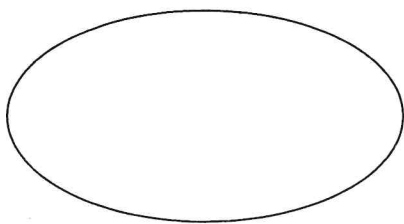
學校檔號：JCMKEC-2324011

承投：2024-2025 年度萬鈞教育機構有限公司教職員住院保險服務供應商

截標日期及時間：2024 年 7 月 4 日 (星期四) 中午十二時正

有關 貴校邀請本公司承投以上服務，現因以下理由未能承投，特此回覆。(請在適當的□內加上✓)

- 未能提供標書所示服務/產品
- 未能達到標書所示要求或規格
- 未能於指定日期完成
- 未能於截標限期內遞交標書
- 其他(請註明)_____



公司印鑑

簽 署 : _____
簽署人姓名 : _____
公 司 : _____
日 期 : _____



賽馬會 萬鈞毅智書院
JOCKEY CLUB MAN KWAN EDUYOUNG COLLEGE

SUPERVISOR:
Prof. TAM MAN KWAN
Ph.D., B.H., B.B.S., J.P.
校監：譚萬鈞教授·太平紳士
PRINCIPAL:
Ms. CHAN YIN YIN(MA)
校長：田盈盈女士（文學碩士）

承投 2024-2025年度萬鈞教育機構有限公司教職員住院保險服務供應商 投標表格

學校名稱及地址：賽馬會萬鈞毅智書院 新界元朗天水圍天榮路5號(天頌苑)

學校檔號：JCMKEC-2324011

截止報價日期/時間：二零二四年七月四日中午十二時正(以投入學校標箱時間計算)

第I部分

下方簽署人願意按照所列的價格(其他費用全免)，以及校方提供的任何圖則/樣本/或規格，供應夾附的投標附表上所列的全部或部分項目。下方簽署人知悉，投標書由上述截止報價日期起計90天內仍屬有效；校方不一定採納索價最低的投標書或任何一份投標書，並有權在投標書有效期內，採納某份投標書的全部或部分內容。下方簽署人亦保證其公司的商業登記及僱員補償保險均屬有效，而其公司所供應的各個項目並無侵犯任何專利權。

第II部分

再行確定投標書的有效期

有關本投標書的第I部分，現再確定本公司的投標書有效期由二零二四年七月四日起為期90天。

下方簽署人亦同意，投標書的有效期一經再行確定，其公司就該事項註明於投標表格內的預印條文，即不再適用。

第III部分

維護國家安全

下方簽署人確認即使招標文件中有任何相反的規定，學校保留以其公司曾經、正在或有理由相信其公司曾經或正在作出可能構成或導致發生危害國家安全罪行的行為或活動為由，取消其公司資格的權利，又或為維護國家安全，或為保障香港的公眾利益、公共道德、公共秩序或公共安全，而有必要剔除其公司。

下方簽署人確認若出現下列任何一種情況，學校可以立即終止合約：

- (i) 其公司曾經或正在作出可能構成或導致發生危害國家安全罪行或不利於國家安全的行為或活動；



賽馬會 萬鈞毅智書院
JOCKEY CLUB MAN KWAN EDUYOUNG COLLEGE

SUPERVISOR:
Prof. TAM MAN KWAN
Ph.D., B.H., B.B.S., J.P.
校監：譚萬鈞教授·太平紳士
PRINCIPAL:
Ms. CHAN YIN YIN(MA)
校長：田盈盈女士(文學碩士)

- (ii) 繼續僱用其公司或繼續履行合約不利於國家安全；或
- (iii) 學校合理地認為上述任何一種情況即將出現。

日期：2024年____月____日

簽署人：_____

職銜（請註明職位）：_____

上方簽署人已獲授權，代表：_____

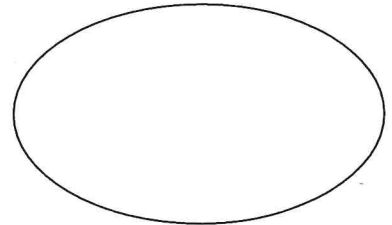
公司簽署投標書，該公司在香港註冊的

辦事處地址為：_____

電話號碼：_____

傳真號碼：_____

公司印鑑：





投標附表
(須填妥一式兩份)

承投2024-2025年度萬鈞教育機構有限公司教職員住院保險服務供應商的投標項目

(第4、5和6項須由供應商填寫)

(1) 項目 編號	(2) 物品說明/規格	(3) 所需數量	(4) 單價(元)	(5) 總價(元)	(6) 提供的送 貨服務
	提供 2024-2025 年度教職員住 院保險服務供應商 請見附件一至三	-			

本公司 /本人明白，如收到學校訂單後未能供應投標書上所列物品，須負責賠償學校從另處採購上述物品的差價。

供應商名稱：_____ 公司印鑑

獲授權簽署投標書的代表姓名及簽署

姓名(請以正楷填寫)：_____ 簽署：_____

日期：_____

註：服務規格必須符合香港政府現行之法例、標準、指引及法定責任。

萬鈞教育機構有限公司

2024-2025 年度教職員住院保險計劃報價

A. Plan 1

2024-2025 各單位名稱及人數分佈：

單位名稱及代號	001(教職員)
<1> 萬鈞教育機構有限公司(MKEO)	2
<2> 萬鈞伯裘書院(MKPC)	113
<3> 賽馬會萬鈞毅智書院(JCMKEC)	100
<4> 萬鈞匯知中學(MKQC)	108
總計：	323

B. 報價細則：

- <1> 報價時，請以 萬鈞教育機構有限公司 作報價一份（1 Sep 2024 – 31 Aug 2025）。
- <2> 再以各校細分人數作一份報價，以便各校獨立處理報價文件。
- <3> 以上提供為（2024-2025）初步人數資料，實際人數需以 1/9/2024 開學後再補上正確人數，故報價資料只需提供 Plan 1 各類人員（001）之單位保費價格。
- <4> 隨函附上本機構擬投保項目的內容《附件二》，報價時可以此內容參考。
（因各保險公司有不同之計劃）
- <5> 隨函附上 2021-2022, 2022-2023, 2023-2024(截至 31/5/2024)《附件三》。本機構的 Claim Ratio 。

Plan: 1

Page 1 of 3

Hospitalization & Surgical Expenses Benefit

If as a result of Injury or Sickness, an Insured is necessarily confined in a Hospital, the Company will reimburse the amount of actual necessary and reasonable expenses incurred but not to exceed the maximum amounts and the stipulated Reimbursement Percentage indicated in the Schedule of Benefits below.

Benefits Category	Benefit Items	Maximum Benefit Amount (HKD)	Maximum No. of Visits (Days)	Reimbursement Percentage
HS	Daily Hospital Room & Board (per daily benefit limit, maximum number of days per Disability)	400	182	100
	Daily Doctor's Visit (1 visit/day, per daily benefit limit, maximum number of visits per Disability) (Including 1 visit of Pre-Hospitalization Out-patient Benefit) (Including Post Hospitalization Out-patient Benefit within 6 weeks after discharge from Hospital)	400	91	100
	Miscellaneous Hospital Expenses (per Disability overall limit)	3,800		100
	Surgical Fees			
	▶ Complex Operation	23,200		100
	▶ Major Operation	11,600		100
	▶ Intermediate Operation	5,800		100
	▶ Minor Operation (per Disability overall limit, subject to Surgical Schedule)	2,900		100
	Anaesthetist's Fees			
	▶ Complex Operation	6,960		100
	▶ Major Operation	3,480		100
	▶ Intermediate Operation	1,740		100
	▶ Minor Operation (per Disability overall limit, subject to Surgical Schedule)	870		100
	Operating Theatre Fees			
	▶ Complex Operation	6,960		100
	▶ Major Operation	3,480		100
	▶ Intermediate Operation	1,740		100
	▶ Minor Operation (per Disability overall limit, subject to Surgical Schedule)	870		100
	Intensive Care Room & Board (per Disability overall limit)	4,800		100
	Private Nursing (per daily benefit limit, maximum number of days per Disability) (Subject to written referral by a Physician)	160	91	100

Hospitalization & Surgical Expenses Benefit

If as a result of Injury or Sickness, an Insured is necessarily confined in a Hospital, the Company will reimburse the amount of actual necessary and reasonable expenses incurred but not to exceed the maximum amounts and the stipulated Reimbursement Percentage indicated in the Schedule of Benefits below.

Benefits Category	Benefit Items	Maximum Benefit Amount (HKD)	Maximum No. of Visits (Days)	Reimbursement Percentage
HS	Daily Hospital Cash Benefit (for government ward bed only) (in lieu of the Daily Hospital Room and Board Benefit) (per daily benefit limit, maximum number of days per Disability)	200	182	100
	Hospital Income for Coordination of Benefit (per daily benefit limit, maximum number of days per Disability)	200	182	100
	Clinical Surgery Cash Allowance Applicable when the following procedure is performed in a day surgery center: gastroscopy (including esophagogastroduodenoscopy) / colonoscopy / cystoscopy / arthroscopy / colposcopy / bronchoscopy (per daily benefit limit, maximum number of days per Disability)	400	1	100
	Compassionate Death (for employees only)	10,000		100

Hospitalization & Surgical Expenses Benefit

If as a result of Injury or Sickness, an Insured is necessarily confined in a Hospital for which benefits are payable under the Hospitalization & Surgical Expenses Benefit, the Company will reimburse the Insured up to the maximum amounts indicated in the Schedule of Benefits below, the stipulated Reimbursement Percentage of eligible excess hospital expenses which remain after the Maximum Benefits under the Hospitalization & Surgical Expenses Benefit have been exhausted for that Disability and after deduction of the Deductible amount indicated in the Schedule of Benefits below. If the Insured is confined to a higher level of Hospital facilities and services than that the Insured is entitled to, the respective Adjustment Factor will be applied.

Benefits Category	Benefit Items	Maximum Benefit Amount (HKD)	Maximum No. of Visits (Days)	Reimbursement Percentage
MM	Major Medical (per Disability overall limit) (reimbursement % depending on accommodation levels)	25,000		80
	Deductible per Disability	0		
	Entitled level of hospital accommodation	Ward		

Notes:

1. The reimbursement percentage in respect of the benefits stated shall be a percentage of the actual expenses incurred. Such percentage shall be the amount stated under each benefit item above.
2. Any Referral Letter issued by a Physician shall be valid for 6 months from the date of issuance, unless otherwise stated.
3. The details of the Adjustment Factor is shown as below:

Ward to Semi-Private:	50%
Ward to Private:	25%
Ward to Deluxe:	12.5%
Semi-Private to Private:	50%
Semi-Private to Deluxe:	25%
Private to Deluxe:	50%

**Medical Claim Experience
(By Paid Date Basis)**

2023-2024年度 《附件三》

Insurance Company	Sun Life Hong Kong Limited
Policy Code	GME31546
Policy Owner	MAN KWAN EDUCATIONAL ORGANISATION LIMITED
Period	01-SEP-2023 to 31-MAY-2024
Conversion	

Claim Experience	Hospitalization	Clinical	Pregnancy	Major Medical	Total
Accrued Premium	339,573	0	0	71,479	411,052
Claims Incurred *	162,179	0	0	396,922	559,101
Claims Paid *	145,086	0	0	123,620	268,706
Loss Ratio	42.73%	0.00%	0.00%	172.95%	65.37%
Usage Ratio	89.46%	0.00%	0.00%	31.14%	48.06%

* including reserve for incurred but not yet report claims

**Medical Claim Experience
(By Paid Date Basis)**

2022-2023年度 《附件三》

Insurance Company Sun Life Hong Kong Limited
Policy Code GME31546
Policy Owner MAN KWAN EDUCATIONAL ORGANISATION LIMITED
Period 01-SEP-2022 to 31-AUG-2023
Conversion

Claim Experience	Hospitalization	Clinical	Pregnancy	Major Medical	Total
Accrued Premium	158,673	0	0	33,584	192,257
Claims Incurred	270,954	0	0	850,389	1,121,343
Claims Paid	243,415	0	0	310,611	554,026
Loss Ratio	153.41%	0.00%	0.00%	924.88%	288.17%
Usage Ratio	89.84%	0.00%	0.00%	36.53%	49.41%

**Medical Claim Experience
(By Paid Date Basis)**

2021-2022年度 《附件三》

Insurance Company	Sun Life Hong Kong Limited
Policy Code	GME31546
Policy Owner	MAN KWAN EDUCATIONAL ORGANISATION LIMITED
Period	01-SEP-2021 to 31-AUG-2022
Conversion	

Claim Experience	Hospitalization	Clinical	Pregnancy	Major Medical	Total
Accrued Premium	248,443	0	0	52,387	300,830
Claims Incurred	338,485	0	0	125,523	464,008
Claims Paid	86,494	0	0	73,895	160,389
Loss Ratio	34.81%	0.00%	0.00%	141.06%	53.32%
Usage Ratio	25.55%	0.00%	0.00%	58.87%	34.57%

賽馬會萬鈞毅智書院

承投提供 2024-2025 年度萬鈞教育機構有限公司教職員住院保險服務供應商

不擬投標通知書

如 貴公司未能提供服務或產品，請填妥此表格後，並連同所有文件
寄回新界元朗天水圍天榮路 5 號(天頌苑) 賽馬會萬鈞毅智書院

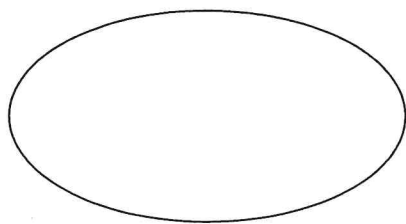
學校檔號：JCMKEC-2324011

承投：2024-2025 年度萬鈞教育機構有限公司教職員住院保險服務供應商

截標日期及時間：2024 年 7 月 4 日 (星期四) 中午十二時正

有關 貴校邀請本公司承投以上服務，現因以下理由未能承投，特此回覆。(請在適當的□內加上✓)

- 未能提供標書所示服務/產品
- 未能達到標書所示要求或規格
- 未能於指定日期完成
- 未能於截標限期內遞交標書
- 其他(請註明)_____



公司印鑑

簽 署 : _____
簽署人姓名 : _____
公 司 : _____
日 期 : _____



賽馬會 萬鈞毅智書院
JOCKEY CLUB MAN KWAN EDUYOUNG COLLEGE

SUPERVISOR:
Prof. TAM MAN KWAN
Ph.D., B.H., B.B.S., J.P.
校監：譚萬鈞教授·太平紳士
PRINCIPAL:
Ms. CHAN YIN YIN(MA)
校長：田盈盈女士（文學碩士）

承投 2024-2025年度萬鈞教育機構有限公司教職員住院保險服務供應商 投標表格

學校名稱及地址：賽馬會萬鈞毅智書院 新界元朗天水圍天榮路5號(天頌苑)

學校檔號：JCMKEC-2324011

截止報價日期/時間：二零二四年七月四日中午十二時正(以投入學校標箱時間計算)

第I部分

下方簽署人願意按照所列的價格(其他費用全免)，以及校方提供的任何圖則/樣本/或規格，供應夾附的投標附表上所列的全部或部分項目。下方簽署人知悉，投標書由上述截止報價日期起計90天內仍屬有效；校方不一定採納索價最低的投標書或任何一份投標書，並有權在投標書有效期內，採納某份投標書的全部或部分內容。下方簽署人亦保證其公司的商業登記及僱員補償保險均屬有效，而其公司所供應的各個項目並無侵犯任何專利權。

第II部分

再行確定投標書的有效期

有關本投標書的第I部分，現再確定本公司的投標書有效期由二零二四年七月四日起為期90天。

下方簽署人亦同意，投標書的有效期一經再行確定，其公司就該事項註明於投標表格內的預印條文，即不再適用。

第III部分

維護國家安全

下方簽署人確認即使招標文件中有任何相反的規定，學校保留以其公司曾經、正在或有理由相信其公司曾經或正在作出可能構成或導致發生危害國家安全罪行的行為或活動為由，取消其公司資格的權利，又或為維護國家安全，或為保障香港的公眾利益、公共道德、公共秩序或公共安全，而有必要剔除其公司。

下方簽署人確認若出現下列任何一種情況，學校可以立即終止合約：

- (i) 其公司曾經或正在作出可能構成或導致發生危害國家安全罪行或不利的於國家安全的行為或活動；



賽馬會萬鈞毅智書院
JOCKEY CLUB MAN KWAN EDUYOUNG COLLEGE

SUPERVISOR:
Prof. TAM MAN KWAN
Ph.D., B.H., B.B.S., J.P.
校監：譚萬鈞教授·太平紳士
PRINCIPAL:
Ms. CHAN YIN YIN(MA)
校長：田盈盈女士(文學碩士)

- (ii) 繼續僱用其公司或繼續履行合約不利於國家安全；或
- (iii) 學校合理地認為上述任何一種情況即將出現。

日期：2024年____月____日

簽署人：_____ 職銜（請註明職位）：_____

上方簽署人已獲授權，代表：_____

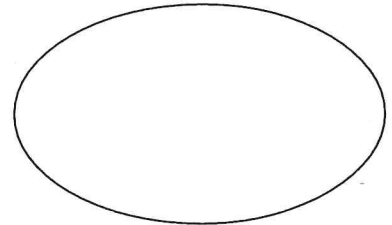
公司簽署投標書，該公司在香港註冊的

辦事處地址為：_____

電話號碼：_____

傳真號碼：_____

公司印鑑：





賽馬會 萬鈞毅智書院
JOCKEY CLUB MAN KWAN EDUYOUNG COLLEGE

SUPERVISOR:
Prof. TAM MAN KWAN
Ph.D., B.H., B.B.S., J.P.
校監：譚萬鈞教授·太平紳士
PRINCIPAL:
Ms. CHAN YIN YIN(MA)
校長：田盈盈女士(文學碩士)

投標附表
(須填妥一式兩份)

承投2024-2025年度萬鈞教育機構有限公司教職員住院保險服務供應商的投標項目

(第4、5和6項須由供應商填寫)

(1) 項目 編號	(2) 物品說明/規格	(3) 所需數量	(4) 單價(元)	(5) 總價(元)	(6) 提供的送 貨服務
	提供 2024-2025 年度教職員住 院保險服務供應商 請見附件一至三	-			

本公司 /本人明白，如收到學校訂單後未能供應投標書上所列物品，須負責賠償學校從另處採購上述物品的差價。

供應商名稱：_____ 公司印鑑

獲授權簽署投標書的代表姓名及簽署

姓名(請以正楷填寫)：_____ 簽署：_____

日期：_____

註：服務規格必須符合香港政府現行之法例、標準、指引及法定責任。

萬鈞教育機構有限公司

2024-2025 年度教職員住院保險計劃報價

A. Plan 1

2024-2025 各單位名稱及人數分佈：

單位名稱及代號	001(教職員)
<1> 萬鈞教育機構有限公司(MKEO)	2
<2> 萬鈞伯裘書院(MKPC)	113
<3> 賽馬會萬鈞毅智書院(JCMKEC)	100
<4> 萬鈞匯知中學(MKQC)	108
總計：	323

B. 報價細則：

- <1> 報價時，請以 萬鈞教育機構有限公司 作報價一份（1 Sep 2024 – 31 Aug 2025）。
- <2> 再以各校細分人數作一份報價，以便各校獨立處理報價文件。
- <3> 以上提供為（2024-2025）初步人數資料，實際人數需以 1/9/2024 開學後再補上正確人數，故報價資料只需提供 Plan 1 各類人員（001）之單位保費價格。
- <4> 隨函附上本機構擬投保項目的內容《附件二》，報價時可以此內容參考。
（因各保險公司有不同之計劃）
- <5> 隨函附上 2021-2022, 2022-2023, 2023-2024(截至 31/5/2024)《附件三》。本機構的 Claim Ratio 。

Plan: 1

Page 1 of 3

Hospitalization & Surgical Expenses Benefit

If as a result of Injury or Sickness, an Insured is necessarily confined in a Hospital, the Company will reimburse the amount of actual necessary and reasonable expenses incurred but not to exceed the maximum amounts and the stipulated Reimbursement Percentage indicated in the Schedule of Benefits below.

Benefits Category	Benefit Items	Maximum Benefit Amount (HKD)	Maximum No. of Visits (Days)	Reimbursement Percentage
HS	Daily Hospital Room & Board (per daily benefit limit, maximum number of days per Disability)	400	182	100
	Daily Doctor's Visit (1 visit/day, per daily benefit limit, maximum number of visits per Disability) (Including 1 visit of Pre-Hospitalization Out-patient Benefit) (Including Post Hospitalization Out-patient Benefit within 6 weeks after discharge from Hospital)	400	91	100
	Miscellaneous Hospital Expenses (per Disability overall limit)	3,800		100
	Surgical Fees			
	▶ Complex Operation	23,200		100
	▶ Major Operation	11,600		100
	▶ Intermediate Operation	5,800		100
	▶ Minor Operation (per Disability overall limit, subject to Surgical Schedule)	2,900		100
	Anaesthetist's Fees			
	▶ Complex Operation	6,960		100
	▶ Major Operation	3,480		100
	▶ Intermediate Operation	1,740		100
	▶ Minor Operation (per Disability overall limit, subject to Surgical Schedule)	870		100
	Operating Theatre Fees			
	▶ Complex Operation	6,960		100
	▶ Major Operation	3,480		100
	▶ Intermediate Operation	1,740		100
▶ Minor Operation (per Disability overall limit, subject to Surgical Schedule)	870		100	
Intensive Care Room & Board (per Disability overall limit)	4,800		100	
Private Nursing (per daily benefit limit, maximum number of days per Disability) (Subject to written referral by a Physician)	160	91	100	

Hospitalization & Surgical Expenses Benefit

If as a result of Injury or Sickness, an Insured is necessarily confined in a Hospital, the Company will reimburse the amount of actual necessary and reasonable expenses incurred but not to exceed the maximum amounts and the stipulated Reimbursement Percentage indicated in the Schedule of Benefits below.

Benefits Category	Benefit Items	Maximum Benefit Amount (HKD)	Maximum No. of Visits (Days)	Reimbursement Percentage
HS	Daily Hospital Cash Benefit (for government ward bed only) (in lieu of the Daily Hospital Room and Board Benefit) (per daily benefit limit, maximum number of days per Disability)	200	182	100
	Hospital Income for Coordination of Benefit (per daily benefit limit, maximum number of days per Disability)	200	182	100
	Clinical Surgery Cash Allowance Applicable when the following procedure is performed in a day surgery center: gastroscopy (including esophagogastroduodenoscopy) / colonoscopy / cystoscopy / arthroscopy / colposcopy / bronchoscopy (per daily benefit limit, maximum number of days per Disability)	400	1	100
	Compassionate Death (for employees only)	10,000		100

Hospitalization & Surgical Expenses Benefit

If as a result of Injury or Sickness, an Insured is necessarily confined in a Hospital for which benefits are payable under the Hospitalization & Surgical Expenses Benefit, the Company will reimburse the Insured up to the maximum amounts indicated in the Schedule of Benefits below, the stipulated Reimbursement Percentage of eligible excess hospital expenses which remain after the Maximum Benefits under the Hospitalization & Surgical Expenses Benefit have been exhausted for that Disability and after deduction of the Deductible amount indicated in the Schedule of Benefits below. If the Insured is confined to a higher level of Hospital facilities and services than that the Insured is entitled to, the respective Adjustment Factor will be applied.

Benefits Category	Benefit Items	Maximum Benefit Amount (HKD)	Maximum No. of Visits (Days)	Reimbursement Percentage
MM	Major Medical (per Disability overall limit) (reimbursement % depending on accommodation levels)	25,000		80
	Deductible per Disability	0		
	Entitled level of hospital accommodation	Ward		

Notes:

1. The reimbursement percentage in respect of the benefits stated shall be a percentage of the actual expenses incurred. Such percentage shall be the amount stated under each benefit item above.
2. Any Referral Letter issued by a Physician shall be valid for 6 months from the date of issuance, unless otherwise stated.
3. The details of the Adjustment Factor is shown as below:

Ward to Semi-Private:	50%
Ward to Private:	25%
Ward to Deluxe:	12.5%
Semi-Private to Private:	50%
Semi-Private to Deluxe:	25%
Private to Deluxe:	50%

**Medical Claim Experience
(By Paid Date Basis)**

2023-2024年度 《附件三》

Insurance Company	Sun Life Hong Kong Limited
Policy Code	GME31546
Policy Owner	MAN KWAN EDUCATIONAL ORGANISATION LIMITED
Period	01-SEP-2023 to 31-MAY-2024
Conversion	

Claim Experience	Hospitalization	Clinical	Pregnancy	Major Medical	Total
Accrued Premium	339,573	0	0	71,479	411,052
Claims Incurred *	162,179	0	0	396,922	559,101
Claims Paid *	145,086	0	0	123,620	268,706
Loss Ratio	42.73%	0.00%	0.00%	172.95%	65.37%
Usage Ratio	89.46%	0.00%	0.00%	31.14%	48.06%

* including reserve for incurred but not yet report claims

**Medical Claim Experience
(By Paid Date Basis)**

2022-2023年度 《附件三》

Insurance Company Sun Life Hong Kong Limited
Policy Code GME31546
Policy Owner MAN KWAN EDUCATIONAL ORGANISATION LIMITED
Period 01-SEP-2022 to 31-AUG-2023
Conversion

Claim Experience	Hospitalization	Clinical	Pregnancy	Major Medical	Total
Accrued Premium	158,673	0	0	33,584	192,257
Claims Incurred	270,954	0	0	850,389	1,121,343
Claims Paid	243,415	0	0	310,611	554,026
Loss Ratio	153.41%	0.00%	0.00%	924.88%	288.17%
Usage Ratio	89.84%	0.00%	0.00%	36.53%	49.41%

**Medical Claim Experience
(By Paid Date Basis)**

2021-2022年度 《附件三》

Insurance Company	Sun Life Hong Kong Limited
Policy Code	GME31546
Policy Owner	MAN KWAN EDUCATIONAL ORGANISATION LIMITED
Period	01-SEP-2021 to 31-AUG-2022
Conversion	

Claim Experience	Hospitalization	Clinical	Pregnancy	Major Medical	Total
Accrued Premium	248,443	0	0	52,387	300,830
Claims Incurred	338,485	0	0	125,523	464,008
Claims Paid	86,494	0	0	73,895	160,389
Loss Ratio	34.81%	0.00%	0.00%	141.06%	53.32%
Usage Ratio	25.55%	0.00%	0.00%	58.87%	34.57%