



VIVA VIDA![®]
セブン銀行グループ

株式会社ビバビーダメディカルライフ

関東財務局長（少額短期保険）第51号

Insurance for Foreign Technical Interns and Specified Skilled Workers

● Viva Vida Medical Life's Insurance

Viva Vida Medical Life's Insurance is provided by a private insurance company.

As it is provided by a private insurance company, a review will be conducted before the payout of insurance benefits.

Please read further for important details, terms and conditions.

Life Insurance: Payout in the event of death.

Specified Severe Disability Insurance:

Payout in the case of a severe disability resulting from an unexpected accident.

Rescuer Expense Coverage: Covers expenses such as transporting the deceased in the event of death.

Medical Expense Coverage:

Provides coverage for medical expenses incurred due to illness or injury after arriving to Japan.

500型

(This plan is a joint insurance plan with Universal Small-Claims and Short-Term Insurance Co. Ltd.)

	保険金額 (Amount of Insurance)
生命保険 (Life Insurance)	¥5,000,000
特定重度障害保険 (Specified Disability)	¥5,000,000
救済者費用保障 (Emergency Plan)	¥2,000,000
医療費用保障 (Medical Expenses)	¥800,000

保険期間 (Insurance Period)	保険料金 (Insurance Premium)
35 days	¥2,200
40 days	¥2,400
11 month ^{**}	¥3,600
12 month ^{**}	¥3,900

※There is no coverage for medical expenses.

● Cases Where Insurance Benefits Are Paid, And Cases Where They Are Not

1. Main Cases Where Viva Vida Insurance Can Be Used

- In the event of death or severe disability
- Medical expenses incurred due to illness
- Medical expenses incurred for the treatment of injuries
- Cost of medication
- Co-pay portion of the high-cost medical treatment system

2. Main Cases Where Viva Vida Insurance Cannot Be Used

- Situations that cannot be calculated based on medical treatment points.
- Dental treatment, pregnancy and childbirth.
- Pre-existing illnesses or injuries before joining the insurance.
- Chronic illnesses (within 120 days).
- Mental illnesses, allergies, irregular menstruation, etc.
- Examination costs without observable symptoms.

● Personal Liability Insurance (additional plan)

This insurance is designed to provide coverage for compensation in the event of causing injury to others in an accident or damaging goods while shopping.

The plan is provided by our cooperating company Inter Knowledge, and offers coverage up to a maximum of ¥100 million.

The insurance company handles post-accident procedures, including a settlement representation service.

*Please note that accidents involving vehicles with engines are not covered.

Explanation of Important Points (Summary & Excerpt)

※For detailed information about the insurance, please refer to the separate document or the Explanation of Important Points and Terms and Conditions.

● Summary of the Explanation of Important Points

- This insurance is valid only in Japan.
- Pre-existing illnesses or injuries from before the insurance period and those occurring after the insurance period are not covered.
- Death and/or injury resulting from alcohol consumption or criminal activities are exempted.*
- Dental treatment, pregnancy, and childbirth are exempted.*
- Rescuer expense coverage covers the cost of transporting the body and the expenses for the arrival of your relatives to Japan.
- Declaration is required when applying for insurance, and notification is required for any changes.

● Excerpt from the Explanation of Important Points:

○ Regarding the Product Structure:

This insurance is designed for foreign nationals holding residency status such as "Technical Training Intern" and "Specified Skilled Worker No. 1" or "Specified Skilled Worker No. 2." In the event that the insured person suffers from illness or injury while in Japan or dies within Japan due to such causes, the insurance, based on the terms and conditions, will pay life insurance benefits, specified severe disability insurance benefits, rescuer expense coverage insurance benefits and medical expense coverage benefits up to the limits specified in the insurance policy.

○ Main Cases Where Insurance Benefits Cannot Be Paid:

In addition to cases falling under the following exclusions, insurance benefits may not be paid if there is a violation of the duty to disclose, termination due to significant reasons, expiration due to non-payment of premiums and other applicable circumstances. A part of the exclusions is written below. Please refer to the "Terms and Conditions" for more details.

(1) Exclusions Regarding Medical Expense Coverage

1. Medical expenses incurred for the treatment of self-reported symptoms, even if the insured person complains of them, when there is no medical objective evidence supporting those symptoms.
2. Medical expenses covered by workers' compensation insurance.
3. Specific medical treatment expenses (additional medical treatment expenses not covered by insurance), additional costs (overtime, night, late-night, early morning, holidays, use of emergency vehicles, etc.), costs of documents written by physicians other than diagnosis certificates, death diagnosis expenses and expenses for advanced medical care specified by the Minister of Health, Labor and Welfare.

(2) Common Exclusions

1. Illnesses and injuries occurring before the insurance start date and after the insurance end date.
2. Dental treatment, cosmetic treatment, smoking cessation treatment, obesity treatment, acupuncture, moxibustion, general massage and chiropractic treatment.
3. Pregnancy, childbirth and all related matters (sterilization surgery, miscarriage, contraception treatment, etc.).
4. Illnesses designated as incurable diseases.
5. Mental disorders, mental weakness, personality disorders, mental disorders related to alcohol and drug dependence, neurosis, sleep disorders and illnesses related to these conditions of the insured person.
6. Injuries or injury-related deaths that occurred while the insured person was under the influence of alcohol; acute alcohol poisoning.
7. Tests or treatments that do not directly relate to or overlap with the covered injury or illness.
8. Infectious diseases as defined by the Act on Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (Act No. 114 of October 2, 1998).
9. All treatments related to cosmetic surgery, hernias, dialysis, liver disease, brain disease, organ transplants, varicose veins, flat feet and all treatments related to body hair.
10. Vision tests and corrective treatments for astigmatism, nearsightedness, farsightedness, etc. and diseases, injuries or deaths resulting from these treatments.
11. Cold sensitivity, menstrual pain, irregular menstruation, constipation, anemia, allergies, hay fever, Helicobacter pylori eradication.
12. Mild oral ulcers, common acne, sunburn, skin irritation, dry skin, dry eyes, styes, muscle pain, etc. and other symptoms that frequently occur in daily life and naturally heal even if left untreated. However, those deemed severe by the company based on a physician's diagnosis are covered.
13. Events resulting from natural disasters such as typhoons, storms, earthquakes, tsunamis, volcanic eruptions or events occurring in connection with these.
14. Accidents involving transportation, snowmobiles, motorboats (including personal watercraft), go-karts and other similar motorized vehicles operated individually.
15. Accidents occurring while engaging in high-risk sports (diving, bungee jumping, bobsledding, luge, rugby, snowboarding, American football, serious mountaineering, car racing, boxing, judo, karate, etc.) and accidents occurring during the performance of sports as a profession.
16. Illnesses, injuries, or disabilities that were already contracted (regardless of the presence or absence of self-reported symptoms) before new enrollment or those caused later by diseases or disabilities originating from previous diseases or injuries.
17. Expenses incurred when changing hospitals at one's own discretion for each illness (initial consultation fees for the changed hospital, duplicate examination fees, etc.).
18. Expenses incurred when not undergoing specific treatment or medication (payment for the initial consultation only, consultation only, etc.).

○ Cooling-off Period (Cancellation of Application)

The applicant or policyholder can withdraw the application or terminate the contract within 8 days after the funds have been received into our account. In such cases, if any insurance premiums have already been paid, a full refund will be issued. Requests for withdrawal of the application or termination of the contract must be sent to our company in writing and must be postmarked within the specified period (within 8 days).