Non-Invasive Fetal Trisomy Test
Medical Insurance Consent Form (NIFTY)

Dear Customers,

Thank you for choosing BGI's NIFTY "Non-Invasive Fetal Trisomy Test". The test includes "Trisomy 21", "Trisomy 18", "Trisomy 13", rare autosomal aneuploidies: "Trisomy 9", "Trisomy 16", "Trisomy 22", four types of sex chromosomal aneuploidies (for singleton pregnancy only): X0, XXY, XXX, XYY, and Incidental Findings (other standard autosomal aneuploidies). In order to better apply the advanced genetic testing technology to pregnant women, after receiving your true and valid information, BGI will act as the policyholder, go through the insurance procedures, and pay the insurance fees at PICC HEALTH INSURANCE COMPANY LIMITED (hereinafter referred to as "PICC"). The relevant insurance liabilities are as follows:

1. During the insurance period, if the report test result is high risk or positive, the costs incurred for the interventional prenatal diagnosis (including but not limited to chorionic villus sampling, amniocentesis, percutaneous umbilical blood sampling, karyotypic analysis, etc.), and the cost of molecular genetic tests for aided diagnosis (including chromosomal fluorescence in situ hybridization (FISH); Chromosomal Microarray Analysis (CMA, including array CGH, SNP array), QF-PCR, high-throughput sequencing and other detection costs) shall be reimbursed by PICC in accordance with the "守护专家门诊费用团体医疗保险". The medical expenses are reimbursed for the part not paid by the state, and the part paid by the individual. For both singleton pregnancy and twin pregnancy, the maximum reimbursement for each client during the period of insurance will not exceed 2,500 CNY (in the case of twin pregnancy, the maximum is 4,000 CNY). After the compensation, the insurance company will terminate all insurance liability for the client and the fetus. The client shall not claim any other expenses from the testing institution, insured unit, sending hospital and insurance company.

2. During the insurance period, if the report test result is low risk or negative, but the fetus has been clearly diagnosed by regular medical institutions during pregnancy (diagnostic report/assisted diagnostic molecular genetic test report) with standard chromosome aneuploidy such as "Trisomy 21", "Trisomy 18", "Trisomy 13", rare autosomal aneuploidies "Trisomy 9", "Trisomy 16", "Trisomy 22", four types of sex chromosomal aneuploidies (for singleton pregnancy only): X0, XXY, XXX, XYY (Chromosome haploid/polyploid, recombination, ring, inversion, translocation, uniparental disomy (UPD), mosaicism, genomic imprinting, mono/polygenic diseases, and sex chromosome aneuploidies in twin pregnancy are not covered by the insurance). PICC shall pay the insured client 20,000 RMB in accordance with the provisions of "人保健康生物检测团体疾病保险". After the compensation, the insurance company will terminate all insurance liability for the client and the fetus. The client shall not claim any other expenses from the testing institution, insured unit, sending hospital and insurance company.

3. During the insurance period, if the report test result is low risk or negative and the client has not undergone prenatal diagnosis during pregnancy, but the newborn is diagnosed by regular medical institutions (diagnostic report/assisted diagnostic molecular genetic test report) within one year after birth with standard chromosome aneuploidy such as "Trisomy 21", "Trisomy 18", "Trisomy 13", rare autosomal aneuploidies "Trisomy 9", "Trisomy 16", "Trisomy 22", four types of sex chromosomal aneuploidies (for singleton pregnancy only): X0, XXY, XXX, XYY (Chromosome haploid/polyploid, recombination, ring, inversion, translocation, uniparental disomy (UPD), mosaicism, genomic imprinting, mono/polygenic diseases, and sex chromosome aneuploidies in twin pregnancy are not covered by the insurance). PICC shall pay the insured client 400,000 RMB in accordance with the provisions of "人保健康生物检测团体疾病保险". After the compensation, the insurance company will terminate all insurance liability for the client and the fetus. The client shall not claim any other expenses from the testing institution, insured unit, sending hospital and insurance company.

During one pregnancy period, the client can only be insured NIFTY series products once, and the expense beyond will not be covered by the insurance company.

If you have any other enquiries, please contact BGI service team at P_insurance@genomics.cn/

+86-400-605-6655 or PICC at +86-95518 (Chinese Mandarin service).

BGI will provide personal information to PICC to support the processing of client's insurance and claims. Please note that client's personal information will be transferred across borders for the purposes of insurance and claims processing; for more information, please see the Privacy Policy (https://www.bgi.com/global/resources/privacy-policy/).

Please read the above terms and conditions carefully and fill in the insurance information. The client's information provided must be true and correct and must be in consistency with the credential of the client (or other identification). The insurance company refuses to pay compensation due to the inconsistency between the information provided by the client and the actual information or the credential, and the client will be held responsible.

I HAVE A CLEAR UNDERSTANDING OF THE ABOVE TERMS, THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND I AGREE TO BE INSURED.

NAME OF THE INSURED (THE CLIENT)	
DATE OF BIRTH (MM/DD/YYYY)	
TELEPHONE NUMBER	
PASSPORT/ID CARD NUMBER	

Signature of the Client: _____

Date: _____*(mm/dd/yyyy)*

*If the client is unable to sign the consent form, her authorized relatives should sign here:

Signature of the Authorized Relative of the Client: _____

Relationship with the Client: _____

Date: _____*(mm/dd/yyyy)*

INSURANC CLAIM DOCUMENT LIST

A. High Risk or Positive Cases	1. Claim Application form for positive result
	2. NIFTY report (copy)
	3. Evidence of prenatal diagnosis fees: original invoice and fee list (twins also need to submit an ultrasound report)
	4. Fetal chromosome karyotype analysis report (issued by a regular medical institution) (copy)
	5. Valid ID or Passport, bank account information and bank account of the pregnant woman being tested (copy)
	6. Letter of subrogation of insurance indemnity
	7. Letter of guarantee for payment of expenses
B. Low Risk or Negative (Before Born)	1. Claim Application form for negative result
	2. NIFTY report (original)
	3. Records of termination of pregnancy (original)
	4. Fetal chromosome karyotype analysis report (issued by a regular medical institution) (original)
	5. Preoperative ultrasound report (copy)
	6. Valid ID or Passport, bank account information and bank account of the pregnant woman being tested (copy)
	7. Letter of subrogation of insurance indemnity
	8. Letter of guarantee for payment of expenses
C. Low Risk or Negative (After Born)	1. Claim Application form for negative result
	2. NIFTY report (original)
	3. Infant chromosomal karyotype analysis report, assistant diagnostic molecular genetics test report (original)
	4. Certificate of diagnosis (original)
	5. Infant birth certificate (copy)
	6. Forensic paternity test report (original)
	7. Valid ID or Passport, bank account information and bank account of the pregnant woman being tested (copy)
	8. Letter of subrogation of insurance indemnity
	9. Letter of guarantee for payment of expenses
	10. Other certificates and materials required by the applicant to confirm the nature, cause and degree of injury of the insured event