

# PICC Insurance Consent form for NIFTY-Pro



Dear Customer:

Thank you for choosing BGI's non-invasive prenatal test NIFTY-Pro. The NIFTY-Pro test includes screening for Trisomy 21, Trisomy 18, Trisomy 13, other chromosomal numeric abnormalities and 84 kinds of microdeletion/duplication syndromes. The insurance coverage is underwritten by PICC Health Insurance Company Ltd. Shenzhen Branch. To ensure you understand the insurance cover provided, please read the below details carefully.

## 1. "Positive"

If the test result is "high risk" / "positive" / "detected" or other description indicates the presence of aneuploidy of other chromosomes, you are eligible for financial reimbursement towards the cost of prenatal diagnostic testing. This includes, but is not limited to, amniocentesis, chorionic villus sampling (CVS), umbilical cord, karyotyping analysis, auxiliary molecular genetics testing (such as FISH), chromosomal microarray analysis including array CGH, SNP array, QF-PCR and next generation sequencing. The reimbursement will be up to a maximum of RMB 5000 per person for both singleton and twin pregnancy. PICC will end all the insurance responsibilities for the testee and the fetus once the compensation goes into effect. Testee will not be able to ask BGI, PICC, clinic/hospital for any further financial contribution or make any other claim for liability.

## 2. "False Negative" result AFTER child birth

If the test result is "low risk" / "negative" / "not detected", but later your baby is born and diagnosed by a qualified healthcare professional with any condition included on the NIFTY-Pro test panel\* within one year after delivery, you are eligible for compensation of RMB 400,000 for either singleton or multiple pregnancy. PICC will end all the insurance responsibilities for the testee and the fetus once the compensation goes into effect. Testee will not be able to ask BGI, PICC, clinic/hospital for any further compensation or make any other claim for liability.

\* Notes: Compensation is not applicable for any false negative result that is caused by mosaic chromosomal abnormality.

False negative claims arising from copy number variations (CNVs) need to meet the following two conditions at the same time. 1. The segment and site information in the diagnostic report needs to be consistent with the OMIM database information to confirm that the syndrome is directly related to a CNV. 2. The CNV fragment size needs to be greater than or equal to 5Mb and consistent with the exemption in our report.

## 3, "False Negative" result BEFORE child birth and with termination of pregnancy

If the test result is "low risk" / "negative" / "not detected", but later your fetus is diagnosed by a qualified healthcare professional with any disease included in the NIFTY-Pro test panel\* AND you have subsequently terminated the pregnancy before birth, you are eligible for compensation of RMB 20,000 for either singleton or multiple pregnancy. PICC will end all the insurance responsibilities for the testee and the fetus once the compensation goes into effect. Testee will not be able to ask BGI, PICC, clinic/hospital for any further compensation or make any other claim for liability.

\* Notes: Compensation is not applicable for any false negative result that is caused by mosaic chromosomal abnormality.

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| <b>Documents for Compensation Application</b> |  |
|---|--|
| <b>Positive</b>                               | 1、 Insurance Consent form for NIFTY-Pro (with Subject's signature)   |
|   | 2、 Application form (medical costs)  |
|   | 3、 Diagnostic reports provided by the clinic/hospital  |
|   | 4、 Invoice/bill of diagnostic expenses   |
|   | 5、 ID card copy and bank account information (to include the name of the subject)  |
|   | 6、 Account number, bank name, bank address, Swift code (testee should sign the copy file and record the account information)PICC and BGI other documents required for payment and verification.  |
| <b>False Negative before childbirth</b>       | 1、 Insurance Consent form for NIFTY-Pro (must with Subject's signature)  |
|   | 2、 Application form (specific diseases)  |
|   | 3、 Diagnostic reports provided by the clinic/hospital (CNV claims must include site or segment information and segment size)   |
|   | 4、 Pregnancy termination report  |
|   | 5、 Invoice/bill of diagnostic expenses   |
|   | 6、 ID card copy and bank account information (to include the name of the subject)  |
|   | 7、 Account number, bank name, bank address, Swift code (testee should sign the copy file and record the account information) PICC and BGI other documents required for payment and verification. |
| <b>False Negative after childbirth</b>        | 1、 Insurance Consent form for NIFTY-Pro  |
|   | 2、 Application form (specific diseases)  |
|   | 3、 Diagnostic reports provided by the clinic/hospital (CNV claims must include site or segment information and segment size)   |
|   | 4、 Certificate of childbirth,  |
|   | 5、 Certificate of diagnosis  |
|   | 6、 Paternity test report   |
|   | 7、 Invoice/bill of diagnostic expenses   |
|   | 8、 ID card copy and bank account information (to include the name of the subject)  |
|   | 9、 Account number, bank name, bank address, Swift code (testee should sign the copy file and record the account information)PICC and BGI other documents required for payment and verification.  |

Note: All original documents in any other language other than English must have accurate corresponding English translations for review.

I have received, read and understand the insurance consent form of NIFTY-Pro. I understand that all the information needs to be accurate and correct. I understand and accept that PICC may refuse to provide compensation because of any inconsistent information or discrepancy between real information of the testee and information provided on the insurance documentation. I will provide all the documents needed by PICC when applying for the compensation.

In the event that terms of the GENERAL DATA PROTECTION REGULATION (GDPR) apply to my information, I confirm that I authorize BGI to share my personal data with PICC, limited to what appears to be strictly necessary for the purposes of this insurance coverage and for no longer than it is necessary for this purpose.

Signature of Testee:

Date      Month      Year