

Fourth Declaration

During each insurance policy stage—from the time a contract is made, through the duration of a policy, and to the time of a payout—we will carry out procedures and fair payments in a quick and accurate manner, putting ourselves in the position of our customers.

Preventative and Improvement Measures Regarding Missed Insurance Benefit Payments

We are striving to establish systems for notifying customers of all payable insurance claims and benefits, without fail. We are also making continuous revisions to our systems in accordance with the results of customer questionnaires, and the opinions of experts (1).

1 Systems, from Policy Conclusion to Payment and Beyond

When Concluding Policy/ Throughout Duration of Policy

Sufficient Notification of Policy Contents

- Providing of "Insurance Design Document (Policy Overview)," etc.
- Posting of Contract Guide—Policy Conditions" on website
- Unification of "Contract Guide" and "Payment of Insurance Benefits, etc." booklet (new name: "Procedures for Benefit and Other Claims, and Payment Examples")
- Providing of CD-ROM containing policy conditions
- Inclusion of "To Ensure Thorough Claiming of Insurance Benefits" with insurance certificate
- Increased clarity of policy conditions

Regular Providing of Information and Cautions to Customers

- Listing of payment conditions for each primary policy and rider on "Total Life Plan Report"
- "Total Life Plan Report" website reference service
- Listing of insurance claim and benefit payment history in "Total Life Plan Report"
- Display of claim recommendation statements in various notifications

Creation of a System in which It Is Easy for Customers to File Claims

- Compensation by Dai-ichi Life for the cost of procuring medical certificates (a flat 5,000 yen payment) in cases where payments cannot be issued
- Readjustment and streamlining of product lineup

Claim Reception — Claim Document Guidance

Accurate Understanding of Request Contents

- Improvements to level of claim reception process
- Providing of fliers with easy-to-understand explanations of payment reasons for disability insurance benefits, etc.
- Mounting of benefit related claim navigation system in portable computers carried by Total Life Plan Designers
- Nationwide rollout of insurance benefit help desks for responding to inquiries from Total Life Plan Designers
- Initiation of reception of claims by dedicated benefit call center
- Listing of names of some diseases covered by individual riders in "Treatment Self-Report"

Reliable Claim Guidance to Customers

- Automatic collation of accounts when creating claim forms
- Mandatory confirmation of disease name when creating claim forms
- Providing of "Benefit Request Confirmation Form" containing claim filing contents conveyed to us by customer during claim request process
- Providing of "Documents to Be Submitted Together with Treatment Self-Report," clearly indicating what documents are necessary when filing claims

Stronger Claim Recommendations to Customers

- Addition of check-sheet function which customers can use to confirm their own claimable benefits in "Benefit Request Confirmation Form"
- Guidance via "Hospital Visit Benefit Claim Recommendation Flier"
- Establishment of Claims Payment Quality Improvement Promotion Center

Internal Education and Training to Ensure Thorough Guidance

- Establishment of Educational Support Group in Claims Department
- Establishment of Administration and Underwriting Academy as system for cultivation of personnel well-versed in payment operations and other administrative duties

During Payment Screening and After Payment

Accurate Payment Screening

- Utilization of medical certificate information in payment screening via text data conversion
- Introduced "Entry Verify" system, in which multiple different staff enter medical certificate information, and the results are compared by the system, checking that there are no entry mistakes
- Enhancement of system support for payment screening
- Improvement of level of group insurance payment system

Post-checking of Payment Contents

- Missed payment prevention through inspection of payment contents immediately after payment

Reliable and Clear Claim Recommendation

- Claim recommendation after payment utilizing Integrated Payment Information System.
- Issuing of hospital visit benefit claim recommendation notifications after hospital expense benefits payment
- Display of cautionary messages, etc. on payment detail forms asking customers to check that there are no missed claims

Enrichment of Explanations to Customers of Payment Contents

- Establishment of dedicated benefit call center
- Listing of claim form receipt, etc. dates on "Term End Benefit Payment Details" and "Benefit Payment Details"

Initiatives for Accurate and Fair Payment

Enriching the Explanations and Information We Supply to Customers

Accurate, Clear Claim Reception Guidance

Since July 2010, dedicated benefit call center staff have directly handled inquiries regarding benefit claims received by the Dai-ichi Life Call Center in order to provide clear, accurate guidance. (This is planned to be extended nationwide during the course of FY2011.)

Some diseases covered by policies are also listed on the reports (Treatment Self-Reports) that can be used in place of medical certificates when certain conditions are met. Furthermore, a list of other documents which must be submitted is also provided so that customers may check documentation

requirements themselves.

Clear Explanations Regarding Payment Contents

Customers can directly contact the dedicated toll free benefits number to confirm benefit payment contents or, in the event that for some reason benefits cannot be paid, the reason for non-payment. Dedicated staff offer clear, easy to understand explanations.

Regular Information Provision

In addition to listing payment conditions for primary products and individual riders on "Total Life Plan Reports" sent annually to policyholders, from FY2010 our documentation has been improved, listing benefit payment histories. Customers have reported that the Total Life Plan Report has spurred them to file claims.

Clear Claim Recommendations

Establishment of Claims Payment Quality Improvement Promotion Center

In April 2010, we inaugurated the Payment Operation Improvement Project, carrying out detailed auditing and claim filing guidance for issues requiring clearer guidance from a customer protection perspective. In May of the same year, the project was elevated to division level as the Claims Payment Quality Improvement Promotion Center, handling issues which those within and outside of the company indicated required level improvements.

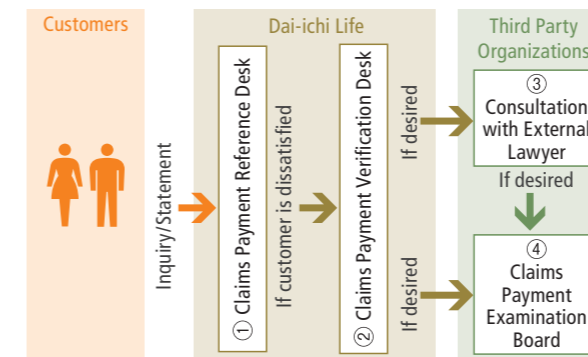
Enrichment of Explanations for Situations in Which Benefits Cannot Be Paid

Payment Department staff experts offer customers explanations when benefits cannot be paid. When customers have questions, they can consult our Claims Payment Reference

Desk (1) (Payment Department). If unsatisfied with the explanation offered by the Claims Payment Reference Desk, customers can make use of our Claims Payment Verification Desk (2) (an

internal department separate from our Payment Department), External Lawyer Consultation Service (3), or Claims Payment Examination Board (4) (third party organizations) (2 3 4).

2 Explanation and Consultation Process When Payment Is Not Possible (Individual Insurance)



3 Usage of Individual Systems

	Claims Payment Verification Desk	External Lawyer Consultation	Claims Payment Examination Board
FY2009	114	5	5
FY2010	203	10	3

4 Payment of Benefits (FY2010)

	Total	Death/Disability/Specified Disease Insurance Benefits	Hospitalization/Surgery Insurance Benefits
Claims paid	937,051	76,530	860,521
Claims not paid	33,880	3,008	30,872
No basis for payment	32,598	2,557	30,041
Dissolution due to breach of notification duty	772	146	626
Cause for exemption	509	304	205
Other	1	1	0

* Maturity proceeds, existence benefits, etc. not included.

VOICES

Striving to Take a Customer-Centered Perspective

In the insurance benefit call center, we receive claim applications for benefits and offer various reference functions. We receive calls from a wide spectrum of customers, including those who have lost loved ones to the earthquake, or who are battling serious illness. I try to always provide accurate, polite, easy to understand

explanations tailored to customers' individual situations, and to increase my knowledge of topics pertaining to payments, such as medical knowledge. I always take a customer-centered perspective, so that customers receive all the benefits coming to them and think "I'm glad I went with Dai-ichi Life."

Masayo Shimizu
Claims Department

