

Products and Services

For Individual
Customers

For Corporate
Customers

For Individual Customers

Product Lineup

Each and every one of our customers has a different living environment and family composition, meaning the type of security they require also differs. As a result, the Company is working hard to develop products that can flexibly respond to the unique and varying needs of its customers.

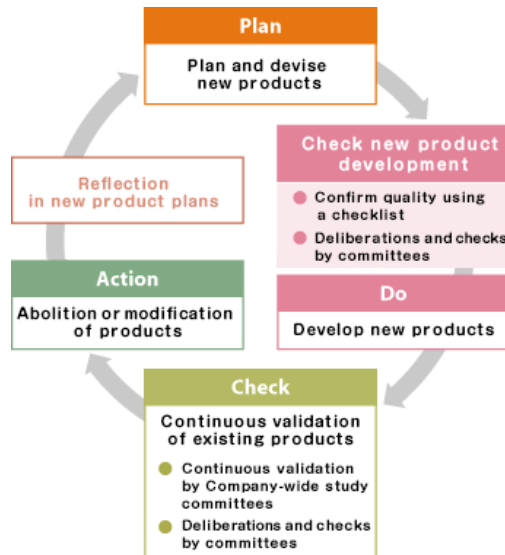
Sales of Bright Way and Crest Way were commenced in January 2014 as products that concentrate the product development know-how the Company has accumulated over the years with a focus on coverage for living. Bright Way is an insurance product that can provide broad coverage for seven risks that include the three deadly diseases, states requiring long-term care, physical disabilities, and death by combining riders such as Asset Seven, Asset Seven Plus, Income Support, and Premium Waiver Rider (2013). Crest Way is an insurance product with economic insurance premiums that provides comprehensive long-term care coverage throughout the life of the policyholder and pays a pension to the policyholder until the end of their life if grounds for payment apply.

Dai-ichi Life's Product Lineup (as of July 2014)

		Junior	Young	Household formation layer	Middle and senior
Life insurance	Death benefits	ブライトWay	ブライトWay		
	Medical care insurance		メディカルエール		メディカルエール
	Nursing coverage				クレストWay
	Saving propensity	Midco		養老保険 グランドV	ニュー一時払済形
	Business coverage			サクセス サクセスEX99 マジスティ	
	Nonlife insurance			損保ジャパン日本興亜 <Under writing insurance company>	
Cancer insurance				Afiac <Under writing insurance company>	

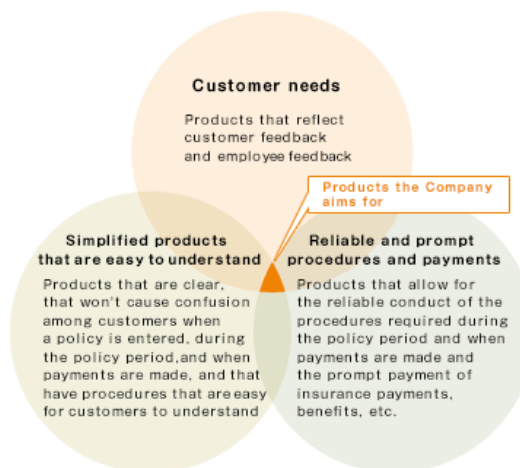
Product Development Flow

In product development, the Company works to develop outstanding new products and continuously validates and reviews existing products through the PDCA cycle from three perspectives. In addition, the Company works to enhance and integrate application procedures and services when a policy is entered, during the policy period, and when payments are made and to enhance employee education so that employees can provide sufficient explanations. Furthermore, the Company aims to ensure and improve product quality through committees discussions by management levels consisting of Executives and General Managers.



The Three Perspectives of Product Development

Product development is conducted so that customers can feel reassured and satisfied at every stage, including when a policy is entered, during the policy period, and when payments are made with an awareness of the three perspectives.



■ Product Quality Control and Check System

New product development	<p>Quality confirmation using a checklist</p> <ul style="list-style-type: none"> ● Confirmation of the work flow when a policy is entered, during the policy period, and when payments are made; employee education; and the quality of explanations to customers during solicitation <p>Deliberations and checks by committees</p> <ul style="list-style-type: none"> ● Deliberation and checks of the policy management including underwriting, receipts, and preservation; the insurance payment work flow; and decisions on administration and system development by management ● Deliberation and checks of employee education and the quality of explanations to customers during solicitation by management
Existing products	<p>Continuous validation by Company-wide study committees</p> <ul style="list-style-type: none"> ● Follow-up and data collection/analysis by related organizations ● Understanding challenges and identifying products to consider abolishment or revision <p>Deliberations and checks by committees</p> <ul style="list-style-type: none"> ● Deliberation and checks of the stance towards product abolishment or revision by management

■ Perspectives towards Medical Yell and Medical Switch development

Customer needs	<ul style="list-style-type: none"> ● Customers want to subscribe to a product with economic insurance premiums that is specialized for medical coverage. <p>➔ Products without dividends or cancellation refunds</p> <ul style="list-style-type: none"> ● Customers want to prepare medical coverage for their children. ● Customers want to secure medical coverage for the rest of their lives. <p>➔ Products that can be subscribed to from age 0 to 80 (term life products for customers age 0 to 49, and whole life products for customers age 50 to 80)</p> <ul style="list-style-type: none"> ● Customers want the latest medical coverage, but cannot make revisions due to health reasons. <p>➔ System that allows medical riders that have been subscribed to be changed to Medical Yell (Whole Life) without a medical examination or health condition notice</p>
Simplified products that are easy to understand	<ul style="list-style-type: none"> ● Coverage that is simple and easy to understand
Reliable benefit payments	<p>➔ Products that allow for reliable benefit requests and payment</p>

■ Products following incorporation in April 2010

Name	Period	Contents
Products		
Medical Yell (Term Life) (Whole Life)	January 2011	A product without dividends that provides comprehensive medical coverage with economic insurance premiums
Medical Yell Group Plan	July 2011	Corporate product that can provide medical coverage to executives and employees
Grand Road	August 2011	A savings product that does not require medical examination or notice in response to the need for products that can be subscribed to with simplified procedures
Mickey (Plan Without Premium Waiver Benefits)	April 2013	Educational endowment insurance product that is easy to subscribe to for people with uncertainties towards their health and grandparents without premium waiver benefits for policyholders
Bright Way	January 2014	Comprehensive coverage insurance that can flexibly support a variety of risks for a wide range of ages
Crest Way	January 2014	Long-term care and medical treatment focused insurance that provides coverage including whole-life long-term care insurance at insurance premiums that are even more economic than in the past
Top Plan Success U EX99	May 2014	Product that provides long-term coverage up to the age of 99 with improved product appeal through means such as the introduction of dedicated coverage enhancement discount rank
Riders		
Ino Ichiban Neo	September 2010	Rider that reflects the latest medical treatment conditions and achieves benefits that are easy for customers to understand
8 Lifestyle Disease Hospitalization Rider D	September 2010	Rider that adds the three diseases of liver disease, pancreatic disease, and kidney disease to the lifestyle diseases the Company has covered in the past.
Shield Plus Rider	October 2012	Rider for insurance payments in the event of being diagnosed for conditions such as carcinoma in situ as an additional grounds for payments as a shield rider in preparation for the three deadly diseases
Non-Dividend Advanced Medical Treatment Rider	October 2012	Rider for benefit payments when advanced medical treatment is received Note: Because advanced medical treatment that is eligible for insurance payment is limited to treatment that fulfills the prescribed requirements when treatment is received in some cases it may not be possible to pay benefits depending on factors such as the medical practice, medical symptoms, and medical institutions.
Designated Substitute Claimant Rider	October 2012	Rider that allows customer to be more reassured in making claims for insurance payments and benefits by expanding the scope of substitute claims and substitute claimants compared to the past.
Assist Seven	January 2014	Rider providing coverage for seven risks that include the three deadly diseases, states requiring long-term care, physical disabilities, and death

Assist Seven Plus	January 2014	Rider for insurance payments in the event of being diagnosed for the condition of carcinoma in situ as a grounds for payments in addition to the seven risks covered by Assist Seven
Premium Waiver Rider (2013)	January 2014	Rider that allows for the exemption of insurance premium payments after the three deadly diseases, physical disabilities, or states requiring long-term care apply
Other		
Medical Switch	January 2011	System that allows medical riders that have been subscribed to be changed to Medical Yell (Whole Life) without a medical examination or notice
Coverage Enhancement Discount	March 2012	An easy-to-understand discount system in which discounts are conducted by policy unit with a uniform discount rank and discount amount regardless of the insurance type
Bone Marrow Donor Benefits	October 2012	Benefits that are paid when bone marrow stem cells are taken

Products and Services

For Individual
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For Corporate
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For Corporate Customers

We respond to the expectations of corporate customers by supplying consultations for benefits programs and retirement benefit systems with accurate support, products that respond to the needs of these customers, and a rich lineup of administrative services and seminars.

Group insurance

Launch of Group Credit Life Insurance Specific Condition Compensation Rider

We have developed a group credit life insurance specific condition compensation rider that significantly expands the coverage of group credit life insurance in order to meet the diverse needs of customers. Sales of this product were launched from October 2013.

Key Points Concerning the Group's Riders

Based on the concept of providing group credit insurance for living, in addition to death cover or prescribed advanced disability covered by the main policy, insurance payments are paid and the mortgage balance is reduced to zero yen in the event of a policyholder suffering from the three deadly diseases, suffering from 16 specified conditions, or requiring long-term care as prescribed (linked to public long term care insurance level 2 or above or the equivalent).

Note that product development for this rider was conducted with the cooperation of Resona Bank and Saitama Resona Bank. These banks have introduced the rider for sales as a set with mortgages.

Examples of cases in which an insurance payment is made

- If a policyholder is bothered by discomfort in their stomach and an inspection at the hospital reveals that they have stomach cancer as prescribed
- If kidney function has been permanently lost due to kidney disease and artificial dialysis is received
- If a policyholder is diagnosed with arrhythmia and receives a permanent cardiac pacemaker
- If a policyholder damages their spine while playing sports and requires long-term care (if a prescribed state requiring long-term care continues for 180 days)

Group Pension Plans

Expansion of lineup of performance-based products and service for defined benefit plan

Since April 2014, we have been selling a new product, Separate Account No. 2 General Fund, to meet customer needs for controlling the downside risk of investment performance and achieving stable income.

The No. 2 General Fund is a next-generation balanced fund with three major investment strategies: thorough diversification of risks, containment of losses when the market collapses, and focus on income gains.

In May 2014, we commenced agency and intermediation services for our corporate pension customers to enter into discretionary investment contracts with DIAM, our Group company.



Product features (image)

Provision of Health Support Menus

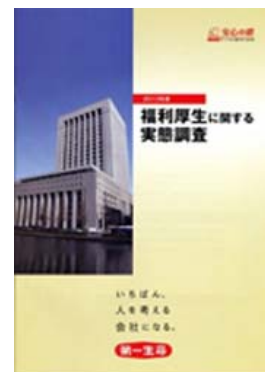
We provide corporate customers with information and services regarding their health support.

1. Field survey of welfare programs

We conducted a questionnaire on the status of welfare programs introduced by corporate customers (field survey on welfare programs) including countermeasures against so-called metabolic syndrome and measures for psychological health. We compiled the survey results received from 877 companies into a report (brochure) for distribution.

2. Dai-ichi Life Health Support Desk

The Dai-ichi Life Health Support Desk is an additional service provided with our products for corporate customers and sets up broad-ranging options for consultation from daily health to psychological health.



Connections with Customers

Connections with
Customers

Expanding
Information
Provisions

○ Connections with Customers

■ Connections with Customers



■ Total Life Plan Designers

At Dai-ichi Life, we refer to our sales representatives who propose life plans to individual policyholders as Total Life Plan Designers. We employ more than 40,000 Total Life Plan Designers across Japan, and they deliver high quality face-to-face consultation services to individual customers using the DL Pad, a tablet computer for sales and business use.

Our Total Life Plan Designers foster a close bond with the policyholder and their families as a lifelong partner who works with them throughout every stage of their life.

■ Contact Centers

Dai-ichi Life Contact Centers work to improve our services to customers by handling administrative procedures and inquiries from customers across the country, checking the contents of their policies and providing the latest information on our products, services and promotional campaigns.

Dai-ichi Life has introduced the latest call center systems in an effort to more quickly and appropriately meet customer demands. We have also established contact centers in Sapporo, Tokyo, Osaka and Fukuoka in order to reliably handle calls even during large-scale disasters.

In fiscal 2013, with approximately 1.1 million cases handled at contact centers and approximately 1.3 million cases where calls were made to customers to inform them of details and the situation of their policies, a large number of customers use these centers. The centers receive customer feedback and requests, and this information is shared inside the Company to improve our services and business processes.

In fiscal 2013, we achieved a three-star rating in the HDI Customer Contact Center Ratings organized by the Japanese office of the Help Desk Institute (USA), the world's largest membership group in the support service industry.

We will continue to strive to further improve our services for customers.



0120-157-157

Hours: Monday thru Friday 9:00am to 6:00pm
Saturday and Sunday 9:00am to 5:00pm
(Closed on national holidays and
the year-end and New Year holidays)



Consulting Counters

The Company's consulting counters are spread among 82 offices across the country under the name Dai-ichi Life Insurance Shops and are used by approximately 100,000 customers annually (as of April 2014).

The counters play an important role in providing total consulting in which we give advice complying with customers' wishes in all scenarios over the course of their contract cycles, including at the time of contract, throughout the duration of the policy, and when paying insurance proceeds, and delivering the concept of "Passing On Peace Of Mind."

These staffs handle each and every inquiry and provide consultations as many times as possible until the customer is satisfied. In addition, 34 of the 82 contact centers offer extended hours on weekends and at night on weekdays to provide even greater access and convenience to customers. Many customers that have visited a contact center have made positive comments about the convenient hours of operation and the extent of time that consultants spend with the customer going over not only insurance but also related matters and fields as well.

We aim to continue to improve our services at consulting counters so that customers can easily talk to us at the time and place most convenient for them (consultation appointments can also be booked online 24 hours a day).

Agents

From the standpoint of further improving customer convenience and responding to increasingly diversified customer needs, Dai-ichi Life embarked on a full-scale initiative for our agent channel in fiscal 2000. Since then, we have been bolstering our efforts by improving the organizations and staff involved in our agent channel.

Specifically, we began offering our insurance products through the agents of Sompo Japan Nipponkoa Insurance Inc. in fiscal 2001 (at the time Yasuda Fire and Marine Insurance Co., Ltd.), providing access to a full range of insurance services, from life insurance to non-life insurance. As for the financial institution channel, we established a subsidiary called The Dai-ichi Frontier Life Insurance Co., Ltd. to specialize in providing insurance products for banks and securities companies and commenced sales there in October 2007.

Total Life Plan Report

Every year we deliver a Total Life Plan Report to our policyholders that contains information about their coverage and the performance of the company.

The Total Life Plan Report contains the payment requirements and the payment status of claims or benefits for each individual policy to ensure that the policyholder is able to receive the correct and proper claims and benefits from their individual policies.

In addition, after the Total Life Plan Report is sent out a Total Life Plan Designer visits directly with the policyholder to review their insurance policies and coverage.

Total Life Plan Designers take advantage of this opportunity to review coverage based on daily changes in living environment and medical technologies and by providing information on health, medicine, nursing care and lifestyles, Total Life Plan Designers are continually working to benefit their customers as a lifelong partner.

Website

Through its corporate website, Dai-ichi Life provides information on its insurance products and services, allows customers to carry out various claim procedures, delivers consulting on insurance and annuities, and discloses information about its business activities and performance. We constantly strive to improve the convenience of our website for customers, shareholders and the investment community by delivering even more information.

ATMs

Dai-ichi Life customers can use partner ATMS at convenience stores or banks to withdraw policyholder loans, accumulated dividends, or insurance benefits on deposit, or to make a payment on a policyholder loan. With 85,000 ATMs nationwide as of April 2014, we offer the largest network of ATMs and functions of any firm in the insurance industry. We were also the first in the industry to introduce a cutting edge security system on our ATMs, delivering an added level of security to customers using our ATMs. We will continue to work toward enhancing both convenience and security going forward.

Connections with Customers

Connections with Customers

Expanding Information Provisions

Expanding Information Provisions

The development and introduction of the DL Pad, a tablet computer for sales and business use

In August 2012, the Company introduced the DL Pad, a tablet computer mainly for sales and business use, to approximately 40,000 Total Life Plan Designers (sales representatives) to enhance their consulting capabilities.

The DL Pad is a highly portable LCD tablet equipped with high-speed communications to allow users to quickly make proposals and handle procedures for customers. We have also installed an advanced security system to protect important customer information.

When consulting with customers, we can design the best insurance plan together with customers, and customers can confirm the content of their benefits in detail. In addition, the DL Pad allows us to explain a wide variety of information through illustrations and video comments, including information on health, medical services, and the social security system, as well as the process to ensure the receipt of services and insurance claims and benefits after enrollment. In this way, we are working to improve our consulting services through two-way communications with our customers.



DL Pad

The Medical Support Service offers information on health and medical services, child care, and nursing care With Partner provides a loyalty rewards point program

The Medical Support Service provides advice and information on health and medical services, child care, and nursing care, and is available for policyholders and insured people with individual insurance* and their family members via telephone and online 24 hours a day, 365 days a year (excluding when systems are undergoing maintenance).

Meanwhile, to meet the consulting needs and requests of customers, in March 2013 we began providing the comprehensive the Specialist Physician Exam – Second Opinion Support service, where dedicated consultants (nurse or public health nurse) assigned to individual customers set up telephone consultations with a specialist physician, notify customers of specialist hospitals and physicians, or inform customers about receiving a second opinion.

Additionally, in December 2013 we started the new service called Nursing Care Service Wide and Double, which adds existing brokerage and referral services to complement our existing nursing care telephone consultations.

As a result, the Medical Support Service provides consulting and information on health and medical, child care, and nursing care services available for policyholders, form referrals to specialist physicians, to educating consumers about receiving a second opinion. This service provides daily peace of mind to policyholders and their family members and an added level of peace of mind when policyholders require medical or nursing care treatment.

We offer the With Partner loyalty reward points program for all policyholders* enrolled in individual insurance. Policyholders are able to receive preferential treatment useful for their health, medical care and living, and use services celebrating their life events using points calculated by premiums paid and the number of years the policy has been held.

* Policyholders only enrolled in asset-accumulation insurance cannot use this service.



Medical Support Service screenshot

Dedicated Internet Service for Policyholders - Total Life Plan My Page

This is a website exclusively for policyholders and provides various information and services as well as confirmation of coverage and procedures, all online. The website can be accessed from the Total Life Plan Support CD or the official website.



Total Life Plan My Page screenshot

I Insurances Benefit/Claim Payments

Correct and Fair
Insurance
Payouts

Procedural
Support Systems

When Insurance
Claims or
Benefits are Not
Paid Out

Disclosure of
Payment Status

○ Correct and Fair Insurance Payouts

We make various efforts to contact the policyholder during various phases of the insurance process, from claim receipt to payment assessment and post-payment, in order to inform customers if their situation fulfills the payment requirements for other insurance benefits. Based on feedback from customer surveys and the views of outside experts, we will strive to continually reinforce our payment management system.

■ Providing Regular Information on Insurance Benefit Payouts

Every year we send a Total Life Plan Report to policyholders which provides a list of payment requirements for each customer, payout records for the previous 10-year period, and instances where special attention is required. Payment information is also provided to customers through brochures, our website, and various notifications that are sent out.

■ Proper Understanding of Claims and Correct Payment Procedures

We use our proprietary navigation system to inform policyholders about the claims documents required for the applicable payment requirements whenever they submit a claim for an insurance benefit. We have also established a dedicated inquiry desk at our head office for our Total Life Plan Designers who receive claims called the Insurance Proceeds Help Desk. Dedicated staff with expert knowledge of our insurance and claims processes also assist customers during the claims process.

During the payment process double checks are performed between persons in charge, while important information on medical certificates is input into the system by several workers to further improve correctness through a rigorous data entry and verification process.

■ Follow-up System for Customers after an Insurance Benefit is Paid

In principle, the details of all benefits paid out are rechecked on the next business day after the claims procedures have been completed. The Payment Information Integration System is used to digitize all medical certificates, check for the possibility that a claim may meet other payment requirements, and inform customers about the claim process.

At the time of contract / During the contract period**Sufficient notification of insurance contract and coverage**

- Customers are provided with insurance design documents (contract summary)
- An overview of contract terms and conditions is published on the Dai-ichi Life website
- The contract guide and brochure "Insurance Claim Procedures and Payment Examples" have been integrated together
- Customers are given a CD-ROM with the terms and conditions of their policy
- A copy of "Submitting Insurance Claims without Omission" is enclosed with the insurance policy
- Terms and conditions have been simplified

Regular information provisions and reminders to policyholders

- Payment requirement for each of the policyholder's contracts are explained using the Total Life Plan Report
- Total Life Plan Reports are provided online using the Dai-ichi Life website
- A policyholder's claims and benefits history is included in their Total Life Plan Report
- Reminder messages are included with various notifications

Making the claims process easier for policyholders

- Dai-ichi Life covers the cost of medical certificates for which a claim or benefit was not eligible for payment (¥6,000)
- Our product lineup is continually revised and simplified

Informing customers upon receipt of a claims application and of claims documents**Correctly understanding details of claims**

- Upgraded the claims application receipt process
- Customers provided with a manual that contains easy-to-understand commentary on payment requirements for disability benefits
- Total Life Plan Designers' DL Pad mobile device comes equipped with a navigation system for insurance claims and benefits
- A dedicated contact center for the receipt of insurance claims and benefits applications has been set up
- The Insurance Proceeds Help Desk handles inquiries on claims from Total Life Plan Designers
- The medical treatment report contains a list of disease names that are eligible for payments in each policy

Informing customers of claims procedures

- Automatic name-based aggregation for policies when creating claims documents
- Requirement to confirm the disease name at the time claims documents are prepared
- The claims and benefits application confirmation sheet, which contains customer application information received by Dai-ichi Life at the start of a claim, is provided to customers
- The treatment report and supporting documents sheet, which contains clear explanations of the documents required to submit a claim, is provided to customers

In-house training and guidance for ensuring reliable notifications

- A dedicated group has been established for employee training and education within the Claims Department
- An administrative and underwriting academy has been established as a human resource development program for broadening expertise in payment operations and other work processes

At the time of payment assessment and post-payment

Correct payment assessments

- Implemented new payment assessment work flow system
- Medical certificate information is digitized and used during the payment assessment
- Implemented entry and verification system where multiple persons in charge enter medical certificate information into the system, which in turn checks the information for errors or omissions
- Reinforced system support functions for assisting the payment assessment process
- Upgraded the payment system for group insurance

Reconfirmation of payment details

- Payment details are checked the next business day after procedures have been completed to prevent payment omissions

Courtesy and reliable claims reminders

- The Payment Information Integration System is used to inform customers who may be entitled to additional benefits
- The payment statement contains a reminder message to check for any insurance benefits or claims that have not been filed
- After the payment of hospitalization benefits, a policyholder is informed of making a claim for hospital visit benefits

Improved explanations to customers regarding payment details

- Payment statements contain more details and a dedicated contact center has been established for customer inquiries about payment details
- Insurance claim and benefit statements contain the date the claim was received

I Insurances Benefit/Claim Payments

Correct and Fair
Insurance
Payouts

Procedural
Support Systems

When Insurance
Claims or
Benefits are Not
Paid Out

Disclosure of
Payment Status

O Procedural Support Systems

I Accurate and courteous guidance upon request

At the Dai-ichi Life Contact Center, officers with specialized knowledge directly respond to customer inquiries regarding insurance claims and benefits, providing accurate and courteous guidance concerning their inquiries.

I Facilitating insurance requests

Instead of having to submit a medical certificate, we have created other ways for customers to request insurance claims and benefits, such as submitting reports that they can fill out themselves and copies of receipts.

I Making requests more convenient

Requests for insurance claims, etc. are handled at the Dai-ichi Life Contact Center, as well as by Total Life Plan Designers and at Dai-ichi Life Insurance Shops.

For customers who are usually out during the day or who live far away, we can send claims documents directly from the head office at their request. Customers can then return the prepared documents in a dedicated envelope.

I Support for payment procedures when the claim is difficult to submit

We have introduced the Proxy Request System in which a proxy who has met the predetermined requirements is able to make a claim for insurance on behalf of the claimant if there are exceptional circumstances in which the claimant is unable to request the payment of insurance claims and benefits.

In January 2014, we also introduced Adult Guardianship Support as a new service for introducing, as an intermediary, a judicial scrivener who can support legal procedures for a customer who needs the appointment of an adult guardian, so that the beneficiary will be able to assuredly receive insurance benefits even if the policyholder is unable to use the Proxy Request System for certain reasons.

I Initiatives for customers to receive their insurance claims and benefits faster

The Company created the Insurance Proceeds Quick Reception Service so customers can more quickly receive death proceeds that meet certain requirements if they urgently need to pay funeral and other expenses when a loved one passes away.

Since June 2014, customers have been able to receive their insurance benefits on the day of performing request procedures if they use this service.

We also provide a Simplified Death Benefit Reception Service in which customers are able to receive a death benefit of up to five million yen by submitting a predetermined request form, death certificate and copy of an identification document, even if it takes time to prepare public documents such as a residence certificate, as well as the Death Benefit Delivery Service in which our staff delivers the customer's death benefit in cash.

I Payment of insurance claims and benefits, using a life insurance trust

To meet customer needs for ensuring that insurance benefits can be left to those with an uncertain ability to manage property, the Company provides an intermediary service as a trust contract agent for Omoi no Teikibin (regular death benefit payment service), a trust product of Mizuho Trust & Banking.

In the life insurance trust, the policyholder customizes the use of his/her death benefit before his/her death, and a trust bank receives the death benefit when the policyholder passes away and pays it to a person predetermined by the customer (policyholder) with the decided-upon specifics, while safely managing the death benefit.

I Improvement of information provision and consulting when customers receive a payment

When a death benefit is paid out, we provide information on the survivor pension system and inheritance tax system and give consulting on the inherited property including the death benefit.

When hospital expense benefits are paid out, we provide information on the high medical cost subsidy system and medical expenses deduction.

Insurances Benefit/Claim Payments

Correct and Fair
Insurance
PayoutsProcedural
Support SystemsWhen Insurance
Claims or
Benefits are Not
Paid OutDisclosure of
Payment Status

When Insurance Claims or Benefits are Not Paid Out

Head Office Payment Department

Customers denied the payment of a claim or benefit and who are unclear about the reason can consult with the Payment Inquiry Counter. These inquiries are handled directly by dedicated staff from the Payment Department who provide detailed explanations to the customer. Customers who are not satisfied with the explanation can go to the Dispute Counter (a different department from the Payment Department), use the Outside Lawyer Consultation System, or go before the Payment Examination Committee (a third-party organization).

Dispute Counter

Customers who are not satisfied with the explanation of the Payment Inquiry Counter can go to the Dispute Counter. All matters are handled by dedicated staff who belong to a different department than the Payment Department.

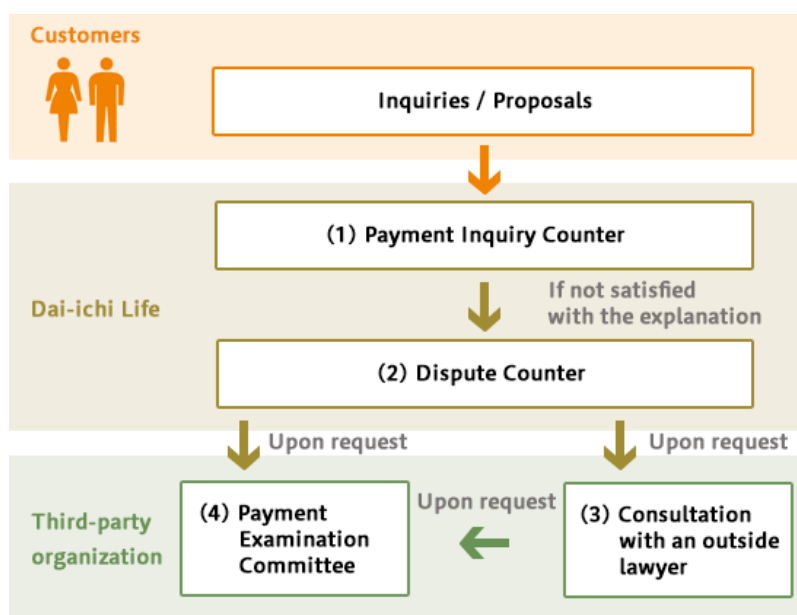
Outside Lawyer Consultation System

Customers who are not satisfied with the explanation can request to use the Outside Lawyer Consultation System to consult with a lawyer with no contractual ties to Dai-ichi Life free of charge.

Payment Examination Committee

In addition to consultations with an outside lawyer, customers can choose to appear in front of the Payment Examination Committee, which deliberates on the results of payment assessments from an objective and neutral perspective. The Payment Examination Committee comprises only outside professionals, such as lawyers, physicians, and experts in consumer issues, to ensure objectiveness.

Flow of Explanations and Consultations when Insurance Proceeds Cannot be Paid Out (individual insurance)



■ Status of Utilization of Each System

	Dispute Counter	Outside Lawyer Consultation System	Payment Examination Committee
Fiscal 2012	202 cases	6 cases	6 cases
Fiscal 2013	172 cases	11 cases	8 cases

I Insurances Benefit/Claim Payments

Correct and Fair
Insurance
PayoutsProcedural
Support SystemsWhen Insurance
Claims or
Benefits are Not
Paid OutDisclosure of
Payment Status

○ Disclosure of Payment Status

The disclosure of payment information closely relates to the customer-centric procedures in our quality assurance declaration and to the fair, correct and prompt payment of insurance claims and benefits. Therefore, we continually disclose information on insurance payouts using the uniform standards for payments and non-payments created by the Life Insurance Association of Japan in order to foster greater trust and support from our stakeholders.

■ Insurance Claims and Benefits Paid Out in Fiscal 2013

Number of Insurance Claim and Benefit Payments

	Total	Death / Disability / Specified Disease Insurance	Hospitalization Benefits and Surgical Insurance
Number of cases in which payments were made	1,062,668	82,066	980,602
Number of cases in which payments were not made	33,787	3,701	30,086
Cases that do not meet payment requirements	32,085	3,278	28,807
Cancellations due to violations of the duty to disclose	1,141	112	1,029
Cases that fall under immunity grounds	556	311	245
Other	5	0	5

* Does not include maturity proceeds or living benefits, etc.

Insurance Claims and Benefits Paid

	Amount
Total	¥1,743.6 billion
Death / Disability / Specified Disease Insurance	¥435.4 billion
Hospital Expenses and Surgical Insurance	¥126.6 billion
Maturity Proceeds / Living Benefits / Annuities, etc .	¥1,181.5 billion