

Products and Services

For Individual Customers













For Corporate Customers

For Individual Customers

Product Lineup

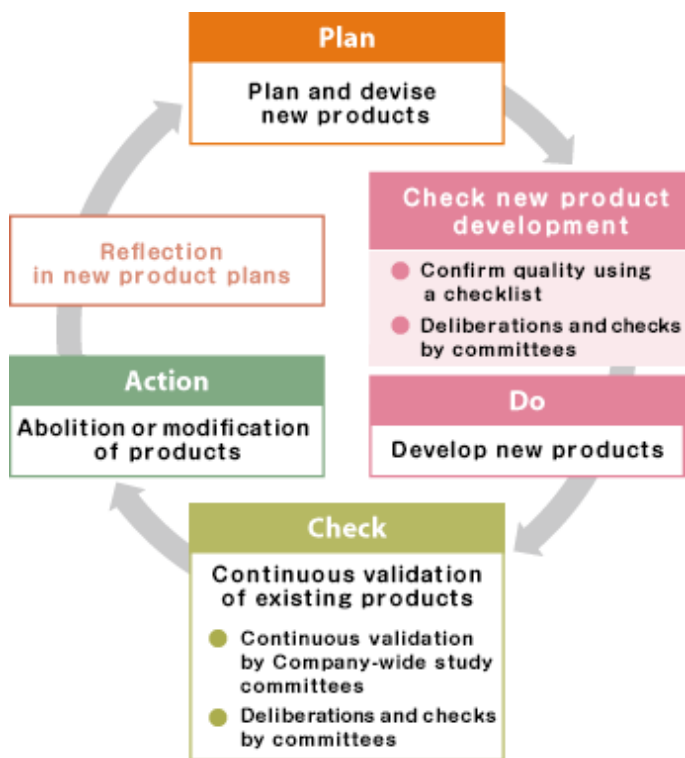
Each and every one of our customers has a different living environment and family composition, meaning the type of security they require also differs. As a result, the Company is working hard to develop products that can flexibly respond to the unique and varying needs of its customers. Sales of Bright 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 August 2015)

		Junior	Young	Household formation layer	Middle and senior	
Life insurance	Death benefits					
	Medical care insurance					
	Nursing coverage					
	Saving propensity					
						
						
Business coverage						
Nonlife insurance						
Cancer insurance						

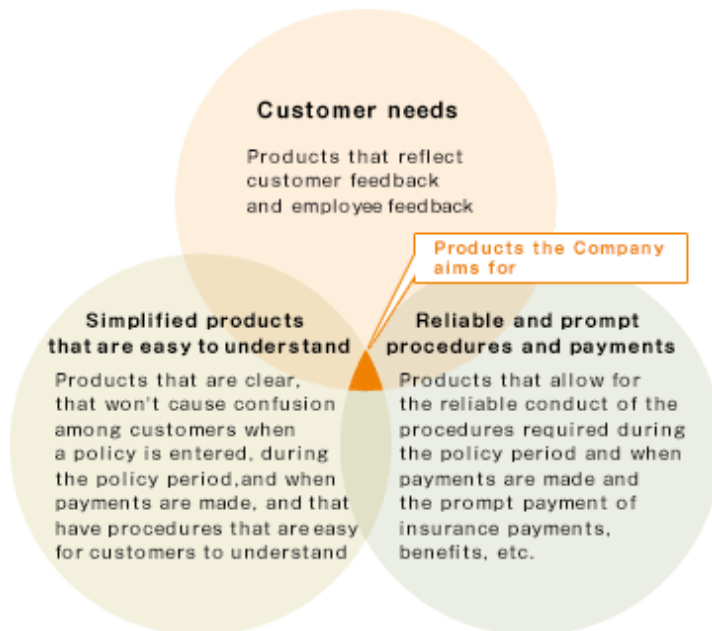
Product Development Flow

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. <ul style="list-style-type: none"> ➔ Products without dividends or cancellation refunds ● Customers want to prepare medical coverage for their children. ● Customers want to secure medical coverage for the rest of their lives. <ul style="list-style-type: none"> ➔ 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) ● Customers want the latest medical coverage, but cannot make revisions due to health reasons. <ul style="list-style-type: none"> ➔ 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
Simplified products that are easy to understand	<ul style="list-style-type: none"> ● Coverage that is simple and easy to understand <ul style="list-style-type: none"> ➔ Products that allow for reliable benefit requests and payment
Reliable benefit payments	

■ Products following incorporation in April 2010

Name	Period	Contents
Products		
Medical Ale (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 Load	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

Name	Period	Contents
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
Children's Support	January 2015	Educational endowment insurance product that allows for the exemption of insurance premium payments after seven events occur, including the three deadly diseases, states requiring long-term care, physical disabilities, and death. Moreover, attractive product by high return on premium payment.
Mickey	January 2015	Educational endowment insurance that provides coverage for disability and death, as well as that becomes more attractive product by high return on premium payment.
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.

Name	Period	Contents
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	<p>Rider for benefit payments when advanced medical treatment is received</p> <p>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.</p>
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

Name	Period	Contents
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
Anshin RelayPlan	June 2015	Partial policy conversion now made possible, providing more flexible cover.

The above information is the brief summary as of August 2015.

(Reg.No.)C15P0376(2015.11.9)(2)

Products and Services

For Individual
Customers

For Corporate
Customers

○ 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 Workers Medical Insurance [official name: New Medical Coverage Insurance (Groups)]

In January 2016, we will launch a new version of our traditional medical coverage insurance plan for groups that offers greatly expanded coverage, in order to respond flexibly, yet broadly, to the needs of customers. This new plan will be called Workers Medical Insurance [official name: New Medical Coverage Insurance (Groups)]

Key Points concerning Workers Medical Insurance

1. Able to receive benefits even for outpatient day hospitalization
 - ◇Conventionally only hospital stays of two days or more were covered^{*1}, but now coverage includes outpatient day hospitalization, meaning customers are now have medical insurance coverage for shorter duration hospital stays
2. Covered surgeries are linked with public medical insurance
 - ◇The surgeries covered by this insurance are linked directly to those covered by public medical insurance, delivering added peace of mind as they will constantly be reviewed as medical procedures evolve and advance
 - ◇Linking coverage that was once defined by our own rules with public medical insurance will make benefits criteria clearer and easier to understand
3. Covers temporary hospitalization costs
 - ◇Coverage includes various costs associated with hospitalization, including transportation costs and articles required for hospitalization^{*2}
4. Covers radiation therapy
 - ◇Coverage includes radiation therapy, which is being used more often with each passing year
5. Lower premiums for its group insurance
 - ◇Premiums are lower because of the scale merits^{*3} offered by group insurance.

6. Easy to apply and enroll

- ◇ Simple disclosure (completion of a simple written questionnaire one's health condition) and no need for a physician exam (certain health conditions may preclude enrollment).

*1: When adding the short-term hospitalization/surgery rider

*2: Policies can be structured without the temporary hospitalization benefit

*3: The larger the contracting group the higher the premium discount offered

Group Pension Plans

Expanded lineup for defined benefit pension plans

In April 2014, we released a new product called Separate Account No.2 General Fund, which responds to the needs of customers who want to control the downside risk of investment performance and achieve 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.



Product features: Separate Account Balanced Fund II

Launched Sales of Products Targeting Businesses Enrolled in an Employees' Pension Fund

In April 2014, Japan's Employees' Pension Insurance Act was revised and many companies are now examining the transition to new plans after the employees' pension fund system was scrapped. As a carryover plan for employee pension plans that will be wound down, we began marketing Guaranteed Insurance rate Defined Benefits (Masterplan III) in June 2014 and Defined Contribution Simple Smart in October 2014. Both products offer a simple plan design and lower management fees, making these easily accessible even to small- and medium-sized enterprises enrolled in an employee pension fund. We have also set up a call center to provide advice and consultations about these new plans.

Providing Information and Services for Benefit Programs

We provide corporate customers with various information and services regarding benefit programs.

Field Survey of Benefits Programs (fiscal 2014 Ver.)

We conducted a customer questionnaire about the latest topics in the field, including revisions to Japan's Industry Safety and Health Act (psychological health measures), health support for employees, and diversity management (re-employment of seniors and greater roles for women in the workplace). The survey results compiled into a report (brochure) for distribution.



We also provide information and consultations on health support and nursing care matters as an ancillary service to our products for corporate customers.

Dai-ichi Life Health Support Desk

The Dai-ichi Life Health Support Desk offers broad-ranging options for consultation from daily health to psychological health.

Dai-ichi Life Nursing Care Support Service

We offer information and consultation services on nursing care matters for our employees and families of employees.

Success Net - Exclusive Service for Corporate Members

Success Net is an exclusive service offered to corporate members that is jointly operated with Sompo Japan Nipponkoa Insurance Inc. It currently has around 60,000 corporate members (as of April 2015). SuccessNet supports the management of its corporate members by providing a host of information and services, including various business and statutory application and reporting forms, a diagnostic tool that calculates the amount of possible benefits, access to business reports, corporate consulting services, and a discount hotel reservation service for partner hotels nationwide in Japan.



Success Net application

■ Providing Information at Seminars

We provide information on themes that are in demand among customers and the latest topics through various platforms, including seminars, pension administration briefings, and reports about the performance of Separate Accounts (quarterly).

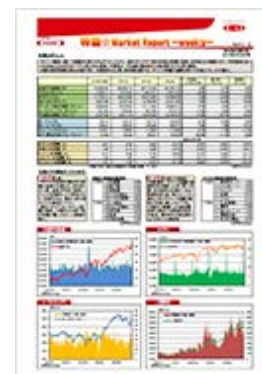


Seminar in progress

■ Providing Information through Our Corporate Website

We publish a regular newsletter called Nenkin Tsushin that provides information about legal revisions to pension systems, pension finance, asset management, and terminology, among other areas. This newsletter can also be viewed from our corporate website ([http://nenkintsushin.dai-ichi-life.co.jp/\(JAPANESE\)](http://nenkintsushin.dai-ichi-life.co.jp/(JAPANESE))).

We also offer an email notification service that informs customers about upcoming Nenkin Tsushin issues by sending an email to their registered email address.



Nenkin Tsushin

(Reg.No.)C15P0376(2015.11.9)(2)

Connections with Customers

Connections with Customers	Expanding Information Provisions	Support the health of our customers
----------------------------	----------------------------------	-------------------------------------

○ 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.

Recently, we have concluded agreements with local governments faced with the challenge of an aging population for Total Life Plan Designers to check up on elderly residents, by capitalizing on the fact our Total Life Plan Designers are located in every corner of Japan. As a result, in certain areas of Japan our Total Life Plan Designers are helping to keep an eye on elderly residents as part of their daily activities.

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.

Starting in fiscal 2014, customers can now go online to ask about as well as share their opinions and

requests with regard to claim procedures, requesting a call back, or enrolling in insurance plans, and we also set up a dedicated toll-free hotline for seniors over the age of 70. This toll-free hotline allows seniors to talk directly to a representative who is trained to listen and respond to their inquiries with added care and consideration.

In fiscal 2014, with approximately 1.06 million cases handled at contact centers and approximately 1.58 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.

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



Consulting Counters

Our consulting counters are spread among 81 offices across the country under the name Dai-ichi Life Insurance Shops and are used by approximately 100,000 customers annually (as of April 2015). 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, 36 of the 81 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 operations by improving the organizations and staff involved in our agent channel.

Specifically, we began offering our insurance products through the agents of Yasuda Fire and Marine Insurance Co., Ltd. (currently Sompo Japan Nipponkoa Insurance Inc.) in 2001, 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 about products and services based on the customer's life stage, Total Life Plan Designers are continually working to benefit their customers as a lifelong partner.

Website

Dai-ichi Life actively works to enhance information disclosures and improve convenience for customers, shareholders and investors through its corporate website. The content on our website includes information on products and services, various insurance claim procedures, consulting services for insurance and pension plans, and information on our core business activities and earnings results.

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 86,000 ATMs nationwide as of April 2015, 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.

Initiative with Yamato Transport Co., Ltd.

In March 2015, Dai-ichi Life and Yamato Transport Co., Ltd. launched an initiative to give back to local communities and society as a whole through the mutual support of local communities achieved by leveraging each other's vast networks in Japan.

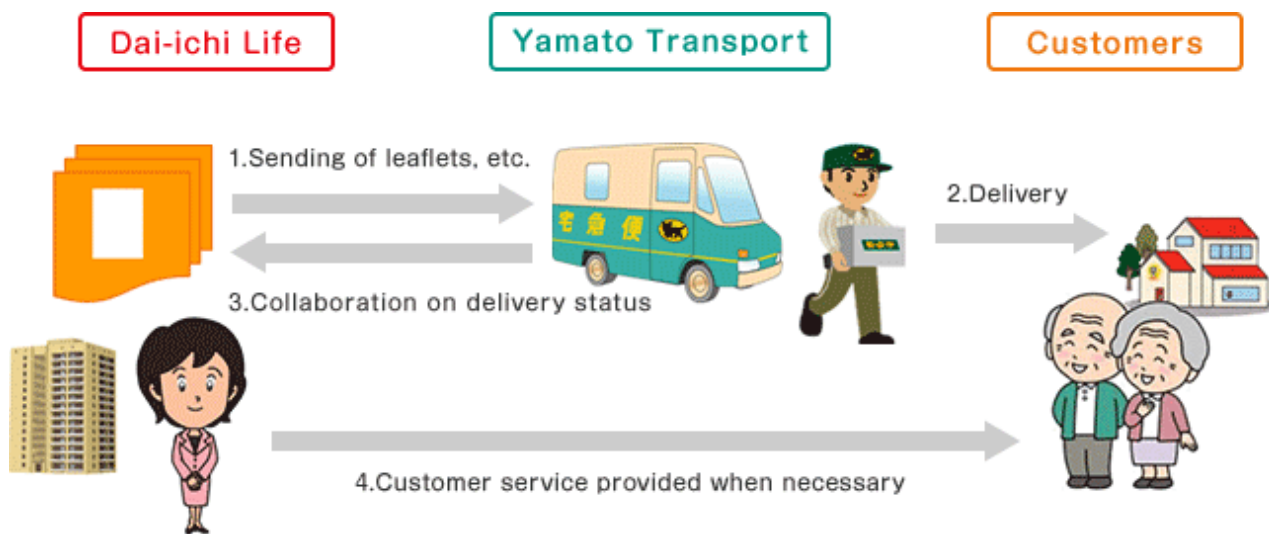
As the first installment of this initiative, Yamato Transport is using its experience in supporting local governments watch out for their elderly residents using its TA-Q-BIN home delivery service network to deliver added peace of mind to Dai-ichi Life elderly customers living in certain locations of Japan. Specifically, as part of Yamato Transport's personal identification service*, Yamato Transport's sales

drivers will take the place of Dai-ichi Life's Total Life Plan Designers to visit customers who cannot be regularly visited because Dai-ichi Life does not maintain an office nearby. Sales drivers will provide information to these customers in the form of leaflets and other material and provide feedback to Dai-ichi Life about delivery conditions.

These customers can contact the Dai-ichi Life Contact Center, as needed, if they have questions about their insurance policy or how to file a claim for benefits, or they can contact a Total Life Plan Designer for further assistance.

*Yamato Transport's personal identification service

This service was launched on May 16, 2008 following the enforcement of the Act on Prevention of Transfer of Criminal Proceeds on March 1 of the same year to confirm the identity of customers upon delivery in compliance with the new law.



Connections with Customers

Connections with Customers

Expanding Information Provisions

Support the health of our customers

Expanding Information Provisions

the DL Pad

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 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

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 Contract Guide-Articles of Policy Conditions (DVD-ROM) or the official website.



Total Life Plan My Page

(Reg.No.)C15P0376(2015.11.9)(2)

Connections with Customers

Connections with Customers

Expanding Information Provisions

Support the health of our customers

Support the health of our customers

Run with You Project

In June 2015, we began the Run with You project that supports 15 road running events across the country, including the Tokyo Marathon, regarding marathon and jogging as great sports for improving your health while enjoying yourself. In the Run with You project, we will encourage customers and people across the country to enjoy good health through not only watching sports, but also taking part in running events in which anyone can

participate, as our own initiative to encourage better health. We will also support road running and local communities by holding a running school featuring Yoshimi Ozaki, an adviser to the Dai-ichi Life women's athletics team and a participant in the 2012 Summer Olympics in London, at the race site.



Sponsors Marathons in fiscal 2015

The Medical Support Service / With Partner

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. 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. Additionally, in December 2014 we also began providing the “Services to support the Second Half of Life” mainly for over fifties to support their families for those who need nursing care due to old age or to benefit oneself.

As a result, the Medical Support Service provides consulting and information on health and medical, child care, and nursing care services available for policyholders from day-to-day care to end-of-life care. 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

(Reg.No.)C15P0376(2015.11.9)(2)

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. We will strive to continually improve our payment management system, based on feedback from customer surveys and the views of outside experts.

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, all information on medical certificates submitted for a claim and the information necessary for a claim is automatically assigned a code. Information input into the system in each process is entered and verified within the system using reconciliation 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 DVD-ROM with the terms and conditions of their policy and policy guide
- 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 requirements 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
- Requirements 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 input by persons in charge and the results are entered and verified within the system using reconciliation
- Names of illnesses and injuries on the medical certificate are automatically assigned a code
- The medical certificate information assigned a code is reconciled with the information input by persons in charge within the system using a sophisticated entry and verification system
- 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

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

Procedural Support Systems

Development of a framework for accurate and courteous guidance

Requests for insurance claims and benefits, etc. are received by approximately 40,000 Total Life Plan Designers and at about 80 Dai-ichi Life Insurance Shops nationwide, as well as at the Dai-ichi Life Contact Center. The Dai-ichi Life Contact Center opened its services on Sundays in fiscal 2014 to further increase customer convenience.

The Company also set up a dedicated dial-up (tollfree) number for senior customers in fiscal 2014 to provide them with courteous guidance to meet their needs.

Building of a mechanism to facilitate insurance requests

Instead of having to submit a medical certificate, we have been the first in the industry to offer other means for customers to request insurance claims and benefits, such as submitting reports that they can fill out themselves and copies of receipts, to better meet customers' insurance requests.

Additionally, Dai-ichi Life offers a service where policyholders who are typically out during the day or who live in remote areas can receive claim documents from its head office in Tokyo and return them along with other necessary documents in the dedicated envelope provided.

Assistance with insurance procedures in keeping with customers' circumstances

In late July 2015, we began to provide the "Advanced Medical Care Support for Peace of Mind," making it easier for customers to be able to receive advanced medical care. We provide comprehensive support, including the acquisition of information, before accessing advanced medical care. We also offer telephone consultations about visiting the doctor, assistance with procedures, and direct payment of medical expenses for heavy particle radiotherapy and proton radiation therapy (technical fees for advanced medical care).

We have also introduced the Proxy Request System in which a proxy who has met 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 addition, we have introduced the Adult Guardianship Support as a service for introducing as an intermediary a judicial scrivener who can provide legal support for a customer who is unable to use the

Proxy Request System and who needs the appointment of an adult guardian, so that the beneficiary will be able to reliably receive insurance benefits, etc.

Initiatives for customers to receive their insurance claims and benefits faster

Since fiscal 2012, we have been offering the Proceeds Quick Reception Service so that customers can receive death proceeds on the day of performing request procedures, if they urgently need to pay funeral and other expenses when a loved one passes away.

Since fiscal 2014, we have also been providing a Simplified Death Benefit Reception Service in which customers are able to receive a death benefit of up to ¥5 million, even if they are unable to prepare some of the documents necessary for procedures, as well as the Death Benefit Delivery Service in which our staff delivers the customer's death benefit in cash. Since fiscal 2012, when we started these services, a total of 400 customers have used them. We also provide a service in which customers are able to make a request with proof of death registration*instead of with a residence certificate, etc.

*This is a document that proves death registration, and in some cases customers may be able to receive a death benefit more smoothly than by using a residence certificate.

Reception of insurance claims and benefits, using a life insurance trust

To ensure that we meet needs for insurance bequests, the Company provides Omoi no Teikibin (regular time payment service of death benefit), a trust product we developed jointly with Mizuho Trust & Banking, as a trust contract agent for 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 dies and pays it to a person nominated by the customer (policyholder) with agreed specifics.

Improvement of information provision and consulting when customers receive a payment

Dai-ichi Life deploys Inheritance Consultant Financial Planners at each of its branch offices across Japan who provide consulting services with regard to procedures at the time of receiving an inheritance and inheritance planning while still alive, which includes insurance coverage and other facets. When a death benefit is paid out, we provide information on the social security programs, such as the survivor pension system, and inheritance tax system.

When hospital expense benefits are paid out, we provide information on the high medical cost subsidy system and medical expenses deduction intended to alleviate the burden of medical costs.

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

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.

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.

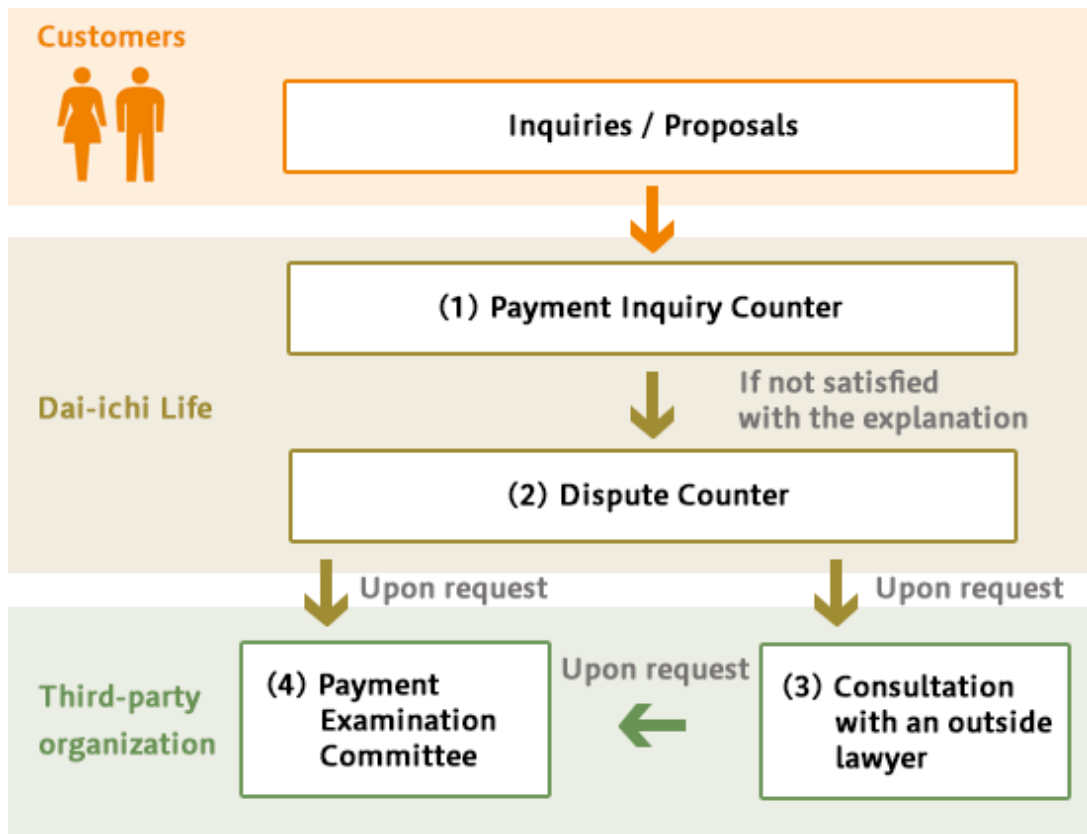
Outside Lawyer Consultation System

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 2013	172 cases	11 cases	8 cases
Fiscal 2014	149 cases	6 cases	1 case

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

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 2014

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	1,118,672 cases	85,979 cases	1,032,693 cases
Number of cases in which payments were not made	32,915 cases	3,539 cases	29,376 cases

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

Insurance Claims and Benefits Paid

	Amount
Total	¥1,791.4 billion
Death / Disability / Specified Disease Insurance	¥438.2 billion
Hospital Expenses and Surgical Insurance	¥128.0 billion
Maturity Proceeds / Living Benefits / Annuities, etc	¥1,225.2 billion