

## BASIC PROVISIONS

**The Parties Involved.** In this Policy, the words “we”, “us”, “our” and “the Company” refer to YF Life Insurance International Ltd. The Policy Owner is the person who owns this Policy, as shown in our records. In this Policy, the words “you” and “your” refer to the Policy Owner.

The Insured is the person being insured by this Policy. The Insured is the Policy Owner of this Policy unless someone else is named as the Policy Owner in the Policy Schedule or endorsement.

A Beneficiary is the person named by you in our records to receive the Proceeds for Death Benefit, Compassionate Cash Benefit, Critical Illness Benefit (if applicable), Multiple Critical Illness Benefit (if applicable), Cash Benefit for Continuous Cancer (if applicable), Cash Benefit for Heart Attack and Stroke (if applicable) and Sperm / Oocyte Cryopreservation Benefit (if applicable) as described in the Benefit Provisions after the Insured dies. The Beneficiary you named in the insurance application will receive the Proceeds for Death Benefit, Compassionate Cash Benefit, Critical Illness Benefit (if applicable), Multiple Critical Illness Benefit (if applicable), Cash Benefit for Continuous Cancer (if applicable), Cash Benefit for Heart Attack and Stroke (if applicable) and Sperm / Oocyte Cryopreservation Benefit (if applicable) unless changed. There may be different categories of Beneficiaries such as primary and contingent. These categories set the order of payment.

The Beneficiary may be named as Irrevocable Beneficiary. An Irrevocable Beneficiary is one whose consent is required for a change of that Beneficiary. If you do not specify on your insurance application or at a later time that the Beneficiary is irrevocable, we will regard your named Beneficiary as Revocable Beneficiary. If there is no named Beneficiary when the Insured dies, we will pay the Proceeds for Death Benefit, Compassionate Cash Benefit, Critical Illness Benefit (if applicable), Multiple Critical Illness Benefit (if applicable), Cash Benefit for Continuous Cancer (if applicable), Cash Benefit for Heart Attack and Stroke (if applicable) and Sperm / Oocyte Cryopreservation Benefit (if applicable) to you or your estate.

Unless specifically provided otherwise, the interest of any Beneficiary or Irrevocable Beneficiary who predeceases the Insured shall vest in you.

If a partnership has any rights under this Policy, such rights shall belong to the partnership as it exists when the rights are exercised.

**Head Office.** Means our Hong Kong Head Office as shown on the first page of this Policy.

**Branch Office.** Means our Branch Office as shown on the first page of this Policy.

**Policy - a Legal Contract.** This Policy is a legal contract between you and us. No third party shall have any right to enforce any of the terms of the Policy. The entire contract consists of this Policy with all its pages, the attached copy of your insurance application, the Policy Schedule and any attached endorsements and supplements. Any application for reinstatement becomes a part of this Policy if the reinstatement is approved by us. This contract is made in consideration of your insurance application and the payment of the required premiums in advance. Any change or waiver of its terms must be in writing and signed by the Managing Director & Chief Executive Officer of the Company or any officer authorized by the Company before it will become effective.

**Accidental Bodily Injury.** Means bodily injury suffered by the Insured effected directly and independently of all other causes by accident of which there is evidence of a visible bruise or wound on the body which occurs while this Policy is in force and which results in loss covered by this Policy.

**Cancer Treatment.** Means the course of cancer-directed surgery, any treatment or combination of treatments aimed at potential cure of Cancer, which is Medically Necessary and prescribed by or administrated by a Doctor who is a specialist in the relevant field. It will not include any treatment given solely as palliative care or as prophylactic purpose. Cancer Treatment includes surgery, radiotherapy (including proton therapy, CyberKnife and Gamma Knife), chemotherapy, targeted therapy, bone marrow transplant, immunotherapy (including Chimeric Antigen Receptor (CAR) T-cell therapy) and any other treatments as approved by the Company from time to time. Hormonal therapy is not included as Cancer Treatment.

**Covered Child(ren).** Means the natural child(ren) or stepchild(ren) of the Insured. Child(ren) legally adopted in Hong Kong or Macau by the Insured will also be considered as Covered Child(ren). Once a Major Critical Illness of a Covered Child is diagnosed and payable under any Care2Share Extra Benefit issued by the Company at any time under any Insured, such Covered Child is excluded for purpose of another claim under Care2Share Extra Benefit.

**Designated Human Reproductive Technology Service Providers.** Means the providers as listed out in the Company’s website [www.yflife.com](http://www.yflife.com) (“Designated Human Reproductive Technology Service Providers List”). The Designated Human Reproductive Technology Service Providers List may be updated from time to time at our discretion, and any change shall be deemed as effective on the date of publication of the Designated Human Reproductive Technology Service Providers List on the Company’s website. Before the Insured undergoes cryopreservation of mature sperms or cryopreservation of mature oocytes (eggs) or embryos, you have the responsibility to confirm whether the provider at that time is included in the Designated Human Reproductive Technology Service Providers List on our website. The Company reserves the absolute right not to cover a provider which is not included in the Designated Human Reproductive Technology Service Providers List on the date of undergoing cryopreservation of mature sperms or cryopreservation of mature oocytes (eggs) or embryos.

**Doctor.** Means a person, other than the Insured, qualified in western medicine legally authorized in the geographical area of his practice to render medical and surgical services and who is not a member of the Insured’s Immediate Family Member or living regularly with the Insured.

## 基本條款

**有關人士：** 在本保單內，「我們」、「我們的」及「本公司」指萬通保險國際有限公司。

保單持有人指擁有本保單的人士，如我們的記錄所示。在本保單內，「你」及「你的」指保單持有人。

受保人指受本保單所保障的人士。除非本保單計劃表或任何附加的修訂文件內另名保單持有人為其他人，否則受保人為本保單的保單持有人。

受益人乃於我們的記錄中，你所指定收取於受保人身故後而獲得於保障條款內定明之身故保障額、身故現金津貼、嚴重疾病保障(如適用)、多次危疾保障(如適用)、持續癌症現金津貼(如適用)、心臟病及中風現金津貼(如適用)及精／卵細胞冷凍保存保障(如適用)的人士。除非有所更改，否則，你在投保申請表內指明的受益人將可獲得該等身故保障額、身故現金津貼、嚴重疾病保障(如適用)、多次危疾保障(如適用)、持續癌症現金津貼(如適用)、心臟病及中風現金津貼(如適用)及精／卵細胞冷凍保存保障(如適用)。受益人亦可分為不同類別，例如第一受益人及第二受益人。此等類別將釐定賠償的先後次序。

受益人可被指定為不可更改的受益人。如欲更改不可更改的受益人時，必須獲得該不可更改的受益人的同意。如你在投保申請表內指定受益人時或於更改受益人時，沒有特別註明，我們將視該名受益人為可更改的受益人。如在受保人身故時，並無指定的受益人，我們會將身故保障額、身故現金津貼、嚴重疾病保障(如適用)、多次危疾保障(如適用)、持續癌症現金津貼(如適用)、心臟病及中風現金津貼(如適用)及精／卵細胞冷凍保存保障(如適用)賠償予你或撥入你的遺產內。

除非特別地指明，否則，在任何受益人或不可更改的受益人早於受保人身故的情況下，其利益將歸於你的名下。

如合伙人擁有本保單的任何權利，該等權利乃屬於在行使該等權利時仍存在的合伙人所擁有。

**總公司：** 指本保單第一頁內所列明的我們於香港的總公司。

**分公司：** 指本保單第一頁內所列明的我們的分公司。

**保單——一份具有法律效力的合約：** 本保單是一份你與我們之間具法律效力的合約。任何第三方不得有任何執行本保單條款的權利。整份合約包括本保單及其所有頁數、你的投保申請表副本、保單計劃表及任何附加的修訂文件及附錄。任何獲我們批准的復效申請將成為本保單的一部份。本合約的制定是基於你的投保申請表及已預先繳付所需的保費。任何條款的更改或豁免必須以書面方式及由本公司的常務董事兼總裁或任何由本公司授權的職員簽署後，才開始生效。

**意外身體受傷：** 受保人直接因意外而非由其他原因導致身體受傷，並有明顯的瘀痕或傷口。該意外必須在本保單生效期內發生，而該意外所引致的損失必須屬於本保單的保障範圍。

**癌症治療：** 指由相關專科的醫生處方或給予因醫療而必須進行的及以醫治癌症為目的的針對癌症之手術、治療、或以上的組合。癌症治療並不包括任何純粹為舒緩治療或以預防為目的而提供的治療。癌症治療包括外科手術、電療(包括質子治療、數碼導航刀及伽瑪刀)、化療、標靶治療、骨髓移植、免疫治療(包括嵌合抗原受體(CAR-T細胞)治療)及由本公司不時批准的任何其他治療。荷爾蒙治療並不包括在癌症治療內。

**受保子女：** 指受保人所生的子女或繼子繼女，於香港或澳門經合法收養的子女亦將被視為受保子女。當受保子女被確診患上主要嚴重疾病並獲支付本公司在任何時間繕發之所有愛共享額外子女保障賠償，此受保子女將不會就其他主要嚴重疾病而獲支付任何愛共享額外子女保障賠償。

**指定人類生殖科技服務提供者：** 指於公司網址 [www.yflife.com](http://www.yflife.com) 列出之服務提供者(“指定人類生殖科技服務提供者名單”)。我們擁有隨時更新指定人類生殖科技服務提供者名單的最終決定權，而任何更改將在指定人類生殖科技服務提供者名單於公司網址發行日期起生效。受保人在進行成熟精子的冷凍保存或成熟卵母細胞(卵子)或胚胎的冷凍保存前，你有責任去確定該提供者當時是否包括在我們公司網址上的指定人類生殖科技服務提供者名單內。如受保人於進行成熟精子的冷凍保存或成熟卵母細胞(卵子)或胚胎的冷凍保存當天，該提供者並不包括在指定人類生殖科技服務提供者名單內，本公司保留絕對權利不提供保障。

**醫生：** 指除受保人本人、其直系親屬或與受保人慣常居住的人士外，任何經合法批准在所屬地域提供醫療及手術服務的註冊西醫。



**End-of-life Care.** Means treatment provided in Hospital or by a registered hospice specifically to relieve symptoms of a Cancer which in the opinion of a Doctor is likely to lead to death of the Insured within twelve months from the date of the such treatment.

**Hospital.** Means any hospital legally authorized by the governmental authorities which provides facilities for major surgery and full time nursing service and is not primarily a convalescent or nursing home, rest home, home for the aged, a place for alcoholics or drug addicts or for any similar purposes.

**Immediate Family Member.** Means the legally married spouse, child(ren), siblings and parents of the Insured.

**Intensive Care Unit or ICU.** Means a part or unit of a Hospital established for and devoted to providing intensive medical and nursing care for critically-ill patients. ICU shall include: high dependency unit, intensive therapy unit, intensive care unit, coronary care unit / cardiac care unit, neuro intensive care unit, paediatric intensive care unit and neonatal intensive care unit. For the avoidance of doubt, any post-operative recovery room, emergency care center, observation unit or any unit other than ICU providing specialized resuscitation, monitoring or treatment procedures shall not be considered as an ICU.

**Invasive Life Support.** Means mechanical ventilation through tracheal intubation, the use of left ventricular assist device (LVAD), intra-aortic balloon pump or Extracorporeal Membrane Oxygenation (ECMO), for the purpose of sustaining life. For the avoidance of doubt, ventilation by any non-invasive ventilator such as CPAP, BiPAP or face mask, shall not be considered as Invasive Life Support.

**Medically Necessary.** Means all of the following conditions are met:

1. Consistent with the diagnosis and customary medical treatment for the condition.
2. In accordance with standards of good medical practice.
3. Not for the convenience of the Insured and/or the Doctor.

**Oocyte Cryopreservation.** Means the actual undergoing of cryopreservation of mature oocytes (eggs) or embryos in Designated Human Reproductive Technology Service Providers. At the Company's absolute discretion, we will consider other qualified providers which are legally authorized by the relevant government authority.

**Recognized Hospital.** Means any Hospital formally assessed and rated by the Mainland Government Ministry of Health of the People's Republic of China as a "third level first class" [三級甲等] Hospital and/or Hospital approved or designated by the Company. The Company reserves the right to review and reasonably revise the definition of Recognized Hospital in the event that the relevant authority cancels or amends the criteria for rating hospitals and/or where the Company deems necessary.

**Sperm Cryopreservation.** Means the actual undergoing of cryopreservation of mature sperms in Designated Human Reproductive Technology Service Providers. At the Company's absolute discretion, we will consider other qualified providers which are legally authorized by the relevant government authority.

**Monthly Anniversary Date.** The first Monthly Anniversary Date is on the same day following one full month of the Policy Date. The period from the Policy Date to the first Monthly Anniversary Date, or from one Monthly Anniversary Date to the next is called a policy month. Each subsequent Monthly Anniversary Date is on the same day following one full month of the previous Monthly Anniversary Date.

**Policy Schedule.** Means an attachment to this Policy as may be amended from time to time by way of endorsement(s).

**Policy Date.** Means the Policy Date specified in the Policy Schedule. The Policy Date is used to determine policy anniversaries and policy years. A policy anniversary is an anniversary of the Policy Date of this Policy. The first policy year is the annual period which begins on the Policy Date. Subsequent policy years begin on each anniversary of the Policy Date.

**Policy Debt.** Means all outstanding loans plus accrued interest that you owe us.

**Effective Date of Coverage.** This date is the same as the Policy Date shown in the Policy Schedule unless otherwise specified in supplemental endorsements. For any insurance that has been reinstated, the effective date shall be the date we approve the reinstatement application.

**Premium Expiry Date.** Means the Premium Expiry Date specified in the Policy Schedule.

**Benefit Expiry Date.** Means the Benefit Expiry Date specified in the Policy Schedule.

**Reaching of Aggregate Limit.** Means the diagnosis of the Critical Illness of the Insured which results in the total Critical Illness Benefit paid or payable under this Policy reaching 100% of the Basic Sum Insured as specified in the Policy Schedule of this Policy.

**晚期護理：**指在醫院或註冊善終院舍接受舒緩癌症症狀之治療，而該癌症根據醫生的意見，很可能導致受保人於該治療十二個月內身故。

**醫院：**指經政府部門合法批准，並具備提供主要手術服務設施及全職醫護服務的醫院。所有主要為提供復康、護理或休養的院舍、安老院、用作戒酒或戒毒或任何類似用途的地方，均不會被當作醫院。

**直系親屬：**指受保人經合法婚姻的配偶、子女、兄弟姊妹及父母。

**深切治療部或ICU：**指醫院內專門及指定用作為重病患者提供深切治療及護理服務而設的部門。ICU包括：加護病房、重症治療病房、重症監護病房、心臟科深切治療病房、神經科深切治療病房、兒童深切治療病房及新生嬰兒深切治療病房。為免生疑問，任何手術康復室、緊急救護中心、觀察病房或任何於ICU以外提供進行恢復知覺、監察及治療等特別程序的部門將不被視作ICU。

**侵入性維生支持：**指就維持生命而借助氣管插管機械式呼吸輔助、使用左心室輔助裝置、主動脈內氣囊泵或體外膜肺氧合支援療法。為免生疑問，任何非侵入性呼吸機（例如CPAP，BiPAP或面罩）將不被視為侵入性維生支持。

**因醫療而必須進行的：**指符合以下所有情況：

(一) 因應診斷結果而施行一般慣常使用的醫治方法。

(二) 根據既定之良好醫療守則。

(三) 並非就受保人及/或醫生之方便而進行。

**卵母細胞冷凍保存：**指於指定人類生殖科技服務提供者實際進行成熟卵母細胞（卵子）或胚胎的冷凍保存。在本公司擁有絕對酌情權下，我們將考慮相關政府機構合法授權的其他合格服務提供者。

**獲認可醫院：**指獲中華人民共和國衛生部正式評估及評級為「三級甲等」醫院的任何醫院及/或本公司批准或指定的醫院。本公司保留權利在相關當局取消或修改醫院評級標準及/或在本公司認為必要時，審查及合理修訂獲認可醫院的定義。

**精子冷凍保存：**指於指定人類生殖科技服務提供者實際進行成熟精子的冷凍保存。在本公司擁有絕對酌情權下，我們將考慮相關政府機構合法授權的其他合格服務提供者。

**月結日：**首個月結日是在接著保單日期一整個月後的同一天。保單月是指由保單日期至首個月結日，或由一個月結日至下一個月結日。其後每個月結日是在接著前一個月結日一整個月後的同一天。

**保單計劃表：**指本保單內的附頁，該附頁會透過附加修訂文件而不時作出修改。

**保單日期：**指註明於保單計劃表內的保單日期。保單日期用以決定保單週年及保單年。保單週年是本保單由保單日期起計滿一週年。首個保單年是指由保單日期起計的一年。其後每一個保單年始於保單日期後的每個週年。

**保單債項：**指你尚未償還予本公司的所有貸款連同利息。

**保障生效日期：**除非另有註明於附加的修訂文件內，否則保障生效日期與保單計劃表內註明的保單日期相同。任何已復效的保障，其生效日期將會是在我們批准復效申請當日。

**供款到期日：**指註明於保單計劃表內的供款到期日。

**保障到期日：**指註明於保單計劃表內的保障到期日。

**達到合計限額：**指受保人確診患上導致於本保單內已支付或將獲支付之嚴重疾病保障總賠償額達到註明於本保單之保單計劃表內基本保障額的100%的嚴重疾病。



**Terminal Bonus.** Subject to our right to determine the declaration frequency and the declared bonus amount in respect of this Policy in our absolute discretion, a Terminal Bonus will be declared on each policy anniversary beginning on the fifth policy anniversary. It will be paid upon (a) the termination of this Policy by way of the events as stated in the Termination clause or (b) the diagnosis of a Critical Illness of the Insured giving rise to the Reaching of Aggregate Limit and no Terminal Bonus will be payable afterwards.

The Terminal Bonus does not form a permanent addition to the Policy. The amount of declared Terminal Bonus may be increased or decreased at subsequent declarations by the Company and therefore is not guaranteed.

The Terminal Bonus, if applicable, cannot be surrendered for cash outside the event (a) or (b) as stated above.

**Incontestability.** In issuing this Policy, we rely on all statements made by or for the Insured in your insurance application. Unless fraud is involved, we will not contest the validity of this Policy during the lifetime of the Insured after this Policy has been in force for two years from the Policy Date or the date we approve the reinstatement application, whichever is later. This Incontestability provision will not apply to any of the following during the lifetime of the Insured:

1. any supplementary benefits attached to this Policy;
2. Critical Illness Benefit;
3. Premium Waiver Benefit;
4. Multiple Critical Illness Benefit;
5. Cash Benefit for Continuous Cancer;
6. Cash Benefit for Heart Attack and Stroke;
7. Sperm / Oocyte Cryopreservation Benefit;
8. Care2Share Extra Benefit; and
9. Misstatement of Age or Gender.

**Misstatement of Age or Gender.** If the date of birth or gender of the Insured given in your insurance application is not correct, the proceeds of benefit will be the amount that the premium would have purchased at the correct age and gender. In all circumstances, our total liability shall be limited to the refund of all premiums paid less any benefit amount that has been paid and Policy Debt (if any) if the correct issued age of the Insured is outside the range of our normal issued ages.

**Suicide Exclusion.** If the Insured commits suicide, whether sane or insane, within one year from the Policy Date or within one year from the date we approve the reinstatement application, whichever is later, our total liability shall be limited to the premiums paid less any benefit amount that has been paid or is payable and Policy Debt (if any).

**Termination.** All coverage under this Policy shall terminate when one of the following events occurs:

1. You submit a written request to terminate this Policy. Such request will constitute a surrender of this Policy.
2. The Insured dies.
3. On the Benefit Expiry Date as specified in the Policy Schedule.
4. The Grace Period as defined in the Premium Payments Provisions of this Policy ends, except if the Automatic Premium Loan applies.
5. The amount of Policy Debt reaches the Guaranteed Cash Value net of any previous Critical Illness Benefit paid or payable under this Policy.

**Termination of Supplementary Benefits.** All Supplementary Benefits (except Optional Extra Cancer Cash Benefit) attached to this Policy will be terminated on the Premium Expiry Date, upon the diagnosis of a Critical Illness of the Insured giving rise to the Reaching of Aggregate Limit, or the termination date as defined in the respective supplementary benefits provisions, whichever is earlier.

**Notice of Claim and Proof.** We must receive reasonable and necessary proof that the Insured is first diagnosed of the claimed Critical Illness before the relevant benefit is payable. Notice of claim is required to be furnished in the form specified by us within 90 days from the first diagnosis of that Critical Illness of the Insured or within 6 months after the commencement date of Total and Permanent Disability.

We must receive reasonable and necessary proof that the Covered Child is first diagnosed of the claimed Major Critical Illness before Care2Share Extra Benefit is payable. Notice of claim is required to be furnished in the form specified by us within 90 days from the first diagnosis of that Major Critical Illness of the Covered Child.

If the notice of claim is not given within the time specified, it must be shown that it will be given as soon as reasonably possible, or we will not pay the Benefit. Written proof of loss satisfactory to us, such as reasonable and necessary information, documents, medical evidence and reports signed by a Doctor, birth certificate, or legal document for the relationship of the Insured and the Covered Child issued by the governmental / regulatory authority of Hong Kong or Macau (applicable to Care2Share Extra Benefit), which we require you to provide at your expense, must be received by us within 6 months, or soon thereafter as is reasonably possible, after we receive the written notice of claim.

For the notice of claim of Cash Benefit for Continuous Cancer, it is specified in the Benefit Provisions.

We reserve the right to require you to provide any additional proof and documents in support of the claim.

**Medical Examination.** When a claim occurs, we may require the Insured or the Covered Child to be examined by a Doctor at our choice.

**Currency and Payment of Benefits.** In this Policy, all amounts payable to or by us are expressed in the currency specified in the Policy Schedule. All benefits under this Policy will be payable by us at the office shown on the first page of this Policy.

**終期紅利：** 於第五個保單週年起，終期紅利將會於每個保單週年公佈，本公司保留絕對的酌情權決定就本保單公佈終期紅利之頻率及終期紅利金額。終期紅利將於(一)本保單根據終止條款內所載的情況終止時或(二)受保人經確診患上嚴重疾病而總賠償額達到合計限額時獲得支付，其後不會再有任何終期紅利獲得支付。

終期紅利並不是永久附加於本保單，已公佈的終期紅利或會在本公司其後公佈時增加或減少，因此已公佈的終期紅利的金額並非保證。

終期紅利(如適用)只可在上述(一)或(二)之情況下才可當作現金被提取。

**不可異議條款：** 我們乃根據投保申請表內受保人或為其所申報的所有資料而簽發本保單。除非牽涉詐騙行為，否則本保單在受保人在生期間而保單日期起計或批核復效當日起計(以較後者為準)生效已達兩年，我們將不會就本保單的有效性提出爭議。此不可異議條款並不適用於：

- (一) 任何附加於本保單之附加保障；
- (二) 嚴重疾病保障；
- (三) 保費豁免保障；
- (四) 多次危疾保障；
- (五) 持續癌症現金津貼；
- (六) 心臟病及中風現金津貼；
- (七) 精／卵細胞冷凍保存保障；
- (八) 愛共享額外子女保障；及
- (九) 錯誤填報年齡或性別。

**錯誤填報年齡或性別：** 若投保申請表內關於受保人之出生日期或性別有錯誤，我們將會以正確年齡及性別重新計算並調整保障的金額。如受保人於投保時的正確年齡超過可投保年齡，則我們的全部責任只限於退回所有已繳付的保費(扣除已支付之賠償額及保單債項(如有))。

**自殺不保條款：** 受保人若在保單日期或批准保單復效申請當日(以較後者為準)起計一年內自殺，無論其是否在神智清醒的情況下，我們的全部責任將只限於退還已支付之保費(扣除已支付或將獲支付之賠償額及保單債項(如有))。

**終止：** 在下列任何情況下，本保單的所有保障將會終止：

- (一) 你呈交書面要求終止本保單。此要求將會構成對本保單的退保。
- (二) 受保人身故。
- (三) 列明於保單計劃表內的保障到期日當日。
- (四) 本保單的繳付保費條款內定明之寬限期屆滿，除非自動保費貸款適用。
- (五) 保單債項到達保證現金價值扣除本保單任何已支付或將獲支付之嚴重疾病保障之賠償金額。

**終止附加保障：** 所有於本保單內的附加保障(自選額外癌症現金津貼除外)將會於供款到期日、在受保人經確診患上嚴重疾病而總賠償額達到合計限額時或該附加保障條款內所載的到期日終止，以較早的日期作準。

**索償通知及證明：** 在支付相關保障前，我們必須接獲合理及必要的證明受保人首次確診患上索償之嚴重疾病。你必須按照我們指定的方式在受保人首次確診患上該嚴重疾病的九十天或完全及永久傷殘後六個月內呈交索償通知給我們。

在支付愛共享額外子女保障前，我們必須接獲合理及必要的證明受保子女首次確診患上索償之主要嚴重疾病。你必須按照我們指定的方式在受保子女首次確診患上該嚴重疾病的九十天內呈交索償通知給我們。

如在指定時間內，本公司並未接獲索償通知，則必須證實該索償通知是在合理的時間內儘快呈交給我們，否則，我們將不會作出賠償。你必須在我們接獲索償通知後六個月內呈交(或受保人可證實為合理的時間內儘快呈交)所有我們滿意的索償證明文件，包括有關合理及必要的資料、文件、醫學證據及報告，而該等醫學證據及報告必須具備醫生簽署，及受保子女的出生文件或由香港或澳門政府/監管機構發出受保人與受保子女之關係證明(適用於愛共享額外子女保障)，並由你負責有關支出。

持續癌症現金津貼的索償通知，已註明於保障條款。

我們保留要求你提供額外之有關證明文件的權利。

**醫生檢驗：** 在接獲索償的申報後，我們可要求受保人或受保子女接受我們指定的醫生檢驗。

**支付保單金額及所用貨幣：** 在本保單內，所有由我們支付或收取的金額均為保單計劃表內註明的貨幣。本保單所有賠償將由我們於本保單第一頁內列明的辦事處支付。



**Governing Law.** This Policy is issued under and will be construed in accordance with the laws of the place of issue of this Policy as stated in the Policy Schedule. All the rights and entitlements under this Policy shall be subject to all applicable laws, regulations, guidelines, codes and requirements of relevant governmental or regulatory authorities as promulgated and amended from time to time.

## POLICY OWNERSHIP PROVISIONS

**Rights of Policy Owner.** While the Insured is living, you may exercise all the rights given by this Policy or allowed by us. These rights include assigning this Policy; changing Beneficiaries; changing ownership; enjoying all benefits under this Policy and exercising all provisions of this Policy. The written consent of any Irrevocable Beneficiary is required to exercise any right under this Policy except the right to change the amount or form of premium payment and the right to reinstate this Policy, unless the Irrevocable Beneficiary predeceases the Insured in which case no such consent is required.

**Assigning this Policy.** This Policy may be assigned. However, for any assignment to be binding on us, our written acknowledgement of receipt of a copy of the assignment duly signed by you is necessary. Under no circumstances will we be responsible for the legal effect, validity or sufficiency of any assignment.

Once we receive a signed copy of the assignment, your rights and the interest of any Beneficiary other than an Irrevocable Beneficiary recorded by us before the assignment effective date or any other person will be subject to the assignment provided always that such assignment will be subject to any Policy Debt.

**Changing the Policy Owner or Beneficiary.** You may change the Policy Owner or any Beneficiary (subject to the written consent of any Irrevocable Beneficiary) during the Insured's lifetime. We do not limit the number of changes that may be made. To make a change, we must receive a written request satisfactory to us at our Head Office or Branch Office. Also, to change the Policy Owner, you must return this Policy to us. Any such change will take effect as of the date the request is signed, even if the Insured dies before we receive it. Each change will be subject to any payment we made or any other action we took before receiving the request.

## PREMIUM PAYMENTS PROVISIONS

**Premiums.** The amount and intervals of premium payable is shown in the Policy Schedule. Premiums may be paid annually or at such other intervals acceptable to us. Subject to our acceptance, you may change the premium payment intervals by sending us a written request. This Policy shall not be in force until the required initial premium is received by our Head Office or Branch Office. Premium payment will not be accepted by us on or after the Premium Expiry Date.

**Where to Pay.** All premiums are payable at our Head Office or Branch Office. Upon request, a receipt signed by our authorized officer will be given for any premium payment.

**How to Pay.** The method of premium payment is subject to the administrative rules specified by the Company from time to time.

**Grace Period.** If a premium is not paid when due, this Policy will remain in force for 31 days from such due date. These 31 days are called the Grace Period. If the due premium is still unpaid at the end of the Grace Period, all coverage under this Policy will be terminated and the Cash Value as defined in the Benefit Provisions will be payable, if any, unless the Automatic Premium Loan applies.

We will deduct any overdue premium from any benefit proceeds payable during the Grace Period.

**Renewal.** While this Policy is in force and before the Benefit Expiry Date of this Policy, this Policy will be renewed automatically at each policy anniversary for another one year upon receipt of the payment of the required premium by our Head Office or Branch Office. We reserve the right to change the premium on each renewal for all Insureds of the same Class before the Premium Expiry Date.

**Reinstatement.** Reinstatement means to restore this Policy when this Policy is terminated after the occurrence of event (4) or (5) as stated in the Termination clause of the Basic Provisions. You can apply for reinstatement of this Policy by submitting the following to us:

1. your written request within 12 months after (a) the due date of the last unpaid premium if this Policy is terminated after the occurrence of event (4) as stated in the Termination clause of the Basic Provisions or (b) the day on which the amount of Policy Debt reaches the Guaranteed Cash Value net of any previous Critical Illness Benefit paid or payable under this Policy if this Policy is terminated after the occurrence of event (5) as stated in the Termination clause of the Basic Provisions;
2. evidence of insurability satisfactory to us; and
3. payment of all overdue premium with interest;
4. repayment or reinstatement of any Policy Debt which existed when this Policy was terminated with interest; and
5. payment of the amount of Cash Value (if any) paid to you when this Policy was terminated with interest.

The effective date of a reinstated Policy will be the date we approve the reinstatement application.

**監管法例：** 本保單受於保單計劃表內所示的簽發地方之法例約束並據其詮釋。此保單下的所有權利及權益受限於有關政府或監管機構不時頒布及修訂的所有適用的法律、法規、指引、守則及要求。

## 保單擁有權條款

**保單持有人的權利：** 在受保人在生期間，你可行使本保單內註明或由我們批准的所有權利。此等權利包括轉讓本保單、更改受益人、更改擁有權、享有本保單的所有保障及行使本保單所有條款的權利。除更改保費數額或繳付方式的權利及復效本保單的權利外，以及除在不可更改的受益人於受保人在生時已身故的情況下，行使任何本保單的權利必須獲得任何不可更改的受益人的書面同意。

**轉讓保單：** 本保單可供轉讓。然而，為使我們受任何轉讓的約束，你簽署的轉讓文件副本必須獲我們的書面確認。無論在任何情況下，我們將不會就任何轉讓的法律效力、有效性或足夠性負上責任。

當我們收到已簽署的轉讓文件副本後，除在轉讓生效前已於我們的記錄中列為不可更改的受益人外，你的權利及任何受益人或任何其他人的利益，將受此轉讓限制，而此轉讓亦將受保單債項的限制。

**更改保單持有人或受益人：** 在受保人在生期間，你可更改保單持有人或受益人(須獲得任何不可更改的受益人的書面同意)。我們並不規限更改的次數。如作出更改，必須以符合我們要求的書面方式通知我們的總公司或分公司。此外，如更改保單持有人，你必須把保單送回給我們。即使受保人在我們接獲更改要求前已身故，任何該等改變將在作出要求的簽署日期起生效。每一項更改將受制於我們接獲更改通知前已支付的任何款項或已作出的任何其他行動。

## 繳付保費條款

**保費：** 繳付保費的數額及頻率已在保單計劃表內註明。保費可以每年繳付或以其他我們接受的頻率繳付。你可以以書面方式申請更改繳付保費的頻率，但必須經我們同意，方為有效。本保單將會在你向我們的總公司或分公司繳交所需之第一期保費後才會生效。我們將不會接納供款到期日或之後所支付的保費。

**在何處付款：** 每一項保費須在我們的總公司或分公司辦事處繳付。在你提出要求時，我們可就任何保費的繳款發出收據。

**繳費方法：** 繳付保費方法須符合本公司不時修改的行政規定。

**寬限期：** 如保費到期仍未繳付，本保單將自該到期日起繼續生效三十一天。此三十一天稱為寬限期。如在寬限期屆滿前仍未能繳付到期的保費，除非自動保費貸款適用，否則本保單的所有保障將會終止，及於保障條款內定明之現金價值(如有)將獲支付。

如我們在寬限期內須作出賠償，所有到期而仍未繳付的保費將會由賠償額中扣除。

**續期：** 在本保單生效期間及保障到期日前，如總公司或分公司接獲所需保費，本保單會於每個保單週年自動獲續期一年。於供款到期日前，我們有權在每次續期時更改所有在同一級別的受保人之續期保費。

**保單復效：** 保單復效指本保單在因於基本條款內終止條款所載的第(四)或(五)項情況出現而被終止後再度復效。你可提交以下項目給我們，作為保單復效之申請：

- (一) (甲)如本保單因於基本條款內終止條款所載的第(四)項情況出現而被終止，在上次未繳付保費的到期日後十二個月內提出書面申請，或(乙)如本保單因於基本條款內終止條款所載的第(五)項情況出現而被終止，在保單債項到達保證現金價值扣除本保單任何已支付或將獲支付之嚴重疾病保障之賠償金額當天十二個月內提出書面申請；
- (二) 符合我們要求的可保資料的證據；
- (三) 所有逾期未繳付之保費及利息；
- (四) 清還或復效於本保單被終止時任何已存在的保單債項及其利息；及
- (五) 於本保單被終止時支付給你的現金價值(如有)及其利息。

保單復效的生效日期為我們批准你保單復效申請的日期。



## BORROWING ON THIS POLICY PROVISIONS

**Right to make Loans, Policy Debt.** Before Reaching of Aggregate Limit, if this Policy has a Guaranteed Cash Value, you can make loans at any time during the Insured's lifetime and before the Insured dies by sending us a written request. Your application for making loans must be in a form specified by us. We may delay making any loan for a period up to six months from the date we receive your written request for whatever reason, unless the loan is to be used to pay premium to us.

**Maximum Loan Limit.** The Maximum Loan Limit is 90% of the Guaranteed Cash Value net of any previous Critical Illness Benefit paid or payable under this Policy. The most you can borrow is an amount which together with any existing Policy Debt does not exceed the Maximum Loan Limit on the date of the loan.

**Interest.** Interest will be charged at a rate determined by us. Interest payments are due on each policy anniversary. If interest is not paid when due, it will be added to the outstanding loans.

**Automatic Premium Loan.** If overdue premium has not been paid by the end of its Grace Period, an automatic premium loan facility will automatically be triggered to advance the Guaranteed Cash Value as a policy loan to settle for the overdue premium provided that the Guaranteed Cash Value net of any previous Critical Illness Benefit paid or payable under this Policy at the time of applying the automatic premium loan is at least equal to the amount of the overdue premium plus any existing Policy Debt and the Policy will continue to remain in force. Otherwise, we will pay you the Cash Value of this Policy and the Policy will be terminated.

**Repayment of Policy Debt.** Policy Debt may be repaid in full or in part at any time while this Policy is in force. You must identify clearly in written form specified by us for Repayment of Policy Debt at the time of payment; otherwise they will be considered as premium payments. If it is not repaid, we will deduct the Policy Debt from the policy proceeds. For the avoidance of doubt, any benefit amount used to repay Policy Debt will be counted towards benefit paid.

Repayment of Policy Debt will first be applied to any accrued interest and then the outstanding loans.

## DEFINITION OF CRITICAL ILLNESS PROVISIONS

**Carcinoma-in-situ/Early Stage Cancer.** Means the Insured suffers from any of the illnesses specified below to the exclusion of all other illnesses. The definitions of each of the Carcinoma-in-situ/Early Stage Cancer specified below are stated in the Definition of Critical Illness below.

- Carcinoma-in-situ of the Ampulla of Vater
- Carcinoma-in-situ of the Anal Cannel
- Carcinoma-in-situ of the Breast(s)
- Carcinoma-in-situ of the Cervix
- Carcinoma-in-situ of the Colon or Rectum
- Carcinoma-in-situ of the Extra-hepatic Bile Duct
- Carcinoma-in-situ of the Fallopian Tube(s)
- Carcinoma-in-situ of the Gallbladder
- Carcinoma-in-situ of the Kidney
- Carcinoma-in-situ of the Larynx
- Carcinoma-in-situ of the Liver
- Carcinoma-in-situ of the Lung
- Carcinoma-in-situ of the Nasopharynx
- Carcinoma-in-situ of the Ovary or Ovaries
- Carcinoma-in-situ of the Pancreas
- Carcinoma-in-situ of the Penis
- Carcinoma-in-situ of the Pharynx (including Tongue, Soft Palate and Uvula)
- Carcinoma-in-situ of the Renal Pelvis
- Carcinoma-in-situ of the Small Intestine (including Duodenum, Jejunum and Ileum)
- Carcinoma-in-situ of the Stomach or Oesophagus
- Carcinoma-in-situ of the Tear Duct
- Carcinoma-in-situ of the Testis or Testes
- Carcinoma-in-situ of the Ureter
- Carcinoma-in-situ of the Urinary Tract
- Carcinoma-in-situ of the Uterus
- Carcinoma-in-situ of the Vagina
- Carcinoma-in-situ of the Vulva
- Early Stage Cancer of the Prostate
- Early Stage Papillary Carcinoma of the Thyroid
- Non Melanoma Skin Cancer of AJCC Stage II or above

## 保單借貸條款

**借貸權利、保單償項：**於達到合計限額前，如本保單有保證現金價值，你可於受保人在生期間及於其身故前提出書面借貸要求。你的借貸申請必須按我們指定之形式呈交。除非該筆借款是用作繳付由本公司簽發保單的保費，我們有權押後借貸，最長不超過接獲書面借貸要求後六個月。

**最高借貸限額：**最高借貸限額為保證現金價值的90%扣除本保單任何已支付或將獲支付之嚴重疾病保障之賠償金額。你可借貸的數額為最高借貸限額扣除任何尚未償還的保單償項。

**利息：**貸款利息將由本公司釐定。如利息於保單週年當天尚未支付，該數額便會被加於尚欠的貸款內。

**自動保費貸款：**如在寬限期滿時仍未繳付逾期的保費，而當時的保證現金價值扣除本保單任何已支付或將獲支付之嚴重疾病保障之賠償金額不少於逾期未繳付的保費數目加任何尚未償還的保單償項，則自動保費貸款設施將會以借貸形式，繳付逾期的保費，而保單將會繼續生效。否則，本公司會繳付保單的現金價值，而本保單亦會終止。

**保單償項的清還：**於保單生效期間，你可隨時償還所有或部份的保單償項。還款時你必須清楚地按照我們指定的書面形式列明償還償項；否則，該筆款項將會被視為用作支付保費。未償還的保單償項將會於賠償金額中扣除。為免存疑，任何用以償還保單償項的賠償金額將被計算於已支付之賠償金額。

還款將先用作償還累積利息，然後才用作償還未清還的貸款。

## 嚴重疾病的定義

**原位癌／初期癌症：**指受保人患上下列任何一種疾病而非其他疾病。下列每一種原位癌／初期癌症之定義載於下述之嚴重疾病的定義內。

- 壺腹原位癌
- 肛管原位癌
- 乳房原位癌
- 子宮頸原位癌
- 結腸或直腸原位癌
- 肝外膽管原位癌
- 輸卵管原位癌
- 膽囊原位癌
- 腎臟原位癌
- 喉原位癌
- 肝原位癌
- 肺原位癌
- 鼻咽原位癌
- 卵巢原位癌
- 胰臟原位癌
- 陰莖原位癌
- 咽原位癌 (包括舌頭、軟齶及小舌)
- 腎盂原位癌
- 小腸原位癌 (包括十二指腸，空腸及迴腸)
- 胃或食道原位癌
- 淚管原位癌
- 睪丸原位癌
- 輸尿管原位癌
- 尿道原位癌
- 子宮原位癌
- 陰道原位癌
- 外陰原位癌
- 前列腺初期癌症
- 早期甲狀腺乳頭狀癌
- AJCC 第二期或以上的非黑色素瘤皮膚癌



**Early Stage Diseases.** An Early Stage Disease means the Insured suffers from any of the illnesses specified below to the exclusion of all other illnesses. The definitions of each of the Early Stage Diseases specified below are stated in the Definition of Critical Illness below.

- Adrenalectomy for Adrenal Adenoma
- Angioplasty and Other Surgeries for Carotid Arteries
- Angioplasty and Other Surgeries for Coronary Artery
- Biliary Tract Reconstruction Surgery
- Cerebral Aneurysm Requiring Surgery
- Cerebral Shunt Insertion
- Cochlear Implant Surgery
- Diabetic Retinopathy
- Early Chronic Lung Disease
- Early Stage Creutzfeld-Jacob Disease (Early Mad Cow Disease)
- Endovascular Treatment for Cerebral Aneurysm and Other Treatment for Cerebral Disease
- Endovascular Treatment of Peripheral Arterial Disease
- Endovascular Treatments of Aortic Disease or Aortic Aneurysm
- Facial Burns due to Accident
- Glaucoma Surgical Treatment
- Hepatitis with Cirrhosis
- Insertion of a Vena-cava Filter
- Less Invasive Treatments of Heart Valve Disease
- Less Severe Bacterial Meningitis
- Less Severe Coma
- Less Severe Encephalitis
- Less Severe Heart Disease
- Less Severe Kidney Disease
- Less Severe Systemic Lupus Erythematosus
- Liver Surgery
- Loss of Hearing in One Ear
- Loss of One Limb
- Loss of Sight in One Eye
- Macular Degeneration / Early Onset of Cataract
- Major Organ Transplantation (on Waiting List)
- Minimally Invasive Direct Coronary Artery By-pass
- Moderately Severe Brain Damage
- Moderately Severe Burns
- Moderately Severe Paralysis
- Moderately Severe Parkinson's Disease
- Osteoporosis with Fractures
- Pericardectomy
- Reconstructive Surgery
- Severe Psychiatric Illness
- Surgery for Subdural Haematoma
- Surgical Removal of One Lung
- Surgical Removal of Pituitary Tumour

**早期疾病：** 指受保人患上下列任何一種或多種疾病而非其他疾病。下列每一種早期疾病之定義載於下述之嚴重疾病的定義內。

- 腎上腺腺瘤的腎上腺切除術
- 頸動脈成形術及其它頸動脈手術
- 冠狀動脈的血管成形術及其它冠狀動脈的血管手術
- 膽道再造術
- 需進行手術之腦血管瘤
- 腦分流器植入術
- 耳蝸植入術
- 糖尿病性視網膜病變
- 早期慢性肺病
- 早期克雅氏症(早期瘋牛症)
- 腦動脈瘤的血管介入治療和腦病變的其它治療
- 周圍動脈疾病的血管介入治療
- 主動脈疾病或主動脈瘤的血管介入治療
- 意外所致的臉部燒傷
- 青光眼手術
- 肝炎伴肝硬化
- 腔靜脈過濾器植入
- 心臟瓣膜疾病的次級創傷性治療
- 次級嚴重細菌性腦膜炎
- 次級嚴重昏迷
- 次級嚴重腦炎
- 次級嚴重心臟疾病
- 次級嚴重腎病
- 次級嚴重紅斑狼瘡
- 肝臟手術
- 單耳失聰
- 失去單肢
- 單目失明
- 黃斑部病變/早發性白內障
- 主要器官移植（屬於器官移植輪候名單上的輪候者）
- 微創性直接冠狀動脈搭橋術
- 中度嚴重腦部損傷
- 中度嚴重燒傷
- 中度嚴重癱瘓
- 中度嚴重帕金森病
- 骨質疏鬆症併骨折
- 心包切除術
- 矯形手術
- 嚴重精神病
- 腦硬膜下血腫手術
- 移除單肺手術
- 移除腦下垂體腫瘤手術



**Major Critical Illnesses.** A Major Critical Illness means the Insured suffers from any of the illnesses specified below to the exclusion of all other illnesses. The definitions of each of the Major Critical Illnesses specified below are stated in the Definition of Critical Illness below.

- Alzheimer's Disease/ Irreversible Organic Degenerative Brain Disorders
- Apallic Syndrome
- Aplastic Anaemia
- Bacterial Meningitis
- Benign Brain Tumour
- Blindness
- Brain Damage/ Loss of Independent Existence
- Brain Surgery
- Cancer
- Cardiomyopathy
- Chronic Adrenal Insufficiency
- Chronic Auto-immune Hepatitis
- Chronic Liver Failure
- Chronic Lung Disease
- Chronic Relapsing Pancreatitis
- Coma
- Coronary Artery Bypass Surgery
- Creutzfeld-Jacob Disease (Mad Cow Disease)
- Crohn's Disease
- Deafness
- Dysfunction
- Ebola Hemorrhagic Fever
- Elephantiasis
- Encephalitis
- Fulminant Viral Hepatitis
- Heart Attack
- Heart Valve Replacement
- HIV through Blood Transfusion
- Kidney Failure
- Loss of Limbs/ Sight of Eyes
- Loss of Speech
- Major Burns
- Major Head Trauma
- Major Organ Transplant
- Medullary Cystic Disease
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Necrotising Fasciitis
- Occupationally Acquired HIV
- Other Serious Coronary Artery Disease
- Paralysis
- Parkinson's Disease
- Pheochromocytoma
- Poliomyelitis
- Progressive Bulbar Palsy
- Progressive Supranuclear Palsy
- Pulmonary Arterial Hypertension
- Qualified ICU Stay
- Rheumatoid Arthritis
- Severe Myasthenia Gravis
- Stroke
- Surgery to Aorta
- Systemic Lupus Erythematosus
- Systemic Scleroderma
- Terminal Illness
- Total and Permanent Disability
- Ulcerative Colitis

**主要嚴重疾病：** 指受保人患上下列任何一種疾病而非其他疾病。下列每一種主要嚴重疾病之定義載於下述之嚴重疾病的定義內。

- 亞爾茲默氏病／不能復原的器官性退化腦毛病
- 植物人
- 成形不全貧血病
- 腦膜炎
- 良性腦部腫瘤
- 失明
- 腦部受損／失去獨立生存的能力
- 腦部手術
- 癌症
- 心病
- 慢性腎上腺功能不全
- 慢性自體免疫性肝炎
- 慢性肝衰竭
- 慢性肺病
- 復發性慢性胰臟炎
- 昏迷
- 冠狀動脈（迴接）手術
- 克雅氏症（瘋牛症）
- 克隆病
- 失聰
- 身體機能阻障
- 伊波拉出血性熱病
- 象皮病
- 腦炎
- 暴發性病毒性肝炎
- 心臟病
- 心臟置換
- 經輸血感染人類免疫力缺乏病毒
- 腎衰竭
- 失去肢體／視力
- 失去語言能力
- 嚴重燒傷
- 嚴重頭部創傷
- 主要器官移植
- 腎髓質囊腫病
- 運動神經原疾病
- 多發性硬化症
- 肌肉萎縮
- 壞死性筋膜炎
- 因職業感染人類免疫力缺乏病毒
- 其它嚴重冠狀動脈疾病
- 癱瘓
- 柏金遜病
- 嗜鉻細胞瘤
- 脊髓灰質炎
- 進行性延髓麻痺症
- 漸進性核上神經麻痺症
- 肺動脈高血壓
- 合資格的深切治療部留醫
- 類風濕性關節炎
- 嚴重重症肌無力
- 中風
- 主要動脈手術
- 紅斑狼瘡
- 系統性硬皮病
- 末期病症
- 完全及永久傷殘
- 潰瘍性結腸炎



**Severe Child Diseases.** A Severe Child Disease means the Insured suffers from any of the illnesses specified below to the exclusion of all other illnesses. The definitions of each of the Severe Child Diseases specified below are stated in the Definition of Critical Illness below.

- Attention-Deficit Hyperactivity Disorder
- Autism
- Dengue Haemorrhagic Fever
- Haemophilia
- Insulin Dependent Diabetes Mellitus, Juvenile Onset
- Intellectual Impairment due to Sickness and/or Accidental Bodily Injury
- Juvenile Chronic Arthritis – Still's Disease
- Juvenile Huntington Disease
- Kawasaki Disease
- Marble Bone Disease (Osteopetrosis)
- Osteogenesis Imperfecta
- Rheumatic Fever with Valvular Impairment
- Severe Asthma
- Severe Epilepsy
- Tourette Syndrome
- Type I Juvenile Spinal Amyotrophy
- Type II Juvenile Spinal Amyotrophy
- Wilson's Disease

**Definition of Critical Illness.** A Critical Illness means the Insured suffers from any of the Carcinoma-in-situ / Early Stage Cancer, Early Stage Diseases, Major Critical Illnesses or Severe Child Diseases specified below to the exclusion of all other illnesses:

**A. Carcinoma-in-situ/Early Stage Cancer**

**Carcinoma-in-situ of the Breast(s), Cervix, Fallopian Tube(s), Ovary or Ovaries, Uterus, Vagina or Vulva.** It must always be positively diagnosed upon the basis of a microscopic examination of fixed tissue and, in the case of the uterine cervix, the tissue must be provided from a cone biopsy. A PAP smear result is considered a preliminary diagnosis and must be confirmed with fixed tissue biopsy before the claim is entitled. A clinical diagnosis will not be sufficient. The following criteria for the tumour of the covered organ(s) must all be satisfied:

Breast: The tumour is characterized by cells that resemble those seen in invasive cancer, but that have not invaded through the basement membrane into surrounding tissues and thus lack the histological feature that is the hallmark of cancer.

Cervix, Uterus: Dysplastic changes beginning at the squamocolumnar junction in the uterine cervix which may be precursors of squamous cell carcinoma:

Class 1 Mild dysplasia involving the lower one-third or less of the epithelial thickness

Class 2 Moderate dysplasia with one-third to two-thirds involvement

Class 3 Severe dysplasia or carcinoma in situ, with two-thirds to full thickness involvement

Tumours of a grading of less than Class 3 shall not be covered.

Fallopian Tube: The tumour should be limited to the tubal mucosa and classified as Tis according to the TNM staging method.

Ovary: The tumour should be capsule intact, with no tumour on the ovarian surface, classified as T1aN0M0 (TNM classification) or FIGO 1A (The International Federation of Gynecology and Obstetrics).

Vagina, Vulva: The tumour should be classified as TisN0M0 according to the TNM staging method or FIGO 0 according to the method of the International Federation of Gynecology and Obstetrics.

**Carcinoma in situ of the Ampulla of Vater, Anal Cannel, Colon or Rectum, Extra-hepatic Bile Duct, Gallbladder, Kidney, Larynx, Liver, Lung, Nasopharynx, Pancreas, Penis, Pharynx, Renal Pelvis, Small Intestine, Stomach or Oesophagus, Tear Duct, Ureter or Urinary Tract.** Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ(s), and subject to any classification stated:

- (a) Ampulla of Vater;
- (b) Anal Cannel;
- (c) Colon or Rectum;
- (d) Extra-hepatic Bile Duct;
- (e) Gallbladder;
- (f) Kidney;
- (g) Larynx;
- (h) Liver;
- (i) Lung;
- (j) Nasopharynx;
- (k) Pancreas;
- (l) Penis;

**兒童嚴重疾病：** 指受保人患上下列任何一種或多種疾病而非其他疾病。下列每一種兒童嚴重疾病之定義載於下述之嚴重疾病的定義內。

- 專注力失調及過度活躍症
- 自閉症
- 出血性登革熱
- 血友病
- 幼兒期病發胰島素依賴性糖尿病
- 因疾病及／或意外受傷導致智力受損
- 幼兒慢性關節炎 -- 斯蒂爾病
- 兒童亨廷頓舞蹈症
- 川崎病
- 大理石骨病(骨質疏鬆症)
- 成骨不全症
- 風濕性心臟疾病
- 嚴重哮喘
- 嚴重癲癇
- 妥瑞症
- 第一型兒童脊髓肌萎縮
- 第二型兒童脊髓肌萎縮
- 威爾遜病

**嚴重疾病的定義：** 嚴重疾病指受保人患上下列任何一種原位癌／初期癌症、早期疾病、主要嚴重疾病或兒童嚴重疾病，而非其他疾病：

#### (一) 原位癌／初期癌症

**乳房、子宮頸、輸卵管、卵巢、子宮、陰道或外陰之原位癌：** 該原位癌之診斷必須根據固定組織顯微鏡檢查結果而確定。如果受影響之器官為子宮頸，必須透過圓柱活組織檢查結果確診。臨床及柏氏塗片檢查結果並不能作為診斷依據，必須根據由固定組織活檢結果，以確證受保人首次患上上述器官之原位癌，並必須符合以下所列明之條件：

**乳房：** 腫瘤必須具有與帶侵入性癌細胞類似的細胞，但該類似的細胞並未侵入基底膜以致乳房周圍的組織，因而不能符合惡性癌細胞組織學的指標。

**子宮頸、子宮：** 於子宮頸鱗柱狀細胞交界外出現細胞不典型增生，其可成為鱗細胞癌之前體。

- 第一類： 輕度細胞不典型增生累及少於三分之一的上皮細胞層。
- 第二類： 中度細胞不典型增生累及三分之一至三分之二的上皮細胞層。
- 第三類： 嚴重細胞不典型增生或原位癌，影響多於三分之二至整個上皮細胞層。

級別低於上述第三類的腫瘤將不在保障範圍內。

**輸卵管：** 腫瘤的生長範圍限於在輸卵管黏膜，並必須按TNM 分類法內屬於 Tis 的腫瘤類別。

**卵巢：** 腫瘤必須生長在完整包囊內，而卵巢表面並沒有腫瘤生長；生長在完整包囊內的腫瘤必須按TNM 分類法內屬於 T1aNOM0 或根據婦科及產科國際聯合會所定明的腫瘤分類法內屬於 FIGO 1A 的腫瘤類別。

**陰道、外陰：** 必須按TNM 分類法內屬於 Tis NOM0的腫瘤類別或根據婦科和產科國際聯合會所定明的腫瘤分類法內屬於 FIGO 零級別的腫瘤類別。

**壺腹、肛管、結腸或直腸、肝外膽管、膽囊、腎臟、喉、肝、肺、鼻咽、胰臟、陰莖、咽、腎盂、小腸、胃或食道、淚管、輸尿管或尿道的原位癌：** 原位癌是指經由組織病理學確證的原位癌，而病變只局限於病發原位並處於侵入性前的狀況，即癌細胞並未穿透基底膜，亦未侵入（指滲入及/或活躍地破壞）下列任何受保障器官週圍的組織或間質，並須符合任何已列明之級別：

- (一) 壺腹；
- (二) 肛管；
- (三) 結腸或直腸；
- (四) 肝外膽管；
- (五) 膽囊；
- (六) 腎臟；
- (七) 喉；
- (八) 肝；
- (九) 肺；
- (十) 鼻咽；
- (十一) 胰臟；
- (十二) 陰莖；



- (m) Pharynx (including Tongue, Soft Palate and Uvula);
- (n) Renal Pelvis;
- (o) Small Intestine (including Duodenum, Jejunum and Ileum);
- (p) Stomach or Oesophagus;
- (q) Tear Duct;
- (r) Ureter; or
- (s) Urinary Tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

**Carcinoma in situ of the Testis or Testes.** A focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissue. "Invasion" means an infiltration and/or active destruction of normal tissue beyond the basement membrane. Diagnosis of Carcinoma in situ of the Testis (intratubular germ cell neoplasia) must always be supported by a histopathological report. Carcinoma in situ of the Testis only includes germ cell tumours of the Testis. Other testicular tumours including sex cord-stromal tumours (Leydig), Sertoli tumours and tumours not arising directly from the testicular tissue (adnexal) are all excluded.

**Early Stage Cancer of the Prostate.** A focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissue. "Invasion" means an infiltration and/or active destruction of normal tissue beyond the basement membrane. Diagnosis of Carcinoma in situ of the Prostate must always be supported by a histopathological report. Clinical diagnosis does not meet this standard. This tumour should be classified as T1a or T1b according to the TNM staging method.

**Early Stage Papillary Carcinoma of the Thyroid.** Papillary carcinoma of the thyroid described as T1aN0M0. The diagnosis must be based on histopathological features and confirmed by a Doctor. Pre-malignant lesions and conditions, unless listed above, are excluded.

**Non melanoma skin cancer of AJCC stage II or above.** The diagnosis must be based on histopathological features and confirmed by a Doctor. Pre-malignant lesions and conditions, unless listed above, are excluded.

## **B. Early Stage Diseases**

**Adrenalectomy for Adrenal Adenoma.** Adrenalectomy for treatment of malignant systemic hypertension that was secondary to an aldosterone secreting adrenal adenoma. Malignant hypertension was uncontrolled by medical therapy. The adrenalectomy would have to be deemed necessary for the management of poorly controlled hypertension by a Specialist.

**Angioplasty and Other Surgeries for Carotid Arteries.** Angioplasty and Other Surgeries for Carotid Arteries shall mean the treatment of stenosis of 50% or above, as proven by angiographic evidence of one or more of carotid arteries. All of the following criteria must be met:

- (a) Actual undergoing of endarterectomy or an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and
- (b) The diagnosis and medical necessity of the treatment must be confirmed by a Doctor who is a specialist in the relevant field.

**Angioplasty and Other Surgeries for Coronary Artery.** Angioplasty and Other Surgeries for Coronary Artery refers to any one of the following procedures:

- (a) Angioplasty and/or stenting, being the actual undergoing of balloon angioplasty and/or stenting to correct narrowing or blockage of one or more coronary arteries;
- (b) Other procedures, being the actual undergoing of atherectomy, laser relief, transmyocardial laser revascularisation or other intra-arterial techniques to correct narrowing or blockage of one or more coronary arteries,

All of the following criteria must be met:

- (i) Angiographic evidence is provided that at least one (1) coronary artery has stenosis of 50% or higher; and
- (ii) The procedure is Medically Necessary and performed by a Doctor who is a cardiologist.

To be eligible for a second claim under Angioplasty and Other Surgeries for Coronary Artery, in addition to the above-mentioned criteria, the treatment must also be performed on a location of stenosis or obstruction in a major coronary artery where no stenosis greater than 60 percent was identified in the medical examination report relating to the first claim of this illness, for which benefit has been paid or is payable.

When an Angioplasty and Other Surgeries for Coronary Artery is carried out as a result of a Less Severe Heart Attack, the benefit under this Policy is only payable for either Angioplasty and Other Surgeries for Coronary Artery or Less Severe Heart Attack.

**Biliary Tract Reconstruction Surgery.** The undergoing of biliary tract reconstruction surgery involving choledochenterostomy due to diseases or trauma of the biliary tract. The surgery must be considered Medically Necessary by a Doctor who is a specialist. Biliary atresia is excluded.

**Cerebral Aneurysm Requiring Surgery.** The actual undergoing of intracranial surgery via a craniotomy to clip or otherwise repair or remove an aneurysm of one or more of the cerebral arteries. Catheter and intravascular techniques are specifically excluded from this condition.

(十三) 咽 (包括舌頭, 軟齶及小舌);  
(十四) 腎盂;  
(十五) 小腸 (包括十二指腸, 空腸及迴腸);  
(十六) 胃或食道;  
(十七) 淚管;  
(十八) 輸尿管; 或  
(十九) 尿道, 對於膀胱的原位癌而言, 會包括被界定為Ta階段的乳頭狀癌  
就本保單而言, 原位癌必須根據活組織檢查結果確診。

**睪丸之原位癌:** 指病灶性的癌細胞自發地增生, 但尚未侵潤正常組織。侵潤指癌細胞穿透及/或實際破壞基底膜以下的正常組織。睪丸原位癌(精管內生殖細胞瘤)的診斷必須有組織病理學報告佐證。睪丸之原位癌只包括睪丸生殖細胞腫瘤。其他的睪丸腫瘤包括性索間質腫瘤 (Leydig細胞), 支持細胞(Sertoli細胞)腫瘤及並非直接生長在睪丸組織內的腫瘤(附屬器腫瘤)一概不包括在此保障範圍內。

**前列腺之初期癌症:** 指病灶性的癌細胞自發地增生, 但尚未侵潤正常組織。侵潤指癌細胞穿透及/或實際破壞基底膜以下的正常組織。早期前列腺癌的診斷必須有組織病理學報告佐證。臨床診斷不符合本保障的標準。腫瘤必須根據TNM分期方法被界定為T1a或T1b。

**早期甲狀腺乳頭狀癌:** 屬於T1aNOM0期的甲狀腺乳頭狀癌必須經由組織病理學結果確診, 並由醫生確認。除以上列出的情況, 癌前病變及其情況均不包括在保障範圍內。

**AJCC 第二期或以上的非黑色瘤皮膚癌:** 必須經由組織病理學結果確診, 並由醫生確認。除以上列出的情況, 癌前病變及其情況均不包括在保障範圍內。

## (二) 早期疾病

**腎上腺腺瘤的腎上腺切除術:** 透過腎上腺切除術治療因患有腎上腺皮質激素分泌性腎上腺腺瘤而導致的惡性高血壓。該惡性高血壓已未能透過藥物控制。而接受專科醫生施行腎上腺切除術已是一項必要的程序, 以治理難以控制的高血壓。

**頸動脈成形術及其它頸動脈手術:** 頸動脈成形術及其它頸動脈手術指針對一條或多條頸動脈經由血管造影檢查結果證實出現 50%或以上收窄而須作出的治療。必須符合以下所有標準:

- (一) 確實進行動脈內膜切除術或血管介入治療, 如血管成形術及/或植入支架或動脈粥樣瘤清除手術以減輕症狀; 及
- (二) 診斷及治療的醫療必要性必須由相關專科的醫生確診。

**冠狀動脈的血管成形術及其它冠狀動脈的血管手術:** 冠狀動脈的血管成形術和其它冠狀動脈的血管手術指以下任何一項手術:

- (一) 血管成形術及/或植入支架術, 包括確實進行氣囊血管成形術及/或植入支架術, 以修正一條或多條冠狀動脈收窄或阻塞;
- (二) 其它手術, 包括確實進行動脈粥樣瘤清除手術、激光緩解術、經心肌激光血管再造術或其它於動脈內的手術, 以修正一條或多條冠狀動脈收窄或阻塞。

並須符合下列所有標準:

- (甲) 血管造影檢查結果證明至少有一條冠狀動脈出現 50%或更嚴重收窄的情況; 及
- (乙) 此手術乃因醫療而必須進行的, 並由心臟專科醫生施行。

若要符合冠狀動脈的血管成形術及其它冠狀動脈的血管手術第二次索償資格, 除必須符合上述的標準外, 並須符合作為此疾病第一次已獲得或將獲得賠償時所依據的醫學檢查報告內已顯示該次進行手術的主要冠狀動脈收窄或阻塞之位置並不多於 60%。

若因次級嚴重心臟病而須施行冠狀動脈的血管成形術及其它冠狀動脈的血管手術, 本保單會根據該一事件而只會支付冠狀動脈的血管成形術和其它冠狀動脈的血管手術或次級嚴重心臟病其中一項賠償。

**膽道再造術:** 因疾病或膽道外傷而須進行膽總管小腸吻合術的膽道再造術。手術必須由相關專科醫生確診乃因醫療而必須進行的。膽道閉鎖不包括在保障範圍內。

**需進行手術之腦血管瘤:** 利用顱骨切開術實際進行顱內手術夾著、修補或切除於一條或多條大腦動脈的動脈瘤。使用導管及血管技術則不包括在此保障範圍內。



**Cerebral Shunt Insertion.** Cerebral shunt insertion shall mean the actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be Medically Necessary by a Doctor who is a neurologist.

**Cochlear Implant Surgery.** The actual undergoing of a surgical cochlea implant as a result of permanent damage to the cochlea or auditory nerve. The surgical procedure as well as the insertion of the implant must be certified to be absolutely necessary by a specialist in the relevant field.

**Diabetic Retinopathy.** Diabetic Retinopathy shall mean advanced changes to the retinal blood vessels as a consequence of diabetes mellitus.

All of the following criteria must be met:

- (a) Presence of diabetes mellitus at the time of diagnosis of Diabetic Retinopathy ;
- (b) Visual acuity of both eyes is 6/18 or worse using Snellen eye chart;
- (c) Actual undergoing of treatment such as laser treatment to alleviate the visual impairment; and
- (d) The Diagnosis of Diabetic Retinopathy, the severity of visual impairment and the medical necessity of treatment must be confirmed by a Doctor who is an ophthalmologist.

**Early Chronic Lung Disease.** Early Chronic Lung Disease shall mean the Diagnosis of interstitial fibrosis requiring at least intermittent oxygen therapy and showing consistent reduction in FEV<sub>1</sub> of one point two (1.2) litres or less under appropriate medication. Diagnosis, severity and test results must be confirmed by a Doctor.

**Early stage Creutzfeld-Jacob Diseases (Early Mad Cow Disease).** The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform two (2) or more of the following: bathing, dressing, using the lavatory, eating, and ability to move in or out of bed or a chair.

Disease caused by human growth hormone treatment is excluded.

**Endovascular Treatment for Cerebral Aneurysm and Other Treatment for Cerebral Disease.** Endovascular Treatment for Cerebral Aneurysm and Other Treatment for Cerebral Disease refers to any one of the following:

- (a) Endovascular Treatment for Cerebral Aneurysm shall mean the actual undergoing of an endovascular intervention, such as endovascular embolization, endovascular coiling, angioplasty and/or stenting or the insertion of a flow diverter, to prevent rupture of a cerebral aneurysm or to alleviate the bleeding due to rupture of a cerebral aneurysm. The procedure must be considered Medically Necessary and performed by a Doctor who is a specialist in the relevant field; or
- (b) Other Treatment for Cerebral Disease shall mean the actual undergoing of gamma knife radiosurgery to obliterate arteriovenous malformation of one (1) or more of the cerebral arteries. The procedure must be considered Medically Necessary and performed by a Doctor who is a specialist in the relevant field.

**Endovascular Treatment of Peripheral Arterial Disease.** Endovascular Treatment of Peripheral Arterial Disease shall mean the treatment of stenosis of 50% or above, as proven by angiographic evidence of one or more of the following arteries:

- (a) arteries supplying blood to lower limbs or upper limbs;
- (b) renal arteries; or
- (c) mesenteric arteries.

All of the following criteria must be met:

- (i) Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and
- (ii) The diagnosis of Peripheral Arterial Disease and medical necessity of the treatment must be confirmed by a Doctor who is a specialist in vascular diseases.

**Endovascular Treatments of Aortic Disease or Aortic Aneurysm.** Endovascular Treatments of Aortic Disease or Aortic Aneurysm refers to any one of the following:

- (a) Endovascular Treatments of Aortic Disease shall mean the undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by an echocardiogram or any other appropriate diagnostic test that is available and confirmed by a Doctor who is a specialist in the relevant field. For this definition, aorta means the thoracic and abdominal aorta but not its branches.
- (b) Aortic Aneurysm shall mean abdominal or thoracic aortic aneurysm or aortic dissection, where the aorta is enlarged to a diameter of at least 55 mm, as evidenced by appropriate imaging technique. The Diagnosis must be confirmed by a Doctor who is a cardiologist or vascular surgeon.

**Facial Burns due to Accident.** Facial Burns due to Accident shall mean third degree (i.e. full thickness skin destruction) burns covering at least thirty percent (30%) of the surface of the face directly resulting from an accident.

Where both Facial Burns due to Accident and Reconstructive Surgery are caused by the same accident, only one claim shall be made under this Policy for the related burn Injuries.



**腦分流器植入術：**腦分流器植入術指實際進行從腦室手術植入分流器，以舒緩已被提升腦脊液的壓力。植入分流器必須由神經科專科醫生確診屬於因醫療而必須進行的。

**耳蝸植入術：**因耳蝸或聽神經永久性損傷而實際施行的耳蝸植入手術。手術程序和植入術必須經相關的專科醫生確定因醫療而必須進行的。

**糖尿病性視網膜病變：**糖尿病性視網膜病變指糖尿病導致視網膜血管後階段的變化。並必須符合下列所有條件：

- (一) 在確診糖尿病性視網膜病變時已患有糖尿病；
- (二) 以Snellen視力檢查表的標準，雙眼視力為6/18或更差；
- (三) 實際進行治療，例如激光治療以改善視力障礙；及
- (四) 糖尿病性視網膜病變的診斷、視力障礙程度及治療的必要性須由眼科專科醫生確定。

**早期慢性肺病：**早期慢性肺病指間質性纖維化的肺病，並須接受間歇性氧氣治療，及在接受適當藥物治療下的第一秒用力呼氣量（FEV1）測試中的呼氣量每秒持續減少至1.2升或更少。診斷、嚴重程度及測試結果必須由醫生確定。

**早期克雅氏症(早期瘋牛症)：**純粹因克雅氏症或變種克雅氏症導致相關的神經系統功能缺陷，而引致受保人永久性無能力完成下列兩項或以上的活動：洗澡、穿衣、如廁、進食、上牀或下牀、就座或離開座位。

人類生長激素治療導致的疾病並不受此保障。

**腦動脈瘤的血管介入治療和腦病變的其它治療：**腦動脈瘤的血管介入治療和腦病變的其它治療指下列任何一種：

- (一) 腦動脈瘤的血管介入治療是指實際進行血管介入治療，如經血管內栓塞治療、經血管內盤繞治療、血管成形術及／或植入支架術或置入流量分流器，以預防大腦動脈瘤破裂或減輕因大腦動脈瘤破裂而導致出血。有關手術必須因醫療而必須進行的，並由相關專科醫生施行；或
- (二) 腦病變的其它治療是指實際進行的伽瑪刀放射治療，以糾正一條或更多腦動脈的動靜脈畸形。有關手術必須因醫療而必須進行的，並由相關專科醫生施行。

**周圍動脈疾病的血管介入治療：**周圍動脈疾病的血管介入治療指對一條或多條下列血管經血管造影檢查結果證實有50%或以上收窄的治療：

- (一) 為下肢或上肢供血的動脈；
- (二) 腎動脈；或
- (三) 腸系膜動脈。

必須符合下列所有標準：

- (甲) 實際進行血管介入治療，如血管成形術及／或植入支架術或動脈粥樣瘤清除手術，以減輕症狀；及
- (乙) 周圍動脈疾病的診斷及有關治療之醫療必須性必須由血管疾病專科醫生確定。

**主動脈疾病或主動脈瘤的血管介入治療：**主動脈疾病或主動脈瘤的血管介入治療指下列任何一項：

- (一) 主動脈疾病的血管介入治療指接受微創或動脈內手術修補或矯正主動脈內的動脈瘤、狹窄、阻塞或夾層分離，須經相關專科醫生證明並提供心臟超聲檢查或任何其它適當的診斷檢測報告。本定義中，主動脈是指胸主動脈或腹主動脈，而非其分支。
- (二) 主動脈瘤是指胸主動脈或腹主動脈瘤，或主動脈夾層分離，並由適當的影像技術證明主動脈的直徑增大至最少55毫米。診斷必須由心臟專科或血管外科醫生確定。

**意外所致的臉部燒傷：**意外所致的臉部燒傷是指最少30%的脸部表面直接由意外導致而出現三級燒傷（皮膚全層全毀）。

如意外所致的脸部燒傷及矯形手術均由同一意外所致，則相關的燒傷在本保單內只能獲賠償一次。

**Glaucoma Surgical Treatment.** The actual undergoing of open surgical procedure or laser surgery of the eye for treatment of glaucoma. A Specialist must confirm the diagnosis of glaucoma and the procedure must be Medically Necessary for the treatment of glaucoma. Any other treatment on the globe that are not directly related to the treatment of glaucoma are excluded.

Coverage for Glaucoma Surgical Treatment will automatically cease after the Insured attains sixty-five (65) years of age.

**Hepatitis with Cirrhosis.** Inflammation of the liver by the Hepatitis virus leading to cirrhosis. There must be a definite diagnosis of liver cirrhosis by a gastroenterologist that must be supported by liver biopsy showing histological stage F4 by Metavir grading or a Knodell fibrosis score of 4.

Liver diseases due or related to alcohol or drug abuse are excluded.

**Insertion of a vena-cava filter.** The surgical insertion of a vena-cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a vena-cava filter must be certified to be absolutely necessary by a specialist in the relevant field.

**Less Invasive Treatments of Heart Valve Disease.** Less Invasive Treatments of Heart Valve Disease refers to heart valve repair such as valvuloplasty or valvotomy performed either by thoracotomy or via percutaneous intravascular techniques. The procedure must be considered Medically Necessary and performed by a Doctor who is a specialist in the relevant field.

**Less Severe Bacterial Meningitis,** Inflammation of the meninges of the brain or spinal cord caused by bacterial infection requiring hospitalization. The Diagnosis must be confirmed by a Doctor who is a consultant neurologist and supported with appropriate investigations proving acute bacterial infection of the meninges.

**Less Severe Coma.** Less Severe Coma, lasting at least 48 hours, supported by evidence of all of the following:

- (a) no response to external stimuli; and
- (b) necessity for mechanical life support.

The Diagnosis and the supporting evidence must be confirmed by a Doctor who is a neurologist or neurosurgeon.

Less Severe Coma directly resulting from alcohol or drug abuse and medically induced coma are excluded.

**Less Severe Encephalitis.** Inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection requiring hospitalization. The Diagnosis must be confirmed by a Doctor who is a consultant neurologist and supported with appropriate investigations proving acute viral infection of the brain. Encephalitis caused by HIV infection is excluded.

**Less Severe Heart Disease.** Less Severe Heart Disease refers to any one of the following:

- (a) Less Severe Heart Attack shall mean the death of a portion of the heart muscle as a result of inadequate blood supply. All of the following criteria must be met:
  - (i) A history of typical chest pain;
  - (ii) New characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident;
  - (iii) Diagnostic Increase of Troponin; and
  - (iv) The diagnosis must be certified by a Doctor who is a cardiologist.

The death of the heart muscle caused by any invasive or surgical procedure to the heart or the coronary arteries and angina are excluded.

- (b) Cardiac pacemaker or defibrillator insertion is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker or defibrillator must be certified as Medically Necessary by a Doctor who is a cardiologist.

**Less Severe Kidney Disease.** Less Severe Kidney Disease shall mean one of the following:

- (a) Chronic Kidney Impairment shall mean advanced stage of chronic renal insufficiency. All of the following criteria must be met:
  - (i) Glomerular Filtration Rate (GFR) calculated with Modification of Diet in Renal Disease (MDRD) formula or Cockcroft-Gault formula is lower than 30mL/min/1.73 m<sup>2</sup> and the condition has lasted for at least 90 days continuously.
  - (ii) The diagnosis of Chronic Kidney Impairment must be confirmed by a Doctor who is a urologist or nephrologist.
- (b) Surgical Removal of One Kidney shall mean the complete surgical removal of one (1) kidney necessitated by any disease or accident of the Insured. Surgical removal of the kidney must be certified to be Medically Necessary by a Doctor in the relevant field.

Kidney donation is excluded.

**青光眼手術：**眼部確實接受剖開手術或激光手術以治療青光眼。該疾病必須由專科醫生確診及該治療青光眼的手術乃因醫療而必須進行的。保障範圍不包括對治療青光眼無直接關係的任何其他眼球治療。

青光眼手術的保障將於受保人年滿65歲時即自動終止。

**肝炎伴肝硬化：**因肝炎病毒引致肝炎並發展成肝硬化。必須由腸胃專科醫生對肝硬化作出明確的診斷，並必須以肝活組織檢查術在組織病理學證實於 Metavir 分級表中屬 F4 階段或 Knodell 肝纖維化標準評分達 4 分。

由酒精或濫用藥物有關所致的肝病不受保障。

**腔靜脈過濾器植入：**有反復發作性肺栓子的證據後，進行腔靜脈過濾器外科植入。腔靜脈過濾器植入必須經相關專科醫生證實其絕對有醫療必要性。

**心瓣膜疾病的次級創傷性治療：**心瓣膜疾病的次級創傷性治療指心瓣膜修補術，如瓣膜成形術或瓣膜切開術，有關治療須完全通過開胸術或經皮血管介入手術進行。有關手術乃因醫療而必須進行的，並由相關專科醫生施行。

**次級嚴重細菌性腦膜炎：**由細菌感染所致腦(脊)膜炎，並需要入院治療。診斷必須由腦神經專科顧問醫生確定，並必須由適當的檢查證實為急性腦(脊)膜受細菌感染。

**次級嚴重昏迷：**次級重度昏迷須持續至少48小時，並須得到下列所有證據支持：

- (一) 對外來刺激沒有反應；及
- (二) 必須透過使用機械維生儀器以維持生命。

次級嚴重昏迷的診斷必須經由神經專科或神經外科醫生確診，並有實質證據支持診斷。

因酒精或濫用藥物及由醫療誘導而直接導致的次級嚴重昏迷不受保障。

**次級嚴重腦炎：**因病毒感染導致腦部（大腦半球、腦幹或小腦）發炎，並須住院治療。診斷必須由神經專科顧問醫生確診，並必須透過適當的檢查項目的結果證實為急性腦部病毒感染。由人類免疫力缺乏病毒所致的腦炎不受保障。

**次級嚴重心臟疾病：**次級嚴重心臟疾病指下列任何一項：

- (一) 次級嚴重心臟病發作指因心臟血液供應不足導致部份心肌壞死，並必須符合下列所有標準：
  - (甲) 典型的胸痛歷史；
  - (乙) 在相關心臟事故期間心電圖顯示新近具急性心肌梗塞病徵的變化；
  - (丙) Troponin 水平診斷性升高；及
  - (丁) 診斷必須由心臟專科醫生確診。

因心絞痛及心臟或冠狀動脈而進行任何入侵性治療或外科手術而導致的心肌壞死不受保障。

- (二) 因不能透過其它方法治療的心律失常而須植入心臟起搏器或除纖顫器。必須由心臟專科醫生確認植入心臟起搏器或除纖顫器是因醫療而必須進行的。

**次級嚴重腎病：**次級嚴重腎病指下列任何一項：

- (一) 慢性腎功能缺損指末期慢性腎功能不全。必須符合下列所有標準：
  - (甲) 以 Modification of Diet in Renal Disease (MDRD) 公式或 Cockcroft-Gault 公式來計算腎小球濾過率 (GFR) 為每分鐘少於 30 毫升/1.73 m<sup>2</sup>，此情況至少連續維持 90 天。
  - (乙) 慢性腎功能缺損的診斷必須由泌尿科或腎病科專科醫生確診。

- (二) 受保人因任何疾病或意外導致必須完全移除一個腎臟。該移除腎臟手術必須經由相關專科醫生證實此乃因醫療而必須進行的。

捐贈腎臟不受保障。



**Less Severe Systemic Lupus Erythematosus.**

Less Severe Systemic Lupus Erythematosus shall mean a multisystem autoimmune disorder, characterized by the development of auto-antibodies.

All of the following criteria must be met:

- (a) Presence of at least 2 of the 5 criteria;
  - (i) Arthritis: non-erosive arthritis, involving 2 or more joints;
  - (ii) Serositis: pleuritis or pericarditis;
  - (iii) Renal Disorder: persistent proteinuria > 0.5 g per day or cellular casts;
  - (iv) Hematologic disorder: hemolytic anemia, Leukopenia, Lymphopenia, or thrombocytopenia; or
  - (v) Positive anti-nuclear antibody, Anti-dsDNA or anti-Smith antibody.
- (b) Diagnosis of systemic lupus erythematosus must be confirmed by a Doctor who is rheumatologist or immunologist.

**Liver Surgery.** Partial hepatectomy of at least one entire left or entire right lobe of the liver that has been found necessary as a result of illness or accident as suffered by the Insured.

Liver surgery required due to disease or disorder caused by alcohol or drug abuse and liver donation are all excluded.

**Loss of Hearing in One Ear.** Loss of Hearing in One Ear shall mean total and irreversible loss of hearing (involving the loss of at least 80 decibels in all frequencies of hearing) in one ear as a result of injury(ies) or disease(s).

Medical evidence in the form of an audiometry and sound-threshold test must be provided, and the diagnosis of Loss of Hearing must be confirmed by a Doctor who is an ear, nose and throat (ENT) specialist.

**Loss of One Limb.** Loss of one limb shall mean severance of at least one (1) limb at or above wrist or ankle as a result of illness or injury.

**Loss of Sight in One Eye.** Irreversible loss of sight in at least one (1) eye as a result of illness or injury, where any one of the following conditions is met:

- (a) the best corrected visual acuity in that eye must be 2/60 or less using a Snellen Chart or equivalent test; or
- (b) the best corrected visual field in that eye must be 5 degrees or less.

The blindness must be confirmed by a Doctor who is an ophthalmologist.

**Macular Degeneration / Early Onset of Cataract.** Irreversible loss of sight in at least one (1) eye as a result of macular degeneration, or loss of sight in at least one (1) eye as a result of cataract, where any one of the following conditions is met:

- (a) The best corrected visual acuity in that eye must be 20/200 or less using a Snellen Chart or equivalent test; or
- (b) The best corrected visual field in that eye must be 15 degrees or less.

The loss of sight must be confirmed by a Doctor who is an ophthalmologist.

Coverage for Macular Degeneration / Early Onset of Cataract will automatically cease after the Insured attains sixty-five (65) years of age.

**Major Organ Transplantation (on Waiting List).** The Insured is on the Hong Kong Hospital Authority official organ transplant waiting list or the government-regulated official organ transplant waiting list in his/her residential country as recipient of a transplant for one of the following procedures:

- (a) Transplant of human bone marrow using haematopoietic stem cells which is preceded by total bone marrow ablation; or
- (b) Transplant of one of the following human organs to treat irreversible end-stage failure of the same: heart, lung, liver, kidney, or pancreas.

Other than as provided in (a) above, stem cell transplants and tissue or cell transplant of pancreas are excluded.

If the Insured is on the government-regulated (except Hong Kong Hospital Authority) official organ transplant waiting list, all of the following criteria must be met in addition to the above:

- (i) The diagnosis is confirmed by two Doctors in the appropriate medical specialty who certify that such transplantation is Medically Necessary; and
- (ii) Clinical and/or pathological evidence supporting such transplantation is provided.

**Minimally Invasive Direct Coronary Artery By-pass.** Minimally Invasive Direct Coronary Artery By-pass shall mean the actual undergoing of a coronary artery by-pass surgery through a mini-thoracotomy (a small incision between the ribs) to correct narrowing or blockage of one or more coronary arteries. Minimally Invasive Direct Coronary Artery By-pass can also be referred to as "keyhole" coronary bypass surgery.

The procedure must be Medically Necessary and performed by a Doctor who is a cardiologist.

When a Minimally Invasive Direct Coronary Artery By-pass is carried out as a result of a Less Severe Heart Attack, the benefit under this Policy is only payable either Minimally Invasive Direct Coronary Artery By-pass or Less Severe Heart Attack.

**Moderately Severe Brain Damage.** Physical head injury, causing significant brain damage and permanent neurological deficit. The impairment must result in the inability to perform at least two (2) of the Daily Living Activities as defined in the Definition of Critical Illness – Dysfunction, of this Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

**次級嚴重紅斑狼瘡：** 次級嚴重紅斑狼瘡指因產生自身抗體導致多系統自身免疫性病征。

必須符合下列所有標準：

(一) 在下列五種情況中出現最少兩種：

(甲) 關節炎：非磨損性關節炎，須涉及兩個或以上關節；

(乙) 漿膜炎：胸膜炎或心包炎；

(丙) 腎病：持續每天蛋白尿超過 0.5 克或尿液檢查呈細胞管型；

(丁) 血液病：溶血性貧血、白細胞減少症、淋巴細胞減少症、或血小板減少症；或

(戊) 抗核抗體測試、抗雙鏈脫氧核糖核酸測試或抗 Smith 抗體測試呈陽性結果。

(二) 紅斑狼瘡的診斷必須經由風濕科或免疫系統專科醫生確診。

**肝臟手術：** 受保人因疾病或意外導致必須施行部分肝臟切除術，以切除最小左肝一整葉或右肝一整葉。

因酒精或濫用藥物導致的疾病或異常情況及/或因捐贈肝臟而引致的肝臟手術均不受保障。

**單耳失聰：** 單耳失聰指因疾病或受傷導致單耳完全及不能復原的失去聽覺（即在所有頻率中損失聽力最少80分貝）。

必須提供聽力測試及聲域測試的醫學證明，失聰的診斷必須由耳鼻喉(ENT)專科醫生確診。

**失去單肢：** 因意外或疾病引致受保人失去單肢指在手腕或腳踝或以上位置切斷至少一肢體。

**單目失明：** 因疾病或受傷導致不能復原的單目失明，並須符合以下任何一項條件：

(一) 根據斯內倫視力表或同等測試，該只眼睛的最佳矯正視力需為 2/60 或以下；或

(二) 該只眼睛的最佳矯正視野闊度為 5 度或以下。

必須經由眼科專科醫生確診。

**黃斑部病變/早發性白內障：** 由於黃斑部病變導致至少一隻眼睛出現不能復原的視力喪失，或由於白內障導致至少一隻眼睛出現視力喪失及滿足以下任何一項條件：

(一) 根據斯內倫 (Snellen) 視力表或同等測試，該只眼睛的最佳矯正視力必須為 20/200或以下；或

(二) 該只眼睛的最佳矯正的視野闊度必須為15 度或以下。

該確診必須由眼科專科醫生確認。

黃斑部病變/早發性白內障的保障將於受保人年滿 65 歲時即自動終止。

**主要器官移植（屬於器官移植輪候名單上的輪候者）：** 受保人必須屬於香港醫院管理局或其居住國家政府所監管的官方正式器官移植輪候名單上的輪候者，並以器官接受者身份輪候移植下列器官：

(一) 透過使用造血幹細胞施行全身骨髓消融術，以達成人體骨髓移植；或

(二) 施行以下任何一項人體器官移植，以治療該器官的不可復原性末期器官衰竭：心臟、肺、肝、腎或胰腺。

除上述第 (一) 項外，其他幹細胞移植及胰腺組織或細胞移植，均不受保障。

若受保人屬於其居住國家政府所監管（香港醫院管理局除外）的官方正式器官移植輪候名單上的輪候者，則除上述條件外，亦須符合下列所有之額外條件：

(i) 由兩位適合的專科註冊醫生確認診斷及證實該器官移植為因醫療而必須進行的；及

(ii) 提供支持該器官移植的臨床及/或病理證據。

**微創性直接冠狀動脈搭橋術：** 微創性直接冠狀動脈搭橋術指確實透過微創開胸術（在肋骨間開一個小切口）施行冠狀動脈搭橋手術，以矯正一條或多條冠狀動脈狹窄或閉塞。微創性直接冠狀動脈搭橋術也可被稱為“鎖孔式”冠狀動脈搭橋術。

此手術乃因醫療而必須進行的並由心臟專科醫生施行。

如果因次級嚴重心臟病而須進行微創性直接冠狀動脈搭橋術時，本保單只會按次級嚴重心臟病項目作出賠償。本保單會根據該一事件而只會支付微創性直接冠狀動脈搭橋術或次級嚴重心臟病其中一項賠償。

**中度嚴重腦部損傷：** 因頭部受傷導致腦部嚴重損傷及永久性神經機能缺損。腦部損傷必須導致不能執行(無論有否使用機械設備特殊裝置或專為殘疾人而設計的其它輔助或調節設備) 最少兩項載於本單嚴重疾病定義內 – 身體機能阻障內所定明之每日起居活動的活動。



If claims for both Surgery for Subdural Haematoma and Moderately Severe Brain Damage arise from the same occurrence, only one claim for either Surgery for Subdural Haematoma or Moderately Severe Brain Damage shall be made under this Policy in respect of such occurrence.

**Moderately Severe Burns.** Third degree burns covering at least 10 percent of the surface of the body of the Insured; or third degree burns covering at least 50 percent of the surface of the face of the Insured.

**Moderately Severe Paralysis.** Moderately Severe Paralysis shall mean complete and permanent loss of use of at least one (1) arm or one (1) leg, through paralysis caused by illness or Injury. Loss of use means total and permanent functional disablement and is treated like the total loss of said limb.

**Moderately Severe Parkinson's Disease.** Unequivocal diagnosis of Parkinson's Disease by a consultant neurologist where the following conditions are all met:

1. Cannot be controlled with medication.
2. Shows signs of progressive impairments.
3. Activities of Daily Living assessment confirms the inability of the Insured to perform without assistance two (2) or more of the following: bathing, dressing, using the lavatory, eating, and ability to move in or out of bed or a chair.

**Osteoporosis with Fractures.** The occurrence of Osteoporosis with Fractures where all of the following conditions are met:

- (a) at least a fracture of the neck of femur or two (2) vertebral body fractures, due to or in the presence of osteoporosis; and
- (b) bone mineral density measured in at least two (2) sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning is consistent with severe osteoporosis (T-score of less than -2.5).

Actual undergoing of internal fixation or replacement of the fractured bone is required.

Coverage for Osteoporosis with Fractures will automatically cease after the Insured attains seventy (70) years of age.

**Pericardectomy.** The undergoing of a total pericardectomy by open chest surgery or keyhole techniques as a result of pericardial disease. The surgical procedure must be certified to be absolutely necessary by a consultant cardiologist.

Surgery for the drainage of pericardial effusions, creation of pericardial windows and pericardial biopsies are excluded.

**Reconstructive Surgery.** Means the occurrence of one of the following conditions:

1. Facial reconstruction surgery performed under general anaesthesia by a legally registered surgeon to correct facial disfigurement caused by Accidental Bodily Injury of face; or
2. Skin transplantation for the treatment of accidental burns affecting at least 10% of the body surface area as measured by the Lund and Browder Body Surface Chart.

The surgery must in the opinion of a Doctor of our choice be Medically Necessary and is performed in a Hospital.

Where both Facial Burns due to Accident and Reconstructive Surgery are caused by the same accident, only one claim shall be made under this Policy for the related burn Injuries.

**Severe Psychiatric Illness.** A first definitive diagnosis of severe depression, schizophrenia or bipolar disorder by a Doctor in psychiatry, which requires in-patient hospitalization for more than 28 consecutive days in the psychiatric unit of a Hospital for Severe Psychiatric Illness.

Only hospitalization in hospitals providing tertiary care with more than 100 beds and having a psychiatric specialty, or government hospitals / university affiliated hospitals specially designated as psychiatric hospitals, will be accepted. Tertiary care means specialized consultative care, usually on referral from primary or secondary medical care personnel, by a Doctor working in a center that has personnel and facilities for special or advance medical investigation and treatment.

To qualify as Severe Psychiatric Illness, all of the following conditions must be met:

1. the hospitalization must be solely due to severe depression, schizophrenia or bipolar disorder;
2. the severe depression, schizophrenia or bipolar disorder is not related to drug, alcohol or substance abuse; and
3. the hospitalization is not for drug or alcohol rehabilitation.

**Surgery for Subdural Haematoma.** The actual undergoing of Burr Hole Surgery to the head to drain subdural haematoma as a result of an accident. The need for the Burr Hole Surgery must be certified to be Medically Necessary by a Registered Medical Practitioner who is a specialist in the relevant field.

If claims for both Surgery for Subdural Haematoma and Moderately Severe Brain Damage arise from the same occurrence, only one claim for either Surgery for Subdural Haematoma or Moderately Severe Brain Damage shall be made under this Policy in respect of such occurrence.

**Surgical Removal of One Lung.** Surgical Removal of One Lung shall mean complete surgical removal of a lung as a result of an illness or accident of the Insured. Partial removal of a lung is not included in this benefit.



若因同一事件導致出現中度嚴重腦部損傷及腦硬膜下血腫手術而索償，本保單會根據該一事件而只會支付中度嚴重腦部損傷或腦硬膜下血腫手術其中一項賠償。

**中度嚴重燒傷：** 受保人最少有 10% 的身體表面受到三級燒傷，或最少有 50% 的臉部表面受到三級燒傷。

**中度嚴重癱瘓：** 中度嚴重癱瘓指因疾病或受傷導致至少單臂或單腿完全癱瘓及永久完全喪失活動能力。喪失活動能力指完全及永久性失去功能的殘障，並可被視之為永久喪失該肢體。

**中度嚴重帕金森病：** 經由神經科顧問醫生清楚確診為帕金森病，並符合下列所有情況：

- (一) 不受藥物控制。
- (二) 呈現漸進式衰竭。
- (三) 由日常活動測試證實受保人無能力在無人協助下完成下列兩項或以上的活動：洗澡、穿衣、如廁、進食，上牀或下牀、就座或離開座位。

**骨質疏鬆症併骨折：** 確診骨質疏鬆症併骨折，須符合下列所有情況：

- (一) 因骨質疏鬆症出現或因骨質疏鬆症而導致股骨頸部出現最少一處骨折或脊椎骨出現最少兩處骨折；及
- (二) 以雙能量X光吸收儀 (DEXA) 或量化電腦斷層掃描測出最少兩處骨骼礦物質密度與嚴重骨質疏鬆症的定義一致（即低於-2.5的T數值）。

必須確實施行骨折內部固定或置換折骨的程序。

骨質疏鬆症併骨折的保障將於受保人年滿70歲時即自動終止。

**心包切除術：** 因心包疾病而須施行完全心包切除術，此手術必須經過開胸手術程序或鎖孔手術程序。該手術程序必須經由心臟科顧問醫生證實該手術絕對因醫療而必須進行的。

心包積液引流手術、心包建窗術及心包細胞活檢均不受保障。

**矯形手術：** 指在下列其中一種情況出現：

- (一) 由合法註冊的外科手術醫生替受保人在接受全身麻醉後進行之面部矯形手術，其目的是矯正受保人因意外身體受傷導致的面部毀容；或
- (二) 受保人遭意外燒傷，其身體表面按 Lund and Browder 人體表面圖計算受傷達最少百分之十，而需接受植皮治療。

上述手術必須在醫院進行，並根據我們選擇的醫生所提供之意見，認為該手術是因醫療而必須進行的。

如意外所致的臉部燒傷及矯形手術均由同一意外所致，則相關的燒傷在本保單內只能獲賠償一次。

**嚴重精神病：** 經精神科專科醫生首次確定診斷為嚴重憂鬱症、精神分裂症或躁鬱症，並需持續因嚴重精神病人住醫院所屬的精神科院舍超過 28 日。

本病況僅接受受保人入住提供超過 100 張床位、提供精神病專科第三層護理服務之醫院，或特別指明為精神病專科醫院的政府醫院/大學附屬醫院。第三層護理服務是指由專科醫生於備有支援人員及設施以提供特別或先進之醫療檢查及治療的地方提供專門諮詢護理服務，並通常由基層或第二層護理服務醫護人員轉介。

必須符合所有下列情況方符合嚴重精神病的定義：

- (一) 純因任何嚴重憂鬱症、精神分裂症或躁鬱症而住院；
- (二) 嚴重憂鬱症、精神分裂症或躁鬱症並非由藥物、酒精或物質濫用所導致；及
- (三) 並非因藥物或酒精康復治療而住院。

**腦硬膜下血腫手術：** 因意外導致腦硬膜下血腫而須確實施行頭部鑽孔手術，以引流該等腦硬膜下血腫。鑽孔手術必須經由相關專科的醫生證實該手術因醫療而必須進行的。

若因同一事件導致出現中度嚴重腦部損傷及腦硬膜下血腫手術而索償，本保單會根據該一事件而只會支付中度嚴重腦部損傷或腦硬膜下血腫手術其中一項賠償。

**移除單肺手術：** 移除單肺手術指受保人因疾病或意外導致完全移除一個肺。部分移除一個肺不包括在此保障範圍內。

**Surgical Removal of Pituitary Tumour.** The actual undergoing of surgical excision of pituitary tumour necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour, endocrinological disorder with pituitary origin or neurological deficit due to oppression of pituitary tumor onto normal brain tissue.

The presence of the underlying tumour must be confirmed by imaging studies such as computed tomography (CT) scan or magnetic resonance imaging (MRI). Surgical excision of pituitary microadenoma (tumor of size 8mm or below in diameter) is specifically excluded. The surgery must be certified to be Medically Necessary by a Doctor who is a specialist in the relevant field.

### C. Major Critical Illnesses

**Alzheimer's Disease/ Irreversible Organic Degenerative Brain Disorders.** Deterioration or loss of intellectual capacity or abnormal behavior as evidenced by the clinical state and accepted standardized questionnaires or tests arising from Alzheimer's Disease or irreversible organic degenerative brain disorders, excluding neurosis, psychiatric illness and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured. The diagnosis must be clinically confirmed by an appropriate medical consultant approved by the Company.

**Apallie Syndrome.** Universal necrosis of the brain cortex, with the brainstem remaining intact. Diagnosis must be confirmed by a consultant neurologist and condition must be documented for at least one month.

**Aplastic Anaemia.** Means a condition of abnormality of blood production characterized by total aplasia of bone marrow, that requires necessary medical treatment with at least one of the following:

1. Blood product transfusion.
2. Marrow stimulating agents.
3. Immunosuppressive agents.
4. Bone marrow transplantation.

**Bacterial Meningitis.** Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit persisting for at least 6 consecutive months, the diagnosis to be confirmed by a consultant neurologist.

**Benign Brain Tumour.** It includes a non-cancerous tumour in the brain. Cyst, granulomas, malformations in, or of, the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

**Blindness.** Irrecoverable loss of sight of both eyes as a result of injury or disease, where any one of the following conditions is met:

- (a) the best corrected visual acuity in both eyes must be 2/60 or less using a Snellen Chart or equivalent test; or
- (b) the best corrected visual field in both eyes must be 5 degrees or less.

The diagnosis must be certified by an ophthalmologist's report.

**Brain Damage/ Loss of Independent Existence.** Impairment or loss of intellectual capacity as a result of brain damage sustained in an accident, such that permanent supervision or assistance is required to maintain existence.

**Brain Surgery.** Brain Surgery shall mean the actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. The surgery must be considered Medically Necessary by an appropriate medical consultant approved by the Company and performed by a registered medical practitioner.

The following procedures are excluded:

- Treatments where no surgical incision on the skull is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions, are excluded.
- Surgical interventions to clear epidural hematoma.

**Cancer.** A malignant tumour pathologically confirmed characterized by the uncontrolled growth of malignant cells and the invasion of tissue. Incontrovertible evidence of the invasion of tissue and definite histology of a malignant growth must be produced. The term "cancer" also includes leukaemia and malignant disease of the lymphatic system. Non-invasive carcinomas in situ, any skin cancer except malignant melanomas, Early Stage Cancer of the Prostate, early stage papillary carcinoma of the thyroid described as T1aNO M0 or of a lesser classification, localized non-invasive tumours showing only early malignant changes and tumours in the presence of any Human Immunodeficiency Virus are excluded.

**Cardiomyopathy.** The impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairments to the degree of at least Class 4 of the New York Heart Association Classification of Cardiac Impairment. Cardiomyopathy caused by alcohol or drug abuse is specifically excluded.

(Class 4: The Insured has cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of inadequate cardiac output, pulmonary congestion, systemic congestion, or the anginal syndrome may be present, even at rest. If any physical activity is undertaken, discomfort is increased.)



**移除腦下垂體腫瘤手術：** 因出現下列病徵而必須確實施行切除腦下垂體腫瘤手術，此等病徵源於因腦下垂體腫瘤生長導致顱內壓上升、腦下垂體異常引致內分泌異常或因腦下垂體腫瘤壓迫正常腦組織而導致的神經機能缺失。

腫瘤的存在必須透過影像學檢查確證，此等影像學檢查包括電腦斷層掃描（CT）或磁力共振掃描（MRI）。保障範圍特定不包括切除較細體積的腦下垂體腺瘤（指腫瘤直徑為 8 毫米或以下）的手術。必須經由相關的專科醫生證實該手術因醫療而必須進行的。

### (三) 主要嚴重疾病

**亞爾茲默氏病／不能復原的器官性退化腦毛病：** 經診斷及進行標準問卷測驗後而證實因亞爾茲默氏病或不能復原的器官性退化腦毛病而導致智力衰退、減弱及影響社交生活，需要持續的看管或照顧。此等情況不包括因神經病、精神病或因藥物或酒精而引致的器官毛病。必須經由本公司核准的適當醫療顧問透過臨牀證實有關診斷。

**植物人：** 指腦皮質全面壞死，惟腦幹仍保持完整無損。有關診斷必須獲神經科專科醫生確診，並證明腦皮質全面壞死的情況已持續不少於一個月。

**成形不全貧血病：** 指血液製造過程中出現異常的情況，令骨髓完全發育不全，患者必須接受以下最少其中一種治療：

- (一) 輸入血液製品。
- (二) 刺激髓的代用品。
- (三) 抑制免疫功能的代用品。
- (四) 骨髓移植。

**腦膜炎：** 因細菌性腦膜炎而引致腦(脊)膜發炎，此情況導致永久性神經缺陷連續達六個月或以上。本項診斷須由神經科專科醫生確診。

**良性腦部腫瘤：** 包括腦部內非癌症的腫瘤。但不包括腦部動脈或靜脈的囊腫、肉芽瘤或畸形、腦下垂腺體或脊柱血腫及腫瘤。

**失明：** 由註冊眼科醫生確診因受傷或疾病而導致不能復原的雙目失明，並須符合以下任何一項條件：

- (一) 根據斯內倫視力表或同等測試，每只眼睛的最佳矯正視力需為 2/60 或以下；或
- (二) 每只眼睛的最佳矯正視野闊度為 5 度或以下。

診斷需由註冊眼科醫生報告確證。

**腦部受損／失去獨立生存的能力：** 因意外而導致腦部受損，並影響智力或使之失去智能，而此情況需接受永久的看管或協助才能維持生活。

**腦部手術：** 必須在全身麻醉狀況下經顱骨切開進行的腦組織手術。該手術必須獲本公司認可之醫療顧問確認為因醫療而必須進行的，並須由註冊醫生執行。

下列之步驟不包括在內：

- 未經顱骨切開以暴露病灶的治療，比如伽馬刀放射治療或經血管內的神經放射治療。
- 手術清除硬膜外血腫。

**癌症：** 指經由病理化驗結果確定的惡性腫瘤不受控制地生長，並侵入身體的機能組織。確鑿無疑的細胞及機能組織的病理化驗證據必須被提供，證明惡性細胞生長及侵入身體的機能組織。「癌症」亦包括血癌及淋巴系統的惡性疾病，但不包括非侵入性在原位的癌病，任何皮膚癌(惡性黑色素瘤除外)、前列腺之初期癌症、被界定為 T1aN0M0 或較低類別的甲狀腺初期乳頭狀癌症、原位性和非侵入性的腫瘤之早期惡化病變及因人類免疫力缺乏症病毒引致之腫瘤。

**心肌病：** 因不同的病因引致心室功能受損，導致永久及不可逆轉的身體損害程度最少達到紐約心臟協會的心臟損害評級第四級。由酗酒或濫用藥物導致的心肌病特定不包括在此保障範圍內。

(第四級：心肌病導致受保人不能在沒有感到不適的情況下進行任何身體活動。在靜止時可能出現的徵狀包括心臟輸出量不足、肺充血、系統充血或心絞痛症狀等。如果執行任何身體活動時，不適情況增加。)



**Chronic Adrenal Insufficiency.** Chronic Adrenal Insufficiency shall mean a chronic disorder of the adrenal glands resulting in insufficient secretion of steroid hormones. All of the following criteria must be met:

1. Continuous hormone replacement therapy has been instituted and the therapy is expected to last for the whole life of the Insured.
2. The diagnosis of Chronic Adrenal Insufficiency must be confirmed by a registered medical practitioner who is an endocrinologist.

**Chronic Auto-immune Hepatitis.** A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The following criteria for a valid claim must all be satisfied:

1. Hypergammaglobulinaemia
2. The presence of at least one of the following auto-antibodies:
  - a. anti-nuclear antibodies
  - b. anti-smooth muscle antibodies
  - c. anti-actin antibodies
  - d. anti-LKM-1 antibodies
3. Liver biopsy confirmation of the diagnosis of auto-immune hepatitis

The diagnosis of auto-immune hepatitis must be confirmed by a hepatologist.

**Chronic Liver Failure.** End stage liver failure with increasing jaundice that in general medical opinion will not improve in future and resulting in either ascites or encephalopathy.

**Chronic Lung Disease.** End stage lung disease including interstitial lung disease, requiring extensive and permanent oxygen therapy as well as a FEV1 test result of less than 1 litre.

**Chronic Relapsing Pancreatitis.** Chronic Relapsing Pancreatitis shall mean repeated attacks of inflammation of the pancreas, which has resulted in progressive fibrosis leading to loss of exocrine and endocrine tissue. All of the following criteria must be met:

1. Medical record of at least three attacks of inflammation of the pancreas.
2. Evidence of pancreatic insufficiency causing malabsorption, where continuous pancreatic enzyme or insulin replacement therapy has been instituted, and the therapy is expected to last for the whole life of the Insured.
3. The diagnosis of Chronic Relapsing Pancreatitis must be confirmed by a registered medical practitioner who is a gastroenterologist.

Chronic pancreatitis due to alcohol or drug abuse is excluded.

**Coma.** A state of unconsciousness with no reaction or response to external stimuli or internal needs persisting continuously with the use of a life support system for a period of at least ninety-six hours. Permanent neurological deficit must be present.

Coma resulting directly from alcohol or drug abuse is excluded.

**Coronary Artery Bypass Surgery.** The undergoing of open-heart surgery to correct narrowing or blockage of at least two or more coronary arteries by the use of saphenous vein grafts or internal mammary grafting, but excluding all non-surgical procedures such as balloon angioplasty or laser techniques. Angiographic evidence of the underlying disease must be provided.

**Creutzfeld-Jacob Disease (Mad Cow Disease).** Diagnosis by a consultant neurologist of Creutzfeld-Jacob disease which is a rare, usually fatal spongiform encephalopathy accompanied by signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis. Diagnosis must be based on conclusive EEG and CSF findings as well as CT scan and MRI.

**Crohn's Disease.** Crohn's Disease is a chronic granulomatous inflammatory disease. The disease must result in fistula formation, or intestinal obstruction or intestinal perforation. The characteristic histopathological features must confirm diagnosis.

**Deafness.** Total and permanent loss of hearing (involving the loss of at least 80 decibels in all frequencies of hearing) in both ears as a result of injury(ies) or disease(s). Medical evidence to be supplied by an appropriate (Ear, Nose and Throat) specialist and to include audiometric and sound-threshold test.

**Dysfunction.** The condition whereby the Insured is unable to perform at least 3 Daily Living Activities as defined below, and certified by Doctor acceptable by the Company and have continued without interruption for 6 consecutive months, or for such a longer period we may reasonably require to establish that a claim falls within this definition.

Definitions:

Daily Living Activities should be any one of the following:

1. Bathing: Ability to wash in the bath or shower or by other means to maintain personal hygiene with or without the aid of special equipment or adapted devices.
2. Continence: Ability to voluntarily control bowel or bladder function or to clean up or perform external care of catheter or appliance.

**慢性腎上腺功能不全：**一種導致類固醇荷爾蒙分泌不足的慢性腎上腺疾病。診斷須符合以下所有條件：

- (一) 受保人已經開始接受持續性的荷爾蒙替代治療，而且預期該項治療將持續受保人終身。
- (二) 慢性腎上腺功能不全的診斷必須由已經註冊的內分泌科專科醫生確認。

**慢性自體免疫性肝炎：**一種成因不明之慢性肝壞死性的肝炎，血液中有自身抗體和高血清球蛋白血運行。有效的索償必須完全符合以下條件：

- (一) 高丙種球蛋白質症。
- (二) 至少存在以下其中一種自身抗體：
  - 甲) 抗細胞核抗體
  - 乙) 抗平滑肌抗體
  - 丙) 抗肌動蛋白抗體
  - 丁) 抗 LKM-1 抗體
- (三) 肝臟活組織檢查結果確認為自體免疫性肝炎。

必須經由肝病學家確診自體免疫性肝炎。

**慢性肝衰竭：**末期肝衰竭伴黃疸加劇，在一般醫學觀點而言沒有好轉機會，該情況導致腹腔積水或肝性腦病。

**慢性肺病：**慢性肺病包括間質性肺病，需作廣泛性及永久性氧氣治療，並且第一秒用力呼氣量(FEV1)測試結果少於一公升。

**復發性慢性胰腺炎：**胰腺炎症反復發作，導致胰腺組織纖維化繼而造成胰腺外分泌和內分泌組織的缺損。診斷須符合以下所有條件：

- (一) 有至少三次或以上的胰腺炎症發作的醫療記錄。
- (二) 有證據表明受保人因胰腺功能不全導致吸收不良，受保人已經開始接受持續性的胰腺酵素或胰島素替代治療，而且預期該項治療將持續受保人終身。
- (三) 慢性復發性胰腺炎的診斷必須由已經註冊的消化科專科醫生確認。

因酒精或藥物濫用導致的慢性胰腺炎除外。

**昏迷：**處於持續性失去知覺的狀態，並對外來刺激或身體官能需要毫無反應，需倚靠生命維持器延續生命達最少九十六小時。必須呈現永久性神經缺損。

因濫用酒精或藥物而直接引致的昏迷不包括在保障範圍內。

**冠狀動脈(迴接)手術：**接受開心手術，以隱靜脈移植片或內乳房移植法，矯正兩條或以上的冠狀動脈狹窄或阻塞的情況，但不包括所有非手術的治療方法，例如氣球血管造形術或激光技術。必須提供有關病症的血管素描報告作為佐證。

**克雅氏症(瘋牛症)：**受保人必須由神經專科醫生確診患上克雅氏症，該症為一種罕見及通常可以致命的海綿狀腦病，伴有小腦功能障礙、嚴重漸進式痴呆、肌肉不自主痙攣、顫抖及手足徐動等病徵及症狀。診斷必須基於具決定性之腦電圖及腦脊髓液檢查結果配合電腦斷層掃描及磁力共振掃描證明。

**克隆病：**克隆病是一種慢性肉芽腫性腸炎。患者必須出現瘻管形成，伴有腸梗阻或腸穿孔。必須由典型的病理組織學顯現此病特徵，以確定診斷。

**失聰：**經適當的（耳、鼻、喉科）專科醫生根據聽力測定及聲音定點測試方式證實受保人因意外或疾病導致雙耳完全及永久失去聽覺（即在所有頻率中損失聽力最少 80 分貝）。

**身體機能障礙：**經由我們接納的醫生鑑定，受保人缺乏獨立處理以下定明三種或以上的每日起居活動；此種情況必須無間斷地持續六個月，或持續一段足以讓本公司相信該索償能符合本定義的時段。

**定義**

每日起居活動指下列任何一項活動：

- (一) 沐浴：可進出沐浴間及洗澡，或用任何方法清潔身體。
- (二) 自我控制大、小便能力：能自己控制、或使用導尿管或器具自行處理大、小便。



3. Feeding: Ability to take any form of nourishment once it has been prepared and made available.
4. Mobility: Ability to move in or out of a chair (including wheelchair), bed or other stationary position or to walk. If a person can move with the help of equipment such as cane, walker, crutches, grab bars or other support devices, then he or she will be considered to be mobile.
5. Using the lavatory: Ability to do all the following: to get to and from the lavatory; to get on and off the lavatory; to maintain an adequate level of personal hygiene.

**Ebola Hemorrhagic Fever.** Ebola Hemorrhagic Fever shall mean the infection with the Ebola virus causing fever and internal or external bleeding. All of the following criteria must be met:

1. Presence of the Ebola virus has been confirmed by laboratory testing.
2. Mucosal or gastrointestinal bleeding has occurred.
3. The diagnosis of Ebola Hemorrhagic Fever must be confirmed by a registered medical practitioner specialized in infectious diseases.

**Elephantiasis.** The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels. Unequivocal diagnosis of elephantiasis must be clinically confirmed by a Doctor acceptable by the Company, including the presence of microfilariae confirmed by laboratory report, and be supported by an appropriate Doctor selected by the Company.

Lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring or congestive heart failure is excluded.

**Encephalitis.** Severe inflammation of brain substance which results in significant and permanent neurological deficit persisting for at least 6 consecutive months as certified by a Doctor specializing in neurology.

**Fulminant Viral Hepatitis.** A submassive to massive necrosis of the liver caused by the Hepatitis virus, leading precipitously to liver failure. The diagnostic criteria to be all met are:

1. A rapidly decreasing liver size.
2. Necrosis involving entire lobules, leaving only a collagen reticular framework.
3. Rapidly degenerating liver function tests.
4. Deepening jaundice.

**Heart Attack.** The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis made by a Doctor should be based upon all of the following criteria:

1. A history of typical chest pain.
2. New electrocardiographic changes.
3. An elevation in cardiac enzyme levels which include the result of the following specified blood tests:
  - (a) Troponin T > 1.0 ng/ml ; and
  - (b) AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

**Heart Valve Replacement.** The actual undergoing of the replacement of one or more heart valves with artificial valves due to stenosis or incompetence. Heart valve repair and valvotomy are specifically excluded.

**HIV through Blood Transfusion.** The Insured being infected by Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome provided that the following conditions are all met:

1. The infection is due to a blood transfusion received after the effective date of coverage of this Policy.
2. The institution which provided the transfusion admits liability.
3. The infected Insured is not a haemophilic.
4. The conditions must be life threatening and no known cure exists.

**Kidney Failure.** End stage renal failure due to chronic irreversible failure of both kidneys to function. This must be evidenced by the Insured undergoing regular renal dialysis or have had renal transplantation.

**Loss of Limbs/Sight of Eyes.** The Insured, as a result of injury or disease, has sustained one of the following:

1. Irrecoverable loss of sight of both eyes, where any one of the following conditions is met:
  - (a) the best corrected visual acuity in both eyes must be 2/60 or less using a Snellen Chart or equivalent test; or
  - (b) the best corrected visual field in both eyes must be 5 degrees or less.The diagnosis must be certified by an ophthalmologist's report.
2. Loss of two limbs by physical separation of a hand at or above the wrist or of a foot at or above the ankle.
3. Loss of limb by complete physical severance of one limb above the elbow or knee joint and irrecoverable loss of sight of one eye certified by an ophthalmologist's report as below:
  - (a) the best corrected visual acuity in that eye must be 2/60 or less using a Snellen Chart or equivalent test; or
  - (b) the best corrected visual field in that eye must be 5 degrees or less.

**Loss of Speech.** Total and irrecoverable loss of the ability to speak which must be established for a continuous period for twelve consecutive months from the date of notice of claim. Medical evidence is to be supplied by an appropriate (Ear, Nose and Throat) specialist and to confirm injury or disease to the vocal cords. All psychiatric related causes are excluded.



- (三) 進食：可自行進食已準備之食物。
- (四) 行動：可自行往返睡床、座椅或輪椅；或可自己步行，如受保人可使用任何柺杖、手杖或支撐器具活動，則作行動自如論。
- (五) 如廁：可自行往返洗手間、如廁和保持個人衛生。

**伊波拉出血性熱病：** 因伊波拉病毒感染造成的發熱以及內出血或外出血。診斷須符合以下所有條件：

- (一) 經實驗室檢驗證實伊波拉病毒的確存在。
- (二) 已發生粘膜或胃腸道出血。
- (三) 伊波拉出血熱的診斷必須由已經註冊的傳染病科專科醫生確認。

**象皮病：** 絲蟲病的末期階段，特徵是因血管或淋巴管阻塞引起的身體組織大量腫脹。明確的象皮病之診斷必須經由本公司接納的醫生臨牀確診，包括透過實驗室報告證明幼絲蟲呈現，並當經由本公司委任的合適醫生鑑定。

不保障因性病、創傷、手術後疤痕而感染的或因充血性心臟衰竭而引致淋巴水腫。

**腦炎：** 因嚴重腦部發炎而引致嚴重及永久性神經缺陷，而此缺陷維持達連續六個月以上。而此狀況要由神經科專科醫生確認診斷。

**暴發性病毒性肝炎：** 病毒性肝炎引起的肝臟次廣泛至廣泛性壞死，並導致肝臟衰竭，其診斷必須符合以下所有標準：

- (一) 肝臟體積急速地萎縮。
- (二) 壞死範圍覆蓋整個肝葉，只存留膠原網狀結構。
- (三) 肝功能檢驗顯示呈現急速衰退。
- (四) 呈現嚴重的黃疸情形。

**心臟病：** 因血液供應不足而導致部份心臟肌肉死亡。醫生必須根據以下各點作出診斷：

- (一) 典型胸痛的歷史。
- (二) 心電圖新近之變化。
- (三) 心臟酵素水平升高，包括下列指定驗血項目的結果：
  - 甲) Troponin T 超越 1.0 ng/ml；及
  - 乙) AccuTnI 超越 0.5 ng/ml 或與其他以 Troponin I 方法類同的鑑定標準。

**心瓣置換：** 由於心瓣狹窄或不健全而需移植一片或多於一片的心瓣。心瓣修補或切除手術則不包括在保障範圍內。

**經輸血感染人類免疫力缺乏病毒：** 在符合下列所有情況下，受保人被感染人類免疫力缺乏病毒或後天免疫力缺乏症：

- (一) 在本保單的保障生效日期後，受保人因接受輸血而被感染。
- (二) 提供輸血的機構承認責任。
- (三) 受感染的受保人並非血友病患者。
- (四) 受保人的情況有命喪之虞，而且沒有已知的治療方法。

**腎衰竭：** 由於兩個腎臟長期不能發揮功能而導致無法復原的末期腎病。受保人必須接受定期洗腎或已接受腎臟移植作為佐證。

**失去肢體／視力：** 因意外或疾病引致受保人呈現下列其中一種情況：

- (一) 不能復原的雙目失明，並須符合以下任何一項條件：
  - (a) 根據斯內倫視力表或同等測試，每只眼睛的最佳矯正視力需為 2/60 或以下；或
  - (b) 每只眼睛的最佳矯正視野闊度為 5 度或以下。必須經由眼科專科醫生確診。
- (二) 在手腕或腳踝以上位置切斷並解體任何兩肢體。
- (三) 在手肘或膝蓋以上位置完全切斷任何一肢體及經由眼科專科醫生確診不能復原的單目失明並須符合以下任何一項條件：
  - (a) 根據斯內倫視力表或同等測試，該只眼睛的最佳矯正視力需為 2/60 或以下；或
  - (b) 該只眼睛的最佳矯正視野闊度為 5 度或以下。

**失去語言能力：** 在受保人提出賠償申請後連續十二個月完全及永久失去語言能力。必須由適當的（耳、鼻、喉科）專科醫生證明及確認因聲帶受傷或疾病導致失去語言能力。所有與精神病理相關的原因導致失去語言能力的情況不被保障。

**Major Burns.** Third Degree Burns (full thickness skin destruction) covering at least 20% of the body surface.

**Major Head Trauma.** Physical head injury causing significant permanent functional impairment lasting for a minimum period of three months from the date of the trauma or injury. For the purpose of this benefit, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The resultant permanent functional impairment is to be verified by a consultant neurologist and duly concurred by the Doctor approved by the Company and must result in an inability to perform at least three of the Daily Living Activities as defined in the Definition of Critical Illness – Dysfunction, of this Policy either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

**Major Organ Transplant.** The actual undergoing, as a recipient, of transplant of a heart, lung, liver, kidney, pancreas (excluding islet cell) or bone marrow.

**Medullary Cystic Disease.** A progressive hereditary disease of the kidneys characterized by the presence of cysts in the medulla with the clinically manifestations of anaemia, polyuria and renal loss of sodium progressing to chronic renal failure. Diagnosis should be supported by renal biopsy.

**Motor Neurone Disease.** Unequivocal diagnosis of Motor Neurone Disease by a consultant neurologist supported by definitive evidence of appropriate and relevant neurological signs.

**Multiple Sclerosis.** Unequivocal diagnosis by a consultant neurologist following more than one episode of well-defined neurological symptoms with persistent signs of involvement of the optic nerves, brain stem and spinal cord, together with impairment of coordination and motor and sensory function.

**Muscular Dystrophy.** The diagnosis of muscular dystrophy will require confirmation by a consultant neurologist, and which will have to be based on a combination of some or all of the following:

1. Family history of other affected individuals.
  2. Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction.
  3. Characteristic electromyogram.
  4. Clinical suspicion confirmed by muscle biopsy.
- which in our opinion confirms the diagnosis of muscular dystrophy.

**Necrotising Fasciitis.** The occurrence of necrotising fasciitis where the following conditions must be met:

1. The usual clinical criteria of necrotising fasciitis are met.
2. The bacteria identified is a known cause of necrotising fasciitis.
3. There is widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.

**Occupationally Acquired HIV.** Infection with the Human Immunodeficiency Virus (HIV) where the virus is acquired as the result of an accident occurring during the course of the Insured's normal occupation and where sero-conversion to the HIV infection occurs within six months of the accident. HIV infection resulting from or transmitted by any other means, including sexual activity or recreational intravenous drug use, is specifically excluded from this benefit.

Any accident causing a potential claim must be reported to the Company within 14 days of the accident and be supported by a negative HIV antibody test taken immediately after the accident. The Company must be given access to independently test all the blood samples used and to take such additional samples as may be deemed necessary.

This benefit will not apply if a cure has become available prior to the accident or the Insured should have elected not to take any vaccine which had become available prior to the accident.

**Other Serious Coronary Artery Disease.** The narrowing of the lumen of at least three major arteries i.e. Circumflex, Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD), by a minimum of 60 percent or more as proven by coronary arteriography. This benefit is payable regardless of whether or not any form of coronary artery surgery has been performed.

**Paralysis.** Complete and permanent loss of use of both arms or both legs, or of one arm and one leg through paralysis which has been present for at least six consecutive months.

**Parkinson's Disease.** Unequivocal diagnosis of Parkinson's Disease by a consultant neurologist where the following conditions are all met:

1. Cannot be controlled with medication.
2. Shows signs of progressive impairments.
3. Activities of Daily Living assessment confirms the inability of the Insured to perform without assistance three or more of the following: bathing, dressing, using the lavatory, eating, and ability to move in or out of bed or a chair.

**Pheochromocytoma.** Presence of a neuroendocrine tumour of the adrenal gland that secretes excess catecholamine requiring the actual undergoing of surgery to remove the tumour. The diagnosis must be confirmed by a Specialist in endocrinology. Paranglioma is excluded.

**Polio.** Polio shall be defined as an infection with the polio virus, leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases not involving "paralysis" will not be eligible for benefit, and "paralysis" will require confirmation by a consultant neurologist.



**嚴重燒傷：** 身體表面最少 20% 的皮膚達第三級的燒傷程度（皮膚表層全毀）。

**嚴重頭部創傷：** 因實質的頭部創傷導致由創傷或損害持續不少於三個月(由事發當日起計)的嚴重及永久性系統功能障礙。就本保障而言，永久指就當時醫學知識及技術水平為基準，確認沒有復原希望。永久性系統功能障礙的結果必須由神經科專科醫生證實，並由本公司核准的醫生正式同意；而且，不論受保人是否需要使用機械設備、特別工具或其他輔助及為傷殘人士而設的設備與否，受保人已失去能力完成執行每日起居活動(已在本保單條款之身體機能障礙內定明)中最少三項活動。

**主要器官移植：** 作為接受者，確實接受心臟、肺、肝、腎、胰(胰島細胞除外)或骨髓移植。

**腎臟質囊腫病：** 於腎臟內發現腎髓質有囊腫的漸進式遺傳性腎病。臨床病徵包括貧血、多尿及腎臟鈉流失而導致慢性腎衰竭。有關診斷必須由腎活組織檢查確定。

**運動神經原疾病：** 由顧問神經科醫生確認為患上運動神經原疾病，並有明顯的有關神經科的病徵佐證。

**多發性硬化症：** 在呈現多於一次清晰的神經科的病徵伴持續性眼部神經、腦幹及脊髓病徵，同時呈現共濟官能、運動神經及感覺神經缺損後經由顧問神經科醫生清楚地確診。

**肌肉萎縮：** 經由註冊神經專科醫生根據下列多種或所有情況而確診受保人患上肌肉萎縮症：

- (一) 有其他家庭成員曾患肌肉萎縮症。
- (二) 臨牀呈現缺乏感覺神經、正常的腦脊髓液及肌腱反射有輕微的減退。
- (三) 典型的肌電描結果。
- (四) 經由肌肉活組織檢驗法確定臨床診斷。

上述所有情況均須經我們鑑定為肌肉萎縮症。

**壞死性筋膜炎：** 出現壞死性筋膜炎，必須符合以下各項情況：

- (一) 符合一般壞死性筋膜炎的臨床條件。
- (二) 已證實之細菌是引致壞死性筋膜炎的原因。
- (三) 肌肉及其他軟組織受廣泛性的破壞，導致身體受影響的部份出現完全及永久性喪失功能。

**因職業感染人類免疫力缺乏病毒：** 受保人在執行正常職務過程中意外地被感染人類免疫力缺乏病毒，並且在意外發生後六個月內出現人類免疫力缺乏病毒感染的血清轉換。由任何其他途徑包括性接觸或濫用靜脈注射藥物而感染人類免疫力缺乏病毒並不包括在此保障範圍內。

任何因意外導致潛在的索償必須在意外發生後十四天內向本公司呈報，並且需由在事發後立刻進行人類免疫力缺乏病毒抗體測試呈陰性的報告作佐證。本公司有權用所有血液樣本進行獨立的測試，及在有需要時，抽取額外同類的其他樣本作測試。

如在意外發生前已經有治療方法，或在意外發生前已經有疫苗存在而受保人却選擇不接受疫苗注射，此保障便不適用。

**其它嚴重冠狀動脈疾病：** 最少三條主要動脈包括迴旋動脈、右冠狀動脈及左前降支出現管腔狹窄，利用冠狀動脈造影術證明管腔狹窄最少為 60%或以上。不論受保人有否曾接受任何形式的冠狀動脈手術，仍會獲得保障。

**癱瘓：** 連續六個月或以上因癱瘓而引致雙手或雙腳、或一隻手及一隻腳完全及永久失去活動能力。

**柏金遜病：** 由顧問神經科醫生清楚確認為柏金遜病，並符合以下所有情況：

- (一) 不受藥物控制。
- (二) 呈現身體漸進式衰竭。
- (三) 由日常活動測試證實受保人無能力在無人協助下完成下列三項或以上的活動：洗澡、穿衣、如廁、進食、上牀或下牀、就座或離開座位。

**嗜鉻細胞瘤：** 腎上腺組織出現神經內分泌腫瘤，並分泌過多的兒茶酚胺類，須要確實進行手術以切除腫瘤。有關診斷必須由內分泌科專科醫生確定。保障範圍不包括副神經節瘤。

**脊髓灰質炎：** 脊髓灰質炎指因感染脊髓灰質炎病毒而導致癱瘓性疾病，並已透過運動神經受損或呼吸虛弱之顯現而被證實。不牽涉癱瘓的情況將不會獲得保障，而癱瘓的情況必須由顧問神經科醫生證實。



**Progressive Bulbar Palsy.** Characterised by progressive degeneration of the muscle innervated by cranial nerve and corticobulbar tracts leading to difficulty in chewing, swallowing and talking. The diagnosis must be made by a Specialist as progressive and resulting in permanent neurological deficit for at least 90 days with appropriate neuromuscular testing such as Electromyogram (EMG).

**Progressive Supranuclear Palsy.** Progressive Supranuclear Palsy shall mean a degenerative neurological disease characterized by supranuclear gaze paresis, pseudobulbar palsy, axial rigidity and dementia. The diagnosis of Progressive Supranuclear Palsy must be confirmed by a registered medical practitioner who is a neurologist.

**Pulmonary Arterial Hypertension.** Primary pulmonary arterial hypertension as established by clinical and laboratory investigations including cardiac catheterisation. The following diagnostic criteria must be met:

1. Dyspnoea and fatigue.
2. Increase left atrial pressure (by at least 20 units).
3. Pulmonary resistance of at least 3 units above normal.
4. Pulmonary artery pressure of at least 40 mm Hg.
5. Pulmonary wedge pressure of at least 8 mm Hg.
6. Right ventricular end-diastolic pressure of at least 8 mm Hg.
7. Right ventricular hypertrophy, dilation and signs of right heart failure and decompensation.

**Qualified ICU Stay.** A stay in an ICU where all of the following criteria are met:

1. The stay in ICU must be confirmed as Medically Necessary by a Doctor;
2. Any stay in ICU in mainland China must be in a Recognized Hospital;
3. Apart from the Exclusions clause of this Policy, the stay in ICU must not be related to or must not arise as a direct or indirect result of:
  - (a) a cosmetic treatment performed on the Insured unless it is necessitated by Accidental Bodily Injury and it is performed within 90 days of the accident;
  - (b) the Insured's pregnancy, surrogacy, childbirth or termination of pregnancy, birth control, infertility or human assisted reproduction; or sterilization of either sexes;
  - (c) mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder of the Insured;
  - (d) primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures; or
  - (e) experimental and/or unconventional medical technology / procedure / therapy performed on the Insured; or novel drugs/ medicines / stem cell therapy not yet approved by the government, relevant authorities and recognized medical association in the locality.
4. The stay in ICU is with the use of Invasive Life Support for 120 or more consecutive hours;
5. The Insured must undergo one or more of the surgeries listed below during the same hospital admission as the stay in ICU. The surgery(ies) must
  - (a) be performed by a Doctor in a Hospital, or in a Recognized Hospital in the event that it is performed in mainland China, and
  - (b) be confirmed as Medically Necessary by a specialist, and
  - (c) not be caused directly or indirectly, by or resulting from one or more of the conditions as specified in the Exclusion clause.

Organs	Surgery
Adrenal Gland	1. Bilateral adrenalectomy, laparoscopic or retroperitoneoscopic Bladder, ureter and urethra
Bladder, ureter and urethra	2. Formation of ileal conduit, including ureteric implantation
	3. Radical/ total cystectomy, open or laparoscopic
Brain	4. Clipping of intracranial aneurysm
	5. Cranial nerve decompression
	6. Craniectomy
	7. Decompression of trigeminal nerve root/ open trigeminal rhizotomy
	8. Excision of acoustic neuroma
	9. Excision of arteriovenous malformation, intracranial
	10. Excision of brain, including lobectomy
	11. Excision of brain tumour or brain abscess
	12. Excision of cranial nerve tumour
	13. Hemispherectomy
Ear	14. Wrapping of intracranial aneurysm
	15. Operation on cochlea and / or cochlear implant Fracture/ dislocation
	16. Closed / open reduction of fracture of acetabulum with internal fixation

**進行性延髓麻痺症：** 指由顱神經和皮質延髓束所支配的肌肉發生進行性退化，導致咀嚼、吞嚥與談話困難。有關診斷必須由專科醫生確認為進行性病變，並已導致永久神經系統受損持續最少 90 日，並有適當的神經肌肉測試如肌電圖（EMG）作證據。

**漸進性核上神經麻痺症：** 進行性核上性麻痺是一種退行性神經系統疾病，以核上性眼肌麻痺，假性球麻痺，中軸性僵直和癡呆為特徵。進行性核上性麻痺的診斷必須由已經註冊的神經科專科醫生確認。

**肺動脈高血壓：** 經由臨床及包括心導管在內的各類檢查而確定原發性肺動脈高血壓，並需符合以下所有診斷標準：

- (一) 呼吸困難並呈現疲勞。
- (二) (左)心房壓上升（至少增加二十個單位）。
- (三) 肺阻力高過正常值三個單位以上。
- (四) 肺動脈壓至少為 40mmHg 以上。
- (五) 肺的楔壓至少為 8mmHg 以上。
- (六) (右)心室未舒張壓力至少為 8mmHg 以上。
- (七) (右)心室肥大、擴張及有(右)心臟衰竭的症狀和代償機能衰敗。

**合資格的深切治療部留醫：** 指入住深切治療部，並須符合以下所有條件：

- (一) 該深切治療部留醫必須由醫生確認為因醫療而必須進行的；
- (二) 任何在中國的深切治療部留醫必須在獲認可醫院內進行；
- (三) 除受限於本保單的不保事項條款外，該深切治療部留醫並不是直接或間接由下列原因引致或與之相關：
  - 甲) 受保人進行整形手術，惟若受保人因意外身體受傷而接受該整形手術，及該手術於意外發生起計九十日內進行則除外；
  - 乙) 因受保人之妊娠、代孕、分娩或終止妊娠、節育、不育或人工受孕或任何一性別絕育；
  - 丙) 受保人患有精神紊亂、心理或精神疾病、行為問題或人格障礙；
  - 丁) 任何只為物理治療或就檢查徵狀及／或病徵而進行之診斷影像、化驗室檢查或其他診斷程序；或
  - 戊) 受保人接受實驗及／或非主流醫療技術／程序／治療，或尚未由當地政府、相關機構及當地認可醫學會批准之新型藥物或幹細胞治療。
- (四) 該深切治療部留醫必須使用侵入性維生支持持續一百二十小時或以上；
- (五) 受保人必須在同一次住院期間進行一個或多個以下列表的手術，而該手術必須
  - 甲) 由醫生在醫院(或如手術於中國進行，則為獲認可醫院)內進行，及
  - 乙) 由專科醫生確認該手術是因醫療而必須進行的，及
  - 丙) 並非因一種或多種不保事項條款內所載的情況而直接或間接引致的。

器官	手術
腎上腺	1. 腹腔鏡式或腹膜後腔鏡式兩側腎上腺切除術
膀胱、輸尿管及尿道	2. 迴腸導管建造，包括輸尿管植入
	3. 開放式或腹腔鏡式根治性/全部膀胱切除術
神經外科手術	4. 顱內動脈瘤鉗夾術
	5. 顱神經減壓術
	6. 顱骨切除術
	7. 三叉神經根減壓術/開放式三叉神經根切斷術
	8. 聽覺神經瘤切除術
	9. 顱內動靜脈血管畸形切除手術
	10. 大腦包括腦葉切除手術
	11. 腦腫瘤或腦膿腫切除術
	12. 顱神經腫瘤切除手術
	13. 大腦半球切除術
	14. 顱內動脈瘤包裹術
耳	15. 耳蝸手術及/或人工耳蝸植入
骨折及脫位	16. 關節窩骨折閉合/開放復位術連內固定術

Heart	17. Cardiac transplantation
	18. Closed heart valvotomy
	19. Coronary artery bypass graft (CABG)
	20. Open heart valvuloplasty
	21. Valve replacement
Jejunum, ileum and large intestine	22. Abdominoperineal resection, open or laparoscopic
	23. Anterior resection of rectum, open or laparoscopic
	24. Colectomy, open or laparoscopic
	25. Low anterior resection of rectum , open or laparoscopic
Joint	26. Arthrodesis of knee / hip
	27. Excisional arthroplasty of hip / knee with local antibiotic delivery
	28. Total hip replacement
	29. Total knee replacement
	30. Total shoulder replacement
Kidney	31. Kidney transplant
	32. Nephrectomy, partial/ lower pole
Liver	33. Liver transplantation
	34. Segmentectomy of liver, open or laparoscopic
Nose, mouth and pharynx	35. Functional endoscopic sinus surgery (FESS) bilateral
Oesophageal / stomach / duodenum	36. Oesophagectomy
	37. Total oesophagectomy and interposition of intestine
	38. Partial gastrectomy with anastomosis to oesophagus
	39. Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition
Pancreas	40. Pancreaticoduodenectomy (Whipple's Operation)
Pineal gland	41. Total excision of pineal gland
Pituitary Gland	42. Operation of pituitary tumour
Prostate	43. Radical prostatectomy, open or laparoscopic
Respiratory system	44. Laryngectomy +/- radical neck resection
	45. Lobectomy of lung / pneumonectomy
	46. Artificial cervical disc replacement
	47. Anterior spinal fusion (excluding cervical / cervicothoracic/ C4/5 and C5/6 and locking plate)
Spine	48. Anterior spinal fusion with instrumentation
	49. Excision of intraspinal tumour, extradural or intradural
	50. Laminectomy with discectomy
	51. Posterior spinal fusion, (excluding thoracic / cervico-thoracic / thoracolumbar / T5 to L1 / atlas-axis)
	52. Posterior spinal fusion with instrumentation
	53. Spinal fusion +/- foraminotomy +/- laminectomy +/- discectomy
	54. Spine osteotomy
	55. Pelvic exenteration
Uterus	56. Radical abdominal hysterectomy
Vagina	57. Radical vaginectomy
Vessels	58. Intra-abdominal venous shunt/ spleno-renal shunt / portal-caval shunt
	59. Resection of abdominal vessels with replacement / anastomosis



心臟	17. 心臟移植
	18. 閉合式心臟切開術
	19. 冠狀動脈分流手術
	20. 心臟直視心臟成形術
	21. 心瓣置換
空腸、迴腸及大腸	22. 開放式或腹腔鏡式經腹部會陰切除術
	23. 開放式或腹腔鏡式直腸前位切除術
	24. 開放式或腹腔鏡式結腸切除術
	25. 開放式或腹腔鏡式直腸低前位切除術
骨	26. 膝關節 / 髌關節融合術
	27. 髌關節 / 膝關節切除術連局部釋放抗生素
	28. 全髌置換術
	29. 全膝置換術
	30. 全肩置換術
腎臟	31. 腎移植手術
	32. 部分 / 下端腎切除術
肝臟	33. 肝移植手術
	34. 開放式或腹腔鏡式肝葉切除術
鼻、口及咽喉	35. 兩側功能性鼻竇內窺鏡手術
食道、胃及十二指腸	36. 食道切除術
	37. 食道全切除術及腸插入手術
	38. 部分胃切除術連接合食道術
	39. 近端胃切除術/ 根治性胃切除術/ 全部胃切除術連或不連腸插入術
胰臟	40. 胰臟十二指腸切除術（惠普爾手術）
松果腺	41. 松果腺全切除術
腦下垂體	42. 腦下垂體腫瘤切除術
前列腺	43. 開放式或腹腔鏡式根治性前列腺切除術
呼吸系統	44. 喉切除術連或不連根治性頸淋巴組織切除術
	45. 肺葉切除術/ 肺切除術
脊椎	46. 人造頸椎間盤置換術
	47. 除頸 / 頸胸 / C4/5 及 C5/6 以外的前脊柱融合術連鎖定骨板
	48. 前脊椎融合術連儀器設置
	49. 脊髓管內硬膜內或硬膜外的腫瘤切除術
	50. 椎板切除術連椎間盤切除術
	51. （除胸 / 頸胸 / 胸腰 / T5 至 L1 / 環 - 樞椎以外的）後脊椎融合術
	52. 後脊椎融合術連儀器設置
	53. 脊椎融合術，連或不連椎間孔切開術，連或不連椎板切除術，連或不連椎間盤切除術
	54. 脊椎截骨術
子宮	55. 盆腔臟器切除術
	56. 經腹部進行根治性子宮切除術
陰道	57. 根治性陰道切除術
血管	58. 腹內動脈 / 脾靜脈腎靜脈 / 門靜脈腔靜脈分流術
	59. 腹腔血管切除術連置換 / 接合術

**Rheumatoid Arthritis.** Means the occurrence of a rheumatoid arthritis where the diagnosis must be confirmed by a Doctor approved by the Company and all the following diagnostic criteria must be met:

1. Morning stiffness for at least one hour.
2. Symmetrical arthritis.
3. Widespread chronic progressive joint destruction with major deformity affecting at least three major joint areas (e.g. hands, feet, wrist, knees or hips) with soft tissue swelling or fluid as observed by a Doctor.
4. Presence of rheumatoid nodules.
5. Elevated titres of rheumatoid factor.
6. Elevated erythrocyte sedimentation rate (ESR) of above 55.
7. Radiographic evidence of severe involvement.

The above criteria of (1), (2) and (3) must be present for at least three months before the first diagnosis is made.

**Severe Myasthenia Gravis.** An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- (1) Presence of permanent muscle weakness categorised as Class III, IV or V\* according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- (2) The diagnosis and categorisation of Myasthenia Gravis are confirmed by a Specialist in neurology.

\* Myasthenia Gravis Foundation of America Clinical Classification:

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles

Class V: Intubation needed to maintain airway

**Stroke.** Any cerebrovascular incident (or accident), producing neurological sequelae, lasting more than twenty-four hours and including infarction of brain tissue, haemorrhage from an intracranial vessel and embolisation from an extracranial source. There must be evidence of permanent neurological deficit persisting for at least four consecutive weeks. The following are excluded:

1. Cerebral symptoms due to transient ischaemic attacks (TIA);
2. Cerebral symptoms due to migraine; and
3. Vascular disease affecting the eye or optic nerve or vestibular functions.

**Surgery to Aorta.** The actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta, but not its branches. Traumatic injury to the aorta is excluded.

**Systemic Lupus Erythematosus.** A multi-system, multifactorial, autoimmune disorder which is characterized by the development of auto-antibodies directed against various self-antigens. Only systemic lupus erythematosus involving the kidneys (Class III to Class V Lupus nephritis, established by renal biopsy, and in accordance with the WHO classification as noted below) are covered by this Policy. Other forms, discoid lupus and those forms with haematological and joint involvement will be specifically excluded. The final diagnosis must be supported by a certified Doctor specializing in Rheumatology and Immunology.

WHO Lupus nephritis classification:

WHO Class I (minimal) Negative, normal urine

WHO Class II (mesangial) Moderate proteinuria, occasionally active sediment

WHO Class III (focal segmental) Proteinuria, active sediment

WHO Class IV (diffuse) Acute nephritis with active sediment and/or nephrotic syndrome

WHO Class V (membranous) Nephrotic syndrome or severe proteinuria

**Systemic Scleroderma.** The diagnosis must be unequivocally confirmed by biopsy and serological evidence and the condition must have reached systemic proportions to involve any 2 of the following organs: heart, lungs or kidneys. The diagnosis must be confirmed by a Specialist in rheumatology.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea)
- Eosinophilic fasciitis
- CREST syndrome unequivocal

**Terminal Illness.** The Insured must be suffering from a disease, which in the opinion of our appointed medical consultant is likely to lead to death within twelve months from the date we receive your notification of claim.

**Total and Permanent Disability.** The Insured has first become permanently, totally and irreversibly disabled after age 18 but prior to the 65th birthday as a result of injury or sickness and is thereby totally incapable of engaging in any work or occupation whatsoever for remuneration or profit. Such Total and Permanent Disability must be certified by a Doctor acceptable by us and have continued without interruption for 6 consecutive months, or for such longer period as we may reasonably require to establish that a claim falls within this definition.

**Ulcerative Colitis.** Ulcerative colitis shall mean acute fulminant ulcerative colitis with life threatening electrolyte disturbances usually associated with intestinal distention and a risk of intestinal rupture, involving the entire colon with severe bloody diarrhea and systemic signs and symptoms and for which the treatment is frequently total colectomy and ileostomy. Diagnosis must be based on histopathological features and surgery in the form of colectomy or ileostomy should form part of the treatment.

**類風濕性關節炎：** 指必須經由本公司核准的醫生作出診斷，以確定出現類風濕性關節炎，並需符合下列所有診斷標準：

- (一) 於上午出現持續不少於一小時的關節僵硬。
- (二) 雙邊性關節炎。
- (三) 慢性擴散漸進式關節耗損，醫生診斷出其最少三個主要關節(如手、腳、腕、膝或髖)的軟組織腫脹或呈流質狀。
- (四) 出現風濕性小瘤。
- (五) 類風濕因子的滴定度提升。
- (六) 血紅細胞沉積度提升至處於五十五或以上。
- (七) X 光照片証實情況嚴重。

在受保人首次被診斷前，上述(一)、(二)及(三)項的病徵必須已出現最少三個月。

**嚴重重症肌無力：** 一種引致神經肌肉傳遞障礙之後天免疫性疾病，並導致波動性之肌無力及容易疲勞，且須符合下列所有條件：

- (1) 永久出現肌無力，並根據下列按美國重症肌無力基金會（Myasthenia Gravis Foundation of America）的臨床分類界定為第 III、IV 或 V 級；及
- (2) 重症肌無力的診斷及分類必須由神經科專科醫生證實。

\* 美國重症肌無力基金會的臨床分類：

第 III 級：任何程度之眼部肌肉無力，及其他部位之中度肌肉無力

第 IV 級：任何程度之眼部肌肉無力，及其他部位之嚴重肌肉無力

第 V 級：須要插管以維持氣管暢通

**中風：** 任何腦血管疾病，包括腦組織梗塞，顱內血管出血及源自頭顱外之栓塞，引致持續超過二十四小時的神經系統機能失調，以及持續四個星期或以上出現永久性的神經系統功能缺陷。以下各項不在受保之列：

- (一) 因短暫性腦缺血引致的腦部症狀；
- (二) 因偏頭痛引致的腦部症狀；及
- (三) 對眼或視神經或前庭系統功能造成影響的血管疾病。

**主要動脈手術：** 因主要動脈疾病而需要接受切除及移植已患病的主要動脈。就本保障的定義而言，主要動脈指胸腔動脈及腹腔大動脈，但不是其支脈。主動脈創傷性受傷不包括在保障範圍內。

**紅斑狼瘡：** 必須患上多系統，多因子的自身免疫病症，並產生自身抗體對抗各種自身抗原。必須同時因患上系統性紅斑狼瘡而影響腎臟功能(必須符合下列由世界衛生組織 WHO 透過腎活組織診斷結果的分類級別內第 III 類至第 V 類狼瘡性腎炎)。其他類型之狼瘡，如盤狀狼瘡，或其他只影響血液和關節的狼瘡，將不在受保障範圍內。最終必須經由註冊風濕科及免疫科醫生確診。

世界衛生組織 WHO 狼瘡性腎炎分類級別：

WHO I 類（最微小病變型）— 陰性，正常尿。

WHO II 類（系膜增生型）— 中度蛋白尿，偶爾有活躍的沉積物。

WHO III 類（局灶節段型）— 蛋白尿，活性的沉積物。

WHO IV 類（彌漫增生型）— 急性腎炎伴隨活性沉積物及／或腎病變綜合症。

WHO V 類（彌漫膜性增厚腎病型）— 綜合症或嚴重蛋白尿。

**系統性硬皮病：** 該症狀須達至系統性侵犯程度且影響心臟、肺部或腎臟的其中兩個器官。有關診斷須由風濕科專科醫生證實並以活檢結果及血清學證據確定。

保障範圍不包括以下情況：

- 局部硬化病(線性硬化病或硬斑病)
- 嗜酸性粒細胞筋膜炎
- 明確的 CREST 症候群

**末期病症：** 根據本公司委任醫療顧問的意見，受保人因患病以致其壽命很可能不會多於十二個月（由我們收到你的索償通知當日起計）。

**完全及永久傷殘：** 因意外或疾病導致受保人在十八歲至六十五歲期間首次出現完全、永久及不能復原的傷殘，以致無法從事任何可獲報酬的職業或工作。受保人必須經我們接納的醫生以書面證明完全及永久傷殘，及該完全及永久傷殘必須持續六個月，或持續一段足以讓本公司相信該索償能符合本定義的時段。

**潰瘍性結腸炎：** 潰瘍性結腸炎指急性暴發性潰瘍性結腸炎，出現致命的電解物質紊亂，通常伴有腸膨脹及有腸破裂的風險，牽涉整條大腸，有嚴重帶血腹瀉及出現系統性徵狀及病徵。治療潰瘍性結腸炎的常用方法為完全大腸切除術及迴腸造口術。診斷必須根據病理組織學顯現此病特徵，並且必須透過完全大腸切除術及迴腸造口術手術構成治療此病的其中一部份。



## D. Severe Child Diseases

**Attention-Deficit Hyperactivity Disorder.** A childhood-onset neurodevelopmental condition, which has resulted in marked impairment in social or occupational functioning with symptoms of both inattention and hyperactivity-impulsivity. The diagnosis must fulfil all the following criteria:

1. Diagnosis must be confirmed by a Doctor who is a paediatric psychiatrist and classified as severe ADHD based on the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5) criteria. At the Company's absolute discretion, we will consider any updated edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in force at the time of the diagnosis, or any alternate diagnostic criteria acceptable to the Company, that supports the diagnosis to at least the same or greater level of severity.;
2. The Insured must have received stimulants therapy without interruption for a period of at least 180 days after the diagnosis; and
3. It is not attributable to the physiological effects of other medical or mental conditions.

**Autism.** An unequivocal diagnosis by a pediatric psychiatrist or a specialist acceptable by the Company of a severe form of Autism Spectrum Disorder which must have continued without interruption for a period of at least six (6) months after diagnosis where all of the following conditions are met:

- (a) The Insured is undergoing behavioral therapy, occupational therapy, speech therapy, psychological interventions, or special education at a recognized institute for autistic children; and
- (b) All of the following diagnostic criteria are fulfilled, as certified by the Insured's attending pediatric psychiatrist or specialist acceptable by the Company based on the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5) criteria. At the Company's absolute discretion, we will consider any updated edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in force at the time of the diagnosis, or any alternate diagnostic criteria acceptable to the Company, that supports the diagnosis to at least the same or greater level of severity.
  1. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following:
    - Severe deficits in verbal and nonverbal social communication skills causing severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others.
  2. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by the following:
    - Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors that markedly interfere with functioning in all spheres.
    - Great distress/difficulty changing focus or action.
  3. Symptoms are present in the early developmental period.
  4. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

**Dengue Haemorrhagic Fever.** The severe dengue also known as Dengue Haemorrhagic Fever characterised by all of the 4 symptoms, including high fever, haemorrhagic phenomena, hepatomegaly and circulatory failure (Dengue Shock Syndrome DSS - WHO DHF grades III and IV). The diagnosis of Dengue Haemorrhagic Fever must be confirmed by a Specialist. Non-Haemorrhagic Dengue Fever is excluded.

**Haemophilia.** Payment will only be made if the Insured suffered from severe haemophilia with a clotting factor VIII or factor IX of less than 1%.

**Insulin Dependent Diabetes Mellitus, Juvenile Onset.** This is characterized by polydipsia, polyuria, increased appetite, weight loss, low plasma insulin levels, episodic ketoacidosis and immune-mediated destruction of pancreatic B cells. Insulin therapy and dietary regulation are necessary. Type II Diabetes Mellitus is specifically excluded.

Diagnosis must be confirmed by a Paediatric Endocrinologist.

**Intellectual Impairment due to Sickness and/or Accidental Bodily Injury.** The Insured suffers from sub-average general intellectual functioning, mental handicap, or learning disorder, as determined by a paediatric neuro-psychological assessment, resulting, directly and independently of all other causes, from accident(s) or sickness(es). Payment will only be made if the resulting severity of mental handicap is an IQ below 70 and the Insured must be at age four or above with unequivocal proof that the disability results directly and independently of all other causes, from Accidental Bodily Injury or illness, and that the condition has continued without interruption for a period of at least six consecutive months after diagnosis.

#### (四) 兒童嚴重疾病

**專注力失調及過度活躍症：**一種兒童期發病的神經發育性疾病，因注意力缺陷及過度活躍衝動而導致社交或職業功能明顯受損。診斷必須符合以下所有條件：

- (一) 診斷必須由兒童精神科醫生根據 DSM-5 (「精神疾病診斷和統計手冊」第 5 版) 標準或任何隨後 DSM 的更新或能替代 DSM 的標準進行確診。在本公司擁有絕對酌情權下，我們將考慮在診斷時有效的精神疾病診斷和統計手冊 (DSM) 的任何更新版本，或本公司可接受支持該診斷為至少相同或更高的嚴重程度的任何替代診斷標準；
- (二) 受保人必須在診斷後之 180 天內連續不間斷用中樞神經興奮劑治療；及
- (三) 並非由另一種醫學或精神疾病的生理影響所引起的專注力失調及過度活躍症。

**自閉症：**經兒童精神科醫生或本公司接納的專科醫生作出明確診斷，此自閉症系列障礙屬嚴重類型，而有關情況需在診斷後最少持續出現 6 個月，並必須符合以下所有條件：

- (一) 受保人正接受行為治療、職業治療、語言治療、心理介入治療或在為自閉症兒童而設的認可學校內接受特殊教育；及
- (二) 診斷必須受保人的主診兒童精神科醫生或本公司接納的專科醫生根據「精神疾病診斷和統計手冊」第 5 版 (DSM-5) 標準證實符合以下所有條件。在本公司擁有絕對酌情權下，我們將考慮在診斷時有效的精神疾病診斷和統計手冊 (DSM) 的任何更新版本，或本公司可接受的任何替代診斷標準，以支持該診斷為至少相同或更高的嚴重程度。
  - (甲) 在多種環境下長期缺乏社交溝通及社交互動能力，並有以下表現：
    - 言語及非言語的社交溝通技巧嚴重不足，導致功能上嚴重缺陷、在社交互動中作出非常有限的主動及對其他人的社交友好表示作出最小的回應
  - (乙) 限制性、重復性的行為、興趣或活動，並有以下表現：
    - 行為缺乏彈性、極度難於適應改變；或作出有限制性/重復性的行為，嚴重妨礙各種領域的功能發揮
    - 對改變焦點或行為時表示極度憂慮及困難
  - (丙) 症狀在早期發展階段出現
  - (丁) 症狀對社交、職業或其他重要範圍的現有功能在臨床上造成損害

**出血性登革熱：**嚴重登革熱（出血性登革熱），出現全部四種徵狀，包括發高燒、出血現象、肝腫大和循環衰竭（登革熱休克綜合症 — 世衛登革熱第 III 及第 IV 級）。出血性登革熱的診斷必須由專科醫生證實。保障範圍不包括非出血性登革熱。

**血友病：**賠償只會支付予患上嚴重血友病及其第 VIII 或第 IX 類凝結因子低於 1% 的受保人。

**幼兒期病發胰島素依賴性糖尿病：**呈現頻渴、頻尿、食慾增加、體重降低、血漿胰島素處於低水平、酮酸中毒及透過免疫介令胰臟細胞破壞的特色。受保人必須接受胰島素治療及飲食監控。第二型糖尿病則不在受保障範圍內。

必須經由兒童內分泌科醫生確診。

**因疾病及／或意外受傷導致智力受損：**經由兒童精神心理學的評估，確定受保人因疾病或直接及純粹因意外而非其他原因而導致患上整體智力功能低於常人、精神殘障或學習障礙。賠償只會支付予受保人已年滿四歲，其智力缺陷必須因疾病或直接及純粹因意外而非其他原因而導致智商 (IQ) 低於 70，此情況必須在確診後持續出現至少六個月。

**Juvenile Chronic Arthritis - Still's Disease.** This is characterized by high fever and signs of systemic illness that exists for months before the onset of arthritis. Cardinal manifestations include high spiking, daily (quotidian) fevers, evanescent rash, arthritis, splenomegaly, lymphadenopathy, serositis, weight loss, neutrophilic leukocytosis, increased acute phase proteins and seronegative tests for ANA and RF. Payment will only be made if the Insured's condition is serious enough to be advised by a Doctor to have knee or hip replacement for the treatment of the illness. All other forms of juvenile chronic arthritis except Still's Disease are excluded.

The diagnosis must be confirmed by a Paediatric Rheumatologist.

**Juvenile Huntington Disease.** Confirmed by a Doctor who is a pediatrician of an unequivocal diagnosis of Juvenile Huntington Disease with genetic test. There must be evidence of permanent and irreversible cognitive impairment and neurological deficit including all of the following:

- (1) bradykinesia, stiffness and rigidity;
- (2) impaired voluntary movement; and
- (3) oromotor dysfunction including speech and swallowing impairment confirmed by registered speech therapist.

**Kawasaki Disease.** Diagnosis must be based on blood tests to detect mild anaemia, a white-blood-cell count above the normal level, and an elevated erythrocyte sedimentation rate which indicates blood vessel inflammation. A sharp rise in the number of platelets, the major clotting element in the blood must also be detected.

Payment will only be paid if diagnostic tests reveal the presence of the following:

- (1) Coronary artery aneurysm of at least 6 millimeters in diameter; or dilation of coronary artery of at least 6 millimeters in diameter; and
- (2) This aneurysm or dilation persists for at least 6 months after the first diagnosis.

**Marble Bone Disease (Osteopetrosis).** Marble bone disease is characterized by increased bone density, brittle bone and skeletal abnormalities. The Insured must be unequivocally diagnosed as the intermediate type (also called "marble bone disease") and confirmed with the occurrence of all the following conditions by a Doctor in the relevant field:

- (1) The results of physical examination of the Insured by a Doctor in the relevant field that the Insured suffers from cranial nerve palsy;
- (2) The results of blood test confirmed pancytopenia; and
- (3) The result of X-Ray studies reveal diffuse abnormal hardening of bones, multiple fracture and joint deformity.

Unequivocal diagnosis of Osteopetrosis must be confirmed by a Doctor acceptable to our company.

**Osteogenesis Imperfecta.** This is characterized by brittle, osteoporotic, easily fractured bones. Payment will only be made if the illness is diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all the following conditions:

1. The result of physical examination of the Insured by our selected doctor that the Insured suffers from growth retardation and hearing impairment.
2. The result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis
3. Positive result of skin biopsy.
4. Diagnosis of Osteogenesis Imperfecta must be confirmed by a consulting paediatrician acceptable to our company.

**Rheumatic Fever with Valvular Impairment.** The diagnosis of acute rheumatic fever according to the revised Jones criteria must be confirmed by a Specialist. We only cover the case where there is involvement of 1 or more heart valves and at least mild valve incompetence or stenosis attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a Specialist in cardiology.

When Less Invasive Treatments of Heart Valve Disease are carried out as a result of a Rheumatic Fever with Valvular Impairment, the benefit under this policy is only payable for Rheumatic Fever with Valvular Impairment.

**Severe Asthma.** The Insured suffers from severe asthma which is characterized by at least three of the following criteria:

1. History of status asthmaticus within the past two years.
2. Significant and continuous reduction in exercise tolerance.
3. Chest deformities resulting from chronic hyperinflation.
4. The need for medically prescribed oxygen therapy at home.
5. Continuous daily use of oral corticosteroids (for a minimum period of at least six months)



**幼兒慢性關節炎-- 斯蒂爾病：**在關節炎病發前數月，呈現發高燒及系統性疾病的病徵。主要跡象包括高峰熱，每日（日發性的）發燒，短暫性的紅疹，關節炎，脾臟發大，淋巴結病變，漿膜炎，體重下降，中性粒白血細胞增多，急性蛋白質升高，及血清檢查 ANA 及 RF 顯示陰性反應。賠償只會支付予以下情況：受保人的情況嚴重至足以由醫生建議受保人需接受更換膝蓋或髖部手術治療此疾病。所有其他類別的兒童慢性關節炎(斯蒂爾病除外) 不在受保障範圍內。

必須經由兒童風濕科醫生確診。

**兒童亨廷頓舞蹈症：**兒童亨廷頓舞蹈症必須由兒科專科醫生以基因測試診斷清楚證實。必須有永久性和不可逆轉的認知功能障礙和神經功能缺損的證據，包括以下全都：

- (一) 動作遲緩，僵硬和僵固；
- (二) 自主活動障礙；及
- (三) 由註冊語言治療師證實之口腔活動功能失調，包括言語和吞咽障礙。

**川崎病：**診斷必須基於血液測試證明呈現輕度貧血、白血球量高於正常水平及反映血管炎症的紅血球沉降率升高；此外，於血液測試結果中測出血液中之血小板數目急升及呈現主要的凝結因子。

賠償只會支付予診斷測試中呈現：

- (一) 有直徑最少為六毫米的冠狀動脈瘤或有直徑最少為六毫米冠狀動脈擴張；及
- (二) 該動脈瘤或動脈擴張由首次確診起已持續出現最少六個月。

**大理石骨病(骨質疏鬆症)：**大理石骨病的特徵是骨密度增加，骨脆和骨骼異常。受保人必須由相關的專科醫生清楚診斷為中度骨硬化（亦稱「大理石骨病」），並出現以下所有的狀況：

- (一) 由經相關的專科醫生為受保人身體檢查的結果顯示受保人患有腦神經麻痺；
- (二) 由血液測試的結果證實全血細胞減少；及
- (三) X 光檢查結果顯示彌漫性骨骼異常硬化，多發性骨折及關節變形。

大理石骨病的清楚診斷必須由本公司認可的醫生確認。

**成骨不全症：**呈現骨質脆弱、疏鬆及容易折斷之特徵。賠償只會支付予被確診為第三型成骨不全症，並呈現下列所有情況：

- (一) 受保人需透過由本公司安排的醫生進行身體檢查，確定受保人患上發育遲緩和聽覺障礙。
- (二) X 光射線結果呈現多處骨折和漸進性脊椎後側突。
- (三) 皮膚活組織檢查結果呈現陽性反應。
- (四) 經由一位本公司認可的顧問兒科醫生確診為成骨不全症。

**風濕性心臟疾病：**經由專科醫生根據已修訂的 Jones 標準診斷證實是患上急性風濕熱。本公司只保障因風濕熱所導致一個或以上最少輕度心臟關閉不全或狹窄的心瓣損傷。有關診斷必須由心臟科專科醫生根據心瓣功能的數量檢查證實。

倘若因風濕性心臟疾病而須要進行心臟膜疾病的次級創傷性治療，根據此保單只會予風濕性心臟疾病一項作出保險賠償。

**嚴重哮喘：**受保人患上嚴重哮喘，並最少呈現三種下列特徵：

- (一) 過去兩年內曾有氣喘病持續病發的紀錄。
- (二) 持續而顯著的運動能耐下降。
- (三) 因肺部持續慢性過度膨脹所致的胸部畸型。
- (四) 需要在家內備有經醫生處方的氧氣治療。
- (五) 連續性需要每日使用口服皮質類固醇藥物（不少於六個月）。

**Severe Epilepsy.** The Insured suffers from epilepsy as diagnosed by a Doctor who is a neurologist or a paediatrician confirmed by electroencephalography (EEG) with the use of other investigations including magnetic resonance imaging (MRI) and Positron Emission Tomography (PET) as appropriate and has:

1. experienced at least 6 attacks of unprovoked Tonic-Clonic or Grand Mal seizures due to a disorder of the brain in the last 6 months despite having received maximal tailored treatment supervised by a Doctor who is a neurologist or a paediatrician with evidence of regular monitoring of anticonvulsant drug levels for the whole of that period; or
2. undergone neurosurgery for treatment of epileptic seizures.

Febrile, absence (Petit Mal) seizures, partial seizures, and any other type of seizure not described as a generalised tonic-clonic seizure do not satisfy the requirements of this definition.

Before a claim will be paid, the Insured must have been taking prescribed anti-epileptic (anti-convulsant) medication(s) in appropriate dosage for at least 6 months whilst under the direct supervision of a Doctor who is a neurologist or a paediatrician.

**Tourette Syndrome.** The definite diagnosis of Tourette's Disorder (Syndrome) by a Doctor, characterized by a combination of involuntary noises and movements called tics. The diagnosis must be supported by the following criteria:

1. The diagnosis of Tourette's Disorder must meet diagnostic criteria as specified in the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5) and have a Total Yale Global Tic Severity Scale Score of at least 70 as confirmed by a Doctor. At the Company's absolute discretion, we will consider any updated edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in force at the time of the diagnosis, or any alternate diagnostic criteria acceptable to the Company, that supports the diagnosis to at least the same or greater level of severity; and
2. The condition has been treated with, and resistant to, surgery or appropriate pharmacotherapy without interruption for a period of at least 180 days following diagnosis.

**Type I Juvenile Spinal Amyotrophy.** The Insured must be diagnosed as a Type I Juvenile Spinal Amyotrophy which is an infantile form of spinal muscular atrophy characterized by progressive dysfunction of the anterior horn cells in the spinal cord and brainstem cranial nerves with profound weakness and bulbar dysfunction. Electromyography and muscle biopsy are needed to confirm this diagnosis.

**Type II Juvenile Spinal Amyotrophy.** The Insured must be diagnosed as a Type II Juvenile Spinal Amyotrophy which is an infantile form of spinal muscular atrophy characterised by progressive dysfunction of the anterior horn cells in the spinal cord and brainstem cranial nerves with profound weakness and bulbar dysfunction. Electromyography and muscle biopsy are needed to confirm this diagnosis.

**Wilson's Disease.** A potentially fatal disorder of copper toxicity characterized by progressive liver disease and/or neurologic deterioration due to copper deposit. The diagnosis must be confirmed by a Doctor with liver biopsy and the treatment with a chelating agent must be documented for at least one hundred and eighty (180) days.

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**嚴重癲癇：** 受保人由神經科醫生或兒科專科醫生透過視頻腦電圖和按情況所需配合其他調查性檢測(包括磁力共振及正電子掃描)確診患上腦癲，並出現以下所有的狀況：

- (一) 過去六個月雖已由神經科醫生或兒科專科醫生給予最大限度的特設治療並定期監察抗癲癇藥物水平，其間仍有最少六次無促因強直一陣攣性發作或大發作；或
- (二) 已接受神經外科手術治療腦癲症發作。

熱性發作、失神發作(小發作)、局部發作及任何不列為全身強直一陣攣性發作的其他類型發作均不符合本疾病的定義。

受保人必須已由神經科醫生或兒科專科醫生直接監督最少六個月並一直服用適當劑量的處方抗腦癲(抗癲癇)藥物，本公司才會支付保障。

**妥瑞症：** 由醫生確實確診妥瑞症，為一以結合不自主的聲音和運動為特徵的抽動症。診斷必須符合以下所有標準：

- (一) 診斷必須符合 DSM-5 (「精神疾病診斷和統計手冊」第 5 版)標準或任何隨後 DSM 的更新或能替代 DSM 的標準的確診條件及由醫生證實根據耶魯抽動症整體嚴重程度量表評分為不少於 70 分。在本公司擁有絕對酌情權下，我們將考慮在診斷時有效的精神疾病診斷和統計手冊 (DSM) 的任何更新版本，或本公司可接受支持該診斷為至少相同或更高的嚴重程度的任何替代診斷標準；及
- (二) 在診斷後至少 180 天持續接受手術或適當的藥物療法治療，並且對手術或藥物療法有抵抗力。

**第一型兒童脊髓肌萎縮：** 受保人必須被診斷為第一型兒童脊髓肌萎縮，指兒童脊髓肌肉萎縮症，脊髓前角細胞及腦幹顱神經的逐步功能障礙並有嚴重肌肉無力及延髓功能障礙。必須由肌電圖及肌肉活檢證實確診。

**第二型兒童脊髓肌萎縮：** 受保人必須被診斷為第二型兒童脊髓肌萎縮，指兒童脊髓肌肉萎縮症，脊髓前角細胞及腦幹顱神經的逐步功能障礙並有嚴重肌肉無力及延髓功能障礙。必須由肌電圖及肌肉活檢證實確診。

**威爾遜病：** 威爾遜病是一種可能危及生命的銅毒性疾病，以銅沉積造成的漸進性肝功能損害及／或神經功能惡化為特徵。必須由專科醫生透過肝臟活組織檢查術確定診斷並配合螯合劑治療持續最少 180 日。

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## BENEFIT PROVISIONS

**Benefit.** Subject to the provisions contained herein, before the Benefit Expiry Date of this Policy and while this Policy is in force, we will pay the Death Benefit and Compassionate Cash Benefit to the Beneficiary if the Insured dies; or we will pay the Critical Illness Benefit or Multiple Critical Illness Benefit and / or Cash Benefit for Continuous Cancer and / or Cash Benefit for Heart Attack and Stroke and / or Sperm / Oocyte Cryopreservation Benefit to the Insured if the Insured is diagnosed to be suffering from a Critical Illness (or we will pay the relevant benefit(s) to the Beneficiary, if the Insured dies and a claim of Death Benefit is received by us at our Head Office or Branch Office before we approve the claim of such benefit(s)); or we will pay the Care2Share Extra Benefit to the Insured if a Covered Child is first diagnosed to be suffering from a Major Critical Illness (or we will pay the Care2Share Extra Benefit to the Beneficiary, if the Insured dies and a claim of Death Benefit is received by us at our Head Office or Branch Office before we approve the claim of Care2Share Extra Benefit); or we will pay the Policy Owner the Cash Value if this Policy is surrendered/partially surrendered. If this Policy or the right under this Policy to receive any money or moneys payable thereunder has been assigned, in which event the benefit will be payable to the assignee. The payment of benefit proceeds are subject to the adjustments provided in the Misstatement of Age or Gender, Grace Period, Benefit Restrictions, and Exclusions clauses of this Policy.

You can request in writing for a decrease in the Basic Sum Insured subject to our prevailing administrative rules. Your written request must be received by us at our Head Office or Branch Office. Any decrease will come into effect on the Monthly Anniversary Date that falls on the date we receive your written request or, if later, on the next Monthly Anniversary Date. The Basic Sum Insured remaining in force in this Policy after any decrease cannot be less than the minimum Basic Sum Insured as required under the then prevailing administrative rules of the Company. An approval of a decrease in the Basic Sum Insured must be endorsed on and attached to this Policy. No person (including our agents) other than we have the authority to make any changes or waive any of the terms of this Policy.

### (1) Critical Illness Benefit

While this Policy is in force and before Reaching of Aggregate Limit, a lump sum benefit will be payable upon the diagnosis of Critical Illness of the Insured. The percentage applicable for each Critical Illness is shown below.

Critical Illness suffered by the Insured	Percentage of the Basic Sum Insured of this Policy
Angioplasty and Other Surgeries for Coronary Artery	30% or US\$62,500 / HK\$500,000 / MOP500,000, whichever is lower
Attention-Deficit Hyperactivity Disorder	30% or US\$12,500 / HK\$100,000 / MOP100,000, whichever is lower
Carcinoma-in-situ / Early Stage Cancer	30% or US\$62,500 / HK\$500,000 / MOP500,000, whichever is lower
Cerebral Aneurysm Requiring Surgery	50%
Diabetic Retinopathy	30% or US\$62,500 / HK\$500,000 / MOP500,000, whichever is lower
Endovascular Treatment of Peripheral Arterial Disease	30% or US\$62,500 / HK\$500,000 / MOP500,000, whichever is lower
Glaucoma Surgical Treatment	10% or US\$5,000 / HK\$40,000 / MOP40,000, whichever is lower
Minimally Invasive Direct Coronary Artery By-pass	30% or US\$62,500 / HK\$500,000 / MOP500,000, whichever is lower
Osteoporosis with Fractures	30% or US\$62,500 / HK\$500,000 / MOP500,000, whichever is lower
Reconstructive Surgery	30% or US\$62,500 / HK\$500,000 / MOP500,000 or the actual amount of hospitalization, surgical, anesthetists expenses and operation theatre expenses charged for undergoing the Reconstructive Surgery less any amount reimbursed by other medical plans at the time this benefit is payable, whichever is lower
Severe Psychiatric Illness	30% or US\$62,500 / HK\$500,000 / MOP500,000, whichever is lower
Tourette Syndrome	30% or US\$12,500 / HK\$100,000 / MOP100,000, whichever is lower
Early Stage Disease other than Angioplasty and Other Surgeries for Coronary Artery, Cerebral Aneurysm Requiring Surgery, Diabetic Retinopathy, Endovascular Treatment of Peripheral Arterial Disease, Glaucoma Surgical Treatment, Minimally Invasive Direct Coronary Artery By-pass, Osteoporosis with Fractures, Reconstructive Surgery and Severe Psychiatric Illness	30%
Severe Child Diseases other than Attention-Deficit Hyperactivity Disorder and Tourette Syndrome	30% or US\$62,500 / HK\$500,000 / MOP500,000, whichever is lower
Major Critical Illness	100%

## 保障條款

**保障範圍：** 於本保單生效期間及在保障到期日前，並按照保單條款所載，如受保人身故，我們將支付身故保障及身故現金津貼予受益人；或如受保人被確診患上嚴重疾病，我們將支付嚴重疾病保障或多次危疾保障及／或持續癌症現金津貼及／或心臟病及中風現金津貼及／或精／卵細胞冷凍保存保障予受保人(或如我們在批核有關保障前，受保人已身故及身故索償申請已獲我們總公司或分公司收妥，我們將支付該等保障予受益人)；或如受保子女被確診首次患上主要嚴重疾病，我們將支付愛共享額外子女保障予受保人(或如我們在批核愛共享額外子女保障前，受保人已身故及身故索償申請已獲我們總公司或分公司收妥，我們將支付愛共享額外子女保障予受益人)；或如本保單被退保／部份退保，我們將支付現金價值予保單持有人。倘若本保單或本保單內所載有關接受賠款的權利已轉讓，則保障將會賠償予承讓人。所支付的賠償金額會因應本保單內錯誤填報年齡或性別、寬限期、保障的限制及不保事項等條款而作出調整。

你可根據我們當時之行政規則遞交書面要求減少基本保障額。你所遞交的書面要求必須獲我們的總公司或分公司收妥。任何減少基本保障額的要求將在我們接獲你書面要求當日(如為月結日)或緊接的月結日開始生效。減少後的基本保障額不得低於本公司當時的行政規例所定之基本保障額的最低要求。獲批准減少基本保障額的文件必須已被簽署作實，並附載於本保單內。除我們外，其他人士(包括我們的中介人)均無權更改或豁免本保單的任何條款。

### (一) 嚴重疾病保障

在本保單生效期間及達到合計限額前，於受保人被確診患上嚴重疾病時，將會以一筆過金額賠償。每一種嚴重疾病所採用的百分比在以下註明。

受保人患上的嚴重疾病	佔本保單之基本保障額的百分比
冠狀動脈的血管成形術及其它冠狀動脈的血管手術	30% 或 62,500 美元／500,000 港元／500,000 澳門幣(以較低金額作準)
專注力失調及過度活躍症	30% 或 12,500 美元／100,000 港元／100,000 澳門幣(以較低金額作準)
原位癌／初期癌症	30% 或 62,500 美元／500,000 港元／500,000 澳門幣(以較低金額作準)
需進行手術之腦血管瘤	50%
糖尿病性視網膜病變	30% 或 62,500 美元／500,000 港元／500,000 澳門幣(以較低金額作準)
周圍動脈疾病的血管介入治療	30% 或 62,500 美元／500,000 港元／500,000 澳門幣(以較低金額作準)
青光眼手術	10% 或 5,000 美元／40,000 港元／40,000 澳門幣(以較低金額作準)
微創性直接冠狀動脈搭橋術	30% 或 62,500 美元／500,000 港元／500,000 澳門幣(以較低金額作準)
骨質疏鬆症併骨折	30% 或 62,500 美元／500,000 港元／500,000 澳門幣(以較低金額作準)
矯形手術	30% 或 62,500 美元／500,000 港元／500,000 澳門幣或需支付之實際住院、手術、麻醉師及手術室開支，再扣除應支付此保障當日已從其他醫療保障計劃獲取的賠償(以較低金額作準)
嚴重精神病	30% 或 62,500 美元／500,000 港元／500,000 澳門幣(以較低金額作準)
妥瑞症	30% 或 12,500 美元／100,000 港元／100,000 澳門幣(以較低金額作準)
早期疾病(冠狀動脈的血管成形術及其它冠狀動脈的血管手術、需進行手術之腦血管瘤、糖尿病性視網膜病變、周圍動脈疾病的血管介入治療、青光眼手術、微創性直接冠狀動脈搭橋術、骨質疏鬆症併骨折、矯形手術及嚴重精神病除外)	30%
兒童嚴重疾病(專注力失調及過度活躍症及妥瑞症除外)	30% 或 62,500 美元／500,000 港元／500,000 澳門幣(以較低金額作準)
主要嚴重疾病	100%



If the Insured is diagnosed to be suffering from a Critical Illness other than Major Critical Illness and the aggregate of the previous Critical Illness Benefit paid or payable under this Policy and the Percentage of the Basic Sum Insured of this Policy for the respective Critical Illness as shown in the table above is equal to or exceeds 100% of the Basic Sum Insured of this Policy, the benefit amount payable would be the higher of the following:

- (a) 100% of the Basic Sum Insured as specified in the Policy Schedule of this Policy net of any previous Critical Illness Benefit paid or payable under this Policy, plus Terminal Bonus in effect, less Policy Debt (if any).
- (b) the Cash Value as defined below net of any previous Critical Illness Benefit paid or payable under this Policy.

If the Insured is diagnosed to be suffering from a Major Critical Illness other than Cancer, Heart Attack and Stroke, the benefit amount payable will be the higher of the following:

- (a) 100% of the Basic Sum Insured as specified in the Policy Schedule of this Policy net of any previous Critical Illness Benefit paid or payable under this Policy, plus Terminal Bonus in effect, less Policy Debt (if any).
- (b) the Cash Value as defined below net of any previous Critical Illness Benefit paid or payable under this Policy.

If the Insured is diagnosed to be suffering from Cancer, Heart Attack or Stroke before the policy anniversary on or following the Insured's 85<sup>th</sup> birthday, the benefit amount payable will be the higher of the following:

- (a) 100% of the Basic Sum Insured as specified in the Policy Schedule of this Policy, plus Terminal Bonus in effect, less Policy Debt (if any).
- (b) the Cash Value as defined below net of any previous Critical Illness Benefit paid or payable under this Policy.

If the Insured is diagnosed to be suffering from Cancer, Heart Attack or Stroke on or after the policy anniversary on or following the Insured's 85<sup>th</sup> birthday, the benefit amount payable will be the higher of the following:

- (a) 100% of the Basic Sum Insured as specified in the Policy Schedule of this Policy net of any previous Critical Illness Benefit paid or payable under this Policy, plus Terminal Bonus in effect, less Policy Debt (if any).
- (b) the Cash Value as defined below net of any previous Critical Illness Benefit paid or payable under this Policy.

For the avoidance of doubt, while determining the Critical Illness Benefit for a Critical Illness, such Critical Illness is not taken into account when considering whether the Reaching of Aggregate Limit has occurred.

#### (2) Death Benefit

If the Insured dies when this Policy is in force and before the Reaching of Aggregate Limit, we shall pay the Beneficiary the Death Benefit. If the Primary Beneficiary is not living at the death of the Insured, we shall pay the Death Benefit to the Contingent Beneficiary. There may be more than one Beneficiary in each category. If you name more than one person in each category of Beneficiaries, such living Beneficiaries in that category will share the Death Benefit equally unless you have directed otherwise in writing in advance.

The amount of the Death Benefit is equal to the higher of the following:

- 100% of the Basic Sum Insured as specified in the Policy Schedule of this Policy net of any previous Critical Illness Benefit paid or payable under this Policy, plus Terminal Bonus in effect, less Policy Debt (if any).
- the Cash Value as defined below net of any previous Critical Illness Benefit paid or payable under this Policy.

No Death Benefit will be payable after the Reaching of Aggregate Limit.

#### (3) Surrender Benefit

**Cash Value.** The Guaranteed Cash Values of this Policy on policy anniversaries are shown in the Table of Guaranteed Cash Values of the Basic Plan of this Policy. Guaranteed Cash Values in the first policy year and between policy anniversaries will be adjusted in accordance with the methods applied by us at the date of calculation for intervals that are not complete policy years. The amount of the Cash Value is equal to the Guaranteed Cash Value plus Terminal Bonus (if any) less Policy Debt (if any).

**Surrender Benefit.** While the Policy is in force and before the Reaching of Aggregate Limit, if the Policy is terminated on or after the 3rd policy anniversary by way of events (1), (3), (4) or (5) as stated in the Termination clause of the Basic Provisions, we shall pay you the Cash Value.

At the time of any decrease in the Basic Sum Insured of this Policy, we shall pay you a portion of the sum of the Guaranteed Cash Value and Terminal Bonus (if any) in proportion to the corresponding decreased amount of the Basic Sum Insured of this Policy, less Policy Debt (if any). The Guaranteed Cash Values after any decrease in the Basic Sum Insured of this Policy shall decrease in proportion to the corresponding decreased amount of the Basic Sum Insured of this Policy.

No Surrender Benefit will be payable after the Reaching of Aggregate Limit.

#### (4) Compassionate Cash Benefit

If the Insured dies when this Policy is in force, we shall pay the Beneficiary the Compassionate Cash Benefit. If the Primary Beneficiary is not living at the death of the Insured, we shall pay the Compassionate Cash Benefit to the Contingent Beneficiary. There may be more than one Beneficiary in each category. If you name more than one person in each category of Beneficiaries, such living Beneficiaries in that category will share the Compassionate Cash Benefit equally unless you have directed otherwise in writing in advance.

The amount of the Compassionate Cash Benefit is equal to US\$1,000 / HK\$ 8,000 / MOP 8,000.



如受保人被確診患上嚴重疾病(主要嚴重疾病除外)，及本保單任何已支付或將獲支付之嚴重疾病保障與上表就該嚴重疾病所列明之佔本保單之基本保障額的百分比之總和大過或等於本保單的基本保障額的 100%，獲支付之賠償額將會為以下較高的金額：

- (甲) 本保單的保單計劃表內註明之基本保障額的100%，扣除本保單任何已支付或將獲支付之嚴重疾病保障之賠償金額，加當時生效的終期紅利，扣除保單債項(如有)。
- (乙) 於以下定明之現金價值扣除本保單任何已支付或將獲支付之嚴重疾病保障之賠償金額。

如受保人被確診患上主要嚴重疾病(癌症、心臟病或中風除外)，獲支付之賠償額將會為以下較高的金額：

- (甲) 本保單的保單計劃表內註明之基本保障額的100%，扣除本保單任何已支付或將獲支付之嚴重疾病保障之賠償金額，加當時生效的終期紅利，扣除保單債項(如有)。
- (乙) 於以下定明之現金價值扣除本保單任何已支付或將獲支付之嚴重疾病保障之賠償金額。

如受保人於八十五歲的保單週年日之前被確診患上癌症、心臟病或中風，獲支付之賠償額將會為以下較高的金額：

- (甲) 本保單的保單計劃表內註明之基本保障額的100%，加當時生效的終期紅利，扣除保單債項(如有)。
- (乙) 於以下定明之現金價值扣除本保單任何已支付或將獲支付之嚴重疾病保障之賠償金額。

如受保人於八十五歲的保單週年日當天或以後被確診患上癌症、心臟病或中風，獲支付之賠償額將會為以下較高的金額：

- (甲) 本保單的保單計劃表內註明之基本保障額的100%，扣除本保單任何已支付或將獲支付之嚴重疾病保障之賠償金額，加當時生效的終期紅利，扣除保單債項(如有)。
- (乙) 於以下定明之現金價值扣除本保單任何已支付或將獲支付之嚴重疾病保障之賠償金額。

為免存疑，當對某一嚴重疾病釐定其嚴重疾病保障時，考慮是否已達到合計限額時並不包括就該嚴重疾病所需支付的嚴重疾病保障。

## (二) 身故保障

如受保人在本保單生效期間及達到合計限額前身故，我們將支付身故保障予受益人。如第一受益人在受保人身故時已離世，我們將支付身故保障予第二受益人。在每一類別中可有多於一名的受益人。如你於每一類別受益人內提名多於一位受益人，除非你事先以書面作出指示，否則屬於該同一類別及在生的受益人將會平均分配該身故保障。

身故保障相等於以下較高的金額：

- 本保單的保單計劃表內註明之基本保障額的100%，扣除本保單任何已支付或將獲支付之嚴重疾病保障，加當時生效的終期紅利，扣除保單債項(如有)。
- 於以下定明之現金價值扣除本保單任何已支付或將獲支付之嚴重疾病保障。

達到合計限額後身故保障將不獲賠償。

## (三) 退保保障

**現金價值：** 本保單在保單週年的保證現金價值已列明於本保單的保證現金價值表內。在第一個保單週年內及在保單週年之間的保證現金價值將會根據我們在計算當天所指定的方法計算。現金價值相等於保證現金價值加終期紅利(如有)減保單債項(如有)。

**退保保障：** 在本保單生效期間及達到合計限額前，如本保單於第三個保單週年當天或以後，根據基本條款內終止條款所載的(一)、(三)、(四)或(五)項情況出現而終止，我們將支付現金價值給你。

當減少本保單之基本保障額時，我們將根據本保單之基本保障額所減少之金額比例計算並支付相應的保證現金價值及終期紅利(如有)的總和之一部份予你，惟該金額須扣除保單債項(如有)。於任何減少本保單之基本保障額後保證現金價值將根據本保單之基本保障額所減少之金額比例相應減少。

達到合計限額後退保保障將不獲賠償。

## (四) 身故現金津貼

如受保人在本保單生效期間身故，我們將支付身故現金津貼予受益人。如第一受益人在受保人身故時已離世，我們將支付身故現金津貼予第二受益人。在每一類別中可有多於一名的受益人。如你於每一類別受益人內提名多於一位受益人，除非你事先以書面作出指示，否則屬於該同一類別及在生的受益人將會平均分配該身故現金津貼。

身故現金津貼的金額為 1,000 美元／8,000 港元／8,000 澳門幣。

#### (5) Premium Waiver Benefit

While this Policy is in force, if the Insured is diagnosed to be suffering from a Critical Illness giving rise to the Reaching of Aggregate Limit, all premiums payable for the basic plan from the next Monthly Anniversary Date on or following the diagnosis date of the relevant Critical Illness until the Premium Expiry Date of this Policy will be waived. After receiving satisfactory proof of the relevant Critical Illness, we shall refund to you any premiums paid for the basic plan by you which are later waived hereunder.

While this Policy is in force, if the Insured is diagnosed to be suffering from a Carcinoma-in-situ / Early Stage Cancer, Early Stage Disease or Severe Child Disease and the diagnosis of such Carcinoma-in-situ / Early Stage Cancer, Early Stage Disease or Severe Child Disease does not result in the Reaching of Aggregate Limit, all premiums payable for the basic plan for the twelve policy months starting from the next premium due date on or following the diagnosis date of the relevant Carcinoma-in-situ / Early Stage Cancer, Early Stage Disease or Severe Child Disease, or until the Premium Expiry Date of this Policy, whichever is earlier, will be waived. After receiving satisfactory proof of the relevant Carcinoma-in-situ / Early Stage Cancer, Early Stage Disease or Severe Child Disease, we shall refund to you any premiums paid for the basic plan by you which are later waived hereunder.

Any subsequently approved Premium Waiver Benefit shall supersede the preceding one in effect in case the premiums to be waived overlap each other.

If the premium is already waived by any supplementary benefit attached to this Policy, the Premium Waiver Benefit will not be payable.

#### (6) Multiple Critical Illness Benefit

While this Policy is in force and after Reaching of Aggregate Limit, if one of the following criteria is met, we shall pay the Multiple Critical Illness Benefit.

##### a) The Insured is diagnosed to be suffering from Cancer:

- (1) at least three years following the diagnosis date of the immediately preceding Cancer (if any) where Critical Illness Benefit or Multiple Critical Illness Benefit has been paid or is payable; and
- (2) at least three years following the date of our receipt of written notice of claim for the immediately preceding Cancer (if any) where Multiple Critical Illness Benefit has been paid or is payable by exercising the Advance Payout Option; and
- (3) at least one year following the diagnosis date of the immediately preceding Major Critical Illness other than Cancer (if any) where Critical Illness Benefit or Multiple Critical Illness Benefit has been paid or is payable.

In addition to the above requirement, in the case of a subsequent Cancer in the site of prostate ("Subsequent Prostate Cancer") which,

- (1) occurs on or after the policy anniversary on or following the Insured's 70<sup>th</sup> birthday; and
- (2) follows a Cancer which was also in the site of prostate ("Preceding Prostate Cancer") where Critical Illness Benefit or Multiple Critical Illness Benefit has been paid or is payable; and
- (3) is a continuation of the Preceding Prostate Cancer with no complete remission having occurred, the Multiple Critical Illness Benefit will only be payable if the Insured has received or is in the process of receiving Cancer Treatment which is performed during the intervening period between the diagnosis date of the Preceding Prostate Cancer and the diagnosis date of the Subsequent Prostate Cancer (both dates inclusive);

- b) The Insured is diagnosed to be suffering from Heart Attack at least one year following the diagnosis date of the immediately preceding Major Critical Illness where Critical Illness Benefit or Multiple Critical Illness Benefit has been paid or is payable; or
- c) The Insured is diagnosed to be suffering from Stroke at least one year following the diagnosis date of the immediately preceding Major Critical Illness where Critical Illness Benefit or Multiple Critical Illness Benefit has been paid or is payable.

The amount of benefit for each Multiple Critical Illness Benefit is determined as following:

	Multiple Critical Illness Benefit Amount
(a) 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> claims under Multiple Critical Illness Benefit	100% of the Basic Sum Insured of this Policy
(b) 4 <sup>th</sup> claim under Multiple Critical Illness Benefit	If Reaching of Aggregate Limit was resulted from the diagnosis of Cancer, Heart Attack or Stroke of the Insured, 100% of the Basic Sum Insured of this Policy net of any previous Critical Illness Benefit paid / payable due to Critical Illness other than Major Critical Illness under this Policy  If Reaching of Aggregate Limit was resulted from the diagnosis of Critical Illness other than Cancer, Heart Attack and Stroke of the Insured, 100% of the Basic Sum Insured of this Policy

**Advance Payout Option.** While this Policy is in force and after Reaching of Aggregate Limit, if all of the following criteria are met, the Insured will have the right to elect to exercise the Advance Payout Option to receive the Multiple Critical Illness Benefit.

- a) The Insured is diagnosed to be suffering from Cancer at least one year following the diagnosis date of the immediately preceding Major Critical Illness where Critical Illness Benefit or Multiple Critical Illness Benefit has been paid or is payable; and
- b) The Insured has received or is in the process of receiving Cancer Treatment or End-of-life Care which is performed at least one year following the diagnosis date of the immediately preceding Major Critical Illness where Critical Illness Benefit or Multiple Critical Illness Benefit has been paid or is payable.



#### (五) 保費豁免保障

在本保單生效期間，如受保人被確診患上嚴重疾病而達到合計限額時，由受保人被確診患上該嚴重疾病緊接之月結日(如確診當天為月結日，則由當天起計)至供款到期日期間所需繳付的基本計劃的保費將被豁免。當接獲該嚴重疾病的滿意證明後，我們將退回所有你曾經繳付而其後被豁免之基本計劃的保費予你。

在本保單生效期間，如受保人被確診患上原位癌／初期癌症、早期疾病或兒童嚴重疾病而被確診患上該原位癌／初期癌症、早期疾病或兒童嚴重疾病並未導致達到合計限額時，由受保人被確診患上該原位癌／初期癌症、早期疾病或兒童嚴重疾病緊接之保費到期日(如確診當天為保費到期日，則由當天起計)起計的十二個月或至供款到期日(以較早日期為準)期間所需繳付的基本計劃的保費將被豁免。當接獲該原位癌／初期癌症、早期疾病或兒童嚴重疾病的滿意證明後，我們將退回所有你曾經繳付而其後被豁免之基本計劃的保費予你。

如所獲豁免之保費互相重疊，任何其後獲批之保費豁免保障將取代前次生效中的保費豁免保障。

若保費已獲本保單內的附加保障得到豁免，此項保費豁免保障將不會獲得賠償。

#### (六) 多次危疾保障

在本保單生效期間及達到合計限額後，如符合以下任何一項條件，我們將支付多次危疾保障：

(甲) 受保人被確診患上癌症，而該癌症的確診日期

(一)與緊接之前獲得嚴重疾病保障或多次危疾保障賠償的癌症(如有)的確診日期相隔最少三年；及

(二)與我們收到以行使預先支付權益獲得多次危疾保障賠償的緊接之前的癌症(如有)的書面索償通知當日相隔最少三年；及

(三)與緊接之前獲得嚴重疾病保障或多次危疾保障賠償的主要嚴重疾病(癌症除外)(如有)的確診日期相隔最少一年。

除以上要求外，就其後發生於前列腺的癌症而言(「其後的前列腺癌」)，如該癌症

(一)發生於受保人七十歲的保單週年日當日或之後；及

(二)發生於之前同樣為發生於前列腺並獲得嚴重疾病保障或多次危疾保障賠償的癌症(「前次前列腺癌」)後；及

(三)為前次前列腺癌的延續，而並未曾完全康復，

則多次危疾保障只會於受保人於前次前列腺癌及其後的前列腺癌的確診日期相隔期間(包括首尾兩天)已接受或正接受癌症治療的情況下獲得支付；

(乙) 受保人被確診患上心臟病，而該心臟病的確診日期與緊接之前獲得嚴重疾病保障或多次危疾保障賠償的主要嚴重疾病的確診日期相隔最少一年；或

(丙) 受保人被確診患上中風，而該中風的確診日期與緊接之前獲得嚴重疾病保障或多次危疾保障賠償的主要嚴重疾病的確診日期相隔最少一年。

每次多次危疾保障之賠償額將按以下釐定：

	<b>多次危疾保障之賠償額</b>
(甲) 多次危疾保障之第一次、第二次及第三次索償	本保單之基本保障額的 100%
(乙) 多次危疾保障之第四次索償	如因受保人確診患上癌症、心臟病或中風而達到合計限額，本保單之基本保障額的 100%，扣除本保單任何因嚴重疾病(主要嚴重疾病除外)而已支付或將獲支付之嚴重疾病保障  如因受保人確診患上嚴重疾病(癌症、心臟病及中風除外)而達到合計限額，本保單之基本保障額的 100%

**預先支付權益：** 在本保單生效期間及達到合計限額後，如符合以下所有條件，受保人將有權選擇行使預先支付權益獲支付多次危疾保障：

(甲) 如受保人被確診患上癌症，而該癌症的確診日期與緊接之前獲得嚴重疾病保障或多次危疾保障賠償的主要嚴重疾病的確診日期相隔最少一年；及

(乙) 受保人於緊接之前獲得嚴重疾病保障或多次危疾保障賠償的主要嚴重疾病的確診日期相隔最少一年後已接受或正接受癌症治療或晚期護理。



The amount of benefit for Multiple Critical Illness Benefit by exercising the Advance Payout Option is determined as following:

	<b>Multiple Critical Illness Benefit Amount</b>
(a) 1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> claim under Multiple Critical Illness Benefit	50% of the Basic Sum Insured of this Policy
(b) 4 <sup>th</sup> claim under Multiple Critical Illness Benefit	<p>If Reaching of Aggregate Limit was resulted from the diagnosis of Cancer, Heart Attack or Stroke of the Insured, 50% of the Basic Sum Insured of this Policy net of 50% of any previous Critical Illness Benefit paid / payable due to Critical Illness other than Major Critical Illness under this Policy</p> <p>If Reaching of Aggregate Limit was resulted from the diagnosis of Critical Illness other than Cancer, Heart Attack and Stroke of the Insured, 50% of the Basic Sum Insured of this Policy</p>

The Advance Payout Option can only be exercised once. For the avoidance of doubt, any payment made by exercising the Advance Payout Option will be counted towards Multiple Critical Illness Benefit paid.

The Insured must survive for at least 14 days from the date of diagnosis of Cancer in order to be eligible for any Multiple Critical Illness Benefit, and such Cancer includes but not limited to (a) the continuation of the immediately preceding Cancer, (b) a Cancer related to the immediately preceding Cancer, or (c) a new Cancer unrelated to the immediately preceding Cancer.

The Insured must survive for at least 14 days from the date of diagnosis of Heart Attack or Stroke in order to be eligible for any Multiple Critical Illness Benefit.

The Multiple Critical Illness Benefit, including any Multiple Critical Illness Benefit paid by exercising the Advance Payout Option, will be paid for a maximum of 4 times.

The coverage for Multiple Critical Illness Benefit will automatically cease on the policy anniversary on or following the Insured's 85<sup>th</sup> birthday.

#### (7) Cash Benefit for Continuous Cancer

While this Policy is in force, if the Insured is suffering from Cancer and is in the process of receiving on-going Cancer Treatment or End-of-life Care, regardless whether such Cancer is (a) the first diagnosis of Cancer, (b) the continuation of the immediately preceding Cancer, (c) a Cancer related to the immediately preceding Cancer, or (d) a new Cancer unrelated to the immediately preceding Cancer, we will pay the Cash Benefit for Continuous Cancer on a monthly interval upon the diagnosis date of such Cancer. We must receive reasonable and necessary proof that the Insured is suffering from Cancer and is in the process of receiving on-going Cancer Treatment or End-of-life Care in order for the Cash Benefit for Continuous Cancer to be payable.

We must receive the following reports compiled by a Doctor not less than six months and not more than seven months from the diagnosis date of such Cancer or the date of immediately preceding report submitted to us, as the case may be, on a continuous basis in order for the Cash Benefit for Continuous Cancer to be payable.

- (i) a report of any objective diagnostic procedures that confirm the existence of Cancer as at the date of the report; and
- (ii) a report confirming that the Insured is treated with on-going Cancer Treatment or receives End-of-life Care as at the date of the report.

The Cash Benefit for Continuous Cancer payable is equal to 1% of the Basic Sum Insured of this Policy every month. The first monthly payment will be payable one month after the diagnosis date of such Cancer.

The Cash Benefit for Continuous Cancer will cease immediately upon the failure to provide reports confirming the existence of Cancer of the Insured and that the Insured is treated with on-going Cancer Treatment or receives End-of-life Care in accordance with the specified time set out above and will not be payable until the abovementioned requirements are met and the relevant reports are provided again at a later time.

In addition, the Cash Benefit for Continuous Cancer will automatically cease on the earlier of:

- (i) The death of the Insured;
- (ii) Total number of monthly payments under Cash Benefit for Continuous Cancer paid or payable has reached 180 months; and
- (iii) On the policy anniversary on or following the Insured's 85<sup>th</sup> birthday.

For the avoidance of doubt, clinical diagnosis alone does not meet the standard as an objective medical evidence for such new, recurrence, metastasis or continuation of Cancer.

Regardless of the number of occurrence / recurrence of Cancer, under no circumstances shall we pay more than 1% of the Basic Sum Insured of this Policy under Cash Benefit for Continuous Cancer for each month.

#### (8) Cash Benefit for Heart Attack and Stroke

While this Policy is in force, if the Insured is diagnosed to be suffering from Heart Attack or Stroke and Critical Illness Benefit or Multiple Critical Illness Benefit has been paid or is payable for such Heart Attack or Stroke, we will pay the Cash Benefit for Heart Attack and Stroke on a monthly interval upon the diagnosis date of such Heart Attack or Stroke.

The Cash Benefit for Heart Attack and Stroke payable is equal to 1% of the Basic Sum Insured of this Policy every month, subject to a maximum of 12% of the Basic Sum Insured of this Policy for each Heart Attack or Stroke. The first monthly payment will be payable one month after the diagnosis date of such Heart Attack or Stroke.

行使預先支付權益的多次危疾保障之賠償額將按以下釐定：

<b>多次危疾保障之賠償額</b>	
(甲) 多次危疾保障之第一次、第二次或第三次索償	本保單之基本保障額的 50%
(乙) 多次危疾保障之第四次索償	如因受保人確診患上癌症、心臟病或中風而達到合計限額，本保單之基本保障額的 50%，扣除本保單任何因嚴重疾病(主要嚴重疾病除外)而已支付或將獲支付之嚴重疾病保障的 50%  如因受保人確診患上嚴重疾病(癌症、心臟病及中風除外)而達到合計限額，本保單之基本保障額的 50%

預先支付權益只可行使一次。為免存疑，任何行使預先支付權益獲支付的賠償將被計入獲支付的多次危疾保障。

受保人必須由癌症之確診日期起計生存最少十四天，才可獲得任何多次危疾保障。該癌症包括但不限於(甲)緊接之前次癌症的延續、(乙)與緊接之前次癌症相關的癌症或(丙)與緊接之前次癌症無關的新癌症。

受保人必須由心臟病或中風之確診日期起計生存最少十四天，才可獲得任何多次危疾保障。

多次危疾保障(包括任何行使預先支付權益獲支付的多次危疾保障)將獲支付最多四次。

多次危疾保障將於受保人八十五歲的保單週年日當天即自動終止。

#### (七) 持續癌症現金津貼

在本保單生效期間，如受保人被確診患上癌症及正接受持續的癌症治療或晚期護理，無論該癌症為(甲)首次被確診患上的癌症、(乙)緊接之前次癌症的延續、(丙)與緊接之前次癌症相關的癌症或(丁)與緊接之前次癌症無關的新癌症，我們將由該癌症之確診日期起每月支付持續癌症現金津貼。為使持續癌症現金津貼獲支付，我們必須接獲合理及必要的證明受保人被確診患上癌症及正接受持續的癌症治療或晚期護理。

為使持續癌症現金津貼獲支付，我們須持續由該癌症之確診日期或緊接上一次遞交予我們的報告日期(根據情況而定)起相隔不少於六個月並不多於七個月收到以下由專科醫生編寫的報告。

- (i) 一份客觀診斷程序的報告確認於報告日期當天癌症的存在；及
- (ii) 一份報告確認受保人截至報告日期當天正接受持續的癌症治療或晚期護理。

每月的持續癌症現金津貼為本保單之基本保障額的 1%，第一個月的持續癌症現金津貼將於該癌症之確診日期起計一個月後獲支付。

持續癌症現金津貼將於未能於上述設定的特定時間呈交報告證明受保人癌症的存在及受保人正接受持續的癌症治療或晚期護理時即時終止並不獲支付，直至於往後時間再次符合上述要求及呈交有關報告持續癌症現金津貼方會獲支付。

此外，持續癌症現金津貼將於以下較早出現之情況自動終止：

- (i) 受保人身故；
- (ii) 已支付或將獲支付的持續癌症現金津貼每月津貼總數目已達到 180 個月；及
- (iii) 受保人八十五歲的保單週年日當天。

為免存疑，單一臨床診斷不符合作為癌症的該全新癌症、復發、擴散或持續癌症的客觀醫療證據。

不論癌症的出現或復發次數，於任何情況下我們於每一個月將不會支付多於本保單之基本保障額的 1%的持續癌症現金津貼。

#### (八) 心臟病及中風現金津貼

在本保單生效期間，如受保人被確診患上心臟病或中風並因該心臟病或中風獲得嚴重疾病保障或多次危疾保障賠償，我們將由該心臟病或中風之確診日期起每月支付心臟病及中風現金津貼。

每月的心臟病及中風現金津貼為本保單之基本保障額的 1%，並以每一心臟病或中風最高本保單之基本保障額的 12%為限，第一個月的 심장病及中風現金津貼將於該心臟病或中風之確診日期起計一個月後獲支付。



The Cash Benefit for Heart Attack and Stroke will automatically cease on the earlier of:

- (i) The death of the Insured;
- (ii) Total number of monthly payments under Cash Benefit for Heart Attack and Stroke paid or payable has reached 60 months; and
- (iii) On the policy anniversary on or following the Insured's 85<sup>th</sup> birthday.

Regardless of the number of occurrence / recurrence of Heart Attack or Stroke, under no circumstances shall we pay more than 1% of the Basic Sum Insured of this Policy under Cash Benefit for Heart Attack and Stroke for each month. Under no circumstances shall we pay more than 12% of the Basic Sum Insured of this Policy under Cash Benefit for Heart Attack and Stroke for each Heart Attack or Stroke.

**(9) Sperm / Oocyte Cryopreservation Benefit**

While this Policy is in force, if the Insured is diagnosed to be suffering from Cancer and Critical Illness Benefit or Multiple Critical Illness Benefit has been paid or is payable for such Cancer, we will reimburse the actual expenses incurred for Sperm Cryopreservation or Oocyte Cryopreservation performed by the Insured within one year after the diagnosis date of such Cancer, including the initial storage fee for a period of up to 1 year associated with such Sperm Cryopreservation or Oocyte Cryopreservation, up to 10% of the Basic Sum Insured of this Policy or US\$12,500 / HK\$100,000 / MOP100,000, whichever is lower.

Sperm / Oocyte Cryopreservation Benefit will only reimburse the actual expenses to the extent such expenses are not paid or payable under any government law or any other insurance policies or by any other institutions.

Once Sperm / Oocyte Cryopreservation Benefit has been payable or paid for Sperm Cryopreservation or Oocyte Cryopreservation performed in any one-year period after the diagnosis date of a Cancer, Sperm / Oocyte Cryopreservation Benefit will automatically cease after one year from the diagnosis date of such Cancer.

**(10) Care2Share Extra Benefit**

Subject to the provisions contained herein, while this Policy is in force, we will pay 20% of the Basic Sum Insured of this Policy to the Insured if a Covered Child is first diagnosed to be suffering from a Major Critical Illness from the age of 30 days and before the eighteenth (18<sup>th</sup>) birthday of that Covered Child.

The aggregate benefit payment paid and/or payable under all Care2Share Extra Benefit issued by the Company at any time under the same Covered Child will be limited to US\$125,000 / HK\$1,000,000 / MOP1,000,000.

Care2Share Extra Benefit payment due to a Covered Child being first diagnosed to be suffering from a Major Critical Illness shall be made once only, regardless of the number of recurrence of Major Critical Illness, frequency of treatment or the number of Covered Children being first diagnosed to be suffering from a Major Critical Illness.

**Benefit Restrictions.**

- (1) The respective payment due to the Insured being diagnosed to be suffering from a Critical Illness (except Angioplasty and Other Surgeries for Coronary Artery, Cancer, Carcinoma-in-situ / Early Stage Cancer, Heart Attack and Stroke) shall each be made once only, regardless of the number of recurrence of the illness or frequency of treatment.

The respective payment due to the Insured being diagnosed to be suffering from Angioplasty and Other Surgeries for Coronary Artery can be made up to two times under this Policy.

To be eligible for a second, third, fourth or fifth claim under Heart Attack or Stroke, the diagnosis must be supported with the new evidence consistent with the diagnosis of another Heart Attack or Stroke.

The respective Critical Illness Benefit payment due to the Insured being diagnosed to be suffering from Carcinoma-in-situ / Early Stage Cancer can be made up to two times under this Policy for two different Carcinoma-in-situ / Early Stage Cancer. In this regard, once a Carcinoma-in-situ / Early Stage Cancer is diagnosed and payable, the relevant Carcinoma-in-situ / Early Stage Cancer is excluded for purposes of a second claim under this Policy.

- (2) Once a Severe Child Disease is diagnosed and payable, all other Severe Child Diseases are excluded for purposes of a second claim for Severe Child Disease under this Policy.

- (3) In order to be eligible for any Multiple Critical Illness Benefit:

- (i) The Insured must survive for at least 14 days from the date of diagnosis of such Cancer, Heart Attack or Stroke;
- (ii) The date of diagnosis of subsequent Cancer must be (1) at least three years following the diagnosis date of the immediately preceding Cancer (if any) where Critical Illness Benefit or Multiple Critical Illness Benefit has been paid or is payable; and (2) at least three years following the date of our receipt of written notice of claim for the immediately preceding Cancer (if any) where Multiple Critical Illness Benefit has been paid or is payable by exercising the Advance Payout Option; and (3) at least one year following the diagnosis date of the immediately preceding Major Critical Illness other than Cancer (if any) where Critical Illness Benefit or Multiple Critical Illness Benefit has been paid or is payable; and
- (iii) The date of diagnosis of subsequent Heart Attack or Stroke must be at least one year from the date of diagnosis of the immediately preceding Critical Illness where Critical Illness Benefit or Multiple Critical Illness Benefit has been paid or is payable.



心臟病及中風現金津貼將於以下較早出現之情況自動終止：

- (i) 受保人身故；
- (ii) 已支付或將獲支付的心臟病及中風現金津貼每月津貼總數目已達到 60 個月；及
- (iii) 受保人八十五歲的保單週年日當天。

不論心臟病或中風的出現或復發次數，於任何情況下我們於每一個月將不會支付多於本保單之基本保障額的 1% 的心臟病及中風現金津貼。於任何情況下我們就每一心臟病或中風將不會支付多於本保單之基本保障額的 12% 的心臟病及中風現金津貼。

#### (九) 精／卵細胞冷凍保存保障

在本保單生效期間，如受保人被確診患上癌症並因該癌症獲得嚴重疾病保障或多次危疾保障賠償，我們將支付受保人於該癌症之確診日期起計一年內所進行的精子冷凍保存或卵母細胞冷凍保存的實際費用，包括與該等精子冷凍保存或卵母細胞冷凍保存相關、最長一年儲存期的首次儲存費用，並以本保單之基本保障額的 10% 或 12,500 美元／100,000 港元／100,000 澳門幣（以較低金額為準）為限。

精／卵細胞冷凍保存保障只會支付不會根據任何政府條例或從任何其他保險計劃或機構而獲得或將獲得賠償的實際費用。

於精／卵細胞冷凍保存保障就在任何癌症之確診日期起計的一年內所進行的精子冷凍保存或卵母細胞冷凍保存而已獲支付或將獲支付後，精／卵細胞冷凍保存保障將於該癌症之確診日期一年後自動終止。

#### (十) 愛共享額外子女保障

於此保障生效期間，並按照保單條款所載，如受保子女於出生三十天起至該受保子女十八歲生日前被確診首次患上主要嚴重疾病，我們將支付本保單之基本保障額的 20% 予受保人。

以同一受保子女計算，本公司在任何時間總發之所有愛共享額外子女保障作出及／或將作出賠償之總賠償金額將以 125,000 美元／港幣 1,000,000／澳門幣 1,000,000 為限。

不論主要嚴重疾病之復發次數、治療次數或被確診首次患上主要嚴重疾病的受保子女人數，因受保子女被確診首次患上主要嚴重疾病而支付的愛共享額外子女保障只會作出一次賠償。

#### 保障的限制：

- (一) 不論疾病之復發次數或治療次數，受保人被確診患上嚴重疾病（冠狀動脈的血管成形術及其它冠狀動脈的血管手術、癌症及原位癌／初期癌症、心臟病及中風除外），每種對應的賠款只會作出一次賠償。

受保人被確診患上冠狀動脈的血管成形術及其它冠狀動脈的血管手術於本保單可獲支付最多兩次相關賠償。

若要符合心臟病或中風第二、三、四或五次索償資格，該診斷必須以新診斷證明支持其符合另一次心臟病或中風的定義。

因受保人被確診患上原位癌／初期癌症於本保單可獲支付最多兩次相關嚴重疾病保障賠償，而該兩次賠償必須分別因兩種不同的原位癌／初期癌症而作出相關賠償。就此而言，當受保人被確診患上原位癌／初期癌症並獲支付相關賠償，該種原位癌／初期癌症將不會於本保單內再獲支付第二次賠償。

- (二) 當被確診兒童嚴重疾病並獲支付相關賠償，所有其他兒童嚴重疾病將不會就本保單內之兒童嚴重疾病獲支付第二次賠償。

- (三) 如要獲得多次危疾保障：

- (i) 受保人必須由該癌症、心臟病或中風確診日期起生存最少十四天；
- (ii) 其後之癌症的確診日期(一)與緊接之前獲得嚴重疾病保障或多次危疾保障賠償的癌症(如有)的確診日期相隔最少三年；及(二)與我們收到以行使預先支付權益獲得多次危疾保障賠償的緊接之前的癌症(如有)的書面索償通知當日相隔最少三年；及(三)與緊接之前獲得嚴重疾病保障或多次危疾保障賠償的主要嚴重疾病(癌症除外)(如有)的確診日期相隔最少一年；及
- (iii) 其後之心臟病或中風的確診日期與緊接之前獲得嚴重疾病保障或多次危疾保障賠償的主要嚴重疾病的確診日期相隔最少一年。

- (4) In the event that more than one Critical Illness is arising from the same accident and diagnosed on the same date, or arising from the same illness and diagnosed on the same date, subject to the terms and conditions under this Policy, we will only pay the Critical Illness Benefit in relation to the one of those Critical Illnesses with the highest benefit amount.

For those organs with both left and right component (including but not limited to breast, ear, eye, fallopian tube, kidney, lung, ovary and testicle), the left component and right component of the organ ("Paired Organ") shall be considered as one and the same organ.

If more than one Critical Illness is diagnosed in any of these Paired Organs on the same date, though they may exist in different stages or forms, subject to the terms and conditions under this Policy, we will only pay the Critical Illness Benefit in relation to the one of those Critical Illnesses with the highest benefit amount.

- (5) In the event that the Insured satisfies all the criteria of Qualified ICU Stay and such condition is directly or indirectly arising from or in connection with any other Major Critical Illness, subject to the terms and conditions under this Policy, we will only pay the Critical Illness Benefit in relation to the other Major Critical Illness.
- (6) We will not pay any Critical Illness Benefit for Carcinoma-in-situ / Early Stage Cancer, Early Stage Diseases or Severe Child Diseases retrospectively when the staging of the Critical Illness is more advanced such that it meets the definition of the Major Critical Illness at the time of claim.
- (7) Subject to the terms and conditions of this Policy, we shall pay the respective benefit for Glaucoma Surgical Treatment only if the Glaucoma Surgical Treatment is performed for the Insured for the first time before the Insured's 65<sup>th</sup> birthday.
- (8) Subject to the terms and conditions of this Policy, we shall pay the respective benefit for Macular Degeneration / Early Onset of Cataract only if the Insured is first diagnosed to be suffering from Macular Degeneration / Early Onset of Cataract before the Insured's 65<sup>th</sup> birthday.
- (9) Subject to the terms and conditions of this Policy, we shall pay the respective benefit for Osteoporosis with Fractures only if the Insured is first diagnosed to be suffering from Osteoporosis with Fractures before the Insured's 70<sup>th</sup> birthday.
- (10) Subject to the terms and conditions of this Policy, we shall pay the respective benefit for Severe Child Disease only if the Insured is first diagnosed to be suffering from Severe Child Disease before the policy anniversary on or following the Insured's 25<sup>th</sup> birthday.
- (11) No Multiple Critical Illness Benefit will be payable after payment of 4 claims for Multiple Critical Illness Benefit.

- (12) No Care2Share Extra Benefit will be payable after payment of 1 claim for Care2Share Extra Benefit.
- (13) Regardless of the number of incidences of Major Critical Illnesses, benefit will only be paid and/or payable for one diagnosis of Major Critical Illness of a Covered Child under all Care2Share Extra Benefit issued by the Company at any time under the same Covered Child. The aggregate benefit payment paid and/or payable under all Care2Share Extra Benefit issued by the Company at any time under the same Covered Child will be limited to US\$125,000/HK\$1,000,000/MOP1,000,000.

The benefit will be paid from the respective policies and/or supplementary benefits in accordance with our prevailing administrative rules at our absolute discretion.

- (14) The aggregate benefit payment paid and/or payable under all policies and supplementary benefits under the same Insured issued by the Company at any time due to the Insured being diagnosed to be suffering from any illness within the meaning of the relevant Critical Illness as stated in the table below will be subject to a per life limit. For Carcinoma-in-situ/Early Stage Cancer, Comprehensive Cancer Benefit issued by the Company will be excluded for the purpose of determining the aggregate benefit payment. For Severe Child Disease, Update Jr. Health Benefit issued by the Company will be excluded for the purpose of determining the aggregate benefit payment. The benefit will be paid from the respective policies and/or supplementary benefits in accordance with our prevailing administrative rules.

Critical Illness	Per Life Limit
Angioplasty and Other Surgeries for Coronary Artery	US\$62,500/HK\$500,000/MOP500,000
Attention-Deficit Hyperactivity Disorder	US\$12,500/HK\$100,000/MOP100,000
Carcinoma-in-situ/Early Stage Cancer	US\$62,500/HK\$500,000/MOP500,000
Diabetic Retinopathy	US\$62,500/HK\$500,000/MOP500,000
Endovascular Treatment of Peripheral Arterial Disease	US\$62,500/HK\$500,000/MOP500,000
Glaucoma Surgical Treatment	US\$5,000/HK\$40,000/MOP40,000
Minimally Invasive Direct Coronary Artery By-pass	US\$62,500/HK\$500,000/MOP500,000
Osteoporosis with Fractures	US\$62,500/HK\$500,000/MOP500,000
Reconstructive Surgery	US\$62,500/HK\$500,000/MOP500,000
Severe Psychiatric Illness	US\$62,500/HK\$500,000/MOP500,000
Tourette Syndrome	US\$12,500/HK\$100,000/MOP100,000
Severe Child Diseases other than Attention-Deficit Hyperactivity Disorder and Tourette Syndrome	US\$62,500/HK\$500,000/MOP500,000



(四) 若多於一種嚴重疾病由同一宗意外引致並於同一天被確診，或由同一種疾病引致並於同一天被確診，根據本保單所載之條款，我們只會就當中最高賠償額之嚴重疾病作出嚴重疾病保障賠償。

倘若器官由左右兩部分所構成（包括但不限於乳房、耳朵、眼睛、輸卵管、腎臟、肺、卵巢及睪丸），則器官的左右兩部分將被視為一個及相同的器官（「成對器官」）。

倘若於任何一成對器官於同一天被確診多於一個嚴重疾病，儘管它們可能進展至不同階段或形式，根據本保單所載之條款，我們只會就當中最高賠償額之嚴重疾病作出嚴重疾病保障賠償。

(五) 若受保人符合所有合資格的深切治療部留醫的條件，而該狀況是直接或間接由任何其他主要嚴重疾病產生或與其他主要嚴重疾病有關，根據本保單所載之條款，我們只會就其他主要嚴重疾病作出嚴重疾病保障賠償。

(六) 若嚴重疾病之病況於索償時已屬較後階段至符合主要嚴重疾病的定義，我們將不會追溯支付任何就原位癌／初期癌症、早期疾病及兒童嚴重疾病之嚴重疾病保障。

(七) 根據本保單所載條款，我們只會為受保人於六十五歲前首次進行青光眼手術支付青光眼手術相關的賠償。

(八) 根據本保單所載條款，我們只會為受保人於六十五歲前首次被確診患上黃斑部病變/早發性白內障支付黃斑部病變／早發性白內障相關的賠償。

(九) 根據本保單所載條款，我們只會為受保人於七十歲前首次被確診患上骨質疏鬆症併骨折支付骨質疏鬆症併骨折相關的賠償。

(十) 根據本保單所載條款，我們只會為受保人於二十五歲的保單週年日前首次被確診患上兒童嚴重疾病支付兒童嚴重疾病相關的賠償。

(十一) 多次危疾保障於作出四次賠償後將不會獲支付。

(十二) 愛共享額外子女保障於作出一次賠償後將不會獲支付。

(十三) 不論患上主要嚴重疾病的次數，以同一受保子女計算，本公司在任何時間繕發之所有愛共享額外子女保障只會就受保子女患上主要嚴重疾病的一次確診作出及／或將作出賠償。以同一受保子女計算，本公司在任何時間繕發之所有愛共享額外子女保障作出及／或將作出賠償之總賠償金額將以 125,000 美元／港幣 1,000,000／澳門幣 1,000,000 為限。

我們有絕對決定權根據當時之行政規則於相關保單及／或附加保障內作出賠償。

(十四) 以同一受保人計算，本公司在任何時間繕發之所有保單及附加保障因受保人被確診患上下表列明的任何嚴重疾病的定義之病患而作出及／或將作出賠償之總賠償金額將以個人最高賠償限額為限。就原位癌／初期癌症而言，本公司繕發之「癌症全面保」計劃將不會計算在總賠償金額之內。就兒童嚴重疾病而言，本公司繕發之 Update 兒童健康保障將不會計算在總賠償金額之內。我們將根據當時之行政規則於相關保單及／或附加保障內作出賠償。

嚴重疾病	個人最高賠償限額
冠狀動脈的血管成形術及其它冠狀動脈的血管手術	62,500 美元／500,000 港元／500,000 澳門幣
專注力失調及過度活躍症	12,500 美元／100,000 港元／100,000 澳門幣
原位癌／初期癌症	62,500 美元／500,000 港元／500,000 澳門幣
糖尿病性視網膜病變	62,500 美元／500,000 港元／500,000 澳門幣
周圍動脈疾病的血管介入治療	62,500 美元／500,000 港元／500,000 澳門幣
青光眼手術	5,000 美元／40,000 港元／40,000 澳門幣
微創性直接冠狀動脈搭橋術	62,500 美元／500,000 港元／500,000 澳門幣
骨質疏鬆症併骨折	62,500 美元／500,000 港元／500,000 澳門幣
矯形手術	62,500 美元／500,000 港元／500,000 澳門幣
嚴重精神病	62,500 美元／500,000 港元／500,000 澳門幣
妥瑞症	12,500 美元／100,000 港元／100,000 澳門幣
兒童嚴重疾病(專注力失調及過度活躍症及妥瑞症除外)	62,500 美元／500,000 港元／500,000 澳門幣



**Exclusions.** The Critical Illness Benefit and/or Multiple Critical Illness Benefit and/or Cash Benefit for Continuous Cancer and / or Cash Benefit for Heart Attack and Stroke and / or Sperm / Oocyte Cryopreservation Benefit and/or Care2Share Extra Benefit under the Benefits Provisions will not pay any benefit claim to a Critical Illness caused directly or indirectly, by or resulting from one or more of the following:

- Any diseases or illnesses which occurred within 60 days after the Effective Date of Coverage or the approval date of reinstatement, whichever is later;
- For Multiple Critical Illness Benefit: the Insured, after the diagnosis of a Critical Illness giving rise to the Reaching of Aggregate Limit, dies within 14 days after the diagnosis of a subsequent Critical Illness;
- For Care2Share Extra Benefit: the Covered Child dies within 14 days after the diagnosis of a Critical Illness;
- All pre-existing conditions in respect of the Insured existed before the Effective Date of Coverage or the approval date of reinstatement, whichever is later, and presented signs and symptoms of which the Insured has been aware or should reasonably have been aware;
- All pre-existing conditions in respect of a Covered Child existed before the Effective Date of Coverage or the approval date of reinstatement, or the date the child became the Covered Child of the Insured, whichever is later, and presented signs and symptoms which has been aware or should reasonably have been aware;
- Suicide, attempted suicide or injuries due to insanity, self-infliction or functional disorder of the mind;
- Drug addiction, alcoholism or intoxication by alcohol or drugs not prescribed by a Doctor;
- Inhaling gas (except from hazard incidental to occupation);
- Military services in time of declared or undeclared war;
- Any act due to war, declared or undeclared, invasion, hostilities, civil commotion, rebellion or riot;
- Engaging in or taking part in driving or riding in any kind of race; professional sports; underwater activities involving the use of breathing apparatus;
- Travel in any aircraft, except as a fare paying passenger in a commercial aircraft;
- Violation or attempted violation of the law or resistance to arrest or participation in any criminal act;
- Any Human Immunodeficiency Virus (HIV) and/or any HIV-related illnesses including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof (except the Critical Illness covered under HIV through Blood Transfusion or Occupationally Acquired HIV in this Policy); or
- All excluded condition(s) as specified in the Policy Schedule or endorsement(s), if any.



**不保事項：** 載於保障條款內的嚴重疾病保障及／或多次危疾保障及／或持續癌症現金津貼及／或心臟病及中風現金津貼及／或精／卵細胞冷凍保存保障及／或愛共享額外子女保障將不會支付任何保障的賠償予因以下一種或多種情況而直接或間接引致的嚴重疾病：

- 在保障生效日期或批准復效日期(以較後日期為準)的六十日內出現的嚴重疾病；
- 就多次危疾保障：在受保人確診患上嚴重疾病而導致總賠償額達到合計限額後，受保人在確診患上其後之嚴重疾病後的十四天內身故；
- 就愛共享額外子女保障：受保子女在確診患上嚴重疾病後後的十四天內身故；
- 在保障生效日期或批准復效日期(以較後日期為準)前，所有受保人本身已存在的情況及按受保人已呈現的病徵及病狀，受保人已知悉或據常理應該已知悉的情況；
- 在保障生效日期或批准復效日期、或子女成為合資格受保子女當天(以較後日期為準)前，所有受保子女本身已存在的情況及按受保子女已呈現的病徵及病狀，已知悉或據常理應該已知悉的情況；
- 自殺、企圖自殺或在神智不清醒、自傷身體或精神狀態異常的狀況下受傷；
- 藥癮、酗酒或因酒精或藥物中毒（除非由醫生處方）；
- 吸入氣體（因工作需要而引致則除外）；
- 在戰爭（無論宣戰與否）中參與軍事服務；
- 因戰爭（無論宣戰與否）、侵略、抗敵、民間騷動、叛亂或暴動引致的任何行動；
- 參與任何駕駛或騎術賽事、專業運動或需使用呼吸用具之潛水活動；
- 乘搭或駕駛任何飛機（除非為民航機的持票乘客）；
- 犯法或企圖犯法、拒捕或參與任何刑事的非法行為；
- 任何人類免疫力缺乏症病毒及／或與此有關之病症，包括愛滋病及／或任何由此而產生的病症(受本保單嚴重疾病保障的經輸血感染人類免疫力缺乏病毒或因職業感染人類免疫力缺乏病毒除外)；或
- 在保單計劃表或附加修訂文件內所有註明之不保情況(如有)。

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## SETTLEMENT OPTIONS PROVISIONS

These are Optional Methods of Settlement. They provide alternative ways in which payment of the Proceeds for Death Benefit of this Policy can be made.

**Availability of Options.** All or part of the Death Benefit may be applied under any payment option. If this Policy is assigned, either before or after the choice of an option, any amount due to the assignee will be paid in one lump sum. The balance, if any, may be applied under any payment option.

**Electing a Payment Option.** To elect any option, we require that a written request, satisfactory to us, be received by us at our Head Office or Branch Office. You may elect an option during the lifetime of the Insured. If the Death Benefit is payable in one lump sum when the Insured dies, the Beneficiary may elect an option with our consent.

Options for any amount payable to an association, corporation, partnership or fiduciary are available only with our consent.

**Minimum Amounts.** If the amount to be applied under any option for any one person is less than US\$5,000 or equivalent in the currency of this Policy, we may instead pay that amount in one lump sum. If the payments under any option come to less than US\$50 each or equivalent in the currency of this Policy, we have the right to make payments at less frequent intervals.

**Effective Date and Payment Dates.** After our approval of your written request, the effective date of an option is the date that due proof of the Insured's death is received by us at the Head Office or Branch Office. We will not be responsible for any payment we make or other action we take before we approve your written request.

The first payment is due on the effective date of an option. A later date for the first payment may be requested in the payment option election. All payment dates will fall on the same day of the month as the first one. No payment will become due until a payment date. No partial payment will be made for any period shorter than the time between payment dates.

**Description of Options.** Our payment options are described below. Any other payment option agreed by us may be elected on special request. The payment options are described in terms of monthly payments.

**Option 1 - Payment for a Fixed Period.** Equal monthly payments will be made for the period selected upon our agreement. The amount of each payment depends on the total amount applied, the period selected and the interest rate which will be determined by us at the time when the first payment is due.

**Option 2 - Payments of a Fixed Amount.** Each monthly payment will be for an agreed fixed amount. The amount of each payment may be selected upon our agreement. Interest will be credited each month on the unpaid balance and added to it. This interest will be at a rate set by us. Payments continue until the amount we hold is exhausted. The final payment will be for the balance only.

**Death of Payee.** Proof of continued survival will be required by us from the payee. If the payee dies while there are any unpaid installments under Option 1 or Option 2, we will pay the remaining payments to the payee's executors or administrators unless the written election of the Option directs us differently.

We will not agree to any assignment or transfer of payment under any of the options by the payee. The proceeds we hold under this Policy, as well as any payments we make under this Policy, are protected from the claims of any payee's creditors to the extent permitted by law.

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## 選擇賠償方式的條款

以下為可供選擇的賠償方式，提供多種支付本保單身故保障額的方法。

**可供選擇的方式：** 所有或部分身故保障額可使用任何的方式支付。無論是否已選擇賠償的方式，如本保單已轉讓，則任何應支付予承讓人數額將會以一筆過繳付。如有結餘，可選擇任何賠償方式支付。

**選擇賠償方式：** 要選擇賠償方式，你須向我們的總公司提出使我們滿意的書面要求，你可在受保人在生期間作出選擇。如在受保人身故時，身故保障額是以一筆過方式賠償予受益人，則受益人可重新選擇一項獲我們同意的賠償方式。

如受益人為一間機構、公司、合夥人或信託人，所選擇的賠償方式須經我們同意。

**最低數額：** 如賠償予任何一位受益人的數額少於五千美元或以本保單之貨幣計算的同等數值，我們將以一筆過方式支付。如每次支付數額少於五十美元或以本保單之貨幣計算的同等數值，我們有權以較疏的次數支付款額。

**生效期及繳款期：** 當選擇賠償方式之要求獲批准後，該方式的生效日將會是我們的總公司接獲受保人身故的有效證明文件當日。我們毋須為在批准選擇賠償方式之要求前所支付的款項或其他行動負責。

首次賠款應在選擇賠償方式之生效日。在選擇賠款方式時，可選擇於較後時間支付首次的賠款。每月賠款的日期將與首次賠款的日期相同。賠款只在賠款日到期。我們將不會在兩個賠款日期之間支付部份賠款。

**賠款方式的解說：** 我們所提供的賠款方式如下。如就賠款方式有特別要求，經我們同意後，可作安排。下列賠款方式均以每月方式付款。

**選擇一——定期的賠款：** 經我們同意後，我們將在你所指定的期限內，每月地支付相同數目的賠款予受益人。每次賠款的數額將視乎賠償總額，所選擇的期限及利率，該利率由我們在首次付款到期時釐定。

**選擇二——繳付一定數目的賠款：** 每月的支付數額為雙方同意之固定數額。你可選擇數額，但該數額須獲我們同意。未支付的賠款的利息將會每月撥入結餘中，該息率由我們釐定。付款將會繼續直至作出全部賠償為止。最後一次的賠款將會是結餘的數目。

**收款人身故：** 我們會要求收款人出示在世的證明文件。如在收款人身故時，根據選擇一或選擇二仍有未支付的賠款，我們將支付其餘的款項予收款人的遺產執行人或承辦人，除非在書面的選擇賠償方式中另有指示。

我們將不會同意收款人對賠款作出任何轉讓或轉交。在法律許可的情況下，我們的保單金額及任何賠款將不會受收款人的債權人的申索所影響。

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