

Frequently Asked Questions for SunJoy

These FAQs are applicable to the SunJoy. For details, please refer to the product guide.

A. Product Positioning/ Product Features																							
Q 1.	What are the main differences between the product features of SunJoy and SunGift? <p>A 1. In comparison of SunJoy and SunGift, both products provide the product features of a comprehensive wealth inheritance plan and a brand-new Accidental Caring Plus Benefit that is unique to the market. The product concepts are as follows:</p> <p>Summary: although both plans provide the suitable financial tool for legacy planning to fit different life stage needs, clients can choose the best fit one to meet their expectations on different financial needs.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #C8512E; color: white; text-align: center;">SunJoy</th><th style="background-color: #C8512E; color: white; text-align: center;">SunGift</th></tr> </thead> <tbody> <tr> <td> A saving plan with the flexibility of earlier withdrawals* to support the financial needs for different life status, such as education fund for their children or living expenses for retirement. With attractive long-term total return for legacy planning purpose to achieve the mid-term to long-term saving target <ul style="list-style-type: none"> ✓ Guaranteed Cash Value: better in most of the policy years ✓ Total Cash Value: better in the first 20 years ✓ Projected total breakeven year as short as 6 years ✓ Higher financial flexibility in mid-term, which the projected total IRR can reach 5.48% at policy year 20 </td><td> A saving plan with higher potential total long-term return and comprehensive legacy planning features that can preserve and grow their wealth, in order to pass the legacy to future generations <ul style="list-style-type: none"> ✓ Guaranteed Cash Value: steady growth ✓ Total Cash Value: better after 20 years ✓ Projected total breakeven year as short as 6 years ✓ Higher long-term total return, which projected long-term total IRR can reach 7.20% </td></tr> </tbody> </table> <p>*Any withdrawal which exceeds the remaining balance of cash value of accumulated RB will be deducted from the GCV and the cash value of TB, which in turn will reduce the Notional Amount of the policy and be deemed as partial surrender.</p> <p>Return Comparison at a glance</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #C8512E; color: white; text-align: center;">Product</th><th style="background-color: #C8512E; color: white; text-align: center;">SunJoy</th><th style="background-color: #C8512E; color: white; text-align: center;">SunGift</th></tr> </thead> <tbody> <tr> <td style="background-color: #C8512E; color: white; text-align: center;">2-Pay (Insured age 0, Male(non-smoker), Total premiums paid USD50,000)</td><td></td><td></td></tr> <tr> <td style="text-align: center;">Guaranteed Breakeven Year</td><td style="text-align: center;">13</td><td style="text-align: center;">13</td></tr> <tr> <td style="text-align: center;">Total Breakeven Year</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr> <td style="text-align: center;">Guaranteed Return (@120-year)</td><td style="text-align: center;">1.00%</td><td style="text-align: center;">0.56%</td></tr> <tr> <td style="text-align: center;">Mid-term Total Return (@20-year)</td><td style="text-align: center;">5.41%</td><td style="text-align: center;">5.03%</td></tr> </tbody> </table>	SunJoy	SunGift	A saving plan with the flexibility of earlier withdrawals* to support the financial needs for different life status, such as education fund for their children or living expenses for retirement. With attractive long-term total return for legacy planning purpose to achieve the mid-term to long-term saving target <ul style="list-style-type: none"> ✓ Guaranteed Cash Value: better in most of the policy years ✓ Total Cash Value: better in the first 20 years ✓ Projected total breakeven year as short as 6 years ✓ Higher financial flexibility in mid-term, which the projected total IRR can reach 5.48% at policy year 20 	A saving plan with higher potential total long-term return and comprehensive legacy planning features that can preserve and grow their wealth, in order to pass the legacy to future generations <ul style="list-style-type: none"> ✓ Guaranteed Cash Value: steady growth ✓ Total Cash Value: better after 20 years ✓ Projected total breakeven year as short as 6 years ✓ Higher long-term total return, which projected long-term total IRR can reach 7.20% 	Product	SunJoy	SunGift	2-Pay (Insured age 0, Male(non-smoker), Total premiums paid USD50,000)			Guaranteed Breakeven Year	13	13	Total Breakeven Year	6	6	Guaranteed Return (@120-year)	1.00%	0.56%	Mid-term Total Return (@20-year)	5.41%	5.03%
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5-Pay (Insured age 0, Male(non-smoker), Total premiums paid USD50,000)			
	Guaranteed Breakeven Year	13	13
	Total Breakeven Year	7	7
	Guaranteed Return (@120-year)	1.00%	1.00%
	Mid-term Total Return (@20-year)	5.48%	5.48%
	Long-term Total Return (@120-year)	7.04%	7.14%

For details of product features, please refer to the Product Guide of SunJoy and SunGift.

Note: Different products may have different characteristics. Accordingly, the above coverage comparison should not be used as a direct comparison of different products or as a comprehensive analysis. The above coverage comparison is for reference only (based on data as of January 12, 2023). For the terms and conditions of each benefit, please refer to the terms and conditions of the policy. If the benefits listed above are inconsistent with the policy documents, the terms and conditions of the policy documents shall prevail.

B. New Business and Policy Underwriting

Q 2. Is medical underwriting required when applying SunJoy?

- A 2. ➤ **For 2-Pay policies**, no medical underwriting is required when
 (1) total Notional Amount for this product; plus
 (2) total Notional Amount for SunGift (2-pay), Stellar Multi-Currency Plan (2-Pay), Stellar (2-Pay), Venus, Venus II and total Guaranteed Saving Amount for Vision (2-pay) ≤USD 2,000,000 per life. Otherwise, simplified underwriting is required.
 ➤ **For 5-Pay policies**, Simplified underwriting is required for any Notional Amount.

Q 3. Is Prepayment applicable to SunJoy?

A 3. Prepayment is applicable to SunJoy 2 / 5-Pay policies.

Q 4. Does SunJoy invest in ESG indices or invest in individual companies among ESG-certified companies?

A 4. The investment portfolio of SunJoy includes investments in ESG indices (i.e. through instruments that track certain ESG indices) and/or direct investments in individual companies that meet our ESG investment requirements.
 For details of the investment portfolio, please refer to the Bonus Philosophy and Investment Philosophy under Important Information of Product Brochure or the ESG Flyer.

Q 5. Calculation of Withdrawal Amount for SunJoy

Assume that Mr. A (57 years old) purchases a SunJoy 5-Pay policy (total premiums is USD 100,000). After the end of the Premium Payment Term, i.e. from the end of the 5th policy year, the annual withdrawal amount is equivalent to 5% of the total premiums paid (USD5,000) until the end of the policy year. Is the policy value withdrawn through partial surrender?

A 5.	<p>The withdrawal amount will be withdrawn first from (1) the non-guaranteed cash value of the accumulated Reversionary Bonus (if any). For any withdrawal amount <u>exceeding the remaining balance of the non-guaranteed cash value of the accumulated Reversionary Bonus</u>, the remaining amount will be withdrawn from (2) Guaranteed Cash Value and (3) the non-guaranteed cash value of Terminal Bonus, which will reduce the notional amount of the policy, and will be deemed as a partial surrender and will reduce the long-term value of the policy. For the details of guaranteed and non-guaranteed cash withdrawal amounts, please refer to the the Supplementary Illustration for Withdrawal Option.</p> <p>Note: For more details and important notes regarding withdrawal and/or partial surrender, please refer to the examples in the product brochure and product guide.</p>
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C. Accidental Caring Plus Benefit

Q 6.	Assuming that the Insured is unable to carry out one of the activities in the "Activities of Daily Living" before the policy is issued, is this condition covered under the policy?
A 6.	No, the accident must occur when this basic plan is inforce, and the first occurrence of the relevant condition leading to the inability of independent living must be after the policy issue date, the last reinstatement date of this basic plan, the Effective Date of the Change of Insured or the Continuation Option Effective Date (whichever is the latest).
Q 7.	Assuming that the Insured is 0 years old when the policy is issued, given that there is no Change of Insured, is the Insured entitled to Accidental Caring Plus Benefit at the age of 18?
A 7.	<p>Yes. If the Insured is diagnosed as suffering from Loss of Independent Existence due to Accident during the period between the Policy Anniversaries on or immediately following the Insured's age 18 – 65, we will pay an additional amount 1,000% of (i) the Notional Amount as specified in the Policy Summary of the Basic Plan, or (ii) such Notional Amount as subsequently amended in response to the request(s) of the Policy Owner.</p> <p>Note: Accidental Caring Plus Benefit can be only claimed once under the basic plan and subject to a maximum per life limit of USD1,250,000 under all policy(ies) of SunJoy and any other products with the same Accidental Caring Plus Benefit issued by us for the same Insured.</p>

D. Mental Incapacity Benefit

Q 8.	How is the Mental Incapacity Benefit calculated?					
A 8.	The amount payable of the Mental Incapacity Benefit equals to the Total Cash Value ("TCV") multiplied by the Mental Incapacity Benefit Percentage.					
	<table border="1"> <tr> <td>Mental Incapacity Benefit Percentage</td> <td>×</td> <td>TCV: (i) Guaranteed Cash Value ("GCV"), plus (ii) any cash value of the accumulated Reversionary Bonus ("RB"); and (iii) any cash value of Terminal Bonus ("TB") on the approval date of the Mental Incapacity Benefit claim </td> </tr> </table>	Mental Incapacity Benefit Percentage	×	TCV: (i) Guaranteed Cash Value ("GCV"), plus (ii) any cash value of the accumulated Reversionary Bonus ("RB"); and (iii) any cash value of Terminal Bonus ("TB") on the approval date of the Mental Incapacity Benefit claim	<p>Please note that if the Mental Incapacity Benefit Percentage is equal to 100%, the policy will terminate on the approval date of the Mental Incapacity Benefit claim, and the amount payable of the Mental Incapacity Benefit equals to the TCV multiplied by the Mental Incapacity Benefit Percentage, and plus any other amounts left with us less the amount of any loans with interest.</p>	
Mental Incapacity Benefit Percentage	×	TCV: (i) Guaranteed Cash Value ("GCV"), plus (ii) any cash value of the accumulated Reversionary Bonus ("RB"); and (iii) any cash value of Terminal Bonus ("TB") on the approval date of the Mental Incapacity Benefit claim				
Q 9.	What will happen to the policy after the Mental Incapacity Benefit is paid?					
A 9.	<p><u>If the Mental Incapacity Benefit Percentage is equal to 100%:</u> upon the payment of the Mental Incapacity Benefit, the policy will terminate on the approval date of the Mental Incapacity Benefit claim.</p> <p><u>If the Mental Incapacity Benefit Percentage is less than 100%:</u> upon the payment of Mental Incapacity Benefit, any withdrawal from the cash value of the accumulated RB will decrease the face value and cash value of the accumulated RB and the policy remains in effect. When a partial surrender will be triggered automatically, (i) the Notional Amount, (ii) GCV, (iii) future declaration of RB and TB, and (iv) the total premiums due and paid for this Basic Plan will be reduced accordingly.</p>					
Q 10.	What will happen if the cash value of the accumulated RB is <u>insufficient</u> to cover the amount payable of the Mental Incapacity Benefit?					
A 10.	<p>The Mental Incapacity Benefit will be paid by withdrawing all the cash value of the accumulated RB first, and the remaining portion will be paid by corresponding portion of the total amount of (i) GCV and (ii) the cash value of TB which will trigger partial surrender automatically.</p> <p>Please note that the Notional Amount of the Basic Plan cannot be less than the minimum amount as required by the current administrative rules and loanable amount cannot be less than zero after such automatic partial surrender, hence, the actual amount of the Mental Incapacity Benefit may be less than the amount payable. Besides, when an automatic partial surrender is triggered, (i) the Notional Amount, (ii) GCV, (iii) future declaration of RB and TB, and (iv) the total premiums due and paid for this Basic Plan will be reduced accordingly.</p>					

Q 11.	After policy issuance, can the Mental Incapacity Benefit Recipient or Mental Incapacity Benefit Percentage be changed?
A 11.	<p>Yes. Mental Incapacity Benefit Recipient* and Mental Incapacity Benefit Percentage can be changed by submitting our specified designation form and complying with such requirements as we prescribe from time to time, and subject to our approval and shall be effective only if recorded by us. No limitation in frequency of designated Mental Incapacity Benefit Recipient and Mental Incapacity Benefit Percentage.</p> <p>* Current acceptable relationship: Adult family members such as the Policy Owner's spouse, parent, child, sibling, grandparent, grandchild, or any other relationship as approved by Sun Life.</p>
Q 12.	Under what circumstances will the Mental Incapacity Benefit Recipient designation be automatically revoked?
A 12.	<p>The existing Mental Incapacity Benefit Recipient designation on our records will be automatically revoked if any of the following occurs:</p> <ul style="list-style-type: none"> (a) Our clients designate a new Mental Incapacity Benefit Recipient and it is approved by the company; (b) the Policy Owner is no longer the Insured after the change of Insured; (c) any change of Policy Owner; (d) the company has been notified that there is a guardian or committee appointed under the Mental Health Ordinance (Cap.136 Laws of Hong Kong SAR) (or if there is a guardian or committee appointed under similar laws in another jurisdiction); or (e) the company has been notified that the Policy Owner has an enduring power of attorney covering the Policy.

E. Designation of Contingent Policy Owner Option

Q 13.	What is Designation of Contingent Policy Owner Option?
A 13.	<p>Designation of Contingent Policy Owner Option is applicable to juvenile Insured / adult Insured, which allows our clients to designate a Contingent Policy Owner* to pass the policy ownership to such Contingent Policy Owner if the existing Policy Owner passes away unexpectedly.</p> <p>Such transfer of ownership will be valid upon all required documents (please refer to Policy Administrative Manual – Transfer of Ownership due to Death of Policy Owner) are received by us, all applicable requirements are complied with to our satisfaction and the application for this change is approved by us in writing.</p> <p>* Current acceptable relationship: Adult family members such as the Policy Owner's spouse, parent, child, sibling, grandparent, grandchild, or any other relationship as approved by Sun Life.</p>
Q 14.	Under what circumstances will the existing Contingent Policy Owner designation be revoked?

A 14.	When any of the following happens while there is an existing Contingent Policy Owner designation in our record, such existing Contingent Policy Owner designation will be revoked automatically: 1) When ownership of the policy is transferred 2) When clients designate a new Contingent Policy Owner 3) When clients exercise Change of Insured Option
Q 15.	How does the policy owner apply for the Designation of Contingent Policy Owner Option?
A 15.	After the policy is issued , the policy owner can fill in the form of Designation of Contingent Policy Owner Option to designate a Contingent Policy Owner and submit the signed form to Policy Administration Services Department. We will process Designation of Contingent Policy Owner Option in record and according to the policy provision after receiving the form and approving it.

F. Death Benefit Settlement Options	
Q 16.	What are the settlement options for Death Benefit of SunJoy?
A 16.	<p>Policy Owner can select the below different Death Benefit Settlement Option 1-6 before death of the Insured for EACH of the corresponding beneficiary:</p> <ul style="list-style-type: none"> 1) In lump sum (default option) 2) Full Payment by Instalments – Full payment of the Death Benefit to be paid by annual or monthly instalments in accordance with the selected pay out period (within 2-50 years) 3) Partial Payment by Instalments – To be paid with mixture of 1 and 2, to have part of the Death Benefit (at least 5%) to be paid in lump-sum and the remaining balance by annual or monthly instalments in accordance with the selected pay out period (within 2-50 years) 4) Partial Payment by Instalments till the designated age of the beneficiary* – a designated amount to be paid by annual or monthly instalments before the designated age of beneficiary and the remaining balance (if any) to be paid in a lump sum at designated age of beneficiary. Such arrangement can be made to allow the beneficiary to receive the payout by stages to encourage their child's financial management. 5) Full Payment by Increasing Instalments – Full payment of the Death Benefit to be paid by annual or monthly instalments in accordance with the designated amount of the first instalment, and the subsequent instalments will be increased by 3% each year starting from the 2nd year until the Death Benefit is fully paid as well as to offset inflation. 6) Continuation Option (to the designated beneficiary)* – automatically exercised on the date of the death of the Insured while the Original Policy will be terminated and a New Policy will be formed according to percentage designated to the

	<p>corresponding beneficiary as stated in the prescribed form. The beneficiary will become the New Insured and the New Policy Owner (if applicable) of the New Policy. This option can prevent the policy from termination due to the death of the Insured.</p> <p>*Please note that the nominated beneficiary must be a living individual</p> <p>For details, please refer to "Death Benefit Settlement Options" in Product Guide - Administrative Guidelines.</p>
Q 17.	If the Policy Owner designates more than one beneficiary, can he choose different Death Benefit Settlement Options for different beneficiaries?
A 17.	The Policy Owner can choose different Death Benefit Settlement Options 1-6 for each corresponding beneficiary. For details, please refer to the Application Supplement – Death Benefit Settlement Options.
Q 18.	What are the requirements when applying for options 2, 3 or 5 of the Death Benefit Settlement Options above?
A 18.	Death Benefit proceed for instalments should be at least USD 50,000 in total and the annual instalment amount should be at least USD 2,500 to exercise the options 2, 3 and 5. Otherwise, the whole Death Benefit will be paid in lump sum to the beneficiary.
Q 19.	What requirements should be met if the Death Benefit Settlement Option is selected as "Partial Payment by Instalments till the designated age of beneficiary"?
A 19.	If the option of 'Partial Payment by Instalments till the designated age of beneficiary' is selected, the beneficiary must be a living individual. Note: The annual instalment amount should be at least USD 2,500 to exercise this option. Otherwise, the whole Death Benefit will be paid in lump sum to the beneficiary.
Q 20.	If the Death Benefit Settlement Option is selected as "Partial Payment by Instalments till the designated age of beneficiary", and the beneficiary dies before the specified age, how will the relevant unpaid Death Benefit balance (including installment payment and one-off payment) be handled?
A 20.	If the beneficiary dies before the full Death Benefit is paid and the company receives the relevant notice, the remaining unpaid Death Benefit balance and any accumulated interest up to the date of the beneficiary's death will be paid in a lump sum as the beneficiary's estate.
About Continuation Option of Death Benefit Settlement Option	
Q 21.	What is the advantage to the client when exercising the Continuation Option?

A 21.	<p>When the Insured passes away and the beneficiary replaces the Insured, the coverage period of the policy will be changed to the age of 120 of the new Insured (that is, the beneficiary), and the new policy can continue to be extended and accumulate more policy value, to pass on wealth to the next generation.</p> <p>For example: Father (as Policy Owner and Insured) nominated his wife and his son as beneficiaries and pre-allocated the policy value for wealth inheritance (i.e. 30% for wife by lump sum and 70% for son by continuation option), when father (Policy Owner and Insured) passes away :</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #c6e2ff;"> <th style="text-align: left; padding: 5px;">Protection for family member</th><th style="text-align: left; padding: 5px;">Pass the wealth to the next generations</th></tr> </thead> <tbody> <tr> <td style="padding: 5px; vertical-align: top;"> Death Benefit (30% x death benefit of the policy) will be paid to wife (beneficiary 1), to provide financial support and ensure living standards can be maintained. </td><td style="padding: 5px; vertical-align: top;"> Son (beneficiary 2) will become the Insured and Policy Owner of the New Policy, with designated percentage of policy value (70% x cash value of the original policy), and the new policy continue to grow for wealth accumulation </td></tr> </tbody> </table>	Protection for family member	Pass the wealth to the next generations	Death Benefit (30% x death benefit of the policy) will be paid to wife (beneficiary 1), to provide financial support and ensure living standards can be maintained.	Son (beneficiary 2) will become the Insured and Policy Owner of the New Policy, with designated percentage of policy value (70% x cash value of the original policy), and the new policy continue to grow for wealth accumulation
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Q 22.	<p>Under what circumstances will a beneficiary become the Insured and/or Policy Owner of the new policy?</p> <p>A 22.</p> <p>(a) The beneficiary will <u>become both the New Insured and the New Policy Owner</u>, if</p> <ul style="list-style-type: none"> (i) the Insured is also the Policy Owner; or (ii) the Insured is not the Policy Owner and the Policy Owner and the Insured die at the same time or the Policy Owner dies within 14 days after the death of the Insured. <p>(b) The beneficiary will <u>become the New Insured</u>, if the Insured is not the Policy Owner and the Policy Owner is still alive.</p> <p>Note: The new Insured must submit a satisfactory proof of insurability, subject to our then-effective administrative rules.</p> <p>For example:</p> <p>In the case of (a)(i) above, the father (as the Policy Owner and the Insured) and the son (as the beneficiary); when the father passes away, the son will become <u>the new Insured and the new Policy Owner</u>.</p> <p>In the case of (a)(ii) above, the father (as the Policy Owner), mother (as the Insured) and son (as the beneficiary); when father and mother <u>pass away at the same time</u>/ father <u>passes away within 14 days</u> of mother's death, son will become <u>the new Insured and the new Policy Owner</u>.</p>				

	In the case of (b) above , the father (as the Policy Owner), the mother (as the Insured), and the son (as the beneficiary); after the death of the mother, the son will become the new Insured .
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Q 23.	Can the Policy Owner choose the Continuation Option for 2 beneficiaries at the same time? How is the policy value of the new policy allocated?										
A 23.	<p>The Policy Owner can choose the Continuation Option for 2 beneficiaries at the same time. For the allocation of policy value of a new policy, the Notional Amount, the total premiums due and paid and the outstanding amount of any loans and interest and the policy values of the Original Policy, including GCV, accumulated RB (if any), TB (if any) will be allocated to the New Policy according to the percentage designated to the corresponding beneficiary as stated in the prescribed form.</p> <p>Example: Mr. A is the Policy Owner and Insured of the original policy, and chooses the Death Benefit Settlement Option as 'Continuation Option' for his children and states the percentage of policy value for each beneficiary in the prescribed form. When he passes away:</p> <table border="1"> <thead> <tr> <th><u>Original policy</u></th> <th><u>When the Continuation Option is in effect</u></th> <th><u>New policy 1</u></th> <th><u>New policy 2</u></th> </tr> </thead> <tbody> <tr> <td>Policy Owner and Insured: Mr. A</td> <td>New policies will be formed→</td> <td>Policy Owner and Insured: Mr. A's son (adult) Policy value: 60% of the original policy value</td> <td>Policy Owner and Insured: Mr. A's daughter (adult) Policy value: 40% of the original policy value</td> </tr> </tbody> </table>			<u>Original policy</u>	<u>When the Continuation Option is in effect</u>	<u>New policy 1</u>	<u>New policy 2</u>	Policy Owner and Insured: Mr. A	New policies will be formed→	Policy Owner and Insured: Mr. A's son (adult) Policy value: 60% of the original policy value	Policy Owner and Insured: Mr. A's daughter (adult) Policy value: 40% of the original policy value
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Q 24. Will there be any changes to the benefit term of the new policy?											
A 24.	After the new policy is formed, the benefit term will be changed up to the New Insured's 120th birthday.										
Q 25. Will a new policy contract be provided after the new policy is formed?											
A 25.	We will provide the new policy contract to the Policy Owner of the new policy. As the policy year of the new policy remains the same as that of the original policy under the Continuation Option, the relevant proposal will be issued (together with the new policy number) in the form of an anniversary statement.										
Q 26. If the beneficiary becomes the Insured and Policy Owner of the new policy, do they need to go through the new policy application procedure and sign a new proposal and financial needs analysis form?											

A 26.	<p>As the policyholder of the original policy chose the continuation option, the beneficiary needs to fill out a new insurance application form (applicable to the continuation option of the death benefit payment option) in addition to submitting the life insurance compensation application and relevant documents. However, the beneficiary does not need to sign a new recommendation letter or a new financial needs analysis form.</p> <p>Please note that clients need to meet due diligence requirements, underwriting requirements, and the administrative rules in effect at the time.</p>
Q 27.	After the new policy is formed, can the new Policy Owner apply for surrender?
A 27.	When the beneficiary becomes the Policy Owner of the new policy, he/she has the right to exercise the right for policy surrender. When the surrender is made, the effective date of surrender will be the date when the company receives and approves the surrender application, and we will pay the surrender value to the new Policy Owner, and the policy will terminate on the effective date of surrender.
Q 28.	What is the minimum amount required for the new policy under the current effective administrative rules of the SunJoy under the Continuation Option?
A 28.	Under the minimum amount requirement specified in the current administrative rules (as of February 2023), after the 5th policy year (applicable to 2-pay policies) or after the premium payment term ends (applicable to 5-pay policies), the Notional Amount of each new policy shall not be less than USD 500.
Q 29.	If the Insured dies and the Continuation Option is automatically exercised, can the beneficiary refuse to become the new Policy Owner?
A 29.	Yes. If the beneficiary is unable or unwilling to take over the ownership of the new policy, they can submit a death benefit claim application, and we will pay the death benefit of the basic plan to the beneficiary in a lump sum.
Q 30.	What happens if the new policy owner cannot provide the satisfied proof of insurability?
A 30.	According to the current administrative rules, if the client cannot provide the satisfied proof of insurability or if the information provided is incomplete, we will send a follow-up request for pending information to the client. If the client cannot provide the information within 180 days, we will consider it as the beneficiary being unable or unwilling to take over the ownership of the new policy, and we will pay the death benefit of the basic plan to the beneficiary in a lump sum.
Q 31.	If the beneficiary is under 18 years old, who will become the new Policy Owner?

A 31.	If the beneficiary is under 18 years old, the legal guardian of the beneficiary will become the new Policy Owner. However, if the beneficiary (under 18 years old) has appointed a trustee, the trustee will become the new Policy Owner.
Q 32.	<p>If the Insured dies during the Premium Payment Term of the policy and after the formation of the new policy,</p> <p>(i) does the beneficiary who becomes the new Policy Owner and the Insured need to continue to pay the remaining premiums?</p> <p>(ii) is the Premium Payment Term of the new policy different from that of the original policy?</p>
A 32.	<p>(i) If the policyholder of the original policy dies during the Premium Payment Term, the premium will be calculated as follows:</p> <p>Scenario 1:</p> <p>The benefits, terms and conditions of the original policy will apply to the new policy. If the Waiver of Premium Benefit or the Payor Benefit* of the original policy has been triggered and started waiving the premium, the future premium of the new policy will continue to be waived (but subject to the maximum waiver limit). In this case, new Policy Owner does not need to pay future premiums.</p> <p>Scenario 2:</p> <p>If the Waiver of Premium Benefit or the Payor Benefit* of the original policy <u>has not been triggered</u>, new Policy Owner needs to pay the future premiums of the new policy.</p> <p>(ii) The Premium Payment Term of the new policy will not be shortened by any Waiver of Premium Benefit and will be the same as that of the original policy.</p> <p>*The above scenarios are subject to other conditions and waiting periods. For details on the coverage, terms and conditions of the Waiver of Premium Benefit or the Payor Benefit, please refer to the product guide and policy documents of SunJoy and SunGift Savings Plan.</p>
Q 33.	When the beneficiary becomes the new Policy Owner and the Insured, do they need to reselect the Death Benefit Settlement Option?
A 33.	Yes. The new Policy Owner needs to fill out a new insurance application form for the new policy, including selecting the death benefit payment option and specifying the beneficiaries.
Q 34.	Will the new policy be subject to first-year commission (FYC) and case count calculation after exercising the policy continuation option?
A 34.	No, it will not. In terms of commission calculation, since the policy date and policy year of the new policy are the same as those of the original policy, the commission of the new policy will be calculated based on the commission rate for different premium payment periods of the SunJoy. And the renewal commission will be calculated based on the policy year of the original policy.

G. Policy Split Option

Q 35.	What are the advantages of exercising the Policy Split Option?
A 35.	<p>The Policy Split Option allows clients to adjust their wealth management plan as needed and allocate policy value in advance for wealth inheritance. Customers can also split their policy infinitely, allowing for more flexibility in managing their wealth. However, the Notional Amount of the policy being split must not be less than the minimum amount of this plan specified in the current administrative rules. Please refer to the product guide and policy documents of SunJoy for details.</p>
Q 36.	If exercising Policy Split Option, what are the requirements?
A 36.	<p>On or after the 5th policy anniversary, clients can apply for splitting the policy into new policies by submitting a designated form, subject to current administrative rules and the following conditions:</p> <ul style="list-style-type: none"> a) The application for policy split must be submitted within 30 days before a Policy Anniversary and can only be made once per policy year; (b) The Notional Amount of Split Policies cannot be less than the minimum amount requirement as required by the current administrative rules; (c) The irrevocable beneficiary(ies) (if any) must agree in the writing to such request; and (d) The Original Policy before Split is not assigned and the outstanding amount of any loans with interest must have been settled before Policy Split request is submitted to us. <p>For the terms and conditions of the Policy Split Option, please refer to the product guide and policy documents of SunJoy .</p>
Q 37.	What happens when a policy is split into two policies by Policy Split Option?
A 37.	<p>Upon approval of the Policy Split, the original policy will be terminated automatically after the effective date of policy split. <u>The client will receive the policy contract of the Split Policies with new policy numbers, just like having one more SunJoy policy.</u></p> <p>The Split Policies will be:</p> <ul style="list-style-type: none"> (i) The Policy Date, the Maturity Date and the policy year of the Split Policies will be the same as the Original Policy before Split; (ii) The Policy Owner and the Insured(s) of the Split Policies will be the same as the Original Policy before Split; (iii) The Contingent Policy Owner designation, the beneficiary(ies) and Death Benefit Settlement Option of the Split Policies on our record will be the same as the Original Policy before Split; (iv) The Notional Amount and the Account Values of the Original Policy before Split will be allocated to the Split Policies according to the ratio of the Notional Amount applicable to such Split Policies

	<p>(v) The total premiums due and paid and the policy values of the Original Policy before Split, including GCV, the accumulated RB (if any), TB (if any) will be allocated to the Split Policies according to the ratio of the Notional Amount applicable to such Split Policies</p> <p>Note: All benefits, terms and conditions of the Original Policy before Split will apply to the Split Policies</p>
Q 38.	How to calculate the premium of the split policy if the Policy Split Option is exercised during the Premium Payment Term?
A 38.	The premium of the split policy will be calculated based on the percentage of the notional amount.
Q 39.	Can the policyowner choose the percentage of Notional Amount to be split? Should it be equally split?
A 39.	The Policy Owner can decide on the percentage of Notional Amount to be split based on their needs. For example, the split percentage can be 35%/65% or 30%/70%, but the total percentage of the split cannot exceed 100%.
Q 40.	Can a client split a policy into two policies in a 50/50 split and keep one of the split policies for himself/herself while transferring the other split policy to the son?
A 40.	Under the Policy Split Option, the Policy Owner and Insured of the split policy will be the same as those of the original policy before the split. After the policy is split, if the Policy Owner wants to transfer the split policy to his/her son, he/she can submit a specified form by written notice to us to change the ownership of the policy , subject to our requirements and administrative rules that are effective at the time.
Q 41.	Under the current administrative rules for SunJoy, what is the minimum amount for each Split Policy?
A 41.	As required by the then current administrative rules (as of February 2023), after the 5 th policy year (applicable to 2-Pay policy) or the Premium Payment Term (applicable to 5-Pay policy), the Notional Amount of Split Policy cannot be less than the minimum amount of USD 500 .
Q 42.	Can a Split Policy execute the Change of Policy Owner and Change of Insured?
A 42.	Yes, clients can pass his/her policy flexibly to their loved ones to facilitate legacy planning. <u>But we would advise such policy changes are applied after Policy Split.</u> Such changes will be effective from the Policy Split, while subject to our then current administrative rules
Q 43.	After the Policy Split, does the Split Policy calculate the case count? How to calculate the commission?

A 43.	Policy Split will not calculate case count. Commission is calculated according to the commission rate of different premium payment term of SunJoy. The policy year from the Original Policy before Split will be used to calculate the renewed commission.
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H. Premium Waiver Benefit and Payor's Premium Waiver Benefit (Applicable to 5-paypolicies)	
Q 44.	What is Total Permanent Disability?
A 44.	<p>Total Permanent Disability of the Insured or Policy Owner (as the case may be) results from an Injury or Sickness, including:</p> <ul style="list-style-type: none"> (i) Total Blindness. (ii) Paralysis or Loss of Limbs; or (iii) Loss of Sight in One Eye and either Hemiplegia or Loss of One Limb
Q 45.	Is there any waiting period?
A 45.	<ul style="list-style-type: none"> ➤ Waiver of Premium Benefit: The benefit provides immediate coverage if the Insured is diagnosed as suffering from Total Permanent Disability resulted from Injury, but subject to a 2-year waiting period if the Insured is diagnosed as suffering from Total Permanent Disability resulted from Sickness. ➤ For Payor Benefit: The benefit provides immediate coverage if the <u>Policy Owner</u> passes away or is diagnosed as suffering from Total Permanent Disability resulted from Injury, but subject to a 2-year waiting period if the Policy Owner passes away or is diagnosed as suffering from Total Permanent Disability resulted from Sickness.
Q 46.	When is the starting point to calculate the 2-year waiting period for the Waiver of Premium Benefit?
A 46.	Total Permanent Disability resulted from Sickness must be happened or diagnosed from 2-year waiting period after the issue date, last reinstatement date of the basic plan, the effective date of Change of Policy Owner, the effective date of the Change of Insured or the Continuation Option Effective Date, whichever is the latest.
Q 47.	When is the starting point to calculate the 2-year waiting period for the Payor Benefit?
A 47.	Death or Total Permanent Disability resulted from Sickness must be happened or diagnosed from 2-year waiting period after the issue date, last reinstatement date of the basic plan, the effective date of change of Policy Owner, the effective date of the Change of Insured or the Continuation Option Effective Date, whichever is the latest.
Q 48.	For Waiver of Premium Benefit, if the Insured (same as the Policy Owner) is diagnosed as suffering from Total Permanent Disability, how to calculate the premium to be waived?

A 48.	The premium waive will be calculated as follows:	
	The date of diagnosis of Total Permanent Disability	Effective date of Waiver of Premium Benefit
	Neither falls in the Grace Period nor the Premium Holiday Period	Starting from the premium due date immediately after the date of diagnosis of Total Permanent Disability
	During Premium Holiday Period	Immediately following the Premium Holiday Period end
	During Grace Period	Starting from the premium due date immediately preceding the date of diagnosis of Total Permanent Disability
<p>This benefit is subject to other conditions, pre-existing conditions, waiting period. For the details of the coverage and terms and conditions of Waiver of Premium Benefit, please refer to the product guide and policy document of SunJoy and SunGift for details.</p>		
Q 49.	For Payor Benefit, if the Insured (same as the Policy Owner) is diagnosed as suffering from Total Permanent Disability, how to calculate the premium to be waived?	
A 49.	The premium waive will be calculated as follows:	
	The date of death or the date of diagnosis of Total Permanent Disability	Effective date of Payor Benefit
	Neither falls in the Grace Period nor the Premium Holiday Period	Starting from the premium due date immediately after the date of death or the date of diagnosis of Total Permanent Disability
	During Premium Holiday Period	Immediately following the Premium Holiday Period ends
	During Grace Period	Starting from the premium due date immediately preceding the date of death or the date of diagnosis of Total Permanent Disability
<p>This benefit is subject to other conditions, pre-existing conditions, waiting period. For the details of the coverage and terms and conditions of Payor Benefit, please refer to the product guide and policy document of SunJoy and SunGift for details.</p>		

Q 50.	The Waiver of Premium Benefit and Payor Benefit have Maximum Waiver Amount. How much is the Maximum Waiver Amount?
A 50.	Maximum Waiver Amount is USD200,000 under all policy(ies) of SunJoy and any other products with the same Waiver of Premium Benefit and Payor Benefit issued by us for the <u>same Policy Owner</u> .
Q 51.	If the Maximum Waiver Amount had been reached, how the policy will be handled?
A 51.	After the waived premium payable of the basic plan reaches the Maximum Waiver Amount, the Policy Owner shall pay the remaining balance of premium payable. Otherwise, the automatic premium loan will be applied, or the policy will be automatically terminated.
Q 52.	If the Policy Owner has more than one policy, how to calculate the Waiver of Premium Benefit?
A 52.	<p>Case 1: If there are more than one policy issued with the same Policy Owner, and the premium due date of policies are <u>different</u>, then the premium will be waived for the policies with sequence of the due dates until it reaches the maximum waiver amount.</p> <p>Case 2: If there are more than one policy issued with the same Policy Owner, and the premium due date of policies falls at the <u>same date</u> and the accumulative premium waived plus the next premium due for these policies exceeds the Maximum Waiver Amount, then the remaining total premiums will be applied to the next premium due for the policy with lower modal premium first.</p>
Q 53.	Who is eligible for the Waiver of Premium Benefit?
A 53.	<p>If the Insured (as Policy Owner at the same time) is diagnosed as suffering from Total Permanent Disability before his/ her Age 65, the future premiums payable for the Basic Plan will be waived until the end of premium payment term at the issuance of the policy and up to the Maximum Waiver Amount, provided that the following conditions are met:</p> <ul style="list-style-type: none"> (a) the Insured is also the Policy Owner of the Policy; and (b) the age of the Insured is between 18 and 60, whichever is the latest, <ul style="list-style-type: none"> (i) the Issue Date; (ii) the effective date of change of Policy Owner; (iii) the Effective Date of the Change of Insured; or (iv) the Continuation Option Effective Date. <p>Example: A father, as the Policy Owner and the Insure, had a SunJoy 5-Pay Policy issued when he was 30. He could enjoy the Waiver of Premium Benefit during the Premium Payment Term. 3 years later, he (aged 33 at that time as the effective date of the change) applied to change the Policy Owner and change the Insured to his wife. Unfortunately, his wife is diagnosed as suffering from Total Permanent Disability at aged 34 and applies for claim for Waiver of Premium Benefit.</p>

	<p>Note: During the effective date of change of Policy Owner and Change of Insured (whichever is the latest), the issue age of the wife was 30 and is diagnosed as suffering from Total Permanent Disability before age 65. Therefore, she can enjoy the Waiver of Premium Benefit.</p> <p>The above example is subject to other conditions, pre-existing conditions and waiting period. Please refer to the policy document of SunJoy for details.</p>

Q 54.	For the Payor Benefit, if the Insured child has grown up as an adult (aged 18 or above), while the Policy Owner was diagnosed as suffering from Total Permanent Disability, can the premium of the remaining Premium Payment Term be waived?
A 54.	<p>Example: If the policy was issued when the father (as the Policy Owner, age 45) and the son (as the Insured, aged 15), within the Premium Payment Term, the father is diagnosed as suffering from Total Permanent Disability resulted from injury when he was 48, while his son was 18 years old (3-year premium was paid). Provided that the following conditions are met:</p> <ul style="list-style-type: none"> (1) for the father was below age 60 at the issue date; and (2) for the son was below age 18 at the issue date; and (3) the father was diagnosed as suffering from Total Permanent Disability before age 65 <p>The policy will indemnify for the Payor Benefit but subject to the Maximum Waiver Amount.</p> <p>Note: The benefit provides immediate coverage if the Policy Owner passes away or is diagnosed as suffering from Total Permanent Disability resulted from Injury, Any Policy Owner passes away or is diagnosed as suffering from Total Permanent Disability resulted from Sickness is subject to a 2-year waiting period. Please refer to the policy document for details.</p>
Q 55.	<p>If the Policy Owner is changed, while the Waiver of Premium Benefit and Payor Benefit are not exercised,</p> <p>(i) Are the Waiver of Premium Benefit and Payor Benefit still effective?</p> <p>(ii) Is the 2-year waiting period re-calculated?</p>
A 55.	<p>(i) Within the Premium Payment Term, if a new Policy Owner whose age between 18 – 60, the Waiver of Premium Benefit and Payor Benefit are still effective.</p> <p>(ii) Yes. The 2-year waiting period is re-calculated from the effective date of the change of Policy Owner.</p> <p>Please note: Waiver of Premium Benefit and Payor Benefit could only be claimed once in total per one policy under this Basic Plan, and once such claim is approved by us and becomes payable, the coverage for Waiver of Premium Benefit and Payor Benefit under this Basic Plan will terminate forthwith automatically. For the details of the coverage and terms and conditions of Waiver of Premium Benefit and Payor Benefit, please refer to the product guide and Policy Document of SunJoy and SunGift for details.</p>

Q 56.	If there is no Change of Insured, can the Payor Benefit be changed to the Waiver of Premium Benefit when the Insured becomes 18 years old?
A 56.	No. The Payor Benefit provided by a policy upon policy inception is according to <u>the issue age</u> of the Insured . The scope of coverage will not be changed according to the attained age of the Insured. Even if the juvenile Insured had grown up as an adult (aged 18 or above), only Payor Benefit will be provided.

-End-

Your Policy Document

SunJoy – Benefit Provisions

DEATH BENEFIT

While this Basic Plan is in effect, in the event the Insured dies, we will pay the Death Benefit of the Basic Plan in a lump sum payment to the beneficiary, provided we receive evidence satisfactory to us at our sole discretion. The amount of Death Benefit is equal to the higher of:

- (a) the total premiums of the Basic Plan due and fully paid as at the date of death of the Insured, less any withdrawal amount of cash value of the accumulated Reversionary Bonus; and
 - (b) the amount of Guaranteed Cash Value on the date of death of the Insured, plus (i) any face value of the accumulated Reversionary Bonus and (ii) any face value of the Terminal Bonus;
- plus any other amounts left with us less the amount of any loans with interest.

DEATH BENEFIT SETTLEMENT OPTION

While this Basic Plan is in effect and during the lifetime of the Insured, subject to our then current administrative rules, applicable laws, regulations and guidelines issued by the relevant authorities from time to time, you may, with respect to each of the nominated beneficiaries, make a written request in the form specified by us and complying with such requirements as we may prescribe from time to time, to select one (1) of the following options for each of the corresponding beneficiaries:

- (i) Full Payment by Instalments – the Death Benefit to be paid by instalments in accordance with your selected pay out period as stated in the prescribed form. The unpaid balance of the Death Benefit of the Basic Plan will be accumulated at a non-guaranteed interest rate to be determined by us at our sole discretion from time to time. Any interest accumulated with us will be paid with the last instalment; or
- (ii) Partial Payment by Instalments – a designated percentage of the Death Benefit amount to be paid in a lump sum and the remaining balance to be paid by instalments in accordance with your selected pay out period as stated in the prescribed form. The unpaid balance of the Death Benefit of the Basic Plan will be accumulated at a non-guaranteed interest rate to be determined by us at our sole discretion from time to time. Any interest accumulated with us will be paid with the last instalment; or
- (iii) Partial Payment by Instalments till the designated Age of the beneficiary – the Death Benefit amount to be paid by instalments in accordance with your designated amount before the designated Age of the beneficiary and the remaining balance (if any) to be paid in a lump sum at the designated Age of the beneficiary as stated in the prescribed form. The unpaid balance of the Death Benefit of the Basic Plan will be accumulated at a non-guaranteed interest rate to be determined by us at our sole discretion from time to time. Any interest accumulated with us will be paid with the lump sum payment at the designated Age of the Beneficiary. In case the Insured dies after the designated Age of the beneficiary, then we will pay the Death Benefit of this Basic Plan in a lump sum to the beneficiary; or
- (iv) Full Payment by Increasing Instalments – the Death Benefit to be paid by increasing instalments. You may specify the amount of the first instalment in the prescribed form and the subsequent instalments will be increased by three percent (3%) each year beginning from the second (2nd) year until all the Death Benefit of the Basic Plan is paid. The unpaid balance of the Death Benefit of the Basic Plan will be accumulated at a non-guaranteed interest rate to be determined by us at our sole discretion from time to time. Any interest accumulated with us will be paid with the last instalment; or
- (v) Continuation Option – you may opt for this Continuation Option while this Basic Plan is in effect. This Option will be automatically exercised on the date of the death of the Insured ("Continuation Option Effective Date") while this Policy ("Original Policy") will be terminated forthwith and a new Policy ("New Policy") will be formed according to the rules set out below. Under the New Policy, the beneficiary will become the Insured ("New Insured") and/or the Policy Owner ("New Policy Owner") of the New Policy, as the case may be, according to the following:
 - (a) If (i) the Insured is also the Policy Owner; or (ii) the Insured is not the Policy Owner, and the Policy Owner and the Insured die at the same time or the Policy Owner dies within fourteen (14) days after the death of the Insured, the beneficiary will become both the New Insured and the New Policy Owner, provided that the following conditions are fulfilled:
 - (i) Satisfactory evidence of insurability of the New Insured and New Policy Owner, subject to our then current administrative rules;
 - (ii) The New Insured is alive on the Continuation Option Effective Date; and
 - (iii) The Age of the New Insured must be less than or equal to the maximum issue age on the Continuation Option Effective Date.
 - (b) If the Insured is not the Policy Owner and the Policy Owner is still alive, the beneficiary will become the New Insured, provided that the following conditions are fulfilled:
 - (i) Satisfactory evidence of insurability of the New Insured, subject to our then current administrative rules;
 - (ii) The New Insured is alive on the Continuation Option Effective Date; and
 - (iii) The Age of the New Insured must be less than or equal to the maximum issue age on the Continuation Option Effective Date.

Your Policy Document

SunJoy – Benefit Provisions (CONTINUED)

DEATH BENEFIT SETTLEMENT OPTION (CONTINUED)

Upon the New Policy takes effect from the Continuation Option Effective Date:

- (1) The Policy Date and the policy year of the New Policy will be the same as the Original Policy;
- (2) The Maturity Date of the New Policy will be changed to the Policy Anniversary on or immediately following the New Insured's one hundred and twentieth (120th) birthday;
- (3) The Notional Amount, the total premiums due and paid and the outstanding amount of any loans and interest and the policy values of the Original Policy, including Guaranteed Cash Value, accumulated Reversionary Bonus (if any), Terminal Bonus (if any) will be allocated to the New Policy according to the percentage designated to the corresponding beneficiary as stated in the relevant prescribed form;
- (4) There is no Cooling-off Period for the New Policy; and
- (5) For the purpose of counting the applicable period under the Incontestability provision, the relevant period will commence from the Continuation Option Effective Date for the New Insured.

If, pursuant to the above, we determine that the beneficiary shall become the New Policy Owner and if either one (1) of the following events occurs:

- (a) The beneficiary is unable or unwilling to take up the ownership of this New Policy;
- (b) The beneficiary is unable to satisfy the customer due diligence, other applicable laws, regulations and guidelines;
- (c) If the beneficiary is aged under eighteen (18) and the legal guardian of such beneficiary is unable to satisfy the customer due diligence, other applicable laws, regulations and guidelines; or
- (d) The Notional Amount of the New Policy is less than the minimum amount requirement as required by the then current administrative rules,

then we will pay the Death Benefit of the Basic Plan in a lump sum to the beneficiary.

This Option will be exercised subject to a minimum amount of the Death Benefit and the amount is determined by us from time to time.

If options (iii) or (v) of the Death Benefit Settlement Option above is selected, the nominated beneficiary must be a living individual.

In the event of the death of the beneficiary and the Company being notified of the same at any time following the death of the Insured, before all of the Death Benefit is being paid, the remaining balance of the Death Benefit with any interest accumulated at the date of death of the beneficiary will be paid to the estate of the deceased beneficiary in a lump sum provided we receive evidence satisfactory to us at our sole discretion.

You may change the Death Benefit Settlement Option while this Basic Plan is in effect and the Insured is still alive.

In case the Policy Owner has been changed or this Policy has been assigned pursuant to the relevant provisions under the General Provisions of the Basic Plan, the Death Benefit Settlement Option will be revoked and we will only pay the Death Benefit in one lump sum unless and until another Death Benefit Settlement Option is approved by us in writing.

Upon receipt of a request for change of beneficiary(ies) and such request is approved by us, the selected option of Death Benefit Settlement Option with respect to the relevant beneficiary(ies) will be revoked automatically and we will only pay the Death Benefit in a lump sum unless and until another request for Death Benefit Settlement Option of the Plan is accepted and approved by us.

MATURITY BENEFIT

While this Basic Plan is in effect, if the Insured is alive on the Maturity Date set out in your Policy Summary, we will pay you the Maturity Benefit which is equal to the Guaranteed Cash Value, plus (i) any cash value of the accumulated Reversionary Bonus; (ii) any cash value of the Terminal Bonus; and (iii) any other amounts left with us less the amount of any loans with interest.

Your Policy Document

SunJoy – Benefit Provisions (CONTINUED)

ACCIDENTAL CARING PLUS BENEFIT

While this Basic Plan is in effect, if the Insured is diagnosed as suffering from Loss of Independent Existence due to Accident during the period between the Policy Anniversaries on or immediately following the Insured's eighteen (18th) birthday and sixty-five (65th) birthday, we will pay an additional amount which is equal to one thousand percent (1,000%) of (i) the Notional Amount as specified in the Policy Summary of the Basic Plan, or (ii) such Notional Amount as subsequently amended in response to the request(s) of the Policy Owner in accordance with the Company's applicable rules and regulations, subject to a maximum per life limit of US\$1,250,000 under all policy(ies) of SunJoy and any other products with the same Accidental Caring Plus Benefit issued by us for the same Insured.

Loss of Independent Existence refers to the total / complete inability to perform at least three (3) of the Activities of Daily Living even with the aid of special equipment, requiring the physical assistance of another person throughout the entire activity, for a continuous period of at least six (6) months and leading to a permanent inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The diagnosis of Loss of Independent Existence must be confirmed by a Doctor.

The condition which results in Loss of Independent Existence must first occur while this Basic Plan is in effect and after the Issue Date, last reinstatement date of this Basic Plan, the Effective Date of the Change of Insured or the Continuation Option Effective Date, whichever is the latest. Failure to provide the written notice or proof within the six (6) months from the date of commencement of Loss of Independent Existence will invalidate the claim of this benefit.

This Accidental Caring Plus Benefit could only be claimed once under this Basic Plan, and once such claim is approved by us and becomes payable, the coverage for Accidental Caring Plus Benefit under this Basic Plan will terminate forthwith automatically.

Save as otherwise provided above, the coverage for this Accidental Caring Plus Benefit under this Basic Plan will terminate automatically on the earliest of (a) the date on which the payment of Accidental Caring Plus Benefit under this Basic Plan is made; (b) upon reaching of maximum per life limit of US\$1,250,000; and (c) the date this Basic Plan terminates.

EXCLUSIONS

We will not pay any claim of Accidental Caring Plus Benefit directly or indirectly caused by or resulting from any of the following:

- (a) suicide or self-inflicted injury, while sane or insane;
- (b) a criminal offence or participating in any brawl; or
- (c) take or absorb, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Doctor.

MENTAL INCAPACITY BENEFIT

While this Basic Plan and this Mental Incapacity Benefit are in effect, subject to the approval of the Company at its sole and absolute discretion, you may designate one (1) person to be the Mental Incapacity Benefit Recipient and designate a percentage ("Mental Incapacity Benefit Percentage") for this Mental Incapacity Benefit by submitting your request to us in our specified designation form and complying with such requirements as we may prescribe from time to time, provided that the following conditions are fulfilled:

- (a) The Policy Owner and the Insured must be the same person at the time you apply for the designation of Mental Incapacity Benefit Recipient;
- (b) The proposed Mental Incapacity Benefit Recipient must be age of eighteen (18) or above;
- (c) Satisfactory evidence of the proposed Mental Incapacity Benefit Recipient according to our then current administrative rules; and
- (d) The irrevocable beneficiary(ies) (if any) and the assignee (if any) must agree in writing to the requested designation of (i) the Mental Incapacity Benefit Recipient and (ii) the Mental Incapacity Benefit Percentage.

Upon approval of the designation of (i) the Mental Incapacity Benefit Recipient and (ii) the Mental Incapacity Benefit Percentage, we will confirm you in writing and record our approval of such designation of this Policy.

The existing Mental Incapacity Benefit Recipient designation on our records will be automatically revoked if any of the following occurs:

- (a) you designate a new Mental Incapacity Benefit Recipient and it is approved by the Company;
- (b) the Policy Owner is no longer the Insured after the change of Insured;
- (c) any change of Policy Owner of this Policy;
- (d) the Company has been notified that there is a guardian or committee appointed under the Mental Health Ordinance (Cap.136 Laws of Hong Kong SAR) (or if there is a guardian or committee appointed under similar laws in another jurisdiction); or
- (e) the Company has been notified that the Policy Owner has an enduring power of attorney covering this Policy.

While this Basic Plan and this Mental Incapacity Benefit are in effect, if the Insured is diagnosed as a Mentally Incapacitated Person, we will pay the Mental Incapacity Benefit to the Mental Incapacity Benefit Recipient or the assignee (if applicable), provided we receive evidence satisfactory to us at our sole discretion, with respect to the mental incapacity of the Insured. The amount of Mental Incapacity Benefit will be calculated as follows:

Your Policy Document

SunJoy – Benefit Provisions (CONTINUED)

MENTAL INCAPACITY BENEFIT (CONTINUED)

- (I) If the Mental Incapacity Benefit Percentage is equal to one hundred percent (100%):

The amount payable of the Mental Incapacity Benefit equals to the Total Cash Value multiplied by the Mental Incapacity Benefit Percentage, and plus any other amounts left with us less the amount of any loans with interest,

where the Total Cash Value equals to the (i) Guaranteed Cash Value, plus (ii) any cash value of the accumulated Reversionary Bonus; and (iii) any cash value of Terminal Bonus on the approval date of the Mental Incapacity Benefit claim.

The Policy will terminate on the approval date of the Mental Incapacity Benefit claim.

- (II) If the Mental Incapacity Benefit Percentage is less than one hundred percent (100%):

The amount payable of the Mental Incapacity Benefit equals to the Total Cash Value multiplied by the Mental Incapacity Benefit Percentage,

where the Total Cash Value equals to the (i) Guaranteed Cash Value, plus (ii) any cash value of the accumulated Reversionary Bonus; and (iii) any cash value of Terminal Bonus on the approval date of the Mental Incapacity Benefit claim.

With respect to the amount payable of the Mental Incapacity Benefit:

- (1) If the cash value of the accumulated Reversionary Bonus is sufficient to cover the amount payable of the Mental Incapacity Benefit:

The Mental Incapacity Benefit will be paid by withdrawing the equivalent amount from the cash value of the accumulated Reversionary Bonus.

- (2) If the cash value of the accumulated Reversionary Bonus is insufficient to cover the amount payable of the Mental Incapacity Benefit:

The Mental Incapacity Benefit will be paid by withdrawing all the cash value of the accumulated Reversionary Bonus first, and the remaining portion will be paid by corresponding portion of the total amount of Guaranteed Cash Value and the cash value of Terminal Bonus which will trigger automatic partial surrender.

Since the Notional Amount of the Basic Plan cannot be less than the minimum amount as required by the current administrative rules and the amount available for a loan in accordance with the Policy Loan provision cannot be less than zero (0) after such automatic partial surrender, the actual amount of Mental Incapacity Benefit may be less than the amount payable as mentioned above.

Any withdrawal from the cash value of the accumulated Reversionary Bonus will decrease the face value and cash value of the accumulated Reversionary Bonus.

When an automatic partial surrender is triggered as mentioned above in the course of payment of Mental Incapacity Benefit, (i) the Notional Amount, (ii) Guaranteed Cash Value, (iii) future declaration of Reversionary Bonus and Terminal Bonus, and (iv) the total Premium due and paid for this Basic Plan will be reduced accordingly.

In the event that there is a dispute between the Mental Incapacity Benefit Recipient and any other person, including but not limited to the Insured's guardian or committee, attorney, or beneficiary(ies), or assignee, or in our reasonable belief that there is such a dispute, we reserve the right to withhold payment of Mental Incapacity Benefit until such dispute is resolved.

If the Insured dies before the approval date of the Mental Incapacity Benefit claim, the Death Benefit of this Basic Plan should supersede the Mental Incapacity Benefit and become payable in accordance with the Death Benefit provision of this Basic Plan.

Your Policy Document

DEFINITIONS

In this Policy, "you", "your" or "yours" means the owner of the Policy. "We", "us", "our", "ours" or "the Company" means Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability), or any of its successors.

Where the context permits, the singular words used in this Policy shall include the plural (vice versa).

This section highlights key definitions that are frequently used in this Policy. Other capitalized terms are defined in this Policy or set out in your Basic Plan or Policy Summary.

"Accident" means a sudden and traumatic event that is caused solely by external, violent and unforeseeable means and occurs while this Policy is in effect.

"Activities of Daily Living" mean the following activities:

- bathing;
- dressing;
- using the lavatory;
- eating; and
- moving in or out of a bed or a chair.

These conditions must be medically documented by a Doctor for at least three (3) consecutive calendar months.

"Age" means the age of the relevant person on his/her last birthday.

"Application" means the application submitted in respect of this Policy.

"Basic Plan" means the Basic Plan described in the Policy Summary.

"Contingent Policy Owner" means the person named by the Policy Owner as Contingent Policy Owner in the Application or subsequently named in our prescribed form and approved by us pursuant to the Designation of Contingent Policy Owner provision.

"Death Benefit" means the benefit payable under this Policy upon the death of the Insured specified in the Death Benefit provision.

"Doctor" or "Registered Medical Practitioner" means any person other than the Policy Owner, the Insured, the beneficiary, the Mental Incapacity Benefit Recipient or a relative of any of them unless approved by us in writing in advance who is a legally registered medical practitioner or surgeon duly registered under the Medical Registration Ordinance of Hong Kong or otherwise authorised and entitled to practise western medicine in any other country in accordance with the laws of that country, and who is acceptable to us.

"Effective Date of the Change of Insured" means the effective date of the change of Insured as specified in the relevant endorsement(s) to this Policy issued by us in relation to the change of Insured.

"Effective Date of the Policy Split" means the effective date of the policy split as specified in the relevant endorsement(s) to this Policy issued by us in relation to the policy split.

"Guaranteed Cash Value" means the respective Guaranteed Cash Value of the Basic Plan specified in the Policy Summary.

"Hong Kong" means The Hong Kong Special Administrative Region of the People's Republic of China.

"Insured" means a person whose life is insured under this Policy.

"Issue Date", as indicated in your Policy Summary, is the date on which this Policy becomes effective.

"Maturity Date", as indicated in your Policy Summary, is the date of policy maturity.

"Mentally Incapacitated Person" means a person who is incapable, by reason of mental incapacity, of managing and administering his/her property and affairs. The diagnosis of mental incapacity must be given by a Registered Medical Practitioner who is a psychiatric specialist having special experience in diagnosis of mental incapacity. The Company reserves the right to conduct an independent evaluation of the Insured when it is considered necessary to ascertain the diagnosis.

"Mental Incapacity Benefit Recipient" means the person named by the Policy Owner as the Mental Incapacity Benefit Recipient in our specified designation form and complying with such requirements as we may prescribe from time to time and approved by us pursuant to the Mental Incapacity Benefit provision.

"Notional Amount" as indicated in your Policy Summary, is the amount used to calculate the premium, Guaranteed Cash Value, Reversionary Bonus and Terminal Bonus of the Basic Plan.

Your Policy Document

"Policy" means this Policy Document, the Policy Summary and any Rider Benefits relating to the Basic Plan, the Application, the application for any reinstatement of this Policy, the application for any change of Insured (including any subsequent declarations and/ or statements made by the Policy Owner and/or the relevant Insured), the application for any designation of Contingent Policy Owner (including any subsequent declarations and/ or statements made by the Policy Owner), any amendments or endorsements issued or agreed upon in writing after the Policy is issued and any medical evidence form and any written statements and answers furnished by or in relation to the Insured under this Policy as evidence of insurability.

"Policy Anniversary" means the same date in each subsequent year as the Policy Date. If the Policy Date is 29 February of a leap year, then the Policy Anniversary will be 28 February in non-leap year.

"Policy Date", as indicated in your Policy Summary, is the date from which Policy Anniversaries, policy years and premium due dates are determined.

"Policy Owner" means the Policy Owner as specified in the Policy Summary.

"Policy Summary" means the Policy Summary attached to this Policy Document and the Policy Summary subsequently issued by the Company if you exercise the Change of Insured Option.

"Rider Benefit" means any Rider Benefit(s) specified in your Policy Summary.

Sample

Your Policy Document

GENERAL PROVISIONS

CONTRACT

Your contract includes this Policy Document, the Policy Summary, the Application, the application for any reinstatement of this Policy, the application for any change of Insured (including any subsequent declarations and/ or statements made by the Policy Owner and/or the relevant Insured), the application for any designation of Contingent Policy Owner (including any subsequent declarations and/ or statements made by the Policy Owner), the application for any designation of the Mental Incapacity Benefit Recipient (including any subsequent declarations and/ or statements made by the Policy Owner), and any amendments or endorsements issued or agreed upon in writing after the Policy is issued. The contract also includes any medical evidence form and any written statements and answers furnished by or in relation to the Insured under this Policy as evidence of insurability.

We are bound only by statements that are part of the contract. This provision will not exclude any liability for or remedy in respect of misrepresentation. Only one of our duly authorized officers can agree to any change in the contract and then only in writing.

INCONTESTABILITY

You have an obligation to disclose every fact material to our assessment of the risk of issuing this Policy. Failure to disclose, or misrepresentation of, a material fact will allow us to contest the validity of this Policy and deny any claim. In the absence of fraud and subject to the Payment of Premiums and Grace Period provisions, we will not contest the validity of an insurance coverage of the Insured after it has been in effect during the lifetime of the relevant Insured for a continuous period of two (2) years from the latest of the following:

- (a) Issue Date;
- (b) the effective date of any reinstatement of this Policy (if applicable); or
- (c) if there is any change of Insured, with respect to the new Insured, the Effective Date of the Change of Insured.

MISSTATEMENT OF AGE OR GENDER

If the date of birth, gender, or other class of risk of the Insured has been misstated, any amount payable will be increased or decreased to the amount that would have been payable, as determined by us, given the correct date of birth, gender or other class of risk, whichever is the case.

If at the correct age the Insured would not have been insurable under this Policy according to our requirements, all premiums paid, less any amount which has been paid under this Policy and the outstanding amount of any loans with interest, at rates determined by us at our sole discretion, will be refunded, and this Policy shall be void.

SUICIDE

If the Insured under this Policy dies by suicide, whether sane or insane, within one (1) year after the Issue Date, the effective date of any reinstatement of this Policy or the Effective Date of the Change of Insured (if applicable), whichever is the latest, then we will not pay the Death Benefit as set out in the Benefit Provisions of the Basic Plan.

Instead, we will pay to the beneficiary pursuant to the Beneficiary and Trust Declaration provision an amount equal to:

- (a) the sum of premium paid under your Policy from the Issue Date or the effective date of any reinstatement of this Policy (as the case may be); less
- (b) any amount which has been paid under this Policy; less
- (c) any loans with interest at rates determined by us at our sole discretion.

POLICY REINSTATEMENT

Should your Policy lapse, you may request that it be reinstated within two (2) years after the date of lapse. Reinstatement is subject to the following:

- (a) we must receive your valid written application for reinstatement;
- (b) we must receive evidence of insurability satisfactory to us, at our sole discretion, with respect to the Insured under this Policy;
- (c) we must receive payment of all overdue premiums and loans with interest at rates determined by us at our sole discretion;
- (d) we must receive payment of any cash value of Terminal Bonus (if applicable) as of the effective date of reinstatement at an amount determined by us; and
- (e) our written approval of such application.

Any reinstated policy will only cover losses or insured events occurring after the effective date of reinstatement.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

FREEDOM FROM RESTRICTIONS

Unless otherwise specified, this Policy contains no restrictions with respect to the residence, travel or occupation of the Insured under this Policy.

CURRENCY AND PLACE OF PAYMENT

All amounts payable either to or by us will be in the currency specified in your Policy Summary, subject to applicable laws, regulations and guidelines issued by the relevant authorities from time to time. We will make or accept payments at any of our offices in Hong Kong or such other location as determined by us from time to time.

PARTICIPATING POLICY

This is a participating policy, any share of divisible surplus apportioned to this Policy will be payable as (i) Reversionary Bonus of the Basic Plan, and (ii) Terminal Bonus of the Basic Plan if this Policy is then in effect and upon (a) the payment of Surrender Value or (b) the payment of Death Benefit or (c) the payment of Maturity Benefit or (d) the payment of the Mental Incapacity Benefit, subject to the Policy Surrender provision and the Benefit Provisions of the Basic Plan.

The values of Reversionary Bonus and Terminal Bonus are non-guaranteed and are determined in accordance with the rules set out by the Company from time to time. Reversionary Bonus and Terminal Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant. Other factors include, but are not limited to, claims experience, policy expenses, taxes, and policy owner termination experience.

(i) Reversionary Bonus

Reversionary Bonus is an annual bonus that will be declared at least annually and credited to this Policy. Once this bonus is credited, the face value and cash value become guaranteed and will be accumulated with this Policy. The face value of the accumulated Reversionary Bonus is one of the factors in determining the Death Benefit. However, upon policy surrender (in whole or in part), policy maturity or termination (resulting from causes other than death of the Insured) or the payment of the Mental Incapacity Benefit, only cash value of the accumulated Reversionary Bonus will be paid.

(ii) Terminal Bonus

Terminal Bonus is a one-off bonus that does not form a permanent addition to this Policy and may be reduced or increased at subsequent declarations. The face value of the declared Terminal Bonus is one of the factors in determining the Death Benefit. However, upon policy surrender (in whole or in part), policy maturity or termination (resulting from causes other than death of the Insured) or the payment of the Mental Incapacity Benefit, only cash value of the Terminal Bonus will be paid.

OWNERSHIP AND ASSIGNMENT

While this Policy is in effect, you may exercise your rights as the Policy Owner subject to the provisions in this Policy and as limited by applicable laws. You may change the ownership of this Policy by filing a written request with us in the form specified by us and complying with such requirements as we may prescribe from time to time. Any such change will be valid only if (i) all applicable requirements (including without limitation requirements on customer due diligence and requirements relating to your and any Consenting Person's compliance with the "Foreign Account Tax Compliance Act" provisions) are complied with to our satisfaction; and (ii) the application for this change is approved by us in writing. We are not responsible for any payment we make or other action we take before the change of ownership becomes valid.

You may assign this Policy as collateral or security by filing a written request with us in the form specified by us and complying with such requirements as we may prescribe from time to time. Any assignment will be valid only if (i) all applicable requirements (including without limitation requirements on customer due diligence and requirements relating to your and any Consenting Person's compliance with the "Foreign Account Tax Compliance Act" provisions) are complied with to our satisfaction; and (ii) the application for this change is approved by us in writing. In addition, if any assignment will be subject to the consent of any beneficiary with an irrevocable interest in this Policy, such beneficiary's consent is required. We are not responsible for the validity or legality of the assignment. We are also not responsible for any payment we make or other action we take before the assignment becomes valid. Only the entire Policy can be assigned and not individual Coverage.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

DESIGNATION OF CONTINGENT POLICY OWNER OPTION

While this Policy is in effect, subject to the approval of the Company at its sole and absolute discretion, you may designate a Contingent Policy Owner under this Policy by submitting your request to us in our specified application form and complying with such requirements as we may prescribe from time to time, provided that the following conditions are fulfilled:

- (a) The proposed Contingent Policy Owner must be age of eighteen (18) or above; and
- (b) The irrevocable beneficiary(ies) (if any) and the assignee (if any) must agree in writing to the requested designation of Contingent Policy Owner.

Upon approval of the designation of Contingent Policy Owner, we will confirm you in writing and record our approval of your Contingent Policy Owner designation of this Policy.

You may designate only one (1) Contingent Policy Owner at a time. If you designate a Contingent Policy Owner while there is an existing Contingent Policy Owner designation on our records, such existing Contingent Policy Owner designation will be automatically revoked. If there is any change of Policy Owner of this Policy, or you exercise the Change of Insured Option while there is an existing Contingent Policy Owner designation on our records, such existing Contingent Policy Owner designation will be automatically revoked.

Subject to our approval based on the terms and conditions under this provision, our then current administrative rules and any applicable laws and regulations, when the Policy Owner dies while this Policy is in effect, provided that none of the events listed below occurs, the Contingent Policy Owner shall become the new Policy Owner.

If, pursuant to the above, we determine that the Contingent Policy Owner shall become the Policy Owner and if either one (1) of the following events occurs:

- (i) The Contingent Policy Owner is unable or unwilling to take up the ownership of this Policy; or
- (ii) The Contingent Policy Owner is unable to satisfy the customer due diligence, other applicable laws, regulations and guidelines, then the ownership of this Policy shall vest in the Policy Owner's estate.

As and when the Contingent Policy Owner becomes the new Policy Owner, the new Policy Owner shall assume all the obligations and be entitled to exercise all the rights belonging to the Policy Owner under this Policy.

BENEFICIARY & TRUST DECLARATION

The beneficiary is named in the Application unless subsequently changed. While this Policy is in effect, you may change the beneficiary by filing a written request with us in the form specified by us and complying with such requirements as we may prescribe from time to time. Any such change will be valid only if (i) all applicable requirements (including without limitation requirements on customer due diligence and requirements relating to your and any Consenting Person's compliance with the "Foreign Account Tax Compliance Act" provisions) are complied with to our satisfaction; and (ii) the application for this change is approved by us in writing. In addition, if any such change will be subject to the consent of any beneficiaries with an irrevocable interest in this Policy, such beneficiary's consent is required. We are not responsible for any payment we make or other action we take before the change of beneficiary becomes valid.

If any beneficiary dies simultaneously with the Insured or within fourteen (14) days immediately following the death of the Insured, we will pay the Death Benefit as though the beneficiary died before the death of the Insured.

A trust will be created in favour of the beneficiary when the Death Benefit becomes payable in accordance with this Policy. If no beneficiary is living or designated by you, the Death Benefit will be paid to you, your personal representatives or other persons entitled to receive the same.

SETTLEMENT METHOD

The Surrender Value and the Maturity Benefit will be payable in one lump sum. All other benefits will be payable and settled pursuant to the relevant provisions under the Benefit Provisions of the Basic Plan.

Subject to our then current administrative rules, other settlement options (if any) may be available.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

CHANGE OF INSURED OPTION

After the first (1st) Policy Anniversary and while this Policy is in effect, subject to the approval of the Company at its sole and absolute discretion, you may change the Insured by submitting your request to us in our specified application form and complying with such requirements as we may prescribe from time to time, provided that the following conditions are fulfilled:

- (a) Satisfactory evidence of insurability of the proposed new Insured, subject to our then current administrative rules;
- (b) The proposed new Insured and the current Insured are alive on the Effective Date of the Change of Insured;
- (c) Satisfactory evidence of your insurable interest in the proposed new Insured, subject to our then current administrative rules;
- (d) The Policy Owner, the proposed new Insured, the irrevocable beneficiary(ies) (if any) and the assignee (if any) must agree in writing to the change of Insured;
- (e) If this Policy is held on trust, the trustee(s) and the person(s) whose beneficial interest is held on trust (acting through his/her parent(s)/guardian(s) if he / she is under the age of eighteen (18)) must agree in writing to the change of Insured; and
- (f) The Age of the proposed new Insured must be less than or equal to the maximum issue age as at the Effective Date of the Change of Insured.

Upon approval of the change of the Insured by the Company:

- (i) The change of the Insured will take effect from the Effective Date of the Change of Insured. For the purpose of counting the applicable period under the Incontestability provision, the relevant period will commence from the Effective Date of the Change of Insured for this new Insured;
- (ii) Unless otherwise specified, all the provisions of the Basic Plan (including without limitation, the Notional Amount, Guaranteed Cash Value, Reversionary Bonus (if any), Terminal Bonus (if any), Policy Anniversary, and Policy Date) and premium of the Basic Plan will not be affected as a result of such change of the Insured; and
- (iii) the Maturity Date will be changed to the Policy Anniversary on or immediately following the proposed new Insured's one hundred and twentieth (120th) birthday.

If, by reason of any applicable laws or regulations or other practical constraints, it is not possible to substitute a different Insured under this Policy, then at our discretion a replacement Policy may be issued under a new policy number and in such event all benefits, privileges and values under this Policy will be terminated and transferred fully to such replacement Policy.

POLICY SPLIT OPTION

On or after the fifth (5th) Policy Anniversary and while this Policy is in effect, subject to the approval of the Company at its sole and absolute discretion, you may split this Policy ("Original Policy before Split") into new policies ("Split Policies") by submitting your request to us in our specified application form and complying with such requirements as we may prescribe from time to time, provided that the following conditions are fulfilled:

- (a) Your request to split this Policy into Split Policies must be submitted to us within thirty (30) days before a Policy Anniversary and can only be made once per policy year;
- (b) The Notional Amount of the Split Policies cannot be less than the minimum amount requirement as required by the then current administrative rules;
- (c) The irrevocable beneficiary(ies) (if any) must agree in writing to such request; and
- (d) The Original Policy before Split is not assigned and the outstanding amount of any loans with interest must have been settled before your Policy Split request is submitted to us.

Upon approval of the Policy Split by the Company:

- (i) The Split Policies will take effect from the Effective Date of the Policy Split;
- (ii) The Policy Date, the Maturity Date and the policy year of the Split Policies will be the same as the Original Policy before Split;
- (iii) The Policy Owner and the Insured of the Split Policies will be the same as the Original Policy before Split;
- (iv) The Contingent Policy Owner designation, the beneficiary(ies), the Mental Incapacity Benefit Recipient designation and Death Benefit Settlement Option of the Split Policies on our record will be the same as the Original Policy before Split;
- (v) The application for Policy Split Option cannot be withdrawn or changed once approved; and
- (vi) There is no Cooling-off Period for the Split Policies.

The total premiums due and paid and the policy values of the Original Policy before Split, including Guaranteed Cash Value, the accumulated Reversionary Bonus (if any), Terminal Bonus (if any) will be allocated to the Split Policies according to the ratio of the Notional Amount applicable to such Split Policies. For the avoidance of doubt, Original Policy before Split shall be automatically terminated from the Effective Date of the Policy Split.

Save as otherwise provided above, all benefits, terms and conditions of the Original Policy before Split will apply to the Split Policies.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

CONDITION PRECEDENT TO PAYMENT OF BENEFITS OR PROCEEDS

It is a condition precedent to any liability being assumed by the Company for a claim under this Policy that:

- (a) satisfactory proof of the relevant insured event has been received by the Company in accordance with the necessary requirements prescribed by the Company in submitting any claim under this Policy (including the provisions on the "Foreign Account Tax Compliance Act"); and
- (b) all statements, warranties and declarations made in respect of the relevant claim, are true, complete and accurate.

NO RIGHTS OF THIRD PARTIES

Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong), or other substantively similar legislation, to enforce any terms of the Policy.

AUTOMATIC TERMINATION

This Policy will terminate automatically upon the earliest of the following:

- (a) the date on which the Policy is surrendered as described in the Policy Surrender provision;
- (b) the date on which the Death Benefit is payable under Benefit Provisions of the Basic Plan by us for a claim;
- (c) the date on which a claim as described in the Suicide provision is payable by us;
- (d) the Maturity Date of the Basic Plan as set out in your Policy Summary;
- (e) the lapse of the Policy after the Grace Period expires;
- (f) the date on which the Policy is caused to be terminated by the event as described in the Mental Incapacity Benefit Provision; or
- (g) when the amount of accumulated loans and interest exceeds the sum of Guaranteed Cash Value, any cash value of the accumulated Reversionary Bonus and any other amounts left with us under this Policy;

and in the event of termination of this Policy pursuant to (b) above, the Company's obligation in respect of settlement option of this Policy (if applicable) shall survive until the discharge of such obligation.

CLAIMS

In the event the Insured dies, any amount payable under the Death Benefit will be paid to the beneficiary as named in the Application, subject to the Beneficiary & Trust Declaration provisions of this Policy, provided that we receive evidence satisfactory to us at our sole discretion of:

- (a) the death of the Insured;
- (b) the right of the claimant to receive payment; and
- (c) any other facts which we may consider material to the claim.

GOVERNING LAW

This Policy shall be interpreted and governed by the laws of Hong Kong and the courts of Hong Kong shall have exclusive jurisdiction to consider and determine any dispute or proceedings arising out of or in connection with this Policy.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

FOREIGN ACCOUNT TAX COMPLIANCE ACT

1. Provision of information
 - (a) You must provide us with the Personal Information of yourself and the other Consenting Persons and with such supporting documentation for and certification of Personal Information as we may require.
 - (b) Where there is any change or addition to any Personal Information already provided to us (including any change in the residency, citizenship or tax status of a Consenting Person), update us promptly (and in any event no later than 31 days of the change or addition) of the change or addition and provide us with such information, documentation and certification in that regard as we may require.
 - (c) Where there is a change in Consenting Person, immediately provide to us the Personal Information for the new Consenting Person (and where you propose that change, for example by notifying us you want to assign your rights under this Policy or nominate a new beneficiary, you must provide us with the Personal Information on the new Consenting Person as a condition to our agreeing of that change).
 - (d) You must, and, where applicable, use best endeavors to procure such other Consenting Person(s) to, complete and sign such documents and do such things, as we may reasonably require from time to time for the purposes of ensuring our compliance with our FATCA Obligations in respect of this Policy.
2. Disclosure of information
 - (a) You agree that we may disclose and transfer your and/or any other Consenting Person's Tax Information to the Tax Authorities both in Hong Kong and outside Hong Kong to comply with our FATCA Obligations.
 - (b) You waive your rights and any applicable restriction which would otherwise hinder such disclosure described in 2(a).
 - (c) You will use best endeavors to procure such other Consenting Person(s) to agree to the disclosure as described in 2(a) and/or waive any rights or any otherwise applicable restriction against such disclosure if required by us to comply with our FATCA Obligations in respect of this Policy.
3. Failure to Provide Information

You agree that:

- (a) where you fail to comply with your obligations under 1 or 2 above; or
- (b) where any of the other Consenting Persons fails to comply with our requirements described in 1(d) or 2(c); or
- (c) where the Personal Information (regardless of whether it is in relation to you or any other Consenting Person) is inaccurate, incomplete or not promptly updated; or
- (d) for whatever reason we are prevented (under Hong Kong law or otherwise) from disclosing your and/or any other Consenting Person's Tax Information to a Tax Authority (in Hong Kong or outside Hong Kong),

we can deduct and withhold Withholding Tax from payments made to or from this Policy account and remit this to the IRS to comply with our FATCA Obligations including, without limitation, to us deducting and withholding Withholding Tax on withholdable payments into this Policy and remitting this to the IRS if the IRD fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.) or if you are or any other Consenting Person is a Non Participating Foreign Financial Institution.

4. Confirmations

You confirm and agree that:

- (a) without prejudice to your agreement to be bound by the terms of the Policy as set out in the application form, you confirm that you have read this "Foreign Account Tax Compliance Act" provisions, have received adequate explanation from the Company (or your insurance broker, where this Policy is taken out through your insurance broker), and understand the implications of this "Foreign Account Tax Compliance Act" provisions by which you irrevocably agree to be bound;
- (b) any agreement, waiver, confirmation given in, or to be given pursuant to, this "Foreign Account Tax Compliance Act" provisions is irrevocable;
- (c) no member of the Sun Life Group, including us, shall be liable for any costs or loss that you or any other Consenting Persons may incur because of the Sun Life Group taking any action permitted by or exercising any powers under this "Foreign Account Tax Compliance Act" provision;
- (d) where there is any withdrawal or payment under the Policy for any reason, the withdrawal amount or payment amount will at all times be subject to the exercise of our powers under 3 above;
- (e) Where you have an obligation under this Policy with respect to Personal Information relating to any other Consenting Person, you must use your best endeavors to obtain (i) the requisite consent from each Consenting Person for the provision of his/her Tax Information to us, (ii) the relevant supporting documentation and certification and (iii) their consent to the disclosure of any of such Tax Information by us and/or any member of the Sun Life Group under this "Foreign Account Tax Compliance Act" provision. You agree we may contact the other Consenting Persons directly for these purposes;
- (f) you must inform each Consenting Person of our powers under this "Foreign Account Tax Compliance Act" provisions and obtain if applicable, their consent to our deducting and withhold Withholding Tax and remitting this to the IRS;
- (g) these "Foreign Account Tax Compliance Act" provisions are without prejudice, and in addition, to any of our rights or powers under any other policy provisions of the Policy; and
- (h) we may disclose any and all information related to this Policy to any government or Tax Authority (whether in or outside Hong Kong) and whether before or after the exercise of a termination right under this Policy by you or the Company.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

5. Other Consenting Persons

You agree that we may directly contact any other Consenting Persons to provide or confirm accuracy of their Personal Information or to obtain the agreements and waivers described in 2(c) and 4 above without involving you if we reasonably consider it to be appropriate.

6. FATCA related definitions

The following terms as used in this section have the meanings given below:

"Consenting Person" means each of the following: (i) the Policy Owner; (ii) each person who is entitled to access the Policy value (for example, through a loan, withdrawal, surrender, policy claim, benefit payment or otherwise), change a beneficiary, or claim or receive a benefit payment or any person who is entitled to a future benefit payment under the Policy, including without limitation any policy claimant, assignee and beneficiary under the Policy and if applicable, the Policy Owner's personal representatives, executors or administrators on the death or bankruptcy of an individual Policy Owner or insolvency of a corporate Policy Owner; and (iii) each person who is entitled to receive a payment (such as a policy claimant, assignee and beneficiary) when an obligation to make any payment under the Policy arises or becomes fixed.

If the Policy Owner is a corporate entity, "Consenting Persons" shall include the persons who exercise control over that entity, such as its majority shareholders and if the Policy is held in trust, "Consenting Persons" shall include the settlor, the trustees, the protector (if any), the beneficiaries and any other person exercising ultimate effective control over that trust.

"FATCA" means the U.S. Foreign Account Tax Compliance Act as amended from time to time

"FATCA Obligations" means our obligations under FATCA (as varied or supplemented by the IGA) including, without limitation, our obligations to undertake due diligence into Consenting Persons to identify U.S. Accounts and U.S. Consenting Persons, to report information on U.S. Consenting Persons and U.S. Accounts to the Tax Authorities, and to obtain their consent to do so, and to deduct and withhold tax from certain payments made to or from certain U.S. Accounts and to remit this to the IRS pursuant to applicable laws and regulations.

"IGA" means the intergovernmental agreement made between Hong Kong and the U.S. in respect of FATCA as may be amended from time to time.

"Non Participating Foreign Financial Institution" means a foreign financial institution other than a participating foreign financial institution, a deemed-compliant foreign financial institution or an exempted beneficial owner as defined under FATCA.

"Personal Information", in respect of a Consenting Person, means such information as we may reasonably require regarding the Consenting Person including without limitation: (i) where the Consenting Person is an individual, his/her full name, date and place of birth, residential address, mailing address, contact information (including telephone number), taxpayer identification number, social security number, citizenships, residency(ies), tax residency(ies) and details of any other tax regime to which he/she is subject or in respect of which he/she has any tax reporting or tax payment obligations; (ii) where the Consenting Person is a corporate/entity, its full name, date and place of incorporation or formation, registered address, address of place of business, tax identification number, tax status, tax residency, such information as we may reasonably require regarding each of its substantial shareholders and/or controlling persons and details of any other tax regime to which it is subject or in respect of which it has any tax reporting or tax payment obligations.

"Policy Information" means information about the Policy we are required to provide to the Tax Authorities as part of our FATCA Obligations which currently includes the policy number, policy balance or value, gross receipts, interest and dividend income or withdrawals and payments we receive or make in connection with the Policy including details of any Withholding Tax.

"Specified U.S. Person" has the same meaning as defined under FATCA and includes (i) certain U.S. citizens or resident individuals, (ii) certain U.S. partnerships or corporations; and (iii) certain trusts, the administration of which is governed by U.S. courts or controlling person(s) of which include a U.S. citizen or resident.

"Sun Life Group" means the Company together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time and a "member of Sun Life Group" shall be construed accordingly.

"Tax Authorities" means the U.S. Internal Revenue Service (IRS), the Hong Kong Inland Revenue Department (IRD) and any other competent tax authority to which we or any of our holdings companies are required to report the Tax Information or any part thereof.

"Tax Information", in respect of a Consenting Person, means: (i) any documentation or information (and accompanying statements, waivers and consents as we may from time to time require under this Policy or the Consenting Person may from time to time give) relating, directly or indirectly, to the tax status of the Consenting Person; (ii) Personal Information of the Consenting Person; and (iii) Policy Information.

"U.S." means the United States of America.

"U.S. Account" means an account held by one or more Specified U.S. Persons or an entity of which one or more controlling persons are a Specified U.S. Person.

"U.S. Consenting Person" means, in respect of an U.S. Account, a Specified U.S. Person or an entity of which one or more controlling persons are Specified U.S. Persons, who holds that U.S. Account.

"Withholding Tax" means the U.S. tax we are required to withhold as part of our FATCA Obligations.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

PREMIUM PROVISION

PAYMENT OF PREMIUMS AND GRACE PERIOD

After payment of the first premium, failure to pay a premium on or before its due date to us will constitute a default in payment of that premium.

A Grace Period of thirty-one (31) days from its due date will be allowed for payment of a premium in default, during which time this Policy will continue to be in effect. If a premium has neither been paid to us nor loaned by us under the Automatic Premium Loan provision by the date on which the Grace Period expires, the Policy will lapse automatically on the due date.

CASH WITHDRAWAL PROVISION

CASH WITHDRAWALS

While this Policy is in effect, you may withdraw all or part of the cash value of the accumulated Reversionary Bonus (if any) at any time subject to our then current administrative rules regarding minimum and maximum amount of each withdrawals. The Company reserves the right, when deemed necessary, to defer process and payment of withdrawals by up to six (6) months from the date of request.

Any withdrawal from the cash value of the accumulated Reversionary Bonus will decrease the face value and cash value of the accumulated Reversionary Bonus.

If, after the withdrawal, as described above, the Surrender Value is reduced to zero, the Policy will be deemed to have been surrendered by you and the date of the withdrawal will be deemed to be the date of surrender of this Policy.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

LOAN PROVISIONS

POLICY LOAN

While this Policy is in effect, on written request of the Policy Owner, we will loan an amount up to a specified percentage, subject to the then current administration rules as determined by the Company from time to time, of the sum of the Guaranteed Cash Value, and any cash value of the accumulated Reversionary Bonus (less interest on this or any other loan calculated to the next Policy Anniversary). The Policy will be the security for the loan.

The amount available for a loan will be reduced by the amount of any existing loans, together with interest.

Interest is charged on loans at rates determined by us at our sole discretion. Interest accrues daily and is payable yearly.

Unpaid interest will be added to the loan.

When loans and interest exceed the sum of Guaranteed Cash Value, cash value of the accumulated Reversionary Bonus (if any) and any other amounts left with us, the Policy will terminate automatically.

AUTOMATIC PREMIUM LOAN

Any unpaid premium will be paid automatically by a loan. If the amount available for a loan is less than the full unpaid premium, the loan will be used to continue the Policy as long as possible.

POLICY SURRENDER PROVISIONS

SURRENDER VALUE

Surrender Value equals to Guaranteed Cash Value, plus (i) any cash value of the accumulated Reversionary Bonus; (ii) any cash value of the Terminal Bonus; and (iii) any other amounts left with us less the amount of any loans with interest.

POLICY SURRENDER

You may surrender your Policy at any time while it is in effect, for all of its Surrender Value ("Full Surrender") or you may surrender your Policy at any time while it is in effect for a portion of its Surrender Value ("Partial Surrender"). In the case of Full Surrender, the effective date of surrender will be the date we receive and approve your request for surrender. Then we will pay you the Surrender Value and the Policy will terminate on the effective date of surrender and the Policy will not be eligible for Policy Reinstatement. The Company reserves the right, when deemed necessary, to defer process and payment of Full Surrender by up to six (6) months from the date of request.

While this Policy is in effect, you may request a Partial Surrender at any time subject to our then current administrative rules regarding minimum and maximum amount of Partial Surrender for each Partial Surrender. The Company reserves the right, when deemed necessary, to defer process and payment of Partial Surrender by up to six (6) months from the date of request.

Upon the approval of the Partial Surrender request, the Notional Amount, Guaranteed Cash Value, and future declaration of Reversionary Bonus, Terminal Bonus and the total premiums due and paid for this Basic Plan will be reduced accordingly.

If, after the Partial Surrender, the Surrender Value is reduced to below the minimum amount as required by the then current administrative rules, the Policy will be deemed to have been surrendered by you and the effective date of the Partial Surrender will be deemed to be the effective date of surrender of this Policy.

NON-FORFEITURE PROVISIONS

NON-FORFEITURE OPTIONS

Non-forfeiture options, including reduced paid-up insurance and extended term insurance, are not available with this Policy.

Your Policy Document

SunJoy – Benefit Provisions

DEATH BENEFIT

While this Basic Plan is in effect, in the event the Insured dies, we will pay the Death Benefit of the Basic Plan in a lump sum payment to the beneficiary, provided we receive evidence satisfactory to us at our sole discretion. The amount of Death Benefit is equal to the higher of:

- (a) the total premiums of the Basic Plan due and fully paid as at the date of death of the Insured, less any withdrawal amount of cash value of the accumulated Reversionary Bonus; and
 - (b) the amount of Guaranteed Cash Value on the date of death of the Insured, plus (i) any face value of the accumulated Reversionary Bonus and (ii) any face value of the Terminal Bonus;
- plus any other amounts left with us less the amount of any loans with interest.

DEATH BENEFIT SETTLEMENT OPTION

While this Basic Plan is in effect and during the lifetime of the Insured, subject to our then current administrative rules, applicable laws, regulations and guidelines issued by the relevant authorities from time to time, you may, with respect to each of the nominated beneficiaries, make a written request in the form specified by us and complying with such requirements as we may prescribe from time to time, to select one (1) of the following options for each of the corresponding beneficiaries:

- (i) Full Payment by Instalments – the Death Benefit to be paid by instalments in accordance with your selected pay out period as stated in the prescribed form. The unpaid balance of the Death Benefit of the Basic Plan will be accumulated at a non-guaranteed interest rate to be determined by us at our sole discretion from time to time. Any interest accumulated with us will be paid with the last instalment; or
- (ii) Partial Payment by Instalments – a designated percentage of the Death Benefit amount to be paid in a lump sum and the remaining balance to be paid by instalments in accordance with your selected pay out period as stated in the prescribed form. The unpaid balance of the Death Benefit of the Basic Plan will be accumulated at a non-guaranteed interest rate to be determined by us at our sole discretion from time to time. Any interest accumulated with us will be paid with the last instalment; or
- (iii) Partial Payment by Instalments till the designated Age of the beneficiary – the Death Benefit amount to be paid by instalments in accordance with your designated amount before the designated Age of the beneficiary and the remaining balance (if any) to be paid in a lump sum at the designated Age of the beneficiary as stated in the prescribed form. The unpaid balance of the Death Benefit of the Basic Plan will be accumulated at a non-guaranteed interest rate to be determined by us at our sole discretion from time to time. Any interest accumulated with us will be paid with the lump sum payment at the designated Age of the Beneficiary. In case the Insured dies after the designated Age of the beneficiary, then we will pay the Death Benefit of this Basic Plan in a lump sum to the beneficiary; or
- (iv) Full Payment by Increasing Instalments – the Death Benefit to be paid by increasing instalments. You may specify the amount of the first instalment in the prescribed form and the subsequent instalments will be increased by three percent (3%) each year beginning from the second (2nd) year until all the Death Benefit of the Basic Plan is paid. The unpaid balance of the Death Benefit of the Basic Plan will be accumulated at a non-guaranteed interest rate to be determined by us at our sole discretion from time to time. Any interest accumulated with us will be paid with the last instalment; or
- (v) Continuation Option – you may opt for this Continuation Option while this Basic Plan is in effect. This Option will be automatically exercised on the date of the death of the Insured ("Continuation Option Effective Date") while this Policy ("Original Policy") will be terminated forthwith and a new Policy ("New Policy") will be formed according to the rules set out below. Under the New Policy, the beneficiary will become the Insured ("New Insured") and/or the Policy Owner ("New Policy Owner") of the New Policy, as the case may be, according to the following:
 - (a) If (i) the Insured is also the Policy Owner; or (ii) the Insured is not the Policy Owner, and the Policy Owner and the Insured die at the same time or the Policy Owner dies within fourteen (14) days after the death of the Insured, the beneficiary will become both the New Insured and the New Policy Owner, provided that the following conditions are fulfilled:
 - (i) Satisfactory evidence of insurability of the New Insured and New Policy Owner, subject to our then current administrative rules;
 - (ii) The New Insured is alive on the Continuation Option Effective Date; and
 - (iii) The Age of the New Insured must be less than or equal to the maximum issue age on the Continuation Option Effective Date.
 - (b) If the Insured is not the Policy Owner and the Policy Owner is still alive, the beneficiary will become the New Insured, provided that the following conditions are fulfilled:
 - (i) Satisfactory evidence of insurability of the New Insured, subject to our then current administrative rules;
 - (ii) The New Insured is alive on the Continuation Option Effective Date; and
 - (iii) The Age of the New Insured must be less than or equal to the maximum issue age on the Continuation Option Effective Date.

Your Policy Document

SunJoy – Benefit Provisions (CONTINUED)

DEATH BENEFIT SETTLEMENT OPTION (CONTINUED)

Upon the New Policy takes effect from the Continuation Option Effective Date:

- (1) The Policy Date and the policy year of the New Policy will be the same as the Original Policy;
- (2) The Maturity Date of the New Policy will be changed to the Policy Anniversary on or immediately following the New Insured's one hundred and twentieth (120th) birthday;
- (3) The Notional Amount, the total premiums due and paid and the outstanding amount of any loans and interest and the policy values of the Original Policy, including Guaranteed Cash Value, accumulated Reversionary Bonus (if any), Terminal Bonus (if any) will be allocated to the New Policy according to the percentage designated to the corresponding beneficiary as stated in the relevant prescribed form;
- (4) There is no Cooling-off Period for the New Policy; and
- (5) For the purpose of counting the applicable period under the Incontestability provision, the relevant period will commence from the Continuation Option Effective Date for the New Insured.

If, pursuant to the above, we determine that the beneficiary shall become the New Policy Owner and if either one (1) of the following events occurs:

- (a) The beneficiary is unable or unwilling to take up the ownership of this New Policy;
- (b) The beneficiary is unable to satisfy the customer due diligence, other applicable laws, regulations and guidelines;
- (c) If the beneficiary is aged under eighteen (18) and the legal guardian of such beneficiary is unable to satisfy the customer due diligence, other applicable laws, regulations and guidelines; or
- (d) The Notional Amount of the New Policy is less than the minimum amount requirement as required by the then current administrative rules,

then we will pay the Death Benefit of the Basic Plan in a lump sum to the beneficiary.

This Option will be exercised subject to a minimum amount of the Death Benefit and the amount is determined by us from time to time.

If options (iii) or (v) of the Death Benefit Settlement Option above is selected, the nominated beneficiary must be a living individual.

In the event of the death of the beneficiary and the Company being notified of the same at any time following the death of the Insured, before all of the Death Benefit is being paid, the remaining balance of the Death Benefit with any interest accumulated at the date of death of the beneficiary will be paid to the estate of the deceased beneficiary in a lump sum provided we receive evidence satisfactory to us at our sole discretion.

You may change the Death Benefit Settlement Option while this Basic Plan is in effect and the Insured is still alive.

In case the Policy Owner has been changed or this Policy has been assigned pursuant to the relevant provisions under the General Provisions of the Basic Plan, the Death Benefit Settlement Option will be revoked and we will only pay the Death Benefit in one lump sum unless and until another Death Benefit Settlement Option is approved by us in writing.

Upon receipt of a request for change of beneficiary(ies) and such request is approved by us, the selected option of Death Benefit Settlement Option with respect to the relevant beneficiary(ies) will be revoked automatically and we will only pay the Death Benefit in a lump sum unless and until another request for Death Benefit Settlement Option of the Plan is accepted and approved by us.

MATURITY BENEFIT

While this Basic Plan is in effect, if the Insured is alive on the Maturity Date set out in your Policy Summary, we will pay you the Maturity Benefit which is equal to the Guaranteed Cash Value, plus (i) any cash value of the accumulated Reversionary Bonus; (ii) any cash value of the Terminal Bonus; and (iii) any other amounts left with us less the amount of any loans with interest.

Your Policy Document

SunJoy – Benefit Provisions (CONTINUED)

WAIVER OF PREMIUM BENEFIT

While this Basic Plan is in effect, if the Insured is diagnosed as suffering from Total Permanent Disability before his/ her Age sixty-five (65) which:

- (a) results from an Injury and such Injury occurs after the Issue Date, last reinstatement date of this Basic Plan, the effective date of change of Policy Owner, or the Effective Date of the Change of Insured, whichever is the latest; or
- (b) results from a Sickness and the date of diagnosis of Total Permanent Disability is two (2) years from the Issue Date, last reinstatement date of this Basic Plan, the effective date of change of Policy Owner, or the Effective Date of the Change of Insured, whichever is the latest,

we shall waive the payment of premiums payable under this Basic Plan falling due for the following date (as the case may be), until the end of the Premium Payment Term as specified in the Policy Summary and up to the Maximum Waiver Amount:

- (i) falling due immediately after the date of diagnosis of Total Permanent Disability or at the end of Premium Holiday Period whichever is later; or
- (ii) falling due immediately preceding the date of diagnosis of Total Permanent Disability within the Grace Period,

provided that we receive evidence satisfactory to us in our sole discretion and the following conditions are met:

- (i) the Insured shall be the Policy Owner of this Policy; and
- (ii) the Age of the Insured is between eighteen (18) and sixty (60) on the Issue Date, the effective date of change of Policy Owner, the Effective Date of the Change of Insured or the Continuation Option Effective Date, whichever is latest.

Failure to provide the written notice or proof within the ninety (90)-day period will invalidate the claim of this benefit.

This Waiver of Premium Benefit could only be claimed once under this Basic Plan, and once such claim is approved by us and becomes payable, the coverage for Waiver of Premium Benefit and Payor Benefit under this Basic Plan will terminate forthwith automatically.

Save as otherwise provided above, the coverage for this Waiver of Premium Benefit under this Basic Plan will terminate automatically on the earliest of (a) the date on which the payment of Payor Benefit under this Basic Plan is made; (b) upon reaching of Maximum Waiver Amount; and (c) the date this Basic Plan terminates.

PAYOR BENEFIT

While this Basic Plan is in effect, if the Policy Owner dies or is diagnosed as suffering from Total Permanent Disability before his/ her Age sixty-five (65) which:

- (a) results from an Injury and such Injury occurs after the Issue Date, last reinstatement date of this Basic Plan, the effective date of change of Policy Owner, the Effective Date of the Change of Insured or the Continuation Option Effective Date, whichever is the latest; or
- (b) results from a Sickness, and the date of death or the date of diagnosis of Total Permanent Disability is two (2) years from the Issue Date, last reinstatement date of this Basic Plan, the effective date of change of Policy Owner, the Effective Date of the Change of Insured or the Continuation Option Effective Date, whichever is the latest,

we shall waive the payment of premiums payable under this Basic Plan falling due for the following date (as the case may be), until the end of the Premium Payment Term as specified in the Policy Summary and up to the Maximum Waiver Amount:

- (i) falling due immediately after the date of death or the date of diagnosis of Total Permanent Disability or at the end of Premium Holiday Period whichever is latest; or
- (ii) falling due immediately preceding the date of death or the date of diagnosis of Total Permanent Disability within the Grace Period,

provided that we receive evidence satisfactory to us in our sole discretion and the following conditions are met:

- (i) the Age of the Policy Owner is sixty (60) or below on the Issue Date, the effective date of change of Policy Owner or the Continuation Option Effective Date, whichever is latest; and
- (ii) the Age of the Insured is under eighteen (18) on the Issue Date, the Effective Date of the Change of Insured or the Continuation Option Effective Date, whichever is latest.

Failure to provide the written notice or proof within the ninety (90)-day period will invalidate the claim of this benefit. In case of death of the Policy Owner, we may require a post-mortem examination of the body as part of the proof.

This Payor Benefit could only be claimed once under this Basic Plan, and once such claim is approved by us and becomes payable, the coverage for Payor Benefit and Waiver of Premium Benefit under this Basic Plan will terminate forthwith automatically.

Save as otherwise provided above, the coverage for this Payor Benefit under this Basic Plan will terminate automatically on the earliest of (a) the date on which the payment of Waiver of Premium Benefit under this Basic Plan is made; (b) upon reaching of Maximum Waiver Amount; and (c) the date this Basic Plan terminates.

Your Policy Document

SunJoy – Benefit Provisions (CONTINUED)

ACCIDENTAL CARING PLUS BENEFIT

While this Basic Plan is in effect, if the Insured is diagnosed as suffering from Loss of Independent Existence due to Accident during the period between the Policy Anniversaries on or immediately following the Insured's eighteen (18th) birthday and sixty-five (65th) birthday, we will pay an additional amount which is equal to one thousand percent (1,000%) of (i) the Notional Amount as specified in the Policy Summary of the Basic Plan, or (ii) such Notional Amount as subsequently amended in response to the request(s) of the Policy Owner in accordance with the Company's applicable rules and regulations, subject to a maximum per life limit of US\$1,250,000 under all policy(ies) of SunJoy and any other products with the same Accidental Caring Plus Benefit issued by us for the same Insured.

Loss of Independent Existence refers to the total / complete inability to perform at least three (3) of the Activities of Daily Living even with the aid of special equipment, requiring the physical assistance of another person throughout the entire activity, for a continuous period of at least six (6) months and leading to a permanent inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The diagnosis of Loss of Independent Existence must be confirmed by a Doctor.

The condition which results in Loss of Independent Existence must first occur while this Basic Plan is in effect and after the Issue Date, last reinstatement date of this Basic Plan, the Effective Date of the Change of Insured or the Continuation Option Effective Date, whichever is the latest. Failure to provide the written notice or proof within the six (6) months from the date of commencement of Loss of Independent Existence will invalidate the claim of this benefit.

This Accidental Caring Plus Benefit could only be claimed once under this Basic Plan, and once such claim is approved by us and becomes payable, the coverage for Accidental Caring Plus Benefit under this Basic Plan will terminate forthwith automatically.

Save as otherwise provided above, the coverage for this Accidental Caring Plus Benefit under this Basic Plan will terminate automatically on the earliest of (a) the date on which the payment of Accidental Caring Plus Benefit under this Basic Plan is made; (b) upon reaching of maximum per life limit of US\$1,250,000; and (c) the date this Basic Plan terminates.

PRE-EXISTING CONDITIONS

We will not pay any claim of Waiver of Premium Benefit and Payor Benefit directly caused by or resulting from Pre-existing Conditions.

A Pre-existing Condition is a condition of the Policy Owner or the Insured (as the case may be) for which medical advise, diagnosis, care or treatment was recommended or received before (whichever is the latest):

- (i) the Issue Date;
- (ii) the last reinstatement date of this Basic Plan;
- (iii) the last effective date of the change of Policy Owner;
- (iv) the last Effective Date of the Change of Insured; or
- (v) the Continuation Option Effective Date.

EXCLUSIONS

We will not pay any claim of Total Permanent Disability and Accidental Caring Plus Benefit directly or indirectly caused by or resulting from any of the following:

- (a) suicide or self-inflicted injury, while sane or insane;
- (b) a criminal offence or participating in any brawl; or
- (c) take or absorb, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Doctor.

MENTAL INCAPACITY BENEFIT

While this Basic Plan and this Mental Incapacity Benefit are in effect, subject to the approval of the Company at its sole and absolute discretion, you may designate one (1) person to be the Mental Incapacity Benefit Recipient and designate a percentage ("Mental Incapacity Benefit Percentage") for this Mental Incapacity Benefit by submitting your request to us in our specified designation form and complying with such requirements as we may prescribe from time to time, provided that the following conditions are fulfilled:

- (a) The Policy Owner and the Insured must be the same person at the time you apply for the designation of Mental Incapacity Benefit Recipient;
- (b) The proposed Mental Incapacity Benefit Recipient must be age of eighteen (18) or above;
- (c) Satisfactory evidence of the proposed Mental Incapacity Benefit Recipient according to our then current administrative rules; and
- (d) The irrevocable beneficiary(ies) (if any) and the assignee (if any) must agree in writing to the requested designation of (i) the Mental Incapacity Benefit Recipient and (ii) the Mental Incapacity Benefit Percentage.

Upon approval of the designation of (i) the Mental Incapacity Benefit Recipient and (ii) the Mental Incapacity Benefit Percentage, we will confirm you in writing and record our approval of such designation of this Policy.

Your Policy Document

SunJoy – Benefit Provisions (CONTINUED)

MENTAL INCAPACITY BENEFIT (CONTINUED)

The existing Mental Incapacity Benefit Recipient designation on our records will be automatically revoked if any of the following occurs:

- (a) you designate a new Mental Incapacity Benefit Recipient and it is approved by the Company;
- (b) the Policy Owner is no longer the Insured after the change of Insured;
- (c) any change of Policy Owner of this Policy;
- (d) the Company has been notified that there is a guardian or committee appointed under the Mental Health Ordinance (Cap.136 Laws of Hong Kong SAR) (or if there is a guardian or committee appointed under similar laws in another jurisdiction); or
- (e) the Company has been notified that the Policy Owner has an enduring power of attorney covering this Policy.

While this Basic Plan and this Mental Incapacity Benefit are in effect, if the Insured is diagnosed as a Mentally Incapacitated Person, we will pay the Mental Incapacity Benefit to the Mental Incapacity Benefit Recipient or the assignee (if applicable), provided we receive evidence satisfactory to us at our sole discretion, with respect to the mental incapacity of the Insured. The amount of Mental Incapacity Benefit will be calculated as follows:

- (I) If the Mental Incapacity Benefit Percentage is equal to one hundred percent (100%):

The amount payable of the Mental Incapacity Benefit equals to the Total Cash Value multiplied by the Mental Incapacity Benefit Percentage, and plus any other amounts left with us less the amount of any loans with interest,

where the Total Cash Value equals to the (i) Guaranteed Cash Value, plus (ii) any cash value of the accumulated Reversionary Bonus; and (iii) any cash value of Terminal Bonus on the approval date of the Mental Incapacity Benefit claim.

The Policy will terminate on the approval date of the Mental Incapacity Benefit claim.

- (II) If the Mental Incapacity Benefit Percentage is less than one hundred percent (100%):

The amount payable of the Mental Incapacity Benefit equals to the Total Cash Value multiplied by the Mental Incapacity Benefit Percentage,

where the Total Cash Value equals to the (i) Guaranteed Cash Value, plus (ii) any cash value of the accumulated Reversionary Bonus; and (iii) any cash value of Terminal Bonus on the approval date of the Mental Incapacity Benefit claim.

With respect to the amount payable of the Mental Incapacity Benefit:

- (1) If the cash value of the accumulated Reversionary Bonus is sufficient to cover the amount payable of the Mental Incapacity Benefit:

The Mental Incapacity Benefit will be paid by withdrawing the equivalent amount from the cash value of the accumulated Reversionary Bonus.

- (2) If the cash value of the accumulated Reversionary Bonus is insufficient to cover the amount payable of the Mental Incapacity Benefit:

The Mental Incapacity Benefit will be paid by withdrawing all the cash value of the accumulated Reversionary Bonus first, and the remaining portion will be paid by corresponding portion of the total amount of Guaranteed Cash Value and the cash value of Terminal Bonus which will trigger automatic partial surrender.

Since the Notional Amount of the Basic Plan cannot be less than the minimum amount as required by the current administrative rules and the amount available for a loan in accordance with the Policy Loan provision cannot be less than zero (0) after such automatic partial surrender, the actual amount of Mental Incapacity Benefit may be less than the amount payable as mentioned above.

Any withdrawal from the cash value of the accumulated Reversionary Bonus will decrease the face value and cash value of the accumulated Reversionary Bonus.

When an automatic partial surrender is triggered as mentioned above in the course of payment of Mental Incapacity Benefit, (i) the Notional Amount, (ii) Guaranteed Cash Value, (iii) future declaration of Reversionary Bonus and Terminal Bonus, and (iv) the total Premium due and paid for this Basic Plan will be reduced accordingly.

In the event that there is a dispute between the Mental Incapacity Benefit Recipient and any other person, including but not limited to the Insured's guardian or committee, attorney, or beneficiary(ies), or assignee, or in our reasonable belief that there is such a dispute, we reserve the right to withhold payment of Mental Incapacity Benefit until such dispute is resolved.

If the Insured dies before the approval date of the Mental Incapacity Benefit claim, the Death Benefit of this Basic Plan should supersede the Mental Incapacity Benefit and become payable in accordance with the Death Benefit provision of this Basic Plan.

Your Policy Document

DEFINITIONS

In this Policy, "you", "your" or "yours" means the owner of the Policy. "We", "us", "our", "ours" or "the Company" means Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability), or any of its successors.

Where the context permits, the singular words used in this Policy shall include the plural (vice versa).

This section highlights key definitions that are frequently used in this Policy. Other capitalized terms are defined in this Policy or set out in your Basic Plan or Policy Summary.

"Accident" means a sudden and traumatic event that is caused solely by external, violent and unforeseeable means and occurs while this Policy is in effect.

"Activities of Daily Living" mean the following activities:

- bathing;
- dressing;
- using the lavatory;
- eating; and
- moving in or out of a bed or a chair.

These conditions must be medically documented by a Doctor for at least three (3) consecutive calendar months.

"Age" means the age of the relevant person on his/her last birthday.

"Application" means the application submitted in respect of this Policy.

"Basic Plan" means the Basic Plan described in the Policy Summary.

"Contingent Policy Owner" means the person named by the Policy Owner as Contingent Policy Owner in the Application or subsequently named in our prescribed form and approved by us pursuant to the Designation of Contingent Policy Owner provision.

"Death Benefit" means the benefit payable under this Policy upon the death of the Insured specified in the Death Benefit provision.

"Doctor" or "Registered Medical Practitioner" means any person other than the Policy Owner, the Insured, the beneficiary, the Mental Incapacity Benefit Recipient or a relative of any of them unless approved by us in writing in advance who is a legally registered medical practitioner or surgeon duly registered under the Medical Registration Ordinance of Hong Kong or otherwise authorised and entitled to practise western medicine in any other country in accordance with the laws of that country, and who is acceptable to us.

"Effective Date of the Change of Insured" means the effective date of the change of Insured as specified in the relevant endorsement(s) to this Policy issued by us in relation to the change of Insured.

"Effective Date of the Policy Split" means the effective date of the policy split as specified in the relevant endorsement(s) to this Policy issued by us in relation to the policy split.

"Guaranteed Cash Value" means the respective Guaranteed Cash Value of the Basic Plan specified in the Policy Summary.

"Hemiplegia" means the total and permanent loss of the use of one side of the body through paralysis caused by Sickness or Injury, except when such Injury is self-inflicted.

"Hong Kong" means The Hong Kong Special Administrative Region of the People's Republic of China.

"Injury" means an injury that results solely and directly from an Accident and occurs independently of any other cause including sickness or disease, or medical or surgical treatment; and is evidenced by a visible contusion or other wound on the exterior of the body, and occurs while this Basic Plan is in effect.

"Insured" means a person whose life is insured under this Policy.

"Issue Date", as indicated in your Policy Summary, is the date on which this Policy becomes effective.

"Loss of Limbs" means complete and irreversible severance of two (2) or more limbs at or above the wrist or ankle joint as results from an Injury or Sickness, except when such Injury is self-inflicted.

"Loss of One Limb" means total, permanent and irrecoverable loss by severance of one (1) limb at or above the wrist or ankle as results from an Injury or Sickness, except when such Injury is self-inflicted.

"Loss of Sight in One Eye" means total and irreversible loss of sight in one (1) eye as a result of Sickness or Injury, except when such Injury is self-inflicted. The blindness must be confirmed by a Doctor who is an ophthalmologist.

"Maturity Date", as indicated in your Policy Summary, is the date of policy maturity.

"Maximum Waiver Amount" means the maximum total amount of premium waived shall be US\$200,000 for Waiver of Premium Benefit and Payor Benefit under all policy(ies) of SunJoy and any other products with the same Waiver of Premium Benefit and Payor Benefit issued by us for the same Policy Owner.

Your Policy Document

"Mentally Incapacitated Person" means a person who is incapable, by reason of mental incapacity, of managing and administering his/her property and affairs. The diagnosis of mental incapacity must be given by a Registered Medical Practitioner who is a psychiatric specialist having special experience in diagnosis of mental incapacity. The Company reserves the right to conduct an independent evaluation of the Insured when it is considered necessary to ascertain the diagnosis.

"Mental Incapacity Benefit Recipient" means the person named by the Policy Owner as the Mental Incapacity Benefit Recipient in our specified designation form and complying with such requirements as we may prescribe from time to time and approved by us pursuant to the Mental Incapacity Benefit provision.

"Notional Amount" as indicated in your Policy Summary, is the amount used to calculate the premium, Guaranteed Cash Value, Reversionary Bonus and Terminal Bonus of the Basic Plan.

"Paralysis" means permanent loss of muscular power of both arms or both legs due to the disorder of the brain and nervous system and confirmed by a Specialist in the relevant medical field.

"Policy" means this Policy Document, the Policy Summary and any Rider Benefits relating to the Basic Plan, the Application, the application for any reinstatement of this Policy, the application for any change of Insured (including any subsequent declarations and/ or statements made by the Policy Owner and/or the relevant Insured), the application for any designation of Contingent Policy Owner (including any subsequent declarations and/ or statements made by the Policy Owner), any amendments or endorsements issued or agreed upon in writing after the Policy is issued and any medical evidence form and any written statements and answers furnished by or in relation to the Insured under this Policy as evidence of insurability.

"Policy Anniversary" means the same date in each subsequent year as the Policy Date. If the Policy Date is 29 February of a leap year, then the Policy Anniversary will be 28 February in non-leap year.

"Policy Date", as indicated in your Policy Summary, is the date from which Policy Anniversaries, policy years and premium due dates are determined.

"Policy Owner" means the Policy Owner as specified in the Policy Summary.

"Policy Summary" means the Policy Summary attached to this Policy Document and the Policy Summary subsequently issued by the Company if you exercise the Change of Insured Option.

"Rider Benefit" means any Rider Benefit(s) specified in your Policy Summary.

"Sickness" means a sickness or disease, the signs or symptoms of which first occurred at least thirty (30) days from the Issue Date, last reinstatement date of this Basic Plan, the effective date of the change of Policy Owner, the Effective Date of the Change of Insured or the Continuation Option Effective Date whichever is the latest, and occurs while this Policy is in effect.

"Specialist" means a Doctor who is commonly recognised in the medical profession as a specialist in the medical specialty in respect of the relevant illness of the Insured.

"Total Blindness" means total permanent and irrecoverable loss of sight in both eyes as results from an Injury or Sickness, except when such Injury is self-inflicted and as certified by an ophthalmologist acceptable to us.

"Total Permanent Disability" means complete disablement of the Insured or Policy Owner (as the case may be) resulting from an Injury or Sickness, except when such Injury is self-inflicted, including:

- (i) Total Blindness;
- (ii) Paralysis or Loss of Limbs; or
- (iii) Loss of Sight in One Eye and either Hemiplegia or Loss of One Limb.

Your Policy Document

GENERAL PROVISIONS

CONTRACT

Your contract includes this Policy Document, the Policy Summary, the Application, the application for any reinstatement of this Policy, the application for any change of Insured (including any subsequent declarations and/ or statements made by the Policy Owner and/or the relevant Insured), the application for any designation of Contingent Policy Owner (including any subsequent declarations and/ or statements made by the Policy Owner), the application for any designation of the Mental Incapacity Benefit Recipient (including any subsequent declarations and/ or statements made by the Policy Owner), and any amendments or endorsements issued or agreed upon in writing after the Policy is issued. The contract also includes any medical evidence form and any written statements and answers furnished by or in relation to the Insured under this Policy as evidence of insurability.

We are bound only by statements that are part of the contract. This provision will not exclude any liability for or remedy in respect of misrepresentation. Only one of our duly authorized officers can agree to any change in the contract and then only in writing.

INCONTESTABILITY

You have an obligation to disclose every fact material to our assessment of the risk of issuing this Policy. Failure to disclose, or misrepresentation of, a material fact will allow us to contest the validity of this Policy and deny any claim. In the absence of fraud and subject to the Payment of Premiums and Grace Period provisions, we will not contest the validity of an insurance coverage of the Insured after it has been in effect during the lifetime of the relevant Insured for a continuous period of two (2) years from the latest of the following:

- (a) Issue Date;
- (b) the effective date of any reinstatement of this Policy (if applicable); or
- (c) if there is any change of Insured, with respect to the new Insured, the Effective Date of the Change of Insured.

MISSTATEMENT OF AGE OR GENDER

If the date of birth, gender, or other class of risk of the Insured has been misstated, any amount payable will be increased or decreased to the amount that would have been payable, as determined by us, given the correct date of birth, gender or other class of risk, whichever is the case.

If at the correct age the Insured would not have been insurable under this Policy according to our requirements, all premiums paid, less any amount which has been paid under this Policy and the outstanding amount of any loans with interest, at rates determined by us at our sole discretion, will be refunded, and this Policy shall be void.

SUICIDE

If the Insured under this Policy dies by suicide, whether sane or insane, within one (1) year after the Issue Date, the effective date of any reinstatement of this Policy or the Effective Date of the Change of Insured (if applicable), whichever is the latest, then we will not pay the Death Benefit as set out in the Benefit Provisions of the Basic Plan.

Instead, we will pay to the beneficiary pursuant to the Beneficiary and Trust Declaration provision an amount equal to:

- (a) the sum of premium paid under your Policy from the Issue Date or the effective date of any reinstatement of this Policy (as the case may be); less
- (b) any amount which has been paid under this Policy; less
- (c) any loans with interest at rates determined by us at our sole discretion.

POLICY REINSTATEMENT

Should your Policy lapse, you may request that it be reinstated within two (2) years after the date of lapse. Reinstatement is subject to the following:

- (a) we must receive your valid written application for reinstatement;
- (b) we must receive evidence of insurability satisfactory to us, at our sole discretion, with respect to the Insured under this Policy;
- (c) we must receive payment of all overdue premiums and loans with interest at rates determined by us at our sole discretion;
- (d) we must receive payment of any cash value of Terminal Bonus (if applicable) as of the effective date of reinstatement at an amount determined by us; and
- (e) our written approval of such application.

Any reinstated policy will only cover losses or insured events occurring after the effective date of reinstatement.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

FREEDOM FROM RESTRICTIONS

Unless otherwise specified, this Policy contains no restrictions with respect to the residence, travel or occupation of the Insured under this Policy.

CURRENCY AND PLACE OF PAYMENT

All amounts payable either to or by us will be in the currency specified in your Policy Summary, subject to applicable laws, regulations and guidelines issued by the relevant authorities from time to time. We will make or accept payments at any of our offices in Hong Kong or such other location as determined by us from time to time.

PARTICIPATING POLICY

This is a participating policy, any share of divisible surplus apportioned to this Policy will be payable as (i) Reversionary Bonus of the Basic Plan, and (ii) Terminal Bonus of the Basic Plan if this Policy is then in effect and upon (a) the payment of Surrender Value or (b) the payment of Death Benefit or (c) the payment of Maturity Benefit or (d) the payment of the Mental Incapacity Benefit, subject to the Policy Surrender provision and the Benefit Provisions of the Basic Plan.

The values of Reversionary Bonus and Terminal Bonus are non-guaranteed and are determined in accordance with the rules set out by the Company from time to time. Reversionary Bonus and Terminal Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant. Other factors include, but are not limited to, claims experience, policy expenses, taxes, and policy owner termination experience.

(i) Reversionary Bonus

Reversionary Bonus is an annual bonus that will be declared at least annually and credited to this Policy. Once this bonus is credited, the face value and cash value become guaranteed and will be accumulated with this Policy provided that no Premium Holiday is in effect. The face value of the accumulated Reversionary Bonus is one of the factors in determining the Death Benefit. However, upon policy surrender (in whole or in part), policy maturity or termination (resulting from causes other than death of the Insured) or the payment of the Mental Incapacity Benefit, only cash value of the accumulated Reversionary Bonus will be paid.

(ii) Terminal Bonus

Terminal Bonus is a one-off bonus that does not form a permanent addition to this Policy and may be reduced or increased at subsequent declarations. The face value of the declared Terminal Bonus is one of the factors in determining the Death Benefit. However, upon policy surrender (in whole or in part), policy maturity or termination (resulting from causes other than death of the Insured) or the payment of the Mental Incapacity Benefit, only cash value of the Terminal Bonus will be paid.

OWNERSHIP AND ASSIGNMENT

While this Policy is in effect, you may exercise your rights as the Policy Owner subject to the provisions in this Policy and as limited by applicable laws. You may change the ownership of this Policy by filing a written request with us in the form specified by us and complying with such requirements as we may prescribe from time to time. Any such change will be valid only if (i) all applicable requirements (including without limitation requirements on customer due diligence and requirements relating to your and any Consenting Person's compliance with the "Foreign Account Tax Compliance Act" provisions) are complied with to our satisfaction; and (ii) the application for this change is approved by us in writing. We are not responsible for any payment we make or other action we take before the change of ownership becomes valid.

You may assign this Policy as collateral or security by filing a written request with us in the form specified by us and complying with such requirements as we may prescribe from time to time. Any assignment will be valid only if (i) all applicable requirements (including without limitation requirements on customer due diligence and requirements relating to your and any Consenting Person's compliance with the "Foreign Account Tax Compliance Act" provisions) are complied with to our satisfaction; and (ii) the application for this change is approved by us in writing. In addition, if any assignment will be subject to the consent of any beneficiary with an irrevocable interest in this Policy, such beneficiary's consent is required. We are not responsible for the validity or legality of the assignment. We are also not responsible for any payment we make or other action we take before the assignment becomes valid. Only the entire Policy can be assigned and not individual Coverage.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

DESIGNATION OF CONTINGENT POLICY OWNER OPTION

While this Policy is in effect, subject to the approval of the Company at its sole and absolute discretion, you may designate a Contingent Policy Owner under this Policy by submitting your request to us in our specified application form and complying with such requirements as we may prescribe from time to time, provided that the following conditions are fulfilled:

- (a) The proposed Contingent Policy Owner must be age of eighteen (18) or above; and
- (b) The irrevocable beneficiary(ies) (if any) and the assignee (if any) must agree in writing to the requested designation of Contingent Policy Owner.

Upon approval of the designation of Contingent Policy Owner, we will confirm you in writing and record our approval of your Contingent Policy Owner designation of this Policy.

You may designate only one (1) Contingent Policy Owner at a time. If you designate a Contingent Policy Owner while there is an existing Contingent Policy Owner designation on our records, such existing Contingent Policy Owner designation will be automatically revoked. If there is any change of Policy Owner of this Policy, or you exercise the Change of Insured Option while there is an existing Contingent Policy Owner designation on our records, such existing Contingent Policy Owner designation will be automatically revoked.

Subject to our approval based on the terms and conditions under this provision, our then current administrative rules and any applicable laws and regulations, when the Policy Owner dies while this Policy is in effect, provided that none of the events listed below occurs, the Contingent Policy Owner shall become the new Policy Owner.

If, pursuant to the above, we determine that the Contingent Policy Owner shall become the Policy Owner and if either one (1) of the following events occurs:

- (i) The Contingent Policy Owner is unable or unwilling to take up the ownership of this Policy; or
- (ii) The Contingent Policy Owner is unable to satisfy the customer due diligence, other applicable laws, regulations and guidelines, then the ownership of this Policy shall vest in the Policy Owner's estate.

As and when the Contingent Policy Owner becomes the new Policy Owner, the new Policy Owner shall assume all the obligations and be entitled to exercise all the rights belonging to the Policy Owner under this Policy.

BENEFICIARY & TRUST DECLARATION

The beneficiary is named in the Application unless subsequently changed. While this Policy is in effect, you may change the beneficiary by filing a written request with us in the form specified by us and complying with such requirements as we may prescribe from time to time. Any such change will be valid only if (i) all applicable requirements (including without limitation requirements on customer due diligence and requirements relating to your and any Consenting Person's compliance with the "Foreign Account Tax Compliance Act" provisions) are complied with to our satisfaction; and (ii) the application for this change is approved by us in writing. In addition, if any such change will be subject to the consent of any beneficiaries with an irrevocable interest in this Policy, such beneficiary's consent is required. We are not responsible for any payment we make or other action we take before the change of beneficiary becomes valid.

If any beneficiary dies simultaneously with the Insured or within fourteen (14) days immediately following the death of the Insured, we will pay the Death Benefit as though the beneficiary died before the death of the Insured.

A trust will be created in favour of the beneficiary when the Death Benefit becomes payable in accordance with this Policy. If no beneficiary is living or designated by you, the Death Benefit will be paid to you, your personal representatives or other persons entitled to receive the same.

SETTLEMENT METHOD

The Surrender Value and the Maturity Benefit will be payable in one lump sum. All other benefits will be payable and settled pursuant to the relevant provisions under the Benefit Provisions of the Basic Plan.

Subject to our then current administrative rules, other settlement options (if any) may be available.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

CHANGE OF INSURED OPTION

After the first (1st) Policy Anniversary and while this Policy is in effect, subject to the approval of the Company at its sole and absolute discretion, you may change the Insured by submitting your request to us in our specified application form and complying with such requirements as we may prescribe from time to time, provided that the following conditions are fulfilled:

- (a) Satisfactory evidence of insurability of the proposed new Insured, subject to our then current administrative rules;
- (b) The proposed new Insured and the current Insured are alive on the Effective Date of the Change of Insured;
- (c) Satisfactory evidence of your insurable interest in the proposed new Insured, subject to our then current administrative rules;
- (d) The Policy Owner, the proposed new Insured, the irrevocable beneficiary(ies) (if any) and the assignee (if any) must agree in writing to the change of Insured;
- (e) If this Policy is held on trust, the trustee(s) and the person(s) whose beneficial interest is held on trust (acting through his/her parent(s)/guardian(s) if he / she is under the age of eighteen (18)) must agree in writing to the change of Insured; and
- (f) The Age of the proposed new Insured must be less than or equal to the maximum issue age as at the Effective Date of the Change of Insured.

Upon approval of the change of the Insured by the Company:

- (i) The change of the Insured will take effect from the Effective Date of the Change of Insured. For the purpose of counting the applicable period under the Incontestability provision, the relevant period will commence from the Effective Date of the Change of Insured for this new Insured;
- (ii) Unless otherwise specified, all the provisions of the Basic Plan (including without limitation, the Notional Amount, Guaranteed Cash Value, Reversionary Bonus (if any), Terminal Bonus (if any), Policy Anniversary, and Policy Date) and premium of the Basic Plan will not be affected as a result of such change of the Insured; and
- (iii) the Maturity Date will be changed to the Policy Anniversary on or immediately following the proposed new Insured's one hundred and twentieth (120th) birthday.

If, by reason of any applicable laws or regulations or other practical constraints, it is not possible to substitute a different Insured under this Policy, then at our discretion a replacement Policy may be issued under a new policy number and in such event all benefits, privileges and values under this Policy will be terminated and transferred fully to such replacement Policy.

POLICY SPLIT OPTION

On or after the fifth (5th) Policy Anniversary and while this Policy is in effect, subject to the approval of the Company at its sole and absolute discretion, you may split this Policy ("Original Policy before Split") into new policies ("Split Policies") by submitting your request to us in our specified application form and complying with such requirements as we may prescribe from time to time, provided that the following conditions are fulfilled:

- (a) Your request to split this Policy into Split Policies must be submitted to us within thirty (30) days before a Policy Anniversary and can only be made once per policy year;
- (b) The Notional Amount of the Split Policies cannot be less than the minimum amount requirement as required by the then current administrative rules;
- (c) The irrevocable beneficiary(ies) (if any) must agree in writing to such request; and
- (d) The Original Policy before Split is not assigned and the outstanding amount of any loans with interest must have been settled before your Policy Split request is submitted to us.

Upon approval of the Policy Split by the Company:

- (i) The Split Policies will take effect from the Effective Date of the Policy Split;
- (ii) The Policy Date, the Maturity Date and the policy year of the Split Policies will be the same as the Original Policy before Split;
- (iii) The Policy Owner and the Insured of the Split Policies will be the same as the Original Policy before Split;
- (iv) The Contingent Policy Owner designation, the beneficiary(ies), the Mental Incapacity Benefit Recipient designation and Death Benefit Settlement Option of the Split Policies on our record will be the same as the Original Policy before Split;
- (v) The application for Policy Split Option cannot be withdrawn or changed once approved; and
- (vi) There is no Cooling-off Period for the Split Policies.

The total premiums due and paid and the policy values of the Original Policy before Split, including Guaranteed Cash Value, the accumulated Reversionary Bonus (if any), Terminal Bonus (if any) will be allocated to the Split Policies according to the ratio of the Notional Amount applicable to such Split Policies. For the avoidance of doubt, Original Policy before Split shall be automatically terminated from the Effective Date of the Policy Split.

Save as otherwise provided above, all benefits, terms and conditions of the Original Policy before Split will apply to the Split Policies.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

CONDITION PRECEDENT TO PAYMENT OF BENEFITS OR PROCEEDS

It is a condition precedent to any liability being assumed by the Company for a claim under this Policy that:

- (a) satisfactory proof of the relevant insured event has been received by the Company in accordance with the necessary requirements prescribed by the Company in submitting any claim under this Policy (including the provisions on the "Foreign Account Tax Compliance Act"); and
- (b) all statements, warranties and declarations made in respect of the relevant claim, are true, complete and accurate.

NO RIGHTS OF THIRD PARTIES

Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong), or other substantively similar legislation, to enforce any terms of the Policy.

AUTOMATIC TERMINATION

This Policy will terminate automatically upon the earliest of the following:

- (a) the date on which the Policy is surrendered as described in the Policy Surrender provision;
- (b) the date on which the Death Benefit is payable under Benefit Provisions of the Basic Plan by us for a claim;
- (c) the date on which a claim as described in the Suicide provision is payable by us;
- (d) the Maturity Date of the Basic Plan as set out in your Policy Summary;
- (e) the lapse of the Policy after the Grace Period expires unless payment of premiums of this Policy is suspended pursuant to the Premium Holiday Option provision;
- (f) the date on which the Policy is caused to be terminated by the event as described in the Mental Incapacity Benefit Provision; or
- (g) when the amount of accumulated loans and interest exceeds the sum of Guaranteed Cash Value, any cash value of the accumulated Reversionary Bonus and any other amounts left with us under this Policy;

and in the event of termination of this Policy pursuant to (b) above, the Company's obligation in respect of settlement option of this Policy (if applicable) shall survive until the discharge of such obligation.

CLAIMS

In the event the Insured dies, any amount payable under the Death Benefit will be paid to the beneficiary as named in the Application, subject to the Beneficiary & Trust Declaration provisions of this Policy, provided that we receive evidence satisfactory to us at our sole discretion of:

- (a) the death of the Insured;
- (b) the right of the claimant to receive payment; and
- (c) any other facts which we may consider material to the claim.

GOVERNING LAW

This Policy shall be interpreted and governed by the laws of Hong Kong and the courts of Hong Kong shall have exclusive jurisdiction to consider and determine any dispute or proceedings arising out of or in connection with this Policy.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

FOREIGN ACCOUNT TAX COMPLIANCE ACT

1. Provision of information
 - (a) You must provide us with the Personal Information of yourself and the other Consenting Persons and with such supporting documentation for and certification of Personal Information as we may require.
 - (b) Where there is any change or addition to any Personal Information already provided to us (including any change in the residency, citizenship or tax status of a Consenting Person), update us promptly (and in any event no later than 31 days of the change or addition) of the change or addition and provide us with such information, documentation and certification in that regard as we may require.
 - (c) Where there is a change in Consenting Person, immediately provide to us the Personal Information for the new Consenting Person (and where you propose that change, for example by notifying us you want to assign your rights under this Policy or nominate a new beneficiary, you must provide us with the Personal Information on the new Consenting Person as a condition to our agreeing of that change).
 - (d) You must, and, where applicable, use best endeavors to procure such other Consenting Person(s) to, complete and sign such documents and do such things, as we may reasonably require from time to time for the purposes of ensuring our compliance with our FATCA Obligations in respect of this Policy.
2. Disclosure of information
 - (a) You agree that we may disclose and transfer your and/or any other Consenting Person's Tax Information to the Tax Authorities both in Hong Kong and outside Hong Kong to comply with our FATCA Obligations.
 - (b) You waive your rights and any applicable restriction which would otherwise hinder such disclosure described in 2(a).
 - (c) You will use best endeavors to procure such other Consenting Person(s) to agree to the disclosure as described in 2(a) and/or waive any rights or any otherwise applicable restriction against such disclosure if required by us to comply with our FATCA Obligations in respect of this Policy.
3. Failure to Provide Information

You agree that:

- (a) where you fail to comply with your obligations under 1 or 2 above; or
- (b) where any of the other Consenting Persons fails to comply with our requirements described in 1(d) or 2(c); or
- (c) where the Personal Information (regardless of whether it is in relation to you or any other Consenting Person) is inaccurate, incomplete or not promptly updated; or
- (d) for whatever reason we are prevented (under Hong Kong law or otherwise) from disclosing your and/or any other Consenting Person's Tax Information to a Tax Authority (in Hong Kong or outside Hong Kong),

we can deduct and withhold Withholding Tax from payments made to or from this Policy account and remit this to the IRS to comply with our FATCA Obligations including, without limitation, to us deducting and withholding Withholding Tax on withholdable payments into this Policy and remitting this to the IRS if the IRD fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.) or if you are or any other Consenting Person is a Non Participating Foreign Financial Institution.

4. Confirmations

You confirm and agree that:

- (a) without prejudice to your agreement to be bound by the terms of the Policy as set out in the application form, you confirm that you have read this "Foreign Account Tax Compliance Act" provisions, have received adequate explanation from the Company (or your insurance broker, where this Policy is taken out through your insurance broker), and understand the implications of this "Foreign Account Tax Compliance Act" provisions by which you irrevocably agree to be bound;
- (b) any agreement, waiver, confirmation given in, or to be given pursuant to, this "Foreign Account Tax Compliance Act" provisions is irrevocable;
- (c) no member of the Sun Life Group, including us, shall be liable for any costs or loss that you or any other Consenting Persons may incur because of the Sun Life Group taking any action permitted by or exercising any powers under this "Foreign Account Tax Compliance Act" provision;
- (d) where there is any withdrawal or payment under the Policy for any reason, the withdrawal amount or payment amount will at all times be subject to the exercise of our powers under 3 above;
- (e) Where you have an obligation under this Policy with respect to Personal Information relating to any other Consenting Person, you must use your best endeavors to obtain (i) the requisite consent from each Consenting Person for the provision of his/her Tax Information to us, (ii) the relevant supporting documentation and certification and (iii) their consent to the disclosure of any of such Tax Information by us and/or any member of the Sun Life Group under this "Foreign Account Tax Compliance Act" provision. You agree we may contact the other Consenting Persons directly for these purposes;
- (f) you must inform each Consenting Person of our powers under this "Foreign Account Tax Compliance Act" provisions and obtain if applicable, their consent to our deducting and withhold Withholding Tax and remitting this to the IRS;
- (g) these "Foreign Account Tax Compliance Act" provisions are without prejudice, and in addition, to any of our rights or powers under any other policy provisions of the Policy; and
- (h) we may disclose any and all information related to this Policy to any government or Tax Authority (whether in or outside Hong Kong) and whether before or after the exercise of a termination right under this Policy by you or the Company.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

5. Other Consenting Persons

You agree that we may directly contact any other Consenting Persons to provide or confirm accuracy of their Personal Information or to obtain the agreements and waivers described in 2(c) and 4 above without involving you if we reasonably consider it to be appropriate.

6. FATCA related definitions

The following terms as used in this section have the meanings given below:

"Consenting Person" means each of the following: (i) the Policy Owner; (ii) each person who is entitled to access the Policy value (for example, through a loan, withdrawal, surrender, policy claim, benefit payment or otherwise), change a beneficiary, or claim or receive a benefit payment or any person who is entitled to a future benefit payment under the Policy, including without limitation any policy claimant, assignee and beneficiary under the Policy and if applicable, the Policy Owner's personal representatives, executors or administrators on the death or bankruptcy of an individual Policy Owner or insolvency of a corporate Policy Owner; and (iii) each person who is entitled to receive a payment (such as a policy claimant, assignee and beneficiary) when an obligation to make any payment under the Policy arises or becomes fixed.

If the Policy Owner is a corporate entity, "Consenting Persons" shall include the persons who exercise control over that entity, such as its majority shareholders and if the Policy is held in trust, "Consenting Persons" shall include the settlor, the trustees, the protector (if any), the beneficiaries and any other person exercising ultimate effective control over that trust.

"FATCA" means the U.S. Foreign Account Tax Compliance Act as amended from time to time

"FATCA Obligations" means our obligations under FATCA (as varied or supplemented by the IGA) including, without limitation, our obligations to undertake due diligence into Consenting Persons to identify U.S. Accounts and U.S. Consenting Persons, to report information on U.S. Consenting Persons and U.S. Accounts to the Tax Authorities, and to obtain their consent to do so, and to deduct and withhold tax from certain payments made to or from certain U.S. Accounts and to remit this to the IRS pursuant to applicable laws and regulations.

"IGA" means the intergovernmental agreement made between Hong Kong and the U.S. in respect of FATCA as may be amended from time to time.

"Non Participating Foreign Financial Institution" means a foreign financial institution other than a participating foreign financial institution, a deemed-compliant foreign financial institution or an exempted beneficial owner as defined under FATCA.

"Personal Information", in respect of a Consenting Person, means such information as we may reasonably require regarding the Consenting Person including without limitation: (i) where the Consenting Person is an individual, his/her full name, date and place of birth, residential address, mailing address, contact information (including telephone number), taxpayer identification number, social security number, citizenships, residency(ies), tax residency(ies) and details of any other tax regime to which he/she is subject or in respect of which he/she has any tax reporting or tax payment obligations; (ii) where the Consenting Person is a corporate/entity, its full name, date and place of incorporation or formation, registered address, address of place of business, tax identification number, tax status, tax residency, such information as we may reasonably require regarding each of its substantial shareholders and/or controlling persons and details of any other tax regime to which it is subject or in respect of which it has any tax reporting or tax payment obligations.

"Policy Information" means information about the Policy we are required to provide to the Tax Authorities as part of our FATCA Obligations which currently includes the policy number, policy balance or value, gross receipts, interest and dividend income or withdrawals and payments we receive or make in connection with the Policy including details of any Withholding Tax.

"Specified U.S. Person" has the same meaning as defined under FATCA and includes (i) certain U.S. citizens or resident individuals, (ii) certain U.S. partnerships or corporations; and (iii) certain trusts, the administration of which is governed by U.S. courts or controlling person(s) of which include a U.S. citizen or resident.

"Sun Life Group" means the Company together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time and a "member of Sun Life Group" shall be construed accordingly.

"Tax Authorities" means the U.S. Internal Revenue Service (IRS), the Hong Kong Inland Revenue Department (IRD) and any other competent tax authority to which we or any of our holdings companies are required to report the Tax Information or any part thereof.

"Tax Information", in respect of a Consenting Person, means: (i) any documentation or information (and accompanying statements, waivers and consents as we may from time to time require under this Policy or the Consenting Person may from time to time give) relating, directly or indirectly, to the tax status of the Consenting Person; (ii) Personal Information of the Consenting Person; and (iii) Policy Information.

"U.S." means the United States of America.

"U.S. Account" means an account held by one or more Specified U.S. Persons or an entity of which one or more controlling persons are a Specified U.S. Person.

"U.S. Consenting Person" means, in respect of an U.S. Account, a Specified U.S. Person or an entity of which one or more controlling persons are Specified U.S. Persons, who holds that U.S. Account.

"Withholding Tax" means the U.S. tax we are required to withhold as part of our FATCA Obligations.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

PREMIUM PROVISION

PAYMENT OF PREMIUMS AND GRACE PERIOD

After payment of the first premium, failure to pay a premium on or before its due date to us will constitute a default in payment of that premium.

A Grace Period of thirty-one (31) days from its due date will be allowed for payment of a premium in default unless payment of premiums is suspended pursuant to the Premium Holiday Option provision, during which time this Policy will continue to be in effect. If a premium has neither been paid to us nor loaned by us under the Automatic Premium Loan provision by the date on which the Grace Period expires, the Policy will lapse automatically on the due date.

PREMIUM HOLIDAY OPTION

On or after the second (2nd) Policy Anniversary and while this Policy is in effect, subject to the approval of the Company at its sole and absolute discretion, you may apply to suspend the premium payment of this Policy ("Premium Holiday") for a period of one (1) year ("Premium Holiday Period") by submitting your request to us in our specified designated form and complying with such requirements as we may prescribe from time to time, provided that there is no loan under this Policy at the time you apply for Premium Holiday.

Premium Holiday Period will start on the premium due date immediately following our approval of your request of Premium Holiday. Once we approve your request, we will:

- (a) postpone the premium due date for a period of one (1) year and you must resume premium payment after the Premium Holiday Period ends;
- (b) maintain the Maturity Date of this Basic Plan;
- (c) maintain Guaranteed Cash Value, face value and cash value of the accumulated Reversionary Bonus (if any) at the level immediately before the Premium Holiday Period starts, provided that no request of Partial Surrender under the Policy Surrender Provisions has ever been received and approved by the Company during the Premium Holiday Period; and
- (d) not declare any face value and cash value of Reversionary Bonus under this Policy during the Premium Holiday Period.

You may request for the Premium Holiday twice consecutively or separately for two (2) years, and the aggregate Premium Holiday Period with respect to all requests must not exceed two (2) years.

This Premium Holiday Option will terminate on the earliest of:

- (a) the date of the end of the most recent Premium Holiday Period when the aggregate Premium Holiday Period with respect to all requests reaches two (2) years;
- (b) the date of the final premium due date of this Basic Plan; or
- (c) the date of termination of this Policy.

CASH WITHDRAWAL PROVISION

CASH WITHDRAWALS

While this Policy is in effect, you may withdraw all or part of the cash value of the accumulated Reversionary Bonus (if any) at any time subject to our then current administrative rules regarding minimum and maximum amount of each withdrawals. The Company reserves the right, when deemed necessary, to defer process and payment of withdrawals by up to six (6) months from the date of request.

Any withdrawal from the cash value of the accumulated Reversionary Bonus will decrease the face value and cash value of the accumulated Reversionary Bonus.

If, after the withdrawal, as described above, the Surrender Value is reduced to zero, the Policy will be deemed to have been surrendered by you and the date of the withdrawal will be deemed to be the date of surrender of this Policy.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

LOAN PROVISIONS

POLICY LOAN

While this Policy is in effect, on written request of the Policy Owner, we will loan an amount up to a specified percentage, subject to the then current administration rules as determined by the Company from time to time, of the sum of the Guaranteed Cash Value, and any cash value of the accumulated Reversionary Bonus (less interest on this or any other loan calculated to the next Policy Anniversary). The Policy will be the security for the loan.

The amount available for a loan will be reduced by the amount of any existing loans, together with interest.

Interest is charged on loans at rates determined by us at our sole discretion. Interest accrues daily and is payable yearly.

Unpaid interest will be added to the loan.

When loans and interest exceed the sum of Guaranteed Cash Value, cash value of the accumulated Reversionary Bonus (if any) and any other amounts left with us, the Policy will terminate automatically.

AUTOMATIC PREMIUM LOAN

Any unpaid premium will be paid automatically by a loan. If the amount available for a loan is less than the full unpaid premium, the loan will be used to continue the Policy as long as possible.

POLICY SURRENDER PROVISIONS

SURRENDER VALUE

Surrender Value equals to Guaranteed Cash Value, plus (i) any cash value of the accumulated Reversionary Bonus; (ii) any cash value of the Terminal Bonus; and (iii) any other amounts left with us less the amount of any loans with interest.

POLICY SURRENDER

You may surrender your Policy at any time while it is in effect, for all of its Surrender Value ("Full Surrender") or you may surrender your Policy at any time while it is in effect for a portion of its Surrender Value ("Partial Surrender"). In the case of Full Surrender, the effective date of surrender will be the date we receive and approve your request for surrender. Then we will pay you the Surrender Value and the Policy will terminate on the effective date of surrender and the Policy will not be eligible for Policy Reinstatement. The Company reserves the right, when deemed necessary, to defer process and payment of Full Surrender by up to six (6) months from the date of request.

While this Policy is in effect, you may request a Partial Surrender at any time subject to our then current administrative rules regarding minimum and maximum amount of Partial Surrender for each Partial Surrender. The Company reserves the right, when deemed necessary, to defer process and payment of Partial Surrender by up to six (6) months from the date of request.

Upon the approval of the Partial Surrender request, the Notional Amount, Guaranteed Cash Value, and future declaration of Reversionary Bonus, Terminal Bonus and the total premiums due and paid for this Basic Plan will be reduced accordingly.

If, after the Partial Surrender, the Surrender Value is reduced to below the minimum amount as required by the then current administrative rules, the Policy will be deemed to have been surrendered by you and the effective date of the Partial Surrender will be deemed to be the effective date of surrender of this Policy.

NON-FORFEITURE PROVISIONS

NON-FORFEITURE OPTIONS

Non-forfeiture options, including reduced paid-up insurance and extended term insurance, are not available with this Policy.

Summary of Changes:

30 March 2023 version	<ul style="list-style-type: none">• Updated relevant sections due to admin rule relaxation of Policy Split Option for policies with Key Person Insurance purpose
4 August 2023 version	<ul style="list-style-type: none">• Added new feature: Mental Incapacity Benefit• Update existing feature: Designation of Contingent Policy Owner Option

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1. Introduction

Sun Life has always to provide the most comprehensive and competitive legacy planning products to our clients, we are pleased to introduce **SunJoy** and **SunGift**, which enhance the proposition of legacy planning, and also provide **relatively high projected long-term total return** with **early breakeven year** whilst offer extended caring protection for financial support. On top of that, the plans focus on investing assets that excel in **Environmental, Social, and Governance ("ESG") qualities**, that offer sustainable potential long-term return and ensure a legacy for future generations.

SunJoy and SunGift are participating insurance plans that help clients achieve potentially long-term asset growth with Guaranteed Cash Value ("GCV"), non-guaranteed Reversionary Bonus¹ ("RB") and non-guaranteed Terminal Bonus¹ ("TB"). To suit our clients' wealth accumulation needs and financial arrangement, SunJoy and SunGift offer **short premium payment terms** with **2 / 5-year**. In addition, the plans provide **competitive return in medium to long term*** and have the **flexibility of withdrawals**, helping client to plan ahead to meet their financial needs whenever they need it to fund key milestones in life.

Besides, SunJoy and SunGift come with multiple options that allowing clients to grow their legacy across generations with our seamless legacy planning solution. Apart from unlimited times of changing of Insured when needed, the plans specially provide **multiple Death Benefit Settlement Options, Policy Split Option, Designation of Contingent Policy Owner Option** and **Continuation Option** that these features allow our client to facilitate wealth preservation while plan for succession.

Unique among similar product in market²

To provide a sufficient support throughout the difficult times, it gives our clients with an **additional 1,000% of Notional Amount** as **Accidental Caring Plus Benefit** that can cushion the financial impact due to suffer from Loss of Independent Existence caused by accidental injury.

Plus, to relieve the financial burden and ensure uninterrupted protection, the plans provide **Mental Incapacity Benefit, Premium Holiday Option** and the additional protection with no additional cost for **Waiver of Premium Benefit** and **Payor Benefit**.

*For more details on product proposition of SunJoy and SunGift, please refer to Section 2 – Internal Proposition.

¹ The Reversionary Bonus and Terminal Bonus are non-guaranteed and are determined in accordance with the rules set out by Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability) ("Sun Life") from time to time. The Reversionary Bonus and Terminal Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant. Other factors include, but are not limited to, claims experience, policy expenses, taxes, and policy owner termination experience. For details of bonuses, please refer to Bonus Philosophy under Important Information section of SunJoy / SungGift product brochure and Sun Life's website (www.sunlife.com.hk).

² This is based on market conditions as of December 31, 2022 and comparison among other savings plans for new Composite and Long Term Businesses as defined by the Insurance Authority in the Register of Authorized Insurers.

To achieve **sustainable potentially long-term asset growth**, **SunJoy and SunGift actively integrate Environmental, Social, and Governance ("ESG") concepts into its own investment strategies**, managing the risks and optimizing opportunities through focusing investment on those assets with high ESG rating.

Sun Life has preference towards assets with high ESG quality and relatively lower carbon intensity. **SunJoy and SunGift support allocation to sustainable investments** including, but are not limited to:



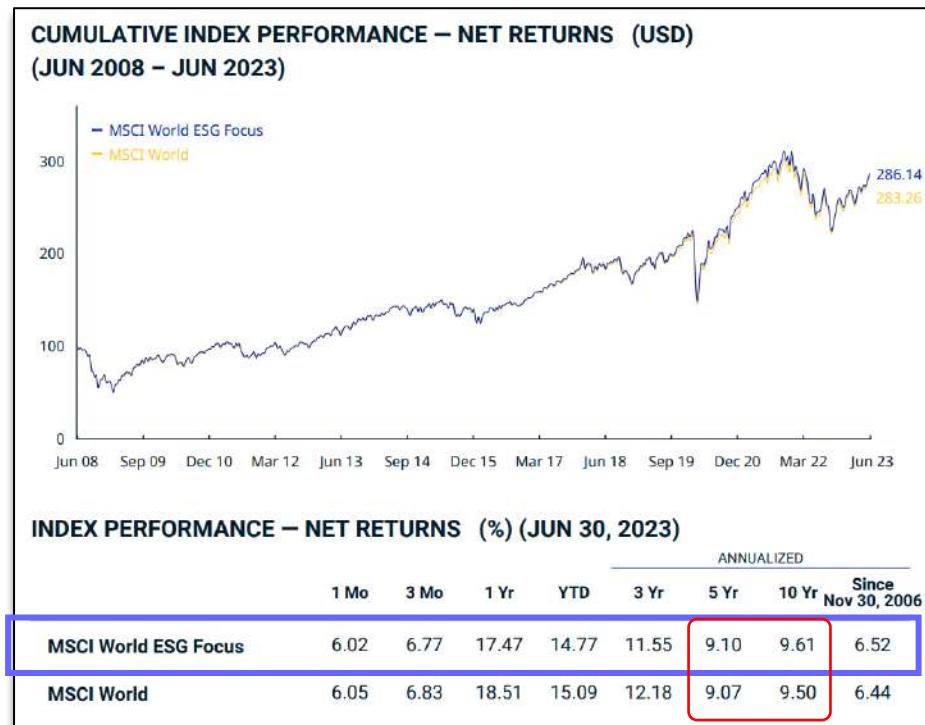
Companies with higher ESG rating are exposed to lower potential risks resulting from incidents such as worker strikes, litigation and negative publicity, which may bring adverse impacts to the financial performance of the companies. As such, **focusing on high ESG quality assets is expected to deliver better long-term risk-adjusted return**.

Learn more about ESG



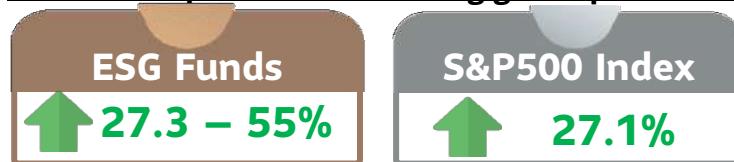
"ESG" Sustainable Investment Opportunities

- ESG have been important factors contributing to higher historical returns in long-term horizon. For instance, the MSCI World ESG Focus Index outperformed MSCI World Index on both 5-year and 10-year basis (as of 30 Jun 2023)²



- When the market plummets, ESG funds tend to suffer less and provide a comparatively steady return. For instance, in first 12 months since WHO officially declared COVID-19 a pandemic, over 70% of ESG funds performed better than the S&P 500³

ESG market performance[^] during global pandemic⁴



[^] in first 12 months since WHO officially declared COVID-19 a pandemic
(from 5 March 2020 – 5 March 2021)

² Source from: <https://www.msci.com/documents/10199/25dd80bc-90ea-431b-9be0-0bc3a43821da>

³ Source from: <https://www.spglobal.com/marketintelligence/en/news-insights/latest-news-headlines/esg-funds-beat-out-s-p-500-in-1st-year-of-covid-19-how-1-fund-shot-to-the-top-63224550>

2. Internal Proposition

SunJoy and **SunGift** are especially designed for the mass market to mass affluent market clients who seek a financial tool to meet the mid to long-term saving goal by short premium payment options that provides wealth accumulation and legacy planning through sustainable investment in assets that excel in ESG qualities.

Target Client

	Mass to Affluent Single and Breadwinner	Golden Age	ESG clients	MCI clients
Saving Target	<ul style="list-style-type: none">▪ Seek a financial tool with comprehensive legacy planning features that can preserve and grow their wealth, in order to pass their legacy to their future generations▪ Seek a saving plan with the flexibility of withdrawals to support the financial needs in mid-term to long-term for different life status, such as education fund for their children and living expenses for retirement	<ul style="list-style-type: none">▪ Seek a financial tool with comprehensive legacy planning features that can preserve and grow their wealth, in order to pass their legacy to their future generations▪ Seek a saving plan with potential growth in mid-term to long-term for retirement preparation horizon towards retirement age supplementing their savings▪ Want to secure a clear transfer of a portion of their estate to different designated beneficiaries in an efficient and discreet way through life insurance arrangement	<ul style="list-style-type: none">▪ Recognize ESG sustainable investing opportunities when considering long-term wealth growth▪ Capture more sustainable returns whilst contributing to environmental and social development	<ul style="list-style-type: none">▪ Seek a wealth accumulation solution to access to global assets investment

Please contact **Director of Agency / Business Development Manager** if your clients would like to purchase SunJoy / SunGift for **Key Person Insurance** purpose. Details for the guidelines of Key Person Insurance, please refer to Appendix G.

Product competitive edge and highlight

Summary: although both plans provide the suitable financial tool for legacy planning to fit different life stage needs, clients can choose the best fit one to meet their expectations on different financial needs

SunJoy	SunGift
<p>A saving plan with the flexibility of earlier withdrawals* to support the financial needs for different life status, such as education fund for their children or living expenses for retirement. With attractive long-term total return for legacy planning purpose to achieve the mid-term to long-term saving target</p> <ul style="list-style-type: none"> ✓ Guaranteed Cash Value: better in most of the policy years ✓ Total Cash Value: better in the first 20 years ✓ Projected total breakeven year as short as 6 years ✓ Higher financial flexibility in mid-term, which the projected total IRR can reach 5.48% at policy year 20 	<p>A saving plan with higher potential total long-term return and comprehensive legacy planning features that can preserve and grow their wealth, in order to pass the legacy to future generations</p> <ul style="list-style-type: none"> ✓ Guaranteed Cash Value: steady growth ✓ Total Cash Value: better after 20 years ✓ Projected total breakeven year as short as 6 years ✓ Higher long-term total return, which projected long-term total IRR can reach 7.20%

*Any withdrawal which exceeds the remaining balance of cash value of accumulated RB will be deducted from the GCV and the cash value of TB, which in turn will reduce the Notional Amount of the policy and be deemed as partial surrender.

Return Comparison at a glance

Product	SunJoy	SunGift
2-Pay (Insured age 0, Male(non-smoker), Total premiums paid USD50,000)		
Guaranteed Breakeven Year	13	13
Total Breakeven Year	6	6
Guaranteed Return (@120-year)	1.00%	0.56%
Mid-term Total Return (@20-year)	5.41%	5.03%
Long-term Total Return (@120-year)	7.07%	7.20%
5-Pay (Insured age 0, Male(non-smoker), Total premiums paid USD50,000)		
Guaranteed Breakeven Year	13	13
Total Breakeven Year	7	7
Guaranteed Return (@120-year)	1.00%	1.00%
Mid-term Total Return (@20-year)	5.48%	5.48%
Long-term Total Return (@120-year)	7.04%	7.14%



SunJoy and SunGift provide same product features with same premium (subject to premium payment term and notional amount).



For more details on return of SunJoy and SunGift, please refer to Appendix A – Internal Return Comparison.

Product Positioning

Product						
	SunJoy Greater financial flexibility in early years	SunGift Competitive potential long-term return	Stellar Multi-Currency Plan Attractive potential long-term return	Victory Attractive guaranteed return in mid-term		
Proposition	With flexibility of withdrawals to support the financial needs in early years and early breakeven, with extra caring protection	With competitive total return in mid to long-term for legacy planning purpose and early breakeven, with extra caring protection	All-rounded financial flexibility to fit various needs in different life stages Comprehensive legacy planning and potential wealth accumulation	Attractive guaranteed return in mid-term and stable total return in long-term as an affordable product, and with the optional rider – Value Enhancer for 5-Pay policies, the GCV shall be "fast-forward"		
Premium Payment Term & Issue Age	<ul style="list-style-type: none"> • 2 Pay: Age 0 – 80 • 5-Pay: Age 0 – 75 		<ul style="list-style-type: none"> • 2 Pay: Age 0 – 80 • 6-Pay: Age 0 – 75 • 12-Pay: Age 0 – 65 • 18-Pay: Age 0 – 60 	<ul style="list-style-type: none"> • 5 Pay (with Value Enhancer): Age 0 – 80 • 5 Pay: Age 0 – 70 • 10 Pay: Age 0 – 65 		
Minimum Premium Annual	<ul style="list-style-type: none"> • 2-pay: USD15,000 • 5-pay: USD3,000 		<ul style="list-style-type: none"> • <u>2-pay</u>: USD10,000 / CAD 12,000 / GBP 7,000 / RMB 70,000 • <u>6-pay</u>: USD2,000 / CAD 2,400 / GBP 1,400 / RMB 14,000 • <u>12-pay</u>: USD 1,500 / CAD 1,800 / GBP 1,050 / RMB 10,500 • <u>18-pay</u>: USD 1,000 / CAD 1,200 / GBP 700 / RMB 7,000 	<ul style="list-style-type: none"> • 5 Pay (with Value Enhancer): USD7,500 • 5 Pay: USD1,500 • 10 Pay: USD750 		
Value Component						
Guaranteed Cash Value			Available after 3rd policy year			
Cash value and face value of RB	Unique in market		guaranteed once declared			
Cash value and face value of TB	Non-guaranteed					
Product Features						
Change of Insured Option			✓			
Change of Coverage Option		✗		✓		
Policy Split Option		✓		✗		
Death Benefit Settlement Option	Most Comprehensive	6 types of Options Different Death Benefit Settlement Option for each beneficiary		3 types of Options Same Death Benefit Settlement Option for all beneficiaries		
Accidental Caring Plus Benefit	Unique among similar products in market²	Additional 1,000% of Notional Amount	✗	✗		
Premium Holiday Option / Premium Suspension Option	Premium Holiday Option – after the 2nd policy anniversary (without proof of financial status), only applicable to 5-pay policies		Premium Holiday Option – after the 2nd / 3rd policy anniversary (without proof of financial status), only applicable to 6/12/18-pay policies	Premium Suspension Option – after the 1st policy anniversary due to unemployed		

Product Positioning (Continued)

Product				
	SunJoy Greater financial flexibility in early years	SunGift Competitive potential long-term return	Stellar Multi-Currency Plan Attractive potential long-term return	Victory Attractive guaranteed return in mid-term
Waiver of Premium Benefit & Payor Benefit	only applicable to 5-pay policies	only applicable to 6/12/18-pay policies		✗
Mental Incapacity Benefit		✓ NEW		✗
Designation of Contingent Policy Owner Option	Enhanced	applicable		
Return comparison as example (Insured age 0, Male(non-smoker), Total premiums paid USD50,000)				
Premium Payment Term	5-Pay	5-Pay	6-Pay	5-Pay
Guaranteed Breakeven Year	13	13	14	19
Guaranteed Return (@120-year)	1.00%	1.00%	0.99%	1.10%
Mid-term Total Return (@20-year)	5.48%	5.48%	5.41%	5.01%
Long-term Total Return (@120-year)	7.04%	7.14%	7.00%	6.68%

3. Key Selling Points

1

Competitive potential total return and early breakeven

Short Premium Payment Terms without committing to long-term payments

- Choices of **2-year and 5-year** Premium Payment Terms
- Total breakeven year is as early as the **6th** policy year

Potential upside with RB and TB

- Once declared, cash value and face value of the **accumulated RB** (if any) will become **guaranteed and accumulate in the policy**
- non-guaranteed one-time **TB** (if any) will be **payable upon the payment of the Mental Incapacity Benefit (if applicable), surrender, maturity or in the unfortunate event of the death of the Insured**

2

Provide financial support by additional protection in case of accident



Accidental Caring Plus Benefit without extra charge

An additional amount which is equal to **1,000% of the Notional Amount**, if the Insured is **diagnosed with Loss of Independent Existence due to Accident between the age of 18 to 65**, such as being permanently unable to perform at least 3 of the Activities of Daily Living

Unique among similar products in market²



3

To fit the future plan with great flexibility

Policy Split Option

Starting from the **5th policy anniversary**, by splitting notional amount into several policies to timely adjust his/her financial arrangement and plan ahead to split the policy values for different legacy planning purposes



4

Flexible Financial Arrangement

Premium Holiday Option[@]

If the client has other financial priorities, he/she may apply to suspend the premium **on or after the 2nd policy anniversary**, without proof of financial status



@ only applicable to 5-Pay policies



For more details on the product features, please refer to section 5 – Product Description.

3. Key Selling Points (Continued)

5

Ease financial burdens

Waiver of Premium Benefit® /

Payor Benefit® without extra charge

If Policy Owner passes away (only applicable to Payor Benefit) or is diagnosed with Total Permanent Disability before the age of 65, the **future premiums payable for the Basic Plan will be waived until the end of premium payment term and up to the Maximum Waiver Amount USD200,000**



6

Options
Tailored and
Most caring

6 types of Death Benefit Settlement Option

When the Insured is still alive, Policy Owner can select **different Death Benefit Settlement Options for each of the corresponding beneficiary.**

It can be customized to fulfill individual's needs, includes family lifestyle protection or policy continuation



7

Uninterrupted legacy planning

Unlimited times for change of Insured when needed

After the 1st policy anniversary, exercise the Change of Insured Option for unlimited times which a flexible way to pass on their wealth to future generations

Enhancement
Extended to adult insured

Designate a Contingent Policy Owner as "Plan B"

When the existing Policy Owner passes away, the **policy ownership will be transferred to such Contingent Policy Owner**, continuing the wealth accumulation

8

Mental Incapacity Benefit

Newly added

The plan supports client through the Mental Incapacity Benefit in case the client becomes as a **Mentally Incapacitated Person**

When client opt for Mental Incapacity Benefit Percentage of 25%, 50% or 75% of the TCV, the policy value still continue to accumulate even after the Mental Incapacity Benefit is paid

@ only applicable to 5-Pay policies



For more details on the product features, please refer to section 5 – Product Description.

4. How do SunJoy and SunGift Work

✓ Plan Structure

Starting from the 3rd policy year, **SunJoy** and **SunGift** offer steady return in the form of **GCV**.

Apart from GCV, the plans also provide 2 types of non-guaranteed bonuses i.e. **RB** and **TB** to potentially accelerate long-term return.

Guaranteed portion	Non-guaranteed portion	
Guaranteed Cash Value	Reversionary Bonus	Terminal Bonus
<ul style="list-style-type: none"> ▪ Guaranteed until the current insured reaches the age of 120 ▪ Payable upon the payment of the Mental Incapacity Benefit (if applicable), surrender or policy maturity 	On an annual basis <ul style="list-style-type: none"> ▪ Non-guaranteed, but guaranteed once declared, and the declared portion will be accumulated in policy ▪ Payable upon the death of Insured Cash Value <ul style="list-style-type: none"> ▪ Non-guaranteed, but guaranteed once declared, and the declared portion will be accumulated in policy ▪ Payable upon the payment of the Mental Incapacity Benefit, surrender, policy maturity or withdrawal 	On a one-off basis <ul style="list-style-type: none"> ▪ Non-guaranteed and declared annually ▪ Payable upon the death of Insured Cash Value <ul style="list-style-type: none"> ▪ Non-guaranteed and declared annually ▪ Payable upon the payment of the Mental Incapacity Benefit (if applicable), surrender or policy maturity



Illustration Updates

For **SunJoy** and **SunGift**, the **Supplementary Illustration of Benefits (withdrawal option) has been updated** which the withdrawal is assumed to be made at the **END of the Policy Year** (the withdrawal amount shown in the illustration means to be withdrawn at the end of each policy year)

Example: Insured age 0, Male, 2P, Total Premiums Paid USD100,000

Withdrawal Schedule: the end of 2nd – 120th policy year

Annual Withdrawal Amount: USD 2,200

Total Cash Value after Withdrawal

End of Policy Year	SunJoy	SunGift
	Total Cash Value after withdrawal	
10 Year	118,619	31,646
20 Year	224,508	34,900
30 Year	443,966	43,996
40 Year	867,614	59,077
50 Year	1,810,645	94,200
100 Year	65,633,129	2,787,549
120 Year	310,666,183	11,961,454



Summary: the Total Cash Value after withdrawal of SunJoy is higher than SunGift for the same withdrawal schedule and withdrawal amount

✓ **Accidental Caring Plus Benefit**



Unique for similar product in market²

To provide a sufficient support and protect our client against the financial impact throughout the difficult times, **SunJoy** and **SunGift** provide Accidental Caring Plus Benefit, if the Insured is diagnosed as **suffering from Loss of Independent Existence due to Accident** during the period between the Policy Anniversaries on or immediately following the **Insured's age 18 – 65**, we will pay an **additional 1,000% of the Notional Amount*** (which is equivalent to total annual premiums) of the Basic Plan. With this substantial protection, client will not have to worry about burdening their family.



Loss of Independent Existence means the total / complete inability to perform **at least 3 of the Activities of Daily Living** even with the aid of special equipment, for a continuous period of at least 6 months after Accident and leading to a permanent inability to perform the same



Activities of Daily Living means (a) bathing; (b) dressing; (c) using the lavatory; (d) eating; and (e) moving in or out of a bed or a chair

How does Accidental Caring Plus Benefit work?

Policy Owner: Mr. A

Insured: Mr. A's son (Issue age 0)

Benefit Term until the Insured's age of 120

Accidental Caring Plus Benefit

Age 0
(Policy Issuance)

Age 18

Age 65

Age



No extra premium



No health examination



No waiting period



Policy will not be terminated, and the policy value will not be reduced after the benefit payout

* The protection amount of Accidental Caring Plus Benefit will be adjusted regarding the reduced Notional Amount (if any)

Note:

- Subject to a maximum per life limit of US\$1,250,000 under all policy(ies) of SunJoy and SunGift and any other products with the same Accidental Caring Plus Benefit issued by us for the same Insured
- Accidental Caring Plus Benefit could only be claimed once under this policy
- Accident must be happened while this Basic Plan is in effect, and any condition resulted the Loss of Independent Existence must first occur and after the Issue Date, last reinstatement date of this Basic Plan, the Effective Date of the Change of Insured or the Continuation Option Effective Date, whichever is the latest
- This benefit is subject to the exclusions described in Policy Documents

✓ Premium Holiday Option

On or after the 2nd policy anniversary (only applicable to 5-Pay policies), our client may apply to suspend premium payment of the Policy by exercising Premium Holiday Option. With this option, he / she can postpone premium payment for 1 year ("Premium Holiday Period"), up to 2 years in total.

During the Premium Holiday Period, the GCV, cash value and face value of accumulated RB under the Policy will freeze if there is no withdrawals or partial surrender during such period. Also, no RB will be declared or credited during the Premium Holiday Period.

Let's see a simple example, assume a client with an 5-pay policy executes Premium Holiday Option to suspend the premium payment for 2 years in 3rd policy year,



Remarks:

- the "RB" mentioned in the diagram means the cash value and face value of the accumulated RB under the policy
- assuming no withdrawals on the accumulated RB or partial surrender occur during the Premium Holiday Period



Q: What is the maximum Premium Holiday Period allowed under the same policy?

A: Consecutive or separate 2 years at maximum.



For more details on the product features, please refer to section 5 – Product Description.

✓ **Policy Split Option**

On or after the 5th policy anniversary, our client can exercise Policy Split Option by splitting the notional amount of original policy into several new policies. It can also enable clients to plan ahead to meet the financial goals in different stages of life. After policy split, client can also exercise change of insured and change of policy owner when needed, so that passes his/her policy to their loved ones to facilitate legacy planning.

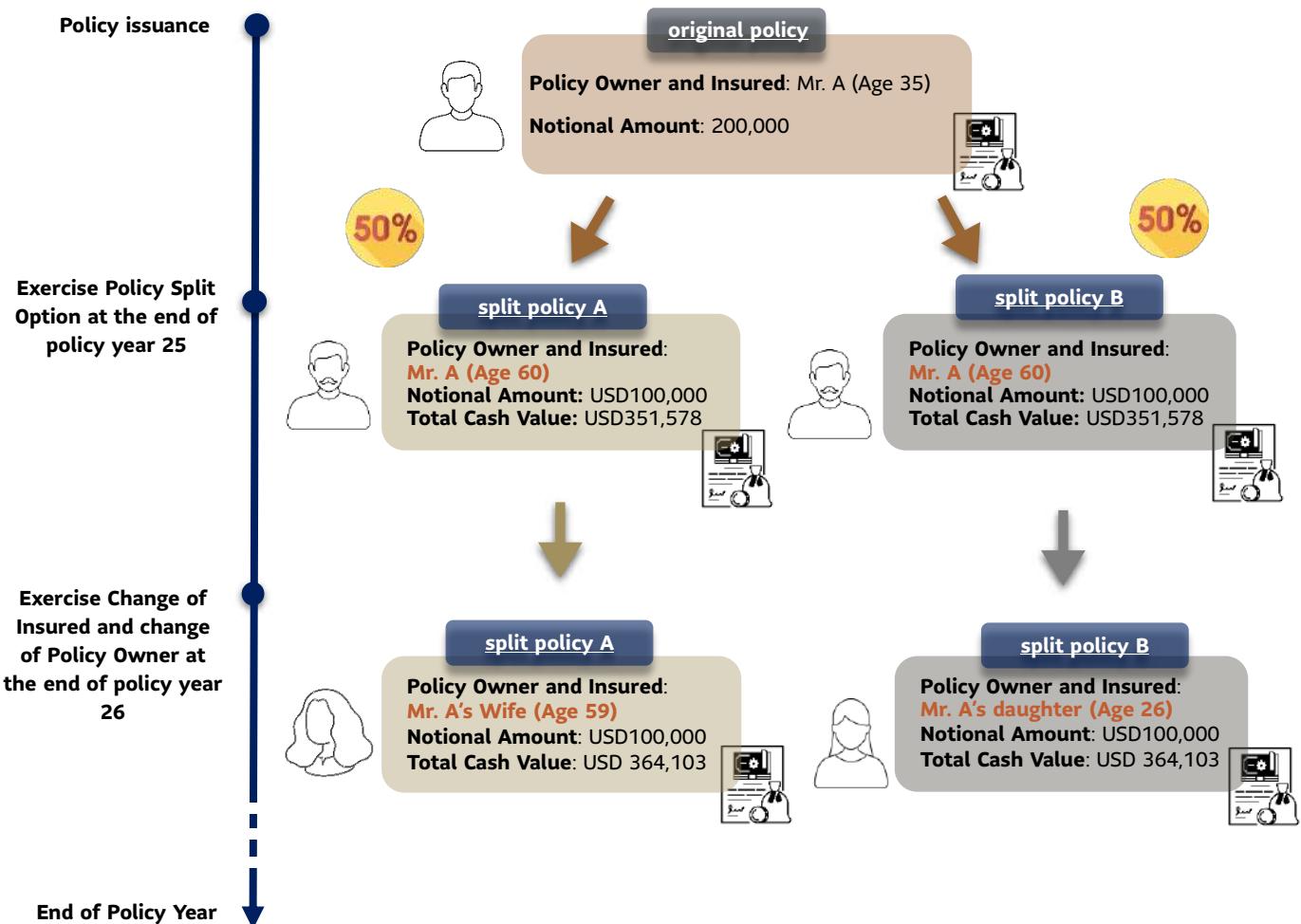
The arrangement and rules of Policy Split Option:

Application Period	On or after the 5 th policy anniversary, the application must be submitted within 30 days before a Policy Anniversary and can only be made once per policy year
Application Conditions	<ul style="list-style-type: none"> The Notional Amount of Split Policies cannot be less than the minimum amount requirement as required by the then current administrative rules The irrevocable beneficiary(ies) (if any) must agree in the writing to such request The Original Policy before Split is not assigned and the outstanding amount of any loans with interest must have been settled before Policy Split request is submitted to us
Required Documents	<ul style="list-style-type: none"> Complete the relevant prescribed form and submitted to us (a new illustration and FNA <u>are not required</u>)
Important Notes	<ul style="list-style-type: none"> The Original Policy before Split shall be automatically terminated from the Effective Date of the Policy Split All benefits, terms and conditions of the Original Policy before Split will apply to the Split Policies The application for Policy Split Option CANNOT be withdrawn or changed once approved There is NO Cooling-off Period for the Split Policies
When the Split Policy is in effect	<ul style="list-style-type: none"> For NEW policies of SunJoy / SunGift, the client will receive the policy contract of Split Policies with NEW policy number The Split Policies will take effect from the Effective Date of the Policy Split (1) Policy Owner, (2) Insured, (3) Policy Date, (4) Maturity Date, (5) Policy Year, (6) Contingent Policy Owner designation, (7) Beneficiary(ies), (8) Mental Incapacity Benefit Recipient designation and (9) Death Benefit Settlement Option will be the SAME as the Original Policy before Split

How does Policy Split Option with Change of Insured and Change of Policy Owner Work?

The total premiums due and paid and the policy values of the Original Policy before Split, including GCV, the accumulated RB (if any), TB (if any) will be **allocated to the Split Policies according to the designated percentage of the Notional Amount applicable to such Split Policies.**

SunJoy 5-Pay as example:



The above example assumes that no loans on the policy and all figures shown in the case are rounded to the nearest whole number.



For more details on the product features, please refer to section 5 – Product Description.

✓ **Extension of Benefit Term with Change of Insured Option when needed**

SunJoy and **SunGift** enable our clients to pass their wealth to the next generations without extra cost by the Change of Insured Option. If the benefit term is extended due to the change of insured, the amount of Guaranteed Cash Value beyond the original maturity date will not be less than the amount before the change.

Subject to the then prevailing administrative rules, the insured can be changed **after the 1st policy anniversary** for unlimited times when needed without any impact to the current policy value.

If the new insured is younger, the benefit term will be extended until the new insured reaches age 120. As a result, wealth can be accumulated for an even longer time!

What are the criteria of Change of Insured Option?

When it is Available	After the 1 st policy anniversary
No. of Changes Allowed	Unlimited
Benefit Term upon Approval	the Policy Anniversary on or immediately following the new Insured's 120 th birthday
Requirement on Age of proposed New Insured	Proposed new Insured must be less than or equal to the maximum issue age as at the effective date of the Change of Insured
Status of Insured	Both the current Insured and proposed New Insured must be alive on the effective date of the Change of Insured
Insurability	Satisfactory evidence of insurability of the proposed new Insured
Endorsement of Application	The application must be endorsed by the followings: 1. Policy Owner 2. Proposed new Insured 3. Irrevocable beneficiary(ies) (if any) 4. Assignee (if any)



Without complicated legal process through lawyer/trustee and extra cost (e.g. tax, management fee and any charges etc.), you can still pass your legacy in a similar way as Trust

✓ Flexible settlement option for Death Benefit

- In the unfortunate event of the death of the insured, the Death Benefit will be paid to beneficiary
- Policy Owner can select the below different **Death Benefit Settlement Option 1-6** before death of the Insured **for EACH of the corresponding beneficiary**
 1. **In lump sum** (default option)
 2. **Full Payment by Instalments** – Full payment of the Death Benefit to be paid by annual or monthly instalments in accordance with the selected pay out period (within 2-50 years)
 3. **Partial Payment by Instalments** – To be paid with mixture of 1 and 2, to have part of the Death Benefit (at least 5%) to be paid in lump-sum and the remaining balance by annual or monthly instalments in accordance with the selected pay out period (within 2-50 years)
 4. **Partial Payment by Instalments till the designated age of the beneficiary*** – a designated amount to be paid by annual or monthly instalments before the designated age of beneficiary and the remaining balance (if any) to be paid in a lump sum at designated age of beneficiary. Such arrangement can be made to allow the beneficiary to receive the payout by stages to encourage their child's financial management
 5. **Full Payment by Increasing Instalments** – Full payment of the Death Benefit to be paid by annual or monthly instalments in accordance with the designated amount of the first instalment, and the subsequent instalments will be increased by 3% each year starting from the 2nd year until the Death Benefit is fully paid as well as to offset inflation
 6. **Continuation Option (to the designated beneficiary)*** – automatically exercised on the date of the death of the Insured while the Original Policy will be terminated and a New Policy will be formed according to percentage designated to the corresponding beneficiary as stated in the prescribed form. The beneficiary will become the New Insured and the New Policy Owner (if applicable) of the New Policy. This option can prevent the policy from termination due to the death of the Insured

*please note that the nominated beneficiary must be a living individual



Example: Mr. A selected different Death Benefit Settlement Options for each of the corresponding beneficiary



1. Lump Sum



2. Full payment by instalments
(within 2-50 years)



3. Partial Payment by Instalments (at least 5%)



4. Partial Payment by Instalments till the designated age of beneficiary
Age 18

Age 35



5. Full Payment by Increasing Instalments
(increase 3% p.a.)



6. Continuation Option



For more details on the product features, please refer to section 5 – Product Description.



How does the Continuation Option work?



Father (as Policy Owner and Insured) nominated wife and daughter as beneficiaries and pre-allocated the policy value for wealth inheritance (i.e. 30% for wife by lump sum and 70% for daughter by continuation option).



Protection for family member



Death Benefit (**30% x death benefit of the policy**) will be paid to wife (beneficiary 1), to **provide financial support and ensure living standards can be maintained**



Pass the wealth to the next generations



Daughter (beneficiary 2) will become the Insured and Policy Owner of the New Policy, with designated percentage of policy value (**70% x cash value of the original policy**), **and the new policy continue to grow for wealth accumulation**

Remarks:

- For options 2, 3 and 5, the Death Benefit proceed for instalments should be at least USD 50,000 in total and the annual instalment amount should be at least USD 2,500. Otherwise, the whole Death Benefit will be paid in lump sum to the beneficiary
- For option 4, the annual instalment amount should be at least USD 2,500. Otherwise, the whole Death Benefit will be paid in lump sum to the beneficiary
- For option 5, the amount of last payment may be less than the previous instalment or the increment is less than 3%
- For options 2-5, the interest on the unpaid balance of the Death Benefit is non-guaranteed, any interest accumulated will be paid with the last payment
- For option 6,
 - The beneficiary will become both the New Insured and the New Policy Owner, if
 - (i) the Insured is also the Policy Owner; or
 - (ii) the Insured is not the Policy Owner and the Policy Owner and the Insured die at the same time or the Policy Owner dies within 14 days after the death of the Insured
 - The beneficiary will become the New Insured, if the Insured is not the Policy Owner and the Policy Owner is still alive
 - The age of the New Insured must be less than or equal to the maximum issue age on the Continuation Option Effective Date
 - The Notional Amount, the total premiums due and paid and the outstanding amount of any loans and interest and the policy values of the Original Policy, including GCV, accumulated RB (if any), TB (if any) will be allocated to the New Policy according to the percentage designated to the corresponding beneficiary as stated in the prescribed form
 - If the Notional Amount of the New Policy is less than the minimum amount requirement as required by the then current administrative rules, then we will pay the Death Benefit of the Basic Plan in a lump sum to the designated beneficiary



For more details on the product features, please refer to section 5 – Product Description.

✓ **Waiver of Premium Benefit[#]**

With **Waiver of Premium Benefit**, the client can safeguard his/her policy and relieve the financial burden on their loved ones, even if life takes an unexpected turn. If an Insured (also the Policy Owner at the same time) is diagnosed as suffering from Total Permanent Disability before his/ her age 65*, we will waive the future premiums payable for the Basic Plan, until the end of premium payment term at the issuance of the policy and up to the Maximum Waiver Amount USD200,000[^].

Eligibilities:

- (i) the Insured is also the Policy Owner; and
- (ii) the age of Insured is between 18 and 60^①

The premium waive will be calculated as following:

The date of diagnosis of Total Permanent Disability	Effective date of Waiver of Premium Benefit
Neither falls in the Grace Period nor the Premium Holiday Period	Starting from the premium due date immediately after the date of diagnosis of Total Permanent Disability
During Premium Holiday Period	Immediately following the Premium Holiday Period end
During Grace Period	Starting from the premium due date immediately preceding the date of diagnosis of Total Permanent Disability

[#] Applicable to SunJoy / SunGift 5-Pay policies

*The benefit provides immediate coverage if the Insured is diagnosed as suffering from Total Permanent Disability resulted from Injury, but subject to a 2-year waiting period if the Insured is diagnosed as suffering from Total Permanent Disability resulted from Sickness

[^] Maximum Waiver Amount is USD200,000 under all policy(ies) of SunJoy, SunGift and any other products with the same Waiver of Premium Benefit and Payor Benefit issued by us for the same Policy Owner

^① Waiver of Premium Benefit is applicable to the Insured whose age between 18 – 60 on issue date, the effective date of change of Policy Owner, the Effective Date of the Change of Insured or the Continuation Option Effective Date, whichever is latest

Notes:

1. Waiver of Premium Benefit and Payor Benefit could only be claimed once in total under this Basic Plan, and once such claim is approved by us and becomes payable, the coverage for Waiver of Premium Benefit and Payor Benefit under this Basic Plan will terminate forthwith automatically.
2. After the waived premium payable of the basic plan reaches the Maximum Waiver Amount, the Policy Owner shall pay the remaining balance of premium payable. otherwise, the automatic premium loan will be applied, or the policy will be automatically terminated.
3. This benefit is subject to the terms and conditions, pre-existing conditions and exclusions described in Policy Documents.



For more details on the product features, please refer to section 5 – Product Description.

With **Payor Benefit**, a safety net to ensure the policy is kept in force so the financial future of their child is not affected, regardless of any mishaps which may occur. If the Policy Owner passes away or is diagnosed as suffering from Total Permanent Disability before his/ her age 65*, we will waive the future premiums payable for the Basic Plan, until the end of premium payment term at the issuance of the policy and up to the Maximum Waiver Amount USD200,000[^].

Eligibilities:

- (i) the age of the **Policy Owner is 60 or below[^]**; and
- (ii) the age of **the Insured is under 18[^]**

The premium waive will be calculated as following:

The date of death or the date of diagnosis of Total Permanent Disability	Effective date of Payor Benefit
Neither falls in the Grace Period nor the Premium Holiday Period	Starting from the premium due date immediately after the date of death or the date of diagnosis of Total Permanent Disability
During Premium Holiday Period	Immediately following the Premium Holiday Period ends
During Grace Period	Starting from the premium due date immediately preceding the date of death or the date of diagnosis of Total Permanent Disability

[#] Applicable to SunJoy / SunGift 5-Pay policies

*The benefit provides **immediate coverage** if the Policy Owner passes away or is diagnosed as suffering from Total Permanent Disability resulted **from Injury**, but subject to a **2-year waiting period** if the Policy Owner passes away or is diagnosed as suffering from Total Permanent Disability resulted **from Sickness**.

[^] Maximum Waiver Amount is USD200,000 under all policy(ies) of SunJoy, SunGift and any other products with the same Waiver of Premium Benefit and Payor Benefit issued by us for the same Policy Owner

[^]Payor Benefit is applicable to the Policy Owner whose age 60 or below on the Issue Date, the effective date of change of Policy Owner or the Continuation Option Effective Date, whichever is latest; and applicable to the Insured whose age under 18 on the Issue Date, the effective date of change of Policy Owner (if applicable), the Effective Date of the Change of Insured or the Continuation Option Effective Date, whichever is latest.

Notes:

1. Payor Benefit and Waiver of Premium Benefit could only be claimed once in total under this Basic Plan, and once such claim is approved by us and becomes payable, the coverage for Payor Benefit and Waiver of Premium Benefit under this Basic Plan will terminate forthwith automatically.
2. After the waived premium payable of the basic plan reaches the Maximum Waiver Amount, the Policy Owner shall pay the remaining balance of premium payable. otherwise, the automatic premium loan will be applied, or the policy will be automatically terminated.
3. **This benefit is subject to the terms and conditions, pre-existing conditions and exclusions described in Policy Documents.**



For more details on the product features, please refer to section 5 – Product Description.

Pre-existing Conditions for Waiver of Premium Benefit and Payor Benefit

We will not pay any claim of Waiver of Premium Benefit and Payor Benefit directly caused by or resulting from the pre-existing condition. A condition of the Policy Owner or Insured (as the case may be) for which medical advise, diagnosis, care or treatment was recommended or received before (whichever is the latest):

- (i) the Issue Date;
- (ii) the last reinstatement date of this Basic Plan;
- (iii) the last effective date of the change of Policy Owner;
- (iv) the last Effective Date of the Change of Insured; or
- (v) the Continuation Option Effective Date.

✓ **Designation of Contingent Policy Owner Option**

Enhancement
Extended to adult insured

SunJoy and **SunGift** allow our clients to designate a Contingent Policy Owner for juvenile / adult insured(s), to pass the policy ownership to such Contingent Policy Owner if the existing Policy Owner passes away unexpectedly. After policy issuance, Policy Owner may designate a Contingent Policy Owner and the proof of insurable interest is not required.

Please note, when any of the following happens while there is an existing Contingent Policy Owner designation in our record, such existing Contingent Policy Owner designation will be revoked automatically:

- 1) When ownership of the policy is transferred
- 2) When clients designate a new Contingent Policy Owner
- 3) When clients exercise Change of Insured Option

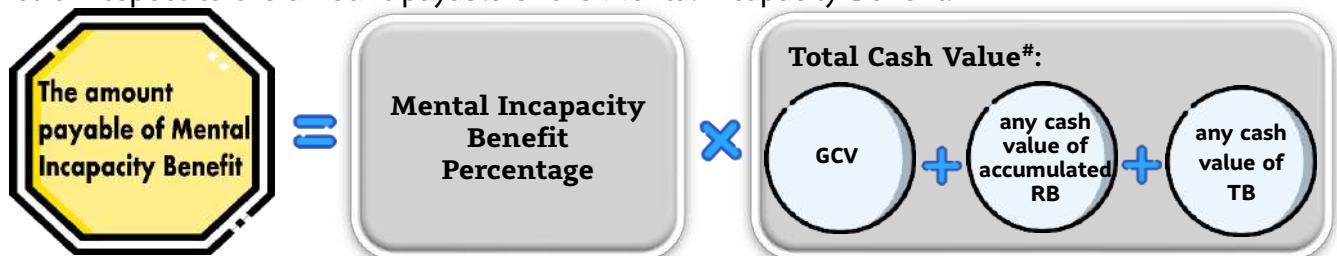


New

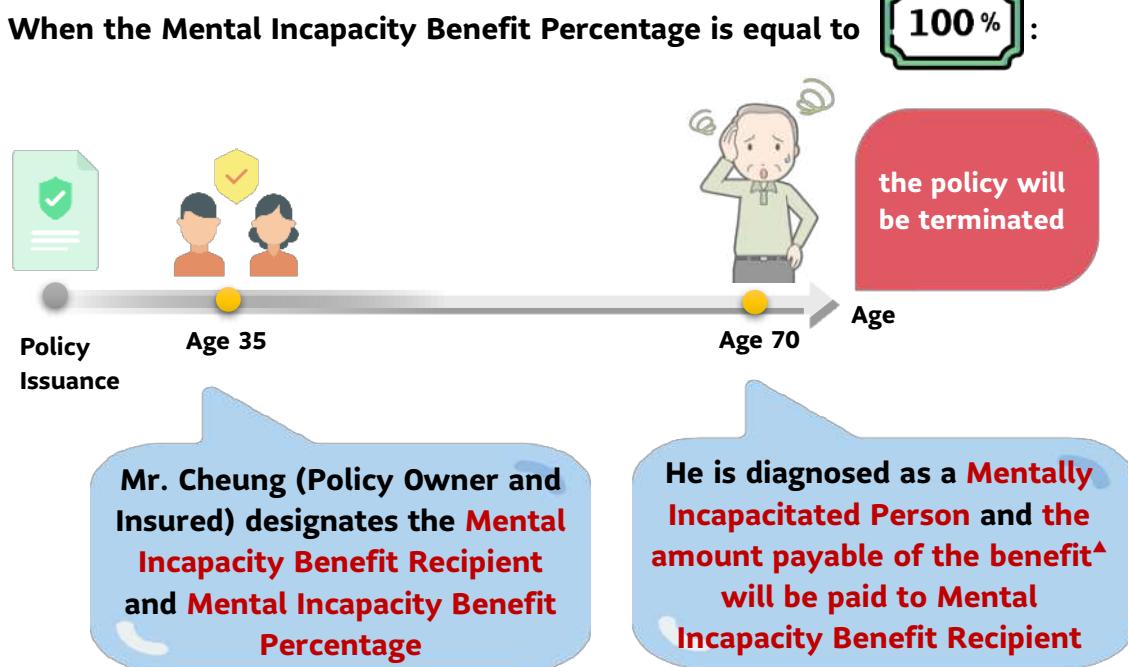
Support client no matter what life brings with the Mental Incapacity Benefit

With **SunJoy** and **SunGift**, clients can take care of their loved ones even if life takes an unexpected turn. The plan supports client through the Mental Incapacity Benefit[^] in case the client becomes as a Mentally Incapacitated Person⁺. Client may designate a family member as Mental Incapacity Benefit Recipient* so that he/she may file a claim on Policy Owner's behalf in unfortunate situation and without having to navigate complicated claim proceedings. Mental Incapacity Benefit will be paid to Mental Incapacity Benefit Recipient which is equal to the designated percentage ("Mental Incapacity Benefit Percentage") i.e. **25% / 50% / 75% / 100% of the Total Cash Value ("TCV")**. When client opt for Mental Incapacity Benefit Percentage of 25%, 50% or 75% of the TCV, the policy value still continue to accumulate even after the Mental Incapacity Benefit is paid.

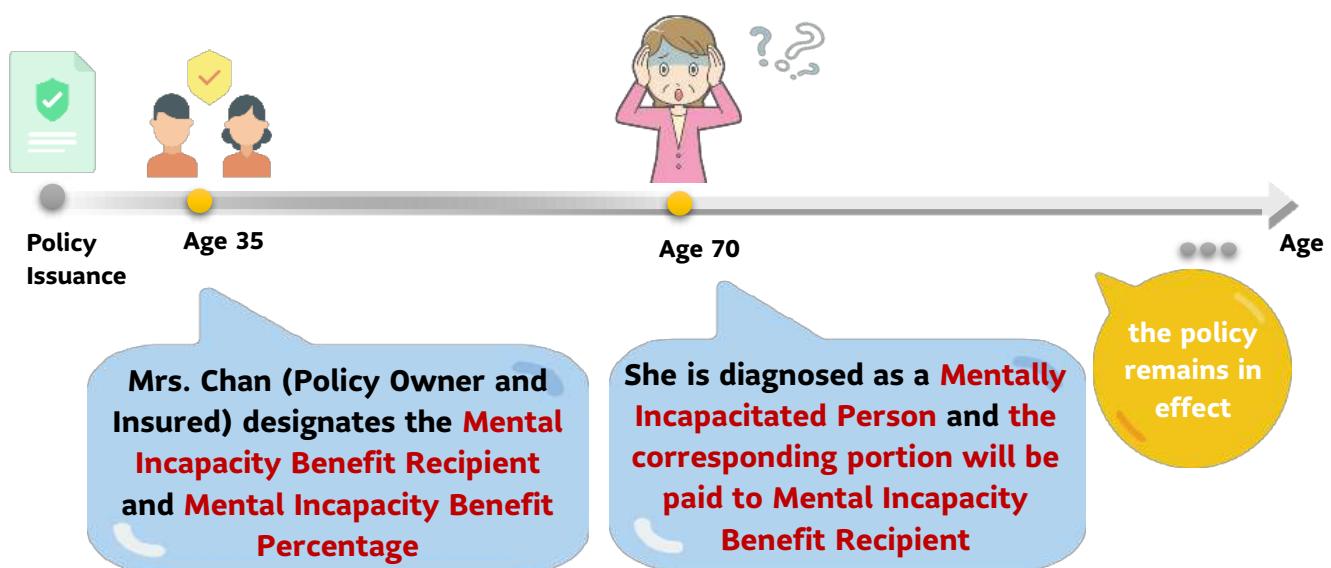
With respect to the amount payable of the Mental Incapacity Benefit:



[#]the total cash value on the approval date of the Mental Incapacity Benefit claim



When the Mental Incapacity Benefit Percentage is **25% / 50% / 75%** :



Remarks:

^ Mental Incapacity Benefit is only applicable to the policy where the Policy Owner and the Insured are the same person. It is only payable once while the Policy and the Mental Incapacity Benefit are in effect.

+ Mentally Incapacitated Person shall mean a person who is incapable, by reason of mental incapacity, of managing and administering his/her property and affairs. The diagnosis of mental incapacity must be given by a Registered Medical Practitioner who is a psychiatric specialist having special experience in diagnosis of mental incapacity.

* Mental Incapacity Benefit Recipient must be: (i) aged 18 or above at the time of designation and (ii) the policy owner's spouse, parent, child, sibling, grandparent, grandchild, or any other relationship as approved by Sun Life.

▲ The amount payable of the Mental Incapacity Benefit equals to the TCV multiplied by the Mental Incapacity Benefit Percentage, and plus any other amounts left with us less the amount of any loans with interest.

Q: After policy issuance, can the Mental Incapacity Benefit Recipient or Mental Incapacity Benefit Percentage be changed?

A: Yes. Mental Incapacity Benefit Recipient and Mental Incapacity Benefit Percentage can be changed by submitting our specified designation form and complying with such requirements as we prescribe from time to time and subject to our approval and shall be effective only if recorded by us.

Q: If Mental Incapacity Benefit is 100%, what will happen after the Mental Incapacity Benefit is paid?

A: Upon the payment of Mental Incapacity Benefit, the policy will terminate on the approval date of the Mental Incapacity Benefit claim.

 For more details on the product features, please refer to section 5 – Product Description.

5. Product Description

(A) Product Details

Plan Name	SunJoy / SunGift				
Abbreviation	Product	2-Pay	5-Pay		
	SunJoy	SJ2	SJ5		
Plan Type		Participating Plan			
Policy Currency		USD			
I. Basic Information					
Plan Code	Product	Plan Code			
	SunJoy	EXAU0A			
Premium Payment Term ("PPT")		SunGift			
Issue Age (age last birthday)	Premium Payment Term	Issue Age			
	2-Pay	0 - 80			
	5-Pay	0 - 75			
Benefit Term	To age 120 of the current Insured				
Rider Attachment	Free Rider: Worldwide Emergency Assistant Benefit				
II. Premium					
Premium Payment Mode	Annually / Semi-annually / Monthly				
Premium Modal Factor	<ul style="list-style-type: none"> Semi-annual Premium = Annual Premium x 0.52 Monthly Premium = Annual Premium x 0.0883333 <p>Equal to <u>Modal Discount Factor</u>:</p> <ul style="list-style-type: none"> Annual Premium = Monthly Premium x 12 x 94.33962% Semi-annual Premium = Monthly Premium x 12 ÷ 2 x 98.11321% 				
	<ul style="list-style-type: none"> Level & Guaranteed Calculated based on the Notional Amount 				
Volume Discount	N/A				
Notional Amount	Premium Payment Term	2-Pay	5-Pay		
	Minimum Amount	USD30,000	USD15,000		
Minimum Annual Premium	Maximum Amount				
	Subject to Sun Life's approval				
	Premium Payment Term	2-Pay	5-Pay		
Minimum Amount		USD15,000	USD3,000		

Plan Name	SunJoy / SunGift
III. Product Features & Benefits	
Maturity Benefit / Surrender Value	<p>GCV</p> <p>+ any cash value of accumulated RB</p> <p>+ any cash value of TB</p> <p>+ any other amounts left with Sun Life</p> <p>- the amount of any loans with interest</p>
Death Benefit	<p>Death Benefit is payable upon death of Insured</p> <ul style="list-style-type: none"> • The amount of Death Benefit is equal to the higher of: <ul style="list-style-type: none"> (a) Total premiums due and paid - the withdrawn cash value of accumulated RB; or (b) GCV on the date of death of the Insured + any face value of accumulated RB + any face value of TB <p>+ any other amounts left with Sun Life</p> <p>- the amount of any loans with interest</p>
Mental Incapacity Benefit Newly added	<ul style="list-style-type: none"> • If the Insured (as Policy Owner at the same time) is diagnosed as a Mentally Incapacitated Person, the Mental Incapacity Benefit will be paid to the Mental Incapacity Benefit Recipient or the assignee (if applicable) • Mental Incapacity Benefit is equal to the designated percentage of Mental Incapacity Benefit ("Mental Incapacity Benefit Percentage") which determined by the Policy Owner that such percentage could be 25% / 50% / 75% / 100% • The amount payable of the Mental Incapacity Benefit equals to <div style="border: 1px solid black; padding: 10px; margin-left: 20px;"> Total Cash Value ("TCV"): Mental Incapacity Benefit Percentage X and (i) GCV, plus (ii) any cash value of the accumulated RB; (iii) any cash value of TB on the approval date of the Mental Incapacity Benefit claim </div> <p>If the Mental Incapacity Benefit Percentage is equal to 100%:</p> <ul style="list-style-type: none"> • The amount payable of the Mental Incapacity Benefit equals to the TCV multiplied by the Mental Incapacity Benefit Percentage, and plus any other amounts left with us less the amount of any loans with interest • The Policy will terminate on the approval date of the Mental Incapacity Benefit claim <p>If the Mental Incapacity Benefit Percentage is less than 100%:</p> <ul style="list-style-type: none"> • The amount payable of the Mental Incapacity Benefit equals to the TCV multiplied by the Mental Incapacity Benefit Percentage • With respect to the amount payable of the Mental Incapacity Benefit: <ul style="list-style-type: none"> (a) If the cash value of the accumulated RB is sufficient to cover the amount payable, it will be paid by withdrawing the cash value of the accumulated RB (b) If the cash value of the accumulated RB is insufficient to cover the amount payable, it will be paid by withdrawing all the cash value of the accumulated RB first, and the remaining portion will be paid by corresponding portion of the total amount of (i) GCV and (ii) the cash value of TB which will trigger automatic partial surrender

Plan Name	SunJoy / SunGift
	<p>Note: since the Notional Amount of the Basic Plan cannot be less than the minimum amount as required by the current administrative rules and the amount available for a loan cannot be less than 0 after such automatic partial surrender, the actual amount of Mental Incapacity Benefit may be less than the amount payable</p> <ul style="list-style-type: none"> Any withdrawal from the cash value of the accumulated RB will decrease the face value and cash value of the accumulated RB When an automatic partial surrender is triggered, (i) the Notional Amount, (ii) GCV, (iii) future declaration of RB and TB, and (iv) the total premiums due and paid for this Basic Plan will be reduced accordingly
Guaranteed Cash Value	Starting from the 3 rd policy year, GCV is payable upon the payment of the Mental Incapacity Benefit (if applicable), policy surrender/maturity
Reversionary Bonus (non-guaranteed)	<ul style="list-style-type: none"> RB will be declared at least annually, once it is credited to the Policy on each Policy Anniversary, provided that no Premium Holiday Option is in effect, the cash value and face value of RB become guaranteed and the RB will be accumulated with the Policy The accumulated RB will be used to determine the cash value of accumulated RB and face value of accumulated RB The face value of accumulated RB will be payable upon the death of the Insured; whilst cash value of accumulated RB will be payable upon the payment of the Mental Incapacity Benefit, withdrawal, surrender or policy maturity The face value of RB equal to the cash value of RB
Terminal Bonus (non-guaranteed)	<ul style="list-style-type: none"> TB will be adjusted at each subsequent declaration and may be increased or decreased according to the rules set by Sun Life from time to time TB cannot be cashed out nor loaned The face value of TB will be payable upon the death of the Insured; whilst cash value of TB will be payable upon will be payable upon the payment of the Mental Incapacity Benefit (if applicable), surrender or policy maturity The face value of TB may not be equal to the cash value of TB
Accidental Caring Plus Benefit	<ul style="list-style-type: none"> If the Insured is diagnosed as suffering from Loss of Independent Existence due to Accident during the period between the Policy Anniversaries on or immediately following the Insured's age 18 – 65, we will pay an additional amount 1,000% of (i) the Notional Amount as specified in the Policy Summary of the Basic Plan, or (ii) such Notional Amount as subsequently amended in response to the request(s) of the Policy Owner Subject to a maximum per life limit of US\$1,250,000 under all policy(ies) of SunJoy and SunGift and any other products with the same Accidental Caring Plus Benefit issued by us for the same Insured Loss of Independent Existence means the total / complete inability to perform at least 3 of the Activities of Daily Living, for a continuous period of at least 6 months and leading to a permanent inability to perform the same Activities of Daily Living means (a) bathing; (b) dressing; (c) using the lavatory; (d) eating; and (e) moving in or out of a bed or a chair Accidental Caring Plus Benefit could only be claimed once under this Basic Plan Loss of Independent Existence must first occur while this Basic Plan is in effect and after the Issue Date, last reinstatement date of this Basic Plan, the Effective Date of the Change of Insured or the Continuation Option Effective Date, whichever is the latest The coverage for this Accidental Caring Plus Benefit under the Basic Plan will terminate automatically on the earliest of (a) the date on which the payment of Accidental Caring Plus Benefit under this Basic Plan is made; (b) upon reaching of maximum per life limit of US\$1,250,000; and (c) the date this Basic Plan terminates

Plan Name	SunJoy / SunGift
Death Benefit Settlement Option	<ul style="list-style-type: none"> • Policy Owner can select the below different Death Benefit Settlement Option 1 - 6 before death of the Insured for each of the corresponding beneficiary: <ol style="list-style-type: none"> 1. In lump-sum (default option) 2. Full Payment by Instalments – Full payment of the Death Benefit to be paid by annual or monthly instalments in accordance with the selected pay out period (within 2 to 50 years) 3. Partial Payment by Instalments – To be paid with mixture of 1 and 2, to have part of the Death Benefit (at least 5%) to be paid in lump-sum and the remaining balance by annual or monthly instalments in accordance with the selected pay out period (within 2 to 50 years) 4. Partial Payment by Instalments till the designated age of beneficiary – a designated amount to be paid by annual or monthly instalments before the designated age of the beneficiary and the remaining balance (if any) to be paid in a lump sum at designated age of the beneficiary. In case the Insured passes away after the designated Age of the beneficiary, then we will pay the Death Benefit of the Policy in a lump sum to the beneficiary 5. Full Payment by Increasing Instalments – Full payment of the Death Benefit to be paid by annual or monthly instalments in accordance with the designated amount of the first instalment, and the subsequent instalments will be increased by 3% each year starting from the 2nd year until the Death Benefit is fully paid <p style="text-align: center;">*Note: the amount of last instalment may be less than the previous instalment or the increment is less than 3%</p> 6. Continuation Option – please refer to the below Death Benefit Settlement Option (continued) - Continuation Option (to designated beneficiary) for more details • Death Benefit proceed for instalments should be at least USD 50,000 in total and the annual instalment amount should be at least USD 2,500 to exercise the options 2, 3 and 5. Otherwise, the whole Death Benefit will be paid in lump sum to the beneficiary • The annual instalment amount should be at least USD 2,500 to exercise the options 4. Otherwise, the whole Death Benefit will be paid in lump sum to the beneficiary • The Interest on the unpaid balance of the Death Benefit is 1.5% p.a. which is non-guaranteed, any interest accumulated with us will be paid with the last payment • The option must be selected again if the Policy Owner is changed

Plan Name	SunJoy / SunGift
Death Benefit Settlement Option (continued) – Continuation Option (to designated beneficiary)	<ul style="list-style-type: none"> • This option will be automatically exercised on the date of the death of the Insured while the Original Policy will be terminated and a New Policy will be formed according to the percentage designated to the corresponding beneficiary as stated in the form. The beneficiary will become the New Insured and the New Policy Owner (if applicable) of the New Policy, according to the following: <ul style="list-style-type: none"> (a) <u>The beneficiary will become both the New Insured and the New Policy Owner</u>, if <ul style="list-style-type: none"> (i) the Insured is <u>also</u> the Policy Owner; or (ii) the Insured is <u>not</u> the Policy Owner and the Policy Owner and the Insured dies at the same time or the Policy Owner dies within 14 days after the death of the Insured, (b) <u>The beneficiary will become the New Insured</u>, if the Insured is not the Policy Owner and the Policy Owner is still alive, provided that the following conditions are fulfilled: <ol style="list-style-type: none"> 1. Satisfactory evidence of insurability of the New Insured, subject to our then current administrative rules; 2. The New Insured is alive on the Continuation Option Effective Date; and 3. The Age of the New Insured must be less than or equal to the maximum issue age on the Continuation Option Effective Date. • <u>Upon the New Policy takes effect from the Continuation Option Effective Date:</u> <ol style="list-style-type: none"> 1. The Policy Date and the policy year of the New Policy will be the same as the Original Policy; 2. The Maturity Date of the New Policy will be changed to the Policy Anniversary on or immediately following the New Insured's 120th birthday; 3. The Notional Amount, the total premiums due and paid and the outstanding amount of any loans and interest and the policy values of the Original Policy, including Guaranteed Cash Value, the accumulated RB (if any), TB (if any) will be allocated to the New Policy according to the percentage designated to the corresponding beneficiary as stated in the relevant prescribed form; and 4. For the purpose of counting the applicable period under the Incontestability provision, the relevant period will commence from the Continuation Option Effective Date for the New Insured. • There is no Cooling-off Period for the New Policy, but simplified underwriting is required • If this option is selected, the beneficiary must be a living individual • If the Notional Amount of the New Policy is less than the minimum amount requirement as required by the current administrative rules, then Death Benefit of the Basic Plan in a lump sum payment will be paid to the beneficiary • The option must be selected again if the Policy Owner is changed • When we determine that the beneficiary shall become the New Policy Owner and if either one of the following events occurs: <ul style="list-style-type: none"> (a) The beneficiary is unable or unwilling to take up the ownership of this New Policy; (b) The beneficiary is unable to satisfy the customer due diligence, other applicable laws, regulations and guidelines; or (c) The beneficiary is aged under 18 and the legal guardian of such beneficiary is unable to satisfy the customer due diligence, other applicable laws, regulations and guidelines; or (d) The Notional Amount of the New Policy is less than the minimum amount requirement as required by the current administrative rules, then we will pay the Death Benefit in a lump sum to the beneficiary.

Plan Name	SunJoy / SunGift
Change of Insured Option	<ul style="list-style-type: none"> • Allow to change the Insured after the 1st Policy Anniversary, given the Insured is still alive • No limitation in frequency of change of Insured • Simplified underwriting is required for 2-Pay policies when <ul style="list-style-type: none"> (1) total Notional Amount for this product; plus (2) total Notional Amount for SunJoy (2-Pay) / SunGift (2-Pay), Stellar (2-Pay), Stellar Multi-Currency Plan (2-Pay), Venus, Venus II and total Guaranteed Saving Amount for Vision (2-pay) exceeds USD2,000,000 per life • Simplified underwriting is required for 5-Pay policies • If the benefit term is extended due to the change of insured, the amount of Guaranteed Cash Value beyond the original maturity date will not be less than the amount before the change • <u>To change the Insured, the following conditions must be fulfilled:</u> <ul style="list-style-type: none"> (a) Satisfactory evidence of insurability of the proposed new Insured, subject to Sun Life's then current administrative rules (b) The proposed new Insured and the current Insured are alive on the Effective Date of the Change of Insured (c) Satisfactory evidence of client's insurable interest in the proposed new Insured, subject to Sun Life's then current administrative rules (d) The Policy Owner, the proposed new Insured, the irrevocable beneficiary(ies) (if any) and the assignee (if any) must agree in writing to the change of Insured (e) If the Policy is held on trust, the trustee(s) and the person(s) whose beneficial interest is held on trust (acting through his/her parent(s)/guardian(s) if he / she is under the age of 18) must agree in writing to the change of Insured (f) The Age of the proposed new Insured must be less than or equal to the max. issue age as at the Effective Date of the Change of Insured • <u>Upon approval of the change of Insured:</u> <ul style="list-style-type: none"> (i) The change of the Insured will take effect from the Effective Date of the Change of Insured. For the purpose of counting the applicable period under the Incontestability provision, the relevant period will commence from the Effective Date of the Change of Insured for this new Insured (ii) Unless otherwise specified, all the provisions of the Basic Plan (including without limitation, the Notional Amount, GCV, RB (if any), TB (if any), Policy Anniversary, and Policy Date) and the premium of the Basic Plan will not be affected as a result of such change of the Insured (iii) the Maturity Date will be changed to the Policy Anniversary on or immediately following the proposed new Insured's 120th birthday

Plan Name	SunJoy / SunGift
Designation of Contingent Policy Owner Option	<p>After policy issuance, Policy Owner is allowed to designate a Contingent Policy Owner when he / she is alive. The ownership of the policy will be transferred to the Contingent Policy Owner upon the death of the original Policy Owner and received the required document subject to Sun Life's then current administrative rule</p> <ul style="list-style-type: none"> • Clients can only designate 1 Contingent Policy Owner at the same time • Insurable interest is not required for designation of the Contingent Policy Owner • The proposed Contingent Policy Owner must be age of 18 or above • The irrevocable beneficiary(ies) (if any) and the assignee (if any) must agree in writing to the requested designation of Contingent Policy Owner • Policy Owner can revoke / replace the Contingent Policy Owner designation at any time when he / she is alive • When any of the following happens while there is an existing designation of Contingent Policy Owner in our record, such existing designation of Contingent Policy Owner will be revoked automatically: <ol style="list-style-type: none"> 1) When ownership of the policy is transferred 2) When clients designate a new Contingent Policy Owner 3) When clients exercise Change of Insured Option • When we determine that the Contingent Policy Owner shall become the Policy Owner and if either 1 of the following events occurs: <ol style="list-style-type: none"> (i) The Contingent Policy Owner is unable or unwilling to take up the ownership of the Policy (ii) The Contingent Policy Owner is unable to satisfy the customer due diligence, other applicable laws, regulations and guidelines then the ownership of the Policy shall vest in the Policy Owner's estate

Plan Name	SunJoy / SunGift
Policy Split Option	<ul style="list-style-type: none"> • On or after 5th policy anniversary, the client can exercise Policy Split Option to split the notional amount of original policy into Split Policies by submitting our specified designated form, provided that the following conditions are fulfilled: <ul style="list-style-type: none"> (a) The application for policy split must be submitted within 30 days before a Policy Anniversary and can only be made once per policy year; (b) The Notional Amount of Split Policies cannot be less than the minimum amount requirement as required by the current administrative rules; (c) The irrevocable beneficiary(ies) (if any) must agree in the writing to such request; and (d) The Original Policy before Split is not assigned and the outstanding amount of any loans with interest must have been settled before Policy Split request is submitted to us. • <u>Upon approval of the Policy Split:</u> <ul style="list-style-type: none"> (a) The Split Policies will take effect from the Effective Date of the Policy Split, which is the Policy Anniversary following the submission of the application; (b) The Policy Date, the Maturity Date and the policy year of the Split Policies will be the same as the Original Policy before Split; (c) The Policy Owner and the Insured of the Split Policies will be the same as the Original Policy before Split; (d) The Contingent Policy Owner designation, the beneficiary(ies), Mental Incapacity Benefit Recipient designation and Death Benefit Settlement Option of the Split Policies on our record will be the same as the Original Policy before Split; (e) The application for Policy Split Option cannot be withdrawn or changed once approved; and (f) There is no Cooling-off Period for the Split Policies. • The total premiums due and paid and the policy values of the Original Policy before Split, including GCV, the accumulated RB (if any), TB (if any) will be allocated to the Split Policies according to the ratio of the Notional Amount applicable to such Split Policies • The Original Policy before Split shall be automatically terminated from the Effective Date of the Policy Split. The policy contract of Split Policies with new policy number will be issued to client • New illustration, FNA and underwriting are not required when exercise policy split option • All benefits, terms and conditions of the Original Policy before Split will apply to the Split Policies

Plan Name	SunJoy / SunGift
Premium Holiday Option	<ul style="list-style-type: none"> • Only applicable to 5-Pay policies • On or after the 2nd Policy Anniversary, clients may apply to suspend the premium payment of the Policy for a period of 1 year, provided that there is no loan under the Policy • Premium Holiday Period will start on the premium due date immediately following our approval of the request of Premium Holiday. Once we approve the request, we will: <ul style="list-style-type: none"> (a) postpone the premium due date for a period of 1 year and client must resume premium payment after the Premium Holiday Period ends; (b) maintain the Maturity Date of this Basic Plan; (c) maintain GCV, face value and cash value of the accumulated RB (if any) at the level immediately before the Premium Holiday Period starts, provided that no request of Partial Surrender under the Policy Surrender Provisions has ever been received and approved by the Company during the Premium Holiday Period; and (d) not declare any face value and cash value of RB under this Policy during the Premium Holiday Period • Client may request for the Premium Holiday 2 consecutively or separately for 2 years, and the aggregate Premium Holiday Period with respect to all requests must not exceed 2 years • Full Surrender / Partial Surrender is allowed during the Premium Holiday Period • Premium Holiday Period can start on non-anniversary for policies in semi-annual / monthly payment mode • This Premium Holiday Option will terminate on the earliest of: <ul style="list-style-type: none"> (a) the date of the end of the most recent Premium Holiday Period when the aggregate Premium Holiday Period with respect to all requests reaches 2 years; (b) the date of the final premium due date of the Policy; or (c) the date of termination of the Policy.
Waiver of Premium Benefit / Payor Benefit	<ul style="list-style-type: none"> • Only applicable to 5-Pay policies • Client is required to complete the specified designated form and submit such information within 90 days of the date of death or the date of diagnosis of Total Permanent Disability • If there are more than one policy issued with the same Policy Owner, and the premium due date of policies are different, then the premium will be waived for the policies with sequence of the due dates until it reaches the maximum waiver amount • If there are more than one policy issued with the same Policy Owner, and the premium due date of policies falls at the same time and the accumulative premium waived plus the next premium due for these policies exceeds the maximum waiver amount, then the remaining total premiums will be applied to the next premium due for the policy with lower modal premium first • After the waived premium of the basic plan reaches the Maximum Waiver Amount and / or on the waiver of premium end date (until the end of premium payment term that is set at the time of Policy issuance), the client should pay the remaining balance of premium; otherwise, the automatic premium loan will be applied, or the Policy will be terminated

Plan Name	SunJoy / SunGift								
Waiver of Premium Benefit (Applicable to Adult Insured)	<ul style="list-style-type: none"> Only applicable to 5-Pay policies If the Insured (as Policy Owner at the same time) is diagnosed as suffering from Total Permanent Disability before his/ her Age 65, the future premiums payable for the Basic Plan will be waived until the end of premium payment term at the issuance of the policy and up to the Maximum Waiver Amount, provided that the following conditions are met: <ul style="list-style-type: none"> (a) the Insured is also the Policy Owner of the Policy; and (b) the age of the Insured is between 18 and 60, whichever is latest, <ul style="list-style-type: none"> (i) the Issue Date; (ii) the effective date of change of Policy Owner; (iii) the Effective Date of the Change of Insured; or (iv) the Continuation Option Effective Date. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ffffcc;"> <th style="text-align: center; padding: 5px;">The date of diagnosis of Total Permanent Disability</th> <th style="text-align: center; padding: 5px;">Effective date of Waiver of Premium Benefit</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Neither falls in the Grace Period nor the Premium Holiday Period</td> <td style="padding: 5px;">Starting from the premium due date immediately after the date of diagnosis of Total Permanent Disability</td> </tr> <tr> <td style="padding: 5px;">During Premium Holiday Period</td> <td style="padding: 5px;">Immediately following the Premium Holiday Period end</td> </tr> <tr> <td style="padding: 5px;">During Grace Period</td> <td style="padding: 5px;">Starting from the premium due date immediately preceding the date of diagnosis of Total Permanent Disability</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The benefit provides immediate coverage if the Insured is diagnosed as suffering from Total Permanent Disability resulted from Injury, but subject to a 2-year waiting period if the Insured is diagnosed as suffering from Total Permanent Disability resulted from Sickness Waiver of Premium Benefit and Payor Benefit could only be claimed once in total under this Basic Plan, and once such claim is approved by us and becomes payable, the coverage for Waiver of Premium Benefit and Payor Benefit under this Basic Plan will terminate forthwith automatically The coverage for Waiver of Premium Benefit will terminate automatically on the earliest of (a) the date on which the payment of Payor Benefit under the Policy is made; (b) upon reaching of Maximum Waiver Amount; and (c) the date the Basic Plan terminates Maximum Waiver Amount is US\$200,000 for Waiver of Premium Benefit and Payor Benefit issued by us under all policy(ies) of SunJoy, SunGift and any other products with the same Waiver of Premium Benefit and Payor Benefit issued by us for the same Policy Owner 	The date of diagnosis of Total Permanent Disability	Effective date of Waiver of Premium Benefit	Neither falls in the Grace Period nor the Premium Holiday Period	Starting from the premium due date immediately after the date of diagnosis of Total Permanent Disability	During Premium Holiday Period	Immediately following the Premium Holiday Period end	During Grace Period	Starting from the premium due date immediately preceding the date of diagnosis of Total Permanent Disability
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During Grace Period	Starting from the premium due date immediately preceding the date of diagnosis of Total Permanent Disability								

Plan Name	SunJoy / SunGift								
Payor Benefit (Applicable to Child Insured)	<ul style="list-style-type: none"> • Only applicable to 5-Pay policies • If the Policy Owner passes away or is diagnosed as suffering from Total Permanent Disability before his/ her Age 65, the future premiums payable for the Basic Plan will be waived until the end of premium payment term at the issuance of the policy and up to the Maximum Waiver Amount, provided that the following conditions are met: <ul style="list-style-type: none"> (a) the age of the Policy Owner is 60 or below, whichever is latest, <ul style="list-style-type: none"> (i) the Issue Date; (ii) the effective date of change of Policy Owner; or (iii) the Continuation Option Effective Date, and (b) the age of the Insured is under 18, whichever is latest, <ul style="list-style-type: none"> (i) the issue Date; (ii) the Effective Date of the Change of Insured; or (iii) the Continuation Option Effective Date. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ffff00;"> <th style="text-align: left; padding: 2px;">The date of death or the date of diagnosis of Total Permanent Disability</th><th style="text-align: left; padding: 2px;">Effective date of Payor Benefit</th></tr> </thead> <tbody> <tr> <td style="padding: 2px;">Neither falls in the Grace Period nor the Premium Holiday Period</td><td style="padding: 2px;">Starting from the premium due date immediately after the date of death or the date of diagnosis of Total Permanent Disability</td></tr> <tr> <td style="padding: 2px;">During Premium Holiday Period</td><td style="padding: 2px;">Immediately following the Premium Holiday Period ends</td></tr> <tr> <td style="padding: 2px;">During Grace Period</td><td style="padding: 2px;">Starting from the premium due date immediately preceding the date of death or the date of diagnosis of Total Permanent Disability</td></tr> </tbody> </table> <ul style="list-style-type: none"> • The benefit provides immediate coverage if the Policy Owner passes away or is diagnosed as suffering from Total Permanent Disability resulted from Injury, but subject to a 2-year waiting period if the Policy Owner passes away or is diagnosed as suffering from Total Permanent Disability resulted from Sickness • Payor Benefit and Waiver of Premium Benefit could only be claimed once in total under this Basic Plan, and once such claim is approved by us and becomes payable, the coverage for Payor Benefit and Waiver of Premium Benefit under this Basic Plan will terminate forthwith automatically • The coverage for Payor Benefit will terminate automatically on the earliest of <ul style="list-style-type: none"> (a) the date on which the payment of Waiver of Premium Benefit under the Policy is made; (b) upon reaching of Maximum Waiver Amount; and (c) the date this Basic Plan terminates • Maximum Waiver Amount is US\$200,000 for Waiver of Premium Benefit and Payor Benefit issued by us under all policy(ies) of SunJoy, SunGift and any other products with the same Waiver of Premium Benefit and Payor Benefit issued by us for the same Policy Owner 	The date of death or the date of diagnosis of Total Permanent Disability	Effective date of Payor Benefit	Neither falls in the Grace Period nor the Premium Holiday Period	Starting from the premium due date immediately after the date of death or the date of diagnosis of Total Permanent Disability	During Premium Holiday Period	Immediately following the Premium Holiday Period ends	During Grace Period	Starting from the premium due date immediately preceding the date of death or the date of diagnosis of Total Permanent Disability
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During Grace Period	Starting from the premium due date immediately preceding the date of death or the date of diagnosis of Total Permanent Disability								

Plan Name	SunJoy / SunGift
Total Permanent Disability	<ul style="list-style-type: none"> • Complete disablement of the Insured or Policy Owner (as the case may be) results from an Injury or Sickness: <ul style="list-style-type: none"> (i) Total Blindness; (ii) Paralysis or Loss of Limbs; or (iii) Loss of Sight in One Eye and either Hemiplegia or Loss of One Limb
Pre-existing Condition	<ul style="list-style-type: none"> • We will not pay any claim of Waiver of Premium Benefit and Payor Benefit directly caused by or resulting from the pre-existing condition. A condition of the Policy Owner or Insured (as the case may be) for which medical advise, diagnosis, care or treatment was recommended or received before (whichever is the latest): <ul style="list-style-type: none"> (i) the Issue Date; (ii) the last reinstatement date of this Basic Plan; (iii) the last effective date of the change of Policy Owner; (iv) the last Effective Date of the Change of Insured; or (v) the Continuation Option Effective Date.
Exclusion	<ul style="list-style-type: none"> • We will not pay any claim of Total Permanent Disability and Accidental Caring Plus Benefit directly or indirectly caused by or resulting from any of the following: <ul style="list-style-type: none"> (a) suicide or self-inflicted injury, while the Insured is sane or insane; (b) a criminal offence or participating in any brawl; or (c) take or absorb, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Doctor.

(B) Administration Guidelines

I. New Business / Underwriting Guideline:

	<p>1. Application for Insurance 2. Consultant Declaration 3. Initial Premium 4. Copy of Identification Documents with "COPY" stamped on the photo area 5. Financial Needs Analysis (FNA) 6. Sales Illustration Proposal (SIP) 7. Designation of Mental Incapacity Benefit Recipient Form (if applicable) 8. Application Supplement (AS) for Death Benefit Settlement Option (if applicable)</p> <p>Note: if client select the newly added Death Benefit Settlement Option; or select different Death Benefit Settlement Option for each beneficiary, please complete the "Application Supplementary (AS) for Death Benefit Settlement Option"</p> <table border="1" data-bbox="509 736 1462 1708"> <thead> <tr> <th>Name of Beneficiary 受益人姓名</th><th>Settlement Option Details 支付选项详情</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/> A. Full Payment by Instalments 全额分期支付</td><td>_____(2-50) years 年 Instalments mode 分期形式: <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月</td></tr> <tr> <td><input type="checkbox"/> B. Partial Payment by Instalments 部分分期支付</td><td>Partial Payment by Lump Sum 部分一筆過支付 ____% (at least 5% 最少為 5%) Remaining by Instalments 剩餘部分分期支付 _____(2-50) years 年 Instalments mode 分期形式: <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月</td></tr> <tr> <td><input type="checkbox"/> C. Partial Instalments till designated age of beneficiary 部分分期支付至受益人指定年龄</td><td>Instalments to be paid to beneficiary until beneficiary reaches age _____ 分期支付至受益人滿 _____歲 Instalments mode 分期形式: <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月 Instalment amount 分期金额 _____ (at least USD2,500 per annum / USD209 per month 分期金额最少為每年 2,500 美元 / 每月 209 美元) Remaining balance (if any) will be paid by lump sum once the beneficiary reaches the designated age. 餘額(如有)將於受益人滿指定年齡時以一筆過方式支付</td></tr> <tr> <td><input type="checkbox"/> D. Full Payment by Increasing Instalments 全額以遞增分期支付</td><td>Amount of first instalments is USD _____, the subsequent instalments will be increased by 3% each year until the Death Benefit is fully paid 首期支付身故保障金額為美元 _____, 期後之分期將每年遞增 3%，直至身故保障已全數支付 Instalments mode 分期形式: <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月</td></tr> <tr> <td><input type="checkbox"/> E. Continuation Option 延续選項</td><td>If this option is selected, it will be automatically exercised on the date of the death of the designated insured while the Policy will be terminated forthwith and a new policy will be formed according to the rules set out in the policy provisions. Under the new policy, the beneficiary under the current Policy will become the Insured and/or the new policy owner of the new policy. 如選擇此選項，此選項將在指定受保人身故當日自動行使，此保單將會馬上被終止，新保單將會根據保單條款內的規則而組成。在新保單下，屆時保單的受益人將會成為新保單的受保人及/或保單主權人。 With respect to the coverage for both Single Life and Joint Life (a) If (i) the designated insured is also the Policy Owner; or (ii) the designated insured is not the Policy Owner, and the Policy Owner and the designated insured dies at the same time or the Policy Owner dies within fourteen (14) days after the death of the designated insured, the designated beneficiary will become both the new insured and the new Policy Owner, provided that the prescribed conditions under the policy provisions are fulfilled. (b) If the designated insured is not the Policy Owner and the Policy Owner is still alive, the beneficiary will become the New Insured, provided that the prescribed conditions under the policy provisions are fulfilled. 關於個人人壽及聯合人壽的保障： (a) 若(i)指定受保人及保單主權人為同一人；或(ii)指定受保人並非保單主權人及指定受保人與保單主權人同時身故或保單主權人於指定受保人身故後 14 天內身故，受益人將成為新受保人及新保單主權人，惟須滿足保單文件列明的條件。 (b) 若指定受保人與保單主權人為不同人士及保單主權人仍然在世，受益人將成為新受保人，惟須滿足保單文件列明的條件。 Under this option E, the proposed Policy Owner intends to take out the Policy for the use or benefit of the beneficiary in the Policy when this option E is exercised 在此選項 E 下，擬保單主權人有意使用或受益於作為此保單的受益人來行使此選項 E 作投報。</td></tr> </tbody> </table>	Name of Beneficiary 受益人姓名	Settlement Option Details 支付选项详情	<input type="checkbox"/> A. Full Payment by Instalments 全额分期支付	_____(2-50) years 年 Instalments mode 分期形式: <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月	<input type="checkbox"/> B. 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Under the new policy, the beneficiary under the current Policy will become the Insured and/or the new policy owner of the new policy. 如選擇此選項，此選項將在指定受保人身故當日自動行使，此保單將會馬上被終止，新保單將會根據保單條款內的規則而組成。在新保單下，屆時保單的受益人將會成為新保單的受保人及/或保單主權人。 With respect to the coverage for both Single Life and Joint Life (a) If (i) the designated insured is also the Policy Owner; or (ii) the designated insured is not the Policy Owner, and the Policy Owner and the designated insured dies at the same time or the Policy Owner dies within fourteen (14) days after the death of the designated insured, the designated beneficiary will become both the new insured and the new Policy Owner, provided that the prescribed conditions under the policy provisions are fulfilled. (b) If the designated insured is not the Policy Owner and the Policy Owner is still alive, the beneficiary will become the New Insured, provided that the prescribed conditions under the policy provisions are fulfilled. 關於個人人壽及聯合人壽的保障： (a) 若(i)指定受保人及保單主權人為同一人；或(ii)指定受保人並非保單主權人及指定受保人與保單主權人同時身故或保單主權人於指定受保人身故後 14 天內身故，受益人將成為新受保人及新保單主權人，惟須滿足保單文件列明的條件。 (b) 若指定受保人與保單主權人為不同人士及保單主權人仍然在世，受益人將成為新受保人，惟須滿足保單文件列明的條件。 Under this option E, the proposed Policy Owner intends to take out the Policy for the use or benefit of the beneficiary in the Policy when this option E is exercised 在此選項 E 下，擬保單主權人有意使用或受益於作為此保單的受益人來行使此選項 E 作投報。
Name of Beneficiary 受益人姓名	Settlement Option Details 支付选项详情												
<input type="checkbox"/> A. Full Payment by Instalments 全额分期支付	_____(2-50) years 年 Instalments mode 分期形式: <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月												
<input type="checkbox"/> B. Partial Payment by Instalments 部分分期支付	Partial Payment by Lump Sum 部分一筆過支付 ____% (at least 5% 最少為 5%) Remaining by Instalments 剩餘部分分期支付 _____(2-50) years 年 Instalments mode 分期形式: <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月												
<input type="checkbox"/> C. Partial Instalments till designated age of beneficiary 部分分期支付至受益人指定年龄	Instalments to be paid to beneficiary until beneficiary reaches age _____ 分期支付至受益人滿 _____歲 Instalments mode 分期形式: <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月 Instalment amount 分期金额 _____ (at least USD2,500 per annum / USD209 per month 分期金额最少為每年 2,500 美元 / 每月 209 美元) Remaining balance (if any) will be paid by lump sum once the beneficiary reaches the designated age. 餘額(如有)將於受益人滿指定年齡時以一筆過方式支付												
<input type="checkbox"/> D. Full Payment by Increasing Instalments 全額以遞增分期支付	Amount of first instalments is USD _____, the subsequent instalments will be increased by 3% each year until the Death Benefit is fully paid 首期支付身故保障金額為美元 _____, 期後之分期將每年遞增 3%，直至身故保障已全數支付 Instalments mode 分期形式: <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月												
<input type="checkbox"/> E. Continuation Option 延续選項	If this option is selected, it will be automatically exercised on the date of the death of the designated insured while the Policy will be terminated forthwith and a new policy will be formed according to the rules set out in the policy provisions. Under the new policy, the beneficiary under the current Policy will become the Insured and/or the new policy owner of the new policy. 如選擇此選項，此選項將在指定受保人身故當日自動行使，此保單將會馬上被終止，新保單將會根據保單條款內的規則而組成。在新保單下，屆時保單的受益人將會成為新保單的受保人及/或保單主權人。 With respect to the coverage for both Single Life and Joint Life (a) If (i) the designated insured is also the Policy Owner; or (ii) the designated insured is not the Policy Owner, and the Policy Owner and the designated insured dies at the same time or the Policy Owner dies within fourteen (14) days after the death of the designated insured, the designated beneficiary will become both the new insured and the new Policy Owner, provided that the prescribed conditions under the policy provisions are fulfilled. (b) If the designated insured is not the Policy Owner and the Policy Owner is still alive, the beneficiary will become the New Insured, provided that the prescribed conditions under the policy provisions are fulfilled. 關於個人人壽及聯合人壽的保障： (a) 若(i)指定受保人及保單主權人為同一人；或(ii)指定受保人並非保單主權人及指定受保人與保單主權人同時身故或保單主權人於指定受保人身故後 14 天內身故，受益人將成為新受保人及新保單主權人，惟須滿足保單文件列明的條件。 (b) 若指定受保人與保單主權人為不同人士及保單主權人仍然在世，受益人將成為新受保人，惟須滿足保單文件列明的條件。 Under this option E, the proposed Policy Owner intends to take out the Policy for the use or benefit of the beneficiary in the Policy when this option E is exercised 在此選項 E 下，擬保單主權人有意使用或受益於作為此保單的受益人來行使此選項 E 作投報。												
2. Minimum Notional Amount	Premium Payment Term	2-Pay	5-Pay										
Minimum Amount	Minimum Amount	USD 30,000	USD 15,000										
3. Maximum Notional Amount	Subject to Sun Life's approval												

I. New Business / Underwriting Guideline (Cont'd):

4. Policy Backdating	N/A
5. Underwriting Requirement	<p>For 2-Pay policies</p> <p>Medical Underwriting:</p> <ul style="list-style-type: none"> • No medical underwriting is required when <ul style="list-style-type: none"> (1) total Notional Amount for this product; plus (2) total Notional Amount for SunJoy (2-Pay) / SunGift (2-pay), Stellar (2-Pay), Stellar Multi-Currency Plan (2-Pay), Venus, Venus II and total Guaranteed Saving Amount for Vision (2-pay) ≤USD 2,000,000 per life • Otherwise, simplified underwriting is required <p>For 5-Pay policies</p> <ul style="list-style-type: none"> • Simplified underwriting is required for any Notional Amount
6. Cooling-off Period	21 calendar days
7. Prepayment	Applicable to 2 / 5-Pay
8. Rider Attachment	<p>Free Rider:</p> <ul style="list-style-type: none"> • Worldwide Emergency Assistant Benefit

II. Policy Administration Guideline:

1. Increase Notional Amount	N/A
2. Decrease Notional Amount	Applicable, will be treated as "Partial Surrender"
3. Cash Withdrawal	<ul style="list-style-type: none"> • Applicable, allowed to withdraw all or part of the cash value of the accumulated Reversionary Bonus ("RB") (if any) • Withdrawal of cash value of accumulated RB will proportionally reduce the accumulated RB • The notional amount after withdrawal must be subject to the minimum notional amount requirement of the corresponding premium payment term in the then current administrative rules. Reduction of Notional Amount will be considered as "Partial Surrender" • After 5th policy year, the remaining notional amount cannot be less than the minimum amount of USD 500 • Prepaid premium (if any), subject to a surcharge under the then current admin rule
4. Full Surrender / Partial Surrender	<ul style="list-style-type: none"> • Applicable, allowed Full Surrender / Partial Surrender for the full / portion of Surrender Value • Any withdrawal which exceeds the cash value of accumulated Reversionary Bonus, the remaining balance will be deducted from the Guaranteed Cash Value and the Cash Value of Terminal Bonus, which in turn will reduce the Notional Amount of the policy and will be considered as Partial Surrender • The Notional Amount, Guaranteed Cash Value ("GCV"), future declaration of RB and Terminal Bonus ("TB") and the total premiums due and paid of the Basic Plan will be reduced accordingly • Surrender amount will be subject to the then current administrative rules regarding the minimum Notional Amount
5. Policy Reinstatement	<ul style="list-style-type: none"> • Should the policy lapse, clients may reinstate within 2 years after the date of lapse subject to the following: <ul style="list-style-type: none"> (a) We must receive client's valid written application for reinstatement; (b) We must receive evidence of insurability satisfactory to us, at our sole discretion, with respect to the Insured under the policy; (c) We must receive payment of all overdue premiums and loans with interest at rates determined by us at our sole discretion; (d) We must receive payment of cash value of TB (if applicable) as of the effective date of reinstatement at an amount determined by us; and (e) Company's written approval of such application • Any reinstated policy will only cover losses or insured events occurring after the effective date of reinstatement • Underwriting requirement is the same as "5. Underwriting requirement" under "New Business / Underwriting Guideline"
6. Policy Loan	<ul style="list-style-type: none"> • Applicable, subject to the then current administrative rules • Policy Loan Interest Rate: 8% p.a. (non-guaranteed) • The maximum loan amount = [GCV + any cash value of accumulated RB + any other amounts left with us] x (1- Policy Loan Interest Rate) – any outstanding loans with interest • Should the amount of accumulated loans and interest at any time exceeds the then sum of GCV, any cash value of the accumulated RB and any other amounts left with us, the policy will terminate automatically

II. Policy Administration Guideline (Cont'd):

7. Policy Termination	<p>The Policy will terminate automatically upon the earliest of the following:</p> <ul style="list-style-type: none"> (a) the date on which the Policy is surrendered as described in the Policy Surrender provision; (b) the date on which the Death Benefit is payable under Benefit Provisions of the Basic Plan by us for a claim; (c) the date on which the Policy is caused to be terminated by the event as described in the Mental Incapacity Benefit Provision; (d) the date on which a claim as described in the Suicide provision is payable by us; (e) the Maturity Date of the Basic Plan as set out in the Policy Summary; (f) the lapse of the Policy after the Grace Period expires unless payment of premiums of the Policy is suspended pursuant to the Premium Holiday Option provision (only applicable to 5-Pay policies); or (g) when the amount of accumulated loans and interest exceeds the sum of GCV, any cash value of the accumulated RB and any other amounts left with us under the Policy <p>and in the event of termination of the Policy pursuant to (b) above, the Company's obligation in respect of settlement option of the Policy (if applicable) shall survive until discharge of such obligation</p>
8. Death Benefit Settlement Option	<ul style="list-style-type: none"> • Applicable • The option must be selected again if the Policy Owner is changed • For Continuation Option, after 5th policy year, the notional amount cannot be less than the minimum amount of USD 500 for each new policy as required by the then current administrative rules (as of March 2023)
9. Mental Incapacity Benefit	<ul style="list-style-type: none"> • Policy Owner is allowed to designate a Mental Incapacity Benefit Recipient and Mental Incapacity Benefit Percentage by submitting our specified designation form and complying with such requirements as we prescribe from time to time, provided that the following conditions are fulfilled: <ul style="list-style-type: none"> (a) the Policy Owner and the Insured must be the same person at the time Policy Owner applies for the designation of Mental Incapacity Benefit Recipient; (b) the Mental Incapacity Benefit Recipient must be (i) aged 18 or above at the time the Policy Owner applies for the designation; and (ii) he/she is related to the Policy Owner as a spouse, parent, child, sibling, grandparent, grandchildren or any other relationship as approved by Sun Life; (c) satisfactory evidence of the proposed Mental Incapacity Benefit Recipient to our then current administrative rules; and (d) the irrevocable beneficiary(ies) (if any) and the assignee (if any) must agree in writing to the requested designation of (i) the Mental Incapacity Benefit Recipient and (ii) the Mental Incapacity Benefit Percentage. • The existing Mental Incapacity Benefit Recipient designation on our records will be automatically revoked if any of the following occurs: <ul style="list-style-type: none"> (a) Our clients designate a new Mental Incapacity Benefit Recipient and it is approved by the Company;

	<p>(b) the Policy Owner is no longer the Insured after the change of Insured;</p> <p>(c) any change of Policy Owner;</p> <p>(d) the Company has been notified that there is a guardian or committee appointed under the Mental Health Ordinance (Cap.136 Laws of Hong Kong SAR) (or if there is a guardian or committee appointed under similar laws in another jurisdiction); or</p> <p>(e) the Company has been notified that the Policy Owner has an enduring power of attorney covering the Policy.</p> <ul style="list-style-type: none"> • No limitation in frequency of designated Mental Incapacity Benefit Recipient and Mental Incapacity Benefit Percentage • The change of Mental Incapacity Benefit Recipient and Mental Incapacity Benefit Percentage are subject to the company's approval and shall be effective only if accepted and recorded by us
10. Paid Up Addition	N/A
11. Extended Term Insurance	N/A
12. Policy Assignment	Applicable
13. Transfer of Ownership	Applicable
14. Change of Insured Option	Applicable
15. Change of Coverage Option	Not Applicable
16. Designation of Contingent Policy Owner Option	Applicable
17. Policy Split Option	<ul style="list-style-type: none"> • Applicable • As required by the then current administrative rules (as of March 2023), after 5th policy year, the notional amount cannot be less than the minimum amount of USD 500 for each of split policy
18. Premium Holiday Option	Applicable to 5-Pay policies
19. Waiver of Premium Benefit / Payor Benefit	Applicable to 5-Pay policies
20. Accidental Caring Plus Benefit	Applicable
21. Levy	Applicable

6. Case Studies

Case 1: Plan a well-rounded retirement income stream and pass the wealth to future generations



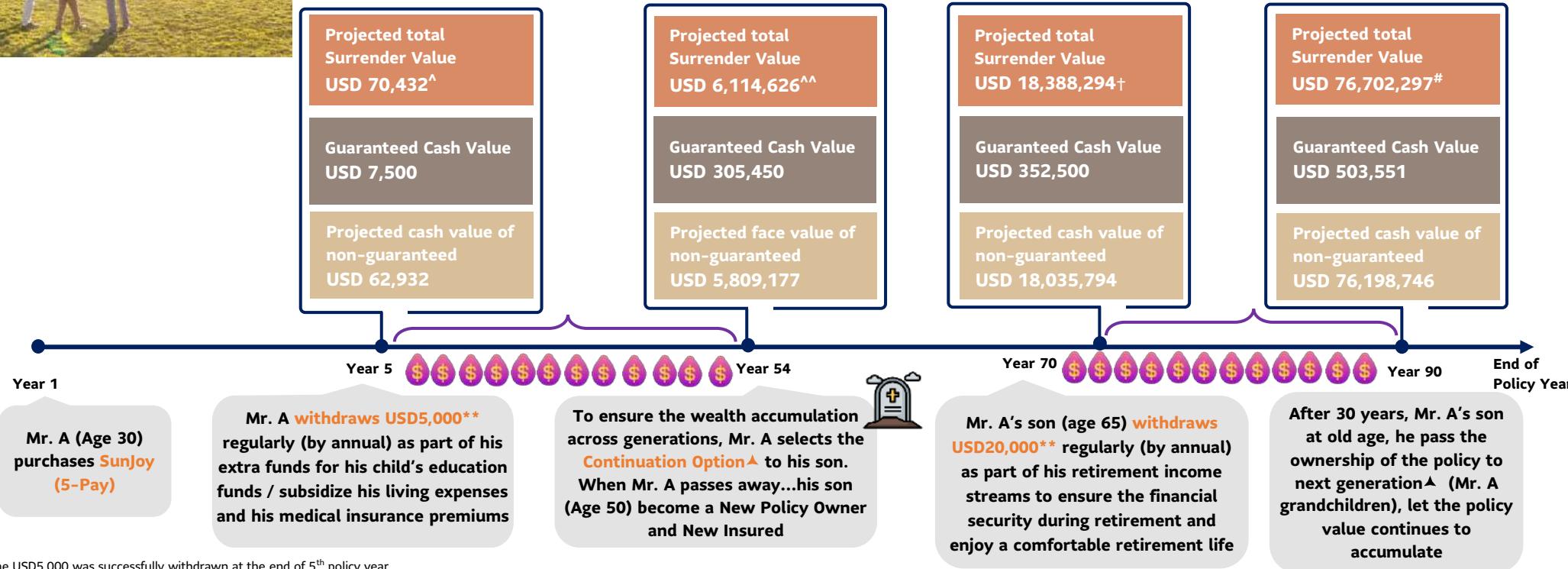
Policy owner and Insured: Mr. A

Premium payment term: **SunJoy 5 years**

Notional amount: USD250,000

Total Premiums Paid: USD250,000

Mr. A purchases **SunJoy (5-pay)** to maximize wealth growth potential for retirement preparation towards retirement age, while facilitate sufficient liquidity to his next generations.



[^] Assume USD5,000 was successfully withdrawn at the end of 5th policy year.

^{^^} Assume accumulated USD250,000 was successfully withdrawn from the end of 5th to 54th policy year.

[†] Assume accumulated USD250,000 was successfully withdrawn from the end of 5th to 54th policy year and USD20,000 was successfully withdrawn from the end of 70th policy year.

[#] Assume accumulated USD250,000 was successfully withdrawn from the end of 5th to 54th policy year and accumulated USD420,000 was withdrawn from the end of 70th to 90th policy year.

****Any withdrawal which exceeds the remaining balance of cash value of accumulated Reversionary Bonus will be deducted from the Guaranteed Cash Value and the Cash Value of Terminal Bonus, which in turn will reduce the Notional Amount of the policy and be deemed as partial surrender and will also reduce the long-term value of the policy.**

▲ Any request for exercising the Continuation Option and change of ownership are subject to the prescribed condition set out in the policy provisions being fulfilled, the then current administrative rules, underwriting rules, any other requirements and the approval of Sun Life.

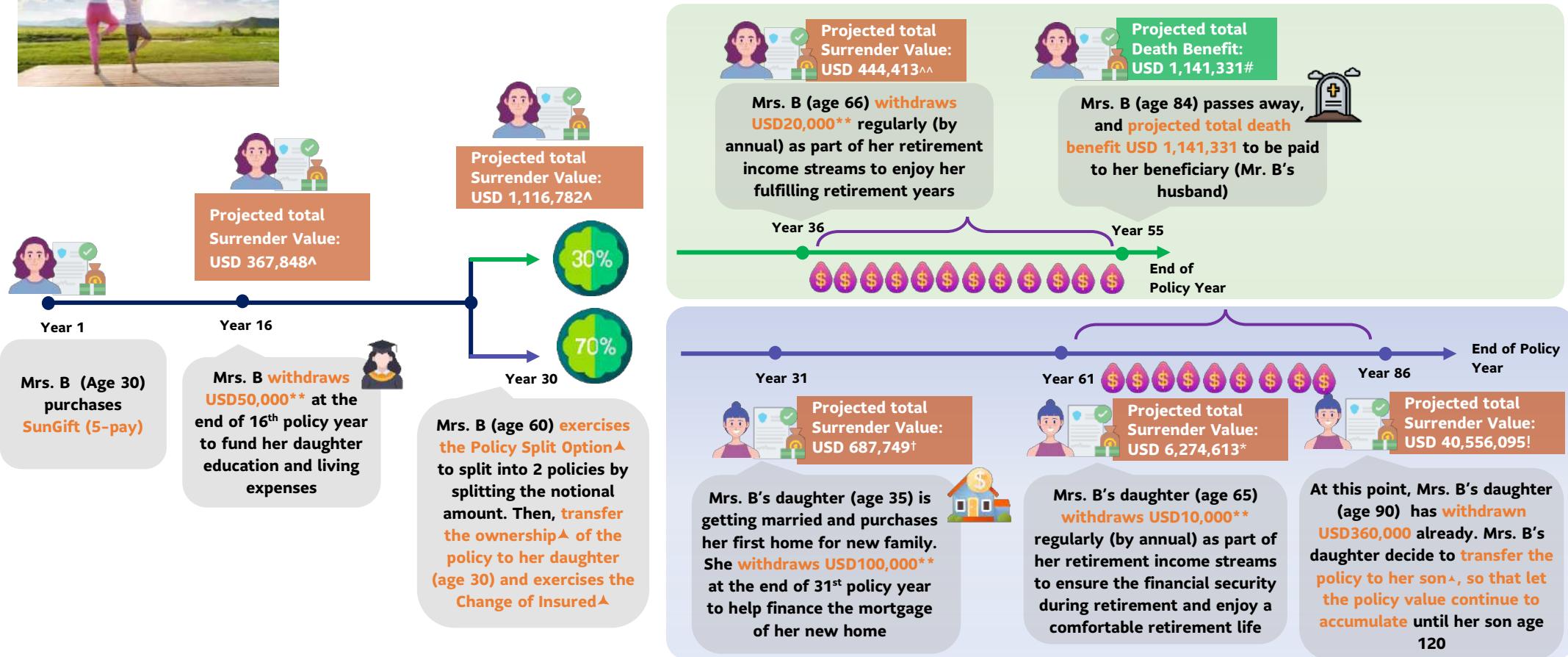
Note: The above diagrams are for illustrative purpose only. All figures shown in the case are rounded to the nearest whole number. **The withdrawal amount and projected returns stated in the example are based on Sun Life's bonus scales determined under current assumed investment return and are not guaranteed.** Please refer to Product Features & Benefits part under Section 5 – Product Description for more details. The figures assume that: (1) the current Reversionary Bonus and Terminal Bonus scales will continue indefinitely; (2) there will be no loans/advances on the policy; (3) all premiums are paid in full when due. Furthermore, the actual amounts of the cash value and face value of accumulated Reversionary Bonus and cash value and face value of Terminal Bonus payable may be higher or lower than the above illustrated figures. Under some circumstances, the actual amount of these bonuses may be zero. The Reversionary Bonus and Terminal Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant. Other factors include, but are not limited to, claims experience, policy expenses, taxes, and policy owner termination experience. For details, please refer to Bonus Philosophy under Important Information section of the product brochure.

Case 2: An infinite family wealth plan that caters for life's changing circumstances and wealth will be transferred



Policy owner and Insured: Mrs. B
Premium payment term: SunGift 5 years
Notional amount: USD250,000
Total Premiums Paid: USD250,000

Mrs. B is married and wants to build a secure financial future for her future family. Mrs. B purchases **SunGift (5-pay)** to help her to meet financial goals: saving for her children's education funds, or prepare an inheritance for next generations.



▲ Assume USD50,000 was successfully withdrawn at the end of 16th policy year.

^^ Assume USD50,000 was successfully withdrawn at the end of 16th policy year and USD20,000 was successfully withdrawn at the end of 36th policy year.

Assume USD50,000 was successfully withdrawn at the end of 16th policy year and accumulated USD400,000 was successfully withdrawn from the end of 36th to 55th policy year.

† Assume USD50,000 was successfully withdrawn at the end of 16th policy year and USD100,000 was successfully withdrawn at the end of 31st policy year.

* Assume USD50,000 was successfully withdrawn at the end of 16th policy year, USD100,000 was successfully withdrawn at the end of 31st policy year and USD10,000 was successfully withdrawn at the end of 61st policy year.

! Assume USD50,000 was successfully withdrawn at the end of 16th policy year, USD100,000 was successfully withdrawn at the end of 31st policy year and accumulated USD260,000 was successfully withdrawn from the end of 61st to 86th policy year.

** Any withdrawal which exceeds the remaining balance of cash value of accumulated Reversionary Bonus will be deducted from the Guaranteed Cash Value and the Cash Value of Terminal Bonus, which in turn will reduce the Notional Amount of the policy and be deemed as partial surrender and will also reduce the long-term value of the policy.

▲ Any request for exercising the Policy Split Option, Change of Insured and change of ownership are subject to the prescribed condition set out in the policy provisions being fulfilled, the then current administrative rules, underwriting rules, any other requirements and the approval of Sun Life.

Note: The above diagrams are for illustrative purpose only. All figures shown in the case are rounded to the nearest whole number. **The withdrawal amount and projected returns stated in the example are based on Sun Life's bonus scales determined under current assumed investment return and are not guaranteed.** Please refer to Product Features & Benefits part under Section 5 – Product Description for more details. The figures assume that: (1) the current Reversionary Bonus and Terminal Bonus scales will continue indefinitely; (2) there will be no loans/advances on the policy; (3) all premiums are paid in full when due. Furthermore, the actual amounts of the cash value and face value of accumulated Reversionary Bonus and cash value and face value of Terminal Bonus payable may be higher or lower than the above illustrated figures. Under some circumstances, the actual amount of these bonuses may be zero. The Reversionary Bonus and Terminal Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant. Other factors include, but are not limited to, claims experience, policy expenses, taxes, and policy owner termination experience. For details, please refer to Bonus Philosophy under Important Information section of the product brochure.

7. Summary of Sales Support Materials

Sales Support Materials will be uploaded to Sun Life Hong Kong company website, SunOffice, SunSurf and SunSmart.

Name of Sales Support Materials	You can download it from
Product Brochure	Company website, SunOffice and SunSurf
Product Guide	SunSurf
Product Matrix – Financial Needs Analysis	SunSurf
Proposal Illustration	SunSmart
Frequently Asked Questions for SunJoy	SunSurf
Frequently Asked Questions for SunGift	SunSurf

Appendix A – Internal Return Comparison

SunJoy vs SunGift

Product Positioning and Competitive Edge						
SunJoy:				SunGift:		
<ul style="list-style-type: none"> Competitive in flexibilities of earlier withdrawals to support clients' different financial needs Total returns are higher in the first 20 policy years, and the projected total return can be up to 5.48% 				<ul style="list-style-type: none"> Competitive in higher potential total long-term return, and a good choice for legacy planning Higher long-term total return, which projected long-term total IRR can reach up to 7.20%, higher than the similar products in the market 		

In USD, Male (non-smoker), Age 0, Total Premiums Paid USD 50,000

Product	SunJoy			SunGift			
Premium Payment Term	2 Pay						
Guaranteed Return	Policy Year	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR
	10 Year	35,000	70%	-3.69%	33,950	68%	-4.00%
	20 Year	55,500	111%	0.54%	54,380	109%	0.43%
	30 Year	58,921	118%	0.56%	56,198	112%	0.40%
	40 Year	62,554	125%	0.57%	58,623	117%	0.40%
	50 Year	66,969	134%	0.59%	61,048	122%	0.40%
	60 Year	72,048	144%	0.62%	63,534	127%	0.40%
	120 Year	163,715	327%	1.00%	97,604	195%	0.56%
	Guaranteed Breakeven (year)	13		13			
	Total Return	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR
Total Return	10 Year	70,044	140%	3.61%	64,944	130%	2.79%
	20 Year	139,708	279%	5.41%	130,256	261%	5.03%
	30 Year	275,450	551%	5.95%	278,702	557%	6.00%
	40 Year	531,563	1063%	6.17%	576,770	1154%	6.39%
	50 Year	1,078,023	2156%	6.40%	1,191,941	2384%	6.62%
	60 Year	2,198,323	4397%	6.56%	2,502,913	5006%	6.80%
	120 Year	175,713,020	351426%	7.07%	204,044,973	408090%	7.20%
	Total Breakeven (year)	6		6			

Note:

GCV = Guaranteed Cash Value; TCV = Total Cash Value; TPP = Total Premiums Paid

GIRR = Guaranteed internal rate of return; TIRR = Total internal rate of return

Disclaimer: Different products may have different features. The above return comparison is for reference only (information as of 4 August 2023).

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Appendix B – Market Comparison

Products of different companies may have different features. The below comparison should not be taken as a direct comparison of different products or a complete analysis. The comparison is for reference only (information as at 4 Aug 2023).

Feature Comparison:

Company	Sunlife	AIX	PrXdential	AXX	ManuXife	FXD
Plan	SunJoy / SunGift	Xlobal Power Xulti-Currency Plan 2	EverXreen Wealth Xulti-Currency	Xealth Advance Savings Series II – Ultimate	XanulImperial Xaver 2	XaxFocus Global
Policy Currency	USD	RMB/GBP/USD/ AUD/CAD/HKD/MOP	AUD/CAD/GBP/ HKD/RMB/USD	USD	USD	HKD/USD/RMB/GBP/CAD/A UD/SGD/EUR
Premium Payment Term ("PPT") and Issue Age	<ul style="list-style-type: none"> 2-pay: Age 0-80 5-pay: Age 0-75 	<ul style="list-style-type: none"> SP: Age 0-80 3-pay* / 5-pay: Age 0-75 	(ANB) <ul style="list-style-type: none"> 3 / 5-pay: Age 1-75 	<ul style="list-style-type: none"> 5 / 10-pay: Age 0-60 	<ul style="list-style-type: none"> SP: Age 0-75 5-pay: Age 0-70 10-pay: Age 0-65 15-pay: Age 0-60 	(ANB) <ul style="list-style-type: none"> SP: Age 1-80 3-pay* / 5-pay: Age 1-75 10-pay: Age 1-70 18-pay: Age 1-62
Minimum Annual Premium (USD)	<ul style="list-style-type: none"> 2-pay: 15,000 5-pay: 3,000 	<ul style="list-style-type: none"> SP: 7,500 3-pay: 2,000 5-pay: 2,000 	<ul style="list-style-type: none"> 3-pay: 3,238 5-pay: 2,000 	<ul style="list-style-type: none"> 5-pay: 2,176 10-pay: 1,096 	<ul style="list-style-type: none"> SP: 6,000 5-pay: 1,875 10-pay: 950 15-pay: 950 	<ul style="list-style-type: none"> SP: 25,000 3-pay*: 10,000 5-pay: 3,030 10-pay: 1,590 18-pay: 924
Benefit Term	To age 120	Whole Life	Whole Life	To age 100	Whole Life	To age 138 (ANB)
Dividend / Bonus	<ul style="list-style-type: none"> Reversionary Bonus (RB) Terminal Bonus(TB) 	<ul style="list-style-type: none"> Reversionary Bonus (RB) Terminal Bonus (TB) 	<ul style="list-style-type: none"> Terminal Dividend (TD) 	<ul style="list-style-type: none"> Reversionary Bonus (RB) Terminal Bonus (TB) 	<ul style="list-style-type: none"> Annual Dividend (AD) Terminal Bonus (TB) 	<ul style="list-style-type: none"> Annual Dividend (AD) Special Bonus (SB)
Cash Value and Face Value of Reversionary Bonus	 Cash Value and Face Value of RB: guaranteed once declared	Face Value: guaranteed once declared Cash Value: non-guaranteed	N/A	Face Value: guaranteed once declared Cash Value: non-guaranteed	N/A	N/A

*Limited offer

Company	Sunlife	AIX	PrXdential	AXX	ManuXife	FXD
Plan	SunJoy / SunGift	Xglobal Power Xulti-Currency Plan 2	EverXreen Wealth Xulti-Currency	Xealth Advance Savings Series II – Ultimate	Xanulmpperial Xaver 2	XaxFocus Global
Death Benefit	<p>The higher of:</p> <ul style="list-style-type: none"> (i) Total premiums paid - withdrawn cash value of accumulated RB; or (ii) GCV + any face value of accumulated RB + any face value of TB; <p>+ any other amounts left in the Policy - any loan with interest</p>	<p>The higher of:</p> <ul style="list-style-type: none"> (i) 105% of total premiums paid; or (ii) GCV + any face value of accumulated RB + any face value of TB; <p>+ any remaining balance in the Bonus Lock-in Account (if applicable) - any loan with interest</p>	<p>The higher of:</p> <ul style="list-style-type: none"> (i) 105% of total premiums paid; or (ii) GCV + any TD; + any amount in the Dividend Lock-in Account - any loan with interest 	<p>The higher of:</p> <ul style="list-style-type: none"> (i) Total premiums paid (extra 30% for insured passes away at initial insured's age 60 or below and policy in-force for 3 years or more); or (ii) GCV; + any face value of accumulated RB + any face value of TB - any loan and outstanding premium 	<p>The higher of:</p> <ul style="list-style-type: none"> (i) Total premiums paid; or (ii) GCV; <p>+ any accumulated AD with interest + any TB - any loan with interest</p>	<p>The higher of:</p> <ul style="list-style-type: none"> (i) Total premiums paid; or (ii) GCV + any SB + any accumulated AD with interest - any loan with interest
Death Benefit Settlement Option	<p>Different Death Benefit Settlement Option for <u>each</u> of beneficiary</p> <ol style="list-style-type: none"> 1. Lump sum 2. by Instalments (monthly or annual) in a specified term ranging from 2-50 years 3. Mixture of 1 and 2 4. Partial Instalments till the designated age of beneficiary 5. Full Payment by Increasing instalments with 3% increase p.a. until the Death Benefit is paid out in full 6. Continuation Option - upon the death of the Insured, the designated beneficiary will become the new Policy Owner and/or new Insured (applicable to more than one beneficiary) <ul style="list-style-type: none"> - Option 2, 3 and 5 can only be exercised when instalments is not less than USD50,000, and the annual instalment amount should be at least USD2,500 - Option 4 can only be exercised when the annual instalment amount should be at least USD2,500 	<p>All beneficiaries share the same option</p> <ol style="list-style-type: none"> 1. Lump sum; or 2. by instalments at regular intervals 3. Increasing instalments (monthly or annual) <p>Option 2 & 3 can only exercise when Death Benefit and Accidental Death Benefit (if any) is not less than USD 50,000, and total annual payment should be at least 2% of the sum of Death Benefit and Accidental Death Benefit (if any)</p>	<p>All beneficiaries share the same option</p> <ol style="list-style-type: none"> 1. Lump sum 2. by monthly instalments 3. Mixture of 1 and 2 <p>for settlement by installments shall not less than the minimum amount is USD50,000 / HKD400,000 / RMB300,000, otherwise pay the death benefit in a lump sum</p>	<p>All beneficiaries share the same option</p> <ol style="list-style-type: none"> 1. Lump sum 2. by Instalments (monthly or annual) in a specified settlement term 10 / 20 / 30 years 	<p>1. Lump sum</p>	<p>Different Death Benefit Settlement Option for <u>each</u> of beneficiary</p> <ol style="list-style-type: none"> 1. Lump sum 2. by instalments at regular intervals (monthly or annual) 3. Mixture of 1 and 2

Comprehensive
in market



Feature Comparison (Cont'd):

Company	Sunlife	AIX	PrXdential	AXX	ManuXife	FXD
Plan	SunJoy / SunGift	Xlobal Power Xulti-Currency Plan 2	EverXreen Wealth Xulti-Currency	Xealth Advance Savings Series II – Ultimate	XanulImperial Xaver 2	XaxFocus Global
Surrender Value	<ul style="list-style-type: none"> GCV + any cash value of accumulated RB + any cash value of TB + any other amounts left in the Policy - any loan with interest 	<ul style="list-style-type: none"> GCV + any cash value of accumulated RB + any cash value of TB + any remaining balance in the Bonus Lock-in Account (if applicable) - any loan with interest 	<ul style="list-style-type: none"> GCV + any TD + any amount in the Dividend Lock-in Account - any loan with interest 	<ul style="list-style-type: none"> GCV + any cash value of accumulated RB + any cash value of TB - outstanding premium 	<ul style="list-style-type: none"> GCV + any accumulated AD + any TB - any loan with interest 	<ul style="list-style-type: none"> GCV + any accumulated AD + any SB - any loan with interest
Change of Insured Option						
When it is Available	After 1 st policy anniversary	After 1 st policy anniversary	After 1 st policy anniversary	After 1 st policy anniversary	After 1 st policy anniversary	After 1 st policy anniversary
No. of Changes Allowed	Unlimited	Unlimited	Unlimited	3 times	Unlimited	Unlimited
Benefit Term after Change of Insured	Age 120 of the new Insured	Whole life of new Insured	Whole life of new Insured	Age 100 of new Insured	Whole life of new Insured	Age 138 of new Insured
Requirement on Age of New Insured	<ul style="list-style-type: none"> The age of new Insured is subject to the issue age requirement of the premium payment term 	<ul style="list-style-type: none"> New Insured must be Age 15 days to 60 	<ul style="list-style-type: none"> The age of new Insured is subject to the issue age requirement of the premium payment term 	<ul style="list-style-type: none"> New Insured is age 60 or below; and New Insured must not be elder than the initial Insured by 5 years 	<ul style="list-style-type: none"> New Insured is age 60 or below; and New Insured must not be older than the current Insured and age 75 or below 	<ul style="list-style-type: none"> The age of new Insured is subject to the issue age requirement of the premium payment term
Policy Split Option						
When it is Available	Starting from 5 th policy anniversary, once per policy year	Starting from 3 rd policy anniversary or after premium payment term (whichever is later), once per policy year	Starting from 5 th policy anniversary, once per policy year	Not applicable	Not applicable	Starting from 5 th policy anniversary, once per policy year
Other Benefits and Options						
Accidental Caring Plus Benefit	 <p>additional 1,000% of the Notional Amount if the Insured diagnosed as Loss of Independent Existence which is caused by an Accident during the period between age 18 – 65 up to USD1,250,000 per life under all policy(ies) of SunJoy and SunGift</p> <p>Unique among similar products in market</p>	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

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Feature Comparison (Cont'd):

Company	Sunlife	AIX	PrXdential	AXX	ManuXife	FXD
Plan	SunJoy / SunGift	Xlglobal Power Xulti-Currency Plan 2	EverXreen Wealth Xulti-Currency	Xealth Advance Savings Series II – Ultimate	Xanulmpireal Xaver 2	XaxFocus Global
Other Benefits and Options						
Waiver of Premium Benefit	applicable to 5-pay policies Waiver of Premium Benefit – If the Insured who is also the policy owner, is diagnosed as suffering from Total Permanent Disability due to Injury before his/her age 65, the future premiums of the basic plan to be waived		Payor Accidental Death Cover a lump sum amount which is equal to the 100% of the total amount of remaining future premiums of the basic plan, if the original Policy Owner dies as a result of an Accident, up to USD125,000 under all policies with Payor Accidental Death Benefit for the same Policy Owner			
Payor Benefit	Payor Benefit – If the policy owner is diagnosed as suffering from Total Permanent Disability or passes away before the age 65, the future premiums of the basic plan to be waived up to USD200,000 under all policies with Waiver of Premium Benefit and Payor Benefit for the same Policy Owner	optional rider with additional cost	optional rider with additional cost	optional rider with additional cost	optional rider with additional cost	optional rider with additional cost
Other Benefits and Options	 <ul style="list-style-type: none"> Designation of Contingent Policy Owner Option – appoint a contingent policy owner Premium Holiday Option – starting from 2nd policy anniversary (applicable to 5 -pay policies), and up to 2 years Mental Incapacity Benefit 24-hour worldwide emergency assistance  <ul style="list-style-type: none"> Designation of Contingent Policy Owner Option – appoint a contingent policy owner for juvenile Insured Bonus Lock-in Option – starting from 15th policy anniversary Bonus Unlock Option (after 1 year of bonus lock-in option) Currency Exchange Option – Starting from 3rd policy anniversary Educational Merit Benefit Extension of Grace Period up to 365 days for some certain life events (only applicable for 3 / 5-pay policies) Accidental Death Benefit – equal to 100% total premium paid within policy year 1 	<ul style="list-style-type: none"> Designation of Contingent Policy Owner Option – appoint a contingent policy owner for juvenile Insured Extended Accidental Death Cover – before the 5th policy anniversary Currency Exchange Option – starting from 3rd policy anniversary Bonus Lock-in Option – starting from 10th policy anniversary Academic Success Award – only eligible for the Insured below age ANB 18 when policy issuance, which payable if the Insured achieves any one of the designated academic results after 1 year from the policy issuance Unemployment Benefit – extension of Grace Period up to 365 days (applicable to policy owner aged 19 – 65) 	Not Applicable	<ul style="list-style-type: none"> Bonus Lock-in Option – starting from 15th policy anniversary Premium Holiday Option – available on or after 2nd policy year (applicable to 5 / 10 / 15-pay policies), and up to 2 years Accidental Death Benefit – 100% of total premium paid if the Insured dies due to an accident in first 5 policy years 	<ul style="list-style-type: none"> Designation of contingent policy owner – appoint a contingent policy owner for juvenile and adult Insured Currency Exchange Option – starting from 3rd policy anniversary Outstanding Performance Award Baby Bonus Bonus Lock-in Option – starting from 15th policy anniversary Premium Holiday Option starting from 2nd policy anniversary, up to 2 (for 5-pay policies) or 4 years (for 10/18-pay policies) Accidental Death Benefit – 100% of total premium paid if the Insured or direct family member pass away due to accident in first 5 policy year 	

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Feature Comparison:

Company	Sunlife	FXLife	Xhubb	Xenerali	Fxbon
Plan	SunJoy / SunGift	Xegent Xrime/ Xlite Plan II (Xrimier)	XyLegacy Plan II	XionTycoon Beyond	Xrosperity Booster Whole Life Plan 3
Policy Currency	USD	USD	USD	USD	USD/HKD
Premium Payment Term ("PPT") and Issue Age	<ul style="list-style-type: none"> 2-pay: Age 0-80 5-pay: Age 0-75 	<ul style="list-style-type: none"> 2 / 5-pay: Age 0-75 	<ul style="list-style-type: none"> 2 / 5 / 8-pay: Age 0-70 18-pay: Age 0-65 	<ul style="list-style-type: none"> 2 / 5 / 8 / 10-pay: Age 0-75 	<ul style="list-style-type: none"> 2 / 5-pay: Age 0-75
Minimum Annual Premium (USD)	<ul style="list-style-type: none"> 2-pay: 15,000 5-pay: 3,000 	<ul style="list-style-type: none"> 2-pay: 4,500 5-pay: 1,560 	<ul style="list-style-type: none"> 2-pay: 4,523 5-pay: 1,919 8-pay: 1,330 18-pay: 1,211 	<ul style="list-style-type: none"> 2-pay: 5,000 5-pay: 2,000 8-pay: 1,250 10-pay: 1,000 	<ul style="list-style-type: none"> 2-pay: 6,250 5-pay: 2,500
Benefit Term	To age 120	To age 128	To age 120	To age 138	To age 138
Dividend / Bonus	<ul style="list-style-type: none"> Reversionary Bonus (RB) Terminal Bonus(TB) 	<ul style="list-style-type: none"> Reversionary Bonus (RB) Terminal Bonus (TB) 	<ul style="list-style-type: none"> Reversionary Bonus (RB) Terminal Bonus (TB) 	<ul style="list-style-type: none"> Terminal Dividend (TD) 	<ul style="list-style-type: none"> Annual Dividend (AD) Terminal Dividend (TD)
Cash Value and Face Value of Reversionary Bonus	<p>Cash Value and Face Value of RB: guaranteed once declared</p> 	<p>Face Value: guaranteed once declared Cash Value: non-guaranteed</p>	<p>Face Value: guaranteed once declared Cash Value: non-guaranteed</p>	N/A	N/A

*Limited offer

Company	Sunlife	FXLife	Xhubb	Generali	Fxbon
Plan	SunJoy / SunGift	Xegent Xrime / Xlite Insurance Plan II (Xrimier)	XyLegacy Plan II	XionTycoon Beyond	Xrosperity Booster Whole Life Plan 3
Death Benefit	<p>The higher of:</p> <ul style="list-style-type: none"> (i) Total premiums paid - withdrawn cash value of accumulated RB; or (ii) GCV + any face value of accumulated RB + any face value of TB; <p>+ any other amounts left in the Policy - any loan with interest</p>	<p>The higher of:</p> <ul style="list-style-type: none"> (i) 105% of total premiums paid (1% annual increment in policy year 1-5, up to 110%); or (ii) GCV + any face value of accumulated RB + any face value of TB; <p>+ accumulated value of Bonus lock-in account - any loan with interest</p>	<p>The higher of:</p> <ul style="list-style-type: none"> (i) 101% of total premiums paid - any withdrawal amount (ii) GCV + notional amount of accumulated RB + notional value of TB <p>- any loan with interest</p>	<p>The higher of:</p> <ul style="list-style-type: none"> (i) 100% of total premiums paid ; OR (ii) GCV + any TD; <p>+ any balance of benefit accumulation account - any loan with interest</p>	<p>The higher of:</p> <ul style="list-style-type: none"> (i) 105% of total premiums paid and due ; OR (ii) GCV + any TD; <p>+ any accumulated AD and interest - any loan with interest</p>
Death Benefit Settlement Option	<p>Different Death Benefit Settlement Option for <u>each</u> of beneficiary</p> <ol style="list-style-type: none"> 1. Lump sum 2. by Instalments (monthly or annual) in a specified term ranging from 2-50 years 3. Mixture of 1 and 2 4. Partial Instalments till the designated age of beneficiary 5. Full Payment by Increasing instalments with 3% increase p.a. until the Death Benefit is paid out in full 6. Continuation Option - upon the death of the Insured, the designated beneficiary will become the new Policy Owner and/or new Insured (applicable to more than one beneficiary) <ul style="list-style-type: none"> - Option 2, 3 and 5 can only be exercised when instalments is not less than USD50,000, and the annual instalment amount should be at least USD2,500 - Option 4 can only be exercised when the annual instalment amount should be at least USD2,500 	<p>Different Death Benefit Settlement Option for <u>each</u> of beneficiary</p> <ol style="list-style-type: none"> 1. Lump sum 2. by Instalments (monthly / semi-annual / annual) at regular intervals in a specified settlement term 10 / 20 / 30 years 3. Increasing amount by instalments (monthly/ semi-annual/annual) with 3% increase p.a., until the Death Benefit is paid out in full 4. Mixture 1 and 2 5. Policy Continuation Option (standalone benefit) - upon the death of the Insured, the designated beneficiary will become the new Policy Owner and/or new Insured (only applicable to ONE beneficiary) <ul style="list-style-type: none"> - Option 2, 3 and 4 can only be exercised when Death Benefit proceed for instalments is not less than USD 50,000 	<p>Different Death Benefit Settlement Option for <u>each</u> of beneficiary</p> <ol style="list-style-type: none"> 1. Lump Sum 2. by instalments (5, 10, 20, 30 years) 3. Mixture of 1 and 2 4. Policy Continuation Option (standalone benefit) - upon the death of the Insured, the designated beneficiary will become the new Policy Owner and/or new Insured (only applicable to ONE beneficiary) 	<ol style="list-style-type: none"> 1. Lump Sum 2. by monthly instalments (5, 10, 20, 30 years) 3. Mixture of 1 and 2 4. Policy Continuation Option (standalone benefit) - upon the death of the Insured, the designated beneficiary will become the new Policy Owner and/or new Insured (only applicable to ONE beneficiary) 	<ol style="list-style-type: none"> 1. Lump sum 2. by Instalments (monthly / semi-annual / annual) at regular intervals in a specified settlement term 5/10 / 20 / 30 years 3. by increasing instalments (5% increment each year) 4. Mixture of 1 and 2 <p>for settlement by installments shall not less than the minimum amount is USD50,000, otherwise pay the death benefit in a lump sum</p>

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Feature Comparison (Cont'd):

Company	Sunlife	FXLife	Xhubb	Xenerali	Fxbon
Plan	SunJoy / SunGift	Xegent Xrime / Xlite Insurance Plan II (Xrimier)	XyLegacy Plan II	XionTycoon Beyond	Xrosperity Booster Whole Life Plan 3
Surrender Value	<ul style="list-style-type: none"> GCV + any cash value of accumulated RB + any cash value of TB + any other amounts left in the Policy - any loan with interest 	<ul style="list-style-type: none"> GCV + any cash value of accumulated RB + any cash value of TB + accumulated value of Bonus lock-in account - any loan with interest 	<ul style="list-style-type: none"> GCV + any cash value of accumulated RB + any cash value of TB + any withdrawn amount and interest - any loan with interest 	<ul style="list-style-type: none"> GCV + any TD + any balance of Benefit accumulation account - any loan with interest 	<ul style="list-style-type: none"> GCV + any accumulated AD + any TD - any loan with interest
Change of Insured Option					
When it is Available	After 1 st policy anniversary	After 1 st policy anniversary	After 1 st policy anniversary	After 1 st policy anniversary	After 1 st policy anniversary
No. of Changes Allowed	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Benefit Term after Change of Insured	Age 120 of the new Insured	Age 128 of new Insured	Age 120 of new Insured	Age 138 of new Insured	Age 138 of new Insured
Requirement on Age of New Insured	<ul style="list-style-type: none"> The age of new Insured is subject to the issue age requirement of the premium payment term 	<ul style="list-style-type: none"> New Insured is aged 65 or below; and New Insured must not be elder than the initial Insured by 10 years 	<ul style="list-style-type: none"> New Insured must not be elder than the Insured by 10 years, or age 60 or below 	<ul style="list-style-type: none"> New Insured is age 75 or below New Insured must not be elder than the current Insured 	<ul style="list-style-type: none"> The age of new Insured is subject to the issue age requirement of the premium payment term
Policy Split Option					
When it is Available	Starting from 5 th policy anniversary, once per policy year	Not applicable	Under Conversion of Partial Surrender Value, Starting from 5 th (2-pay) / 8 th (5-pay) / 11 th (8-pay) / 21 st (18-pay) policy anniversary	Not applicable	Not applicable

Feature Comparison (Cont'd):

Company	Sunlife	FXLife	Xhubb	Xenerali	Fxbon
Plan	SunJoy / SunGift	Xegent Xrime / Xlite Insurance Plan II (Xrimier)	XyLegacy Plan II	XionTycoon Beyond	Xrosperity Booster Whole Life Plan 3
Other Benefits and Options					
Accidental Caring Plus Benefit	 Unique among similar products in market <p>additional 1,000% of the Notional Amount if the Insured diagnosed as Loss of Independent Existence which is caused by an Accident during the period between age 18 – 65 up to USD1,250,000 per life under all policy(ies) of SunJoy and SunGift</p>	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Waiver of Premium Benefit	<p>applicable to 5-pay policies</p> <p><u>Waiver of Premium Benefit</u> – If the Insured who is also the policy owner, is diagnosed as suffering from Total Permanent Disability due to Injury before his/her age 65, the future premiums of the basic plan to be waived</p> <p><u>Payor Benefit</u> – If the policy owner is diagnosed as suffering from Total Permanent Disability or passes away before the age 65, the future premiums of the basic plan to be waived</p> <p>up to USD200,000 under all policies with Waiver of Premium Benefit and Payor Benefit for the same Policy Owner</p>	<p><u>Waiver of Premium Benefit</u>– If the Insured who is also the policy owner, is diagnosed as suffering from Total Permanent Disability due to Injury before his/her age 75</p> <p><u>Payor Benefit</u> – If the policy owner is diagnosed as suffering from Total Permanent Disability or passes away before the age 75</p> <p>Future premium to be waived, up to USD350,000 (2-Pay) / 500,000 (5-pay) under all policies for the same Policy Holder</p>	Not Applicable	optional rider with additional cost	Not Applicable
Other Benefits and Options	  <ul style="list-style-type: none"> Designation of Contingent Policy Owner Option – appoint a contingent policy owner Premium Holiday Option – starting from 2nd policy anniversary (applicable to 5 - pay policies), and up to 2 years Mental Incapacity Benefit 24-hour worldwide emergency assistance 	<ul style="list-style-type: none"> Designation of Contingent Policy Owner Option – appoint a contingent policy owner for juvenile Insured Bonus Lock-in Option – Starting from 15th policy anniversary Premium Holiday Option (applicable to 5-pay policies)- starting from 3rd policy anniversary, and up to 2 years 24-hour worldwide emergency assistance 	<ul style="list-style-type: none"> Premium Holiday Option – starting from 1st policy anniversary (applicable to 5/8/18-pay policies), and up to 2 years Bonus lock-in option from the 10th policy anniversary Annuity option up to 2 times Contingent policyowner when the policyowner dies or is diagnosed with a Specific Illness Standby Regular Withdrawal Instruction – On or after the 10th policy anniversary when the Insured has been diagnosed with a Specific Illness 	<ul style="list-style-type: none"> Bonus lock-in Option – starting from the 15th policy anniversary with Regular lock-in option / Flexi lock-in option Accidental Death Benefit 200% of TPP (until the Insured attains age of 80) Premium Holiday Option (applicable for 8 / 10-pay policies)- starting from the 2nd policy anniversary and before age 70 of the Insured, and up to 2 years Extended grace period up to 180 days 	<ul style="list-style-type: none"> Designation of Contingent Policy Owner Option Premium Holiday Option – starting from the 2nd Policy Anniversary, up to 3 years Extended grace period up to 90 days

Return Comparison(Cont'd):

In USD, **2 Pay / 3 Pay**, Total Premiums Paid USD 50,000, Male (non-smoker), Age 0

Product Info	Company	Sun Life			Sun Life			AIX			PrXdential		
	Product Name	Sunjoy			SunGift			Xlglobal Power Xulti-Currency Plan 2			EverXreen Wealth Xulti-Currency		
	Premium Payment Term	2 Pay			2 Pay			3 Pay			3 Pay		
	Notional Amount	50,000			50,000			169,721			51,500		
Guaranteed Return	Policy Year	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR
	10 Year	35,000	70%	-3.69%	33,950	68%	-4.00%	34,080	68%	-4.18%	38,728	77%	-2.81%
	20 Year	55,500	111%	0.54%	54,380	109%	0.43%	51,171	102%	0.12%	52,942	106%	0.30%
	30 Year	58,921	118%	0.56%	56,198	112%	0.40%	52,019	104%	0.14%	56,496	113%	0.42%
	40 Year	62,554	125%	0.57%	58,623	117%	0.40%	54,803	110%	0.24%	59,792	120%	0.46%
	50 Year	66,969	134%	0.59%	61,048	122%	0.40%	56,330	113%	0.24%	63,294	127%	0.48%
	60 Year	72,048	144%	0.62%	63,534	127%	0.40%	57,875	116%	0.25%	66,847	134%	0.49%
	120 Year	163,715	327%	1.00%	97,604	195%	0.56%						
Total Return	Guaranteed Breakeven (year)	13			13			17			18		
	Policy Year	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR
	10 Year	70,044	140%	3.61%	64,944	130%	2.79%	60,030	120%	2.05%	60,157	120%	2.07%
	20 Year	139,708	279%	5.41%	130,256	261%	5.03%	135,496	271%	5.38%	132,041	264%	5.24%
	30 Year	275,450	551%	5.95%	278,702	557%	6.00%	251,499	503%	5.72%	258,077	516%	5.82%
	40 Year	531,563	1063%	6.17%	576,770	1154%	6.39%	488,623	977%	6.02%	479,038	958%	5.96%
	50 Year	1,078,023	2156%	6.40%	1,191,941	2384%	6.62%	1,004,298	2009%	6.31%	1,047,067	2093%	6.40%
	60 Year	2,198,323	4397%	6.56%	2,502,913	5006%	6.80%	2,108,198	4216%	6.54%	2,207,408	4412%	6.63%
Total Breakeven (year)	175,713,020	351426%	7.07%	204,044,973	408090%	7.20%				7		8	
	6			6									

Note:

GCV = Guaranteed Cash Value; TCV = Total Cash Value; TPP = Total Premiums Paid

GIRR = Guaranteed internal rate of return; TIRR = Total internal rate of return

 indicate where the IRR is better than half of the competitors

 + Cells highlighted yellow indicate where the IRR is better than all competitors

Return Comparison(Cont'd):

In USD, **2 Pay / 3 Pay**, Total Premiums Paid USD 50,000, Male (non-smoker), Age 0

Product Info	Company	Sun Life			Sun Life			FXD			FXLife		
	Product Name	SunJoy			SunGift			XaxFocus Global			Xegent Xrime Plan II (Xrimier)		
	Premium Payment Term	2 Pay			2 Pay			3 Pay			2 Pay		
	Notional Amount	50,000			50,000			108,601			57,737		
Guaranteed Return	Policy Year	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR
	10 Year	35,000	70%	-3.69%	33,950	68%	-4.00%	31,822	64%	-4.91%	36,374	73%	-3.30%
	20 Year	55,500	111%	0.54%	54,380	109%	0.43%	51,873	104%	0.19%	55,139	110%	0.50%
	30 Year	58,921	118%	0.56%	56,198	112%	0.40%	57,692	115%	0.49%	64,665	129%	0.88%
	40 Year	62,554	125%	0.57%	58,623	117%	0.40%	61,077	122%	0.51%	71,305	143%	0.90%
	50 Year	66,969	134%	0.59%	61,048	122%	0.40%	64,437	129%	0.52%	78,580	157%	0.92%
	60 Year	72,048	144%	0.62%	63,534	127%	0.40%	67,983	136%	0.52%	86,548	173%	0.93%
	120 Year	163,715	327%	1.00%	97,604	195%	0.56%	93,746	187%	0.53%	163,973	328%	1.00%
Total Return	Guaranteed Breakeven (year)		13			13		17			15		
	Policy Year	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR
	10 Year	70,044	140%	3.61%	64,944	130%	2.79%	62,468	125%	2.50%	68,520	137%	3.37%
	20 Year	139,708	279%	5.41%	130,256	261%	5.03%	136,231	272%	5.41%	137,904	276%	5.34%
	30 Year	275,450	551%	5.95%	278,702	557%	6.00%	264,617	529%	5.91%	271,211	542%	5.90%
	40 Year	531,563	1063%	6.17%	576,770	1154%	6.39%	510,956	1022%	6.14%	484,769	970%	5.92%
	50 Year	1,078,023	2156%	6.40%	1,191,941	2384%	6.62%	1,028,576	2057%	6.36%	869,441	1739%	5.94%
	60 Year	2,198,323	4397%	6.56%	2,502,913	5006%	6.80%	2,153,023	4306%	6.58%	1,566,522	3133%	5.96%
	Total Breakeven (year)		6			6		7			6		

Note:

GCV = Guaranteed Cash Value; TCV = Total Cash Value; TPP = Total Premiums Paid

GIRR = Guaranteed internal rate of return; TIRR = Total internal rate of return

indicate where the IRR is better than half of the competitors

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Return Comparison(Cont'd):

In USD, **2 Pay**, Total Premiums Paid USD 50,000, Male (non-smoker), Age 0

Product Info	Company	Sun Life			Sun Life			FXLife			Xhubb		
	Product Name	SunJoy			SunGift			Xegent Xlite Plan II (Xrimier)			XyLegacy Plan II		
	Premium Payment Term	2 Pay			2 Pay			2 Pay			2 Pay		
	Notional Amount	50,000			50,000			57,737			63,509		
Guaranteed Return	Policy Year	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR
	10 Year	35,000	70%	-3.69%	33,950	68%	-4.00%	34,354	69%	-3.88%	30,357	61%	-5.12%
	20 Year	55,500	111%	0.54%	54,380	109%	0.43%	51,790	104%	0.18%	50,363	101%	0.04%
	30 Year	58,921	118%	0.56%	56,198	112%	0.40%	53,522	107%	0.23%	51,188	102%	0.08%
	40 Year	62,554	125%	0.57%	58,623	117%	0.40%	55,832	112%	0.28%	53,475	107%	0.17%
	50 Year	66,969	134%	0.59%	61,048	122%	0.40%	58,141	116%	0.31%	55,316	111%	0.20%
	60 Year	72,048	144%	0.62%	63,534	127%	0.40%	60,508	121%	0.32%	57,285	115%	0.23%
	120 Year	163,715	327%	1.00%	97,604	195%	0.56%	92,957	186%	0.52%	71,511	143%	0.30%
Total Return	Guaranteed Breakeven (year)	13			13			16			20		
	Policy Year	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR
	10 Year	70,044	140%	3.61%	64,944	130%	2.79%	64,902	130%	2.78%	65,756	132%	2.92%
	20 Year	139,708	279%	5.41%	130,256	261%	5.03%	103,880	208%	3.82%	134,433	269%	5.20%
	30 Year	275,450	551%	5.95%	278,702	557%	6.00%	293,409	587%	6.18%	263,974	528%	5.80%
	40 Year	531,563	1063%	6.17%	576,770	1154%	6.39%	574,979	1150%	6.38%	523,470	1047%	6.12%
	50 Year	1,078,023	2156%	6.40%	1,191,941	2384%	6.62%	1,190,040	2380%	6.61%	1,054,706	2109%	6.35%
	60 Year	2,198,323	4397%	6.56%	2,502,913	5006%	6.80%	2,476,444	4953%	6.78%	2,054,268	4109%	6.44%
Total Breakeven (year)	Total Breakeven (year)	6			6			6			7		

Note:

GCV = Guaranteed Cash Value; TCV = Total Cash Value; TPP = Total Premiums Paid

GIRR = Guaranteed internal rate of return; TIRR = Total internal rate of return

indicate where the IRR is better than half of the competitors

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Return Comparison(Cont'd):

In USD, 2 Pay, Total Premiums Paid USD 50,000, Male (non-smoker), Age 0

Product Info	Company	Sun Life			Sun Life			Xenerali			Fxbon		
	Product Name	SunJoy			SunGift			XionTycoon Beyond			Xrosperity Booster Whole Life Plan 3		
	Premium Payment Term	2 Pay			2 Pay			2 Pay			2 Pay		
	Notional Amount	50,000			50,000			50,000			52,632		
Guaranteed Return	Policy Year	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR
	10 Year	35,000	70%	-3.69%	33,950	68%	-4.00%	27,217	54%	-6.21%	34,899	70%	-3.72%
	20 Year	55,500	111%	0.54%	54,380	109%	0.43%	50,000	100%	0.00%	51,390	103%	0.14%
	30 Year	58,921	118%	0.56%	56,198	112%	0.40%	50,000	100%	0.00%	58,391	117%	0.53%
	40 Year	62,554	125%	0.57%	58,623	117%	0.40%	50,000	100%	0.00%	72,502	145%	0.95%
	50 Year	66,969	134%	0.59%	61,048	122%	0.40%	50,000	100%	0.00%	80,090	160%	0.96%
	60 Year	72,048	144%	0.62%	63,534	127%	0.40%	50,000	100%	0.00%	88,471	177%	0.96%
	120 Year	163,715	327%	1.00%	97,604	195%	0.56%	50,000	100%	0.00%	160,745	321%	0.98%
	Guaranteed Breakeven (year)	13			13			15			18		
Total Return	Policy Year	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR
	10 Year	70,044	140%	3.61%	64,944	130%	2.79%	67,717	135%	3.24%	64,411	129%	2.70%
	20 Year	139,708	279%	5.41%	130,256	261%	5.03%	139,500s	279%	5.40%	129,306	259%	4.99%
	30 Year	275,450	551%	5.95%	278,702	557%	6.00%	291,000	582%	6.15%	279,354	559%	6.00%
	40 Year	531,563	1063%	6.17%	576,770	1154%	6.39%	570,500	1141%	6.36%	546,178	1092%	6.24%
	50 Year	1,078,023	2156%	6.40%	1,191,941	2384%	6.62%	1,181,500	2363%	6.60%	1,093,735	2187%	6.43%
	60 Year	2,198,323	4397%	6.56%	2,502,913	5006%	6.80%	2,462,500	4925%	6.77%	2,245,245	4490%	6.60%
	120 Year	175,713,020	351426%	7.07%	204,044,973	408090%	7.20%	203,581,500	407163%	7.20%	203,623,766	407248%	7.20%
Total Breakeven (year)	6			6			6			8			

Note:

GCV = Guaranteed Cash Value; TCV = Total Cash Value; TPP = Total Premiums Paid

GIRR = Guaranteed internal rate of return; TIRR = Total internal rate of return

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Return Comparison(Cont'd):

In USD, **5 Pay**, Total Premiums Paid USD 50,000, Male (non-smoker), Age 0

Product Info	Company	Sun Life			Sun Life			AIX			PrXdential		
	Product Name	SunJoy			SunGift			Xlglobal Power Xulti-Currency Plan 2			EverXreen Wealth Xulti-Currency		
	Premium Payment Term	5 Pay			5 Pay			5 Pay			5 Pay		
	Notional Amount	50,000			50,000			101,522			50,000		
Guaranteed Return	Policy Year	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR
	10 Year	35,000	70%	4.38%	35,000	70%	4.38%	31,167	62%	-5.78%	37,600	75%	-3.52%
	20 Year	50,700	101%	0.08%	50,700	101%	0.08%	50,152	100%	0.02%	51,400	103%	0.15%
	30 Year	51,700	103%	0.12%	51,700	103%	0.12%	51,167	102%	0.08%	54,850	110%	0.33%
	40 Year	55,150	110%	0.26%	55,150	110%	0.26%	53,989	108%	0.20%	58,050	116%	0.39%
	50 Year	59,150	118%	0.35%	59,150	118%	0.35%	55,431	111%	0.22%	61,450	123%	0.43%
	60 Year	64,000	128%	0.43%	64,000	128%	0.43%	57,055	114%	0.23%	64,900	130%	0.45%
	120 Year	161,500	323%	1.00%	161,500	323%	1.00%						
Total Return	Guaranteed Breakeven (year)	13			13			19			19		
	Policy Year	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR
	10 Year	62,772	126%	2.87%	57,868	116%	1.84%	57,614	115%	1.78%	58,405	117%	1.96%
	20 Year	131,065	262%	5.48%	131,065	262%	5.48%	124,583	249%	5.19%	128,195	256%	5.35%
	30 Year	265,895	532%	6.14%	266,895	534%	6.15%	240,545	481%	5.76%	250,560	501%	5.91%
	40 Year	493,960	988%	6.20%	494,096	988%	6.20%	468,674	937%	6.06%	465,085	930%	6.04%
	50 Year	970,873	1942%	6.37%	1,063,519	2127%	6.57%	973,008	1946%	6.37%	1,016,570	2033%	6.47%
	60 Year	1,961,114	3922%	6.52%	2,042,898	4086%	6.60%	2,042,679	4085%	6.60%	2,143,115	4286%	6.69%
	Total Breakeven (year)	7			7			8			8		

Note:

GCV = Guaranteed Cash Value; TCV = Total Cash Value; TPP = Total Premiums Paid

GIRR = Guaranteed internal rate of return; TIRR = Total internal rate of return

 indicate where the IRR is better than half of the competitors

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Return Comparison(Cont'd):

In USD, **5 Pay**, Total Premiums Paid USD 50,000, Male (non-smoker), Age 0

Product Info	Company	Sun Life			Sun Life			ManuXife			AXX		
	Product Name	SunJoy			SunGift			XanulImperial Xaver 2			Xealth Advance Savings Series II – Ultimate		
	Premium Payment Term	5 Pay			5 Pay			5 Pay			5 Pay		
	Notional Amount	50,000			50,000			50,000			69,561		
Guaranteed Return	Policy Year	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR
	10 Year	35,000	70%	4.38%	35,000	70%	4.38%	31,384	63%	-5.70%	37,006	74%	-3.71%
	20 Year	50,700	101%	0.08%	50,700	101%	0.08%	50,068	100%	0.01%	50,153	100%	0.02%
	30 Year	51,700	103%	0.12%	51,700	103%	0.12%	57,050	114%	0.47%	52,379	105%	0.17%
	40 Year	55,150	110%	0.26%	55,150	110%	0.26%	60,286	121%	0.49%	54,188	108%	0.21%
	50 Year	59,150	118%	0.35%	59,150	118%	0.35%	63,844	128%	0.51%	56,623	113%	0.26%
	60 Year	64,000	128%	0.43%	64,000	128%	0.43%	67,780	136%	0.53%	59,475	119%	0.30%
	120 Year	161,500	323%	1.00%	161,500	323%	1.00%	86,104	172%	0.46%			
Total Return	Guaranteed Breakeven (year)	13			13			20			20		
	Policy Year	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR
	10 Year	62,772	126%	2.87%	57,868	116%	1.84%	59,638	119%	2.22%	62,675	125%	2.85%
	20 Year	131,065	262%	5.48%	131,065	262%	5.48%	132,329	265%	5.54%	126,786	254%	5.29%
	30 Year	265,895	532%	6.14%	266,895	534%	6.15%	256,197	512%	6.00%	249,398	499%	5.89%
	40 Year	493,960	988%	6.20%	494,096	988%	6.20%	486,062	972%	6.16%	458,654	917%	6.00%
	50 Year	970,873	1942%	6.37%	1,063,519	2127%	6.57%	973,145	1946%	6.37%	916,586	1833%	6.24%
	60 Year	1,961,114	3922%	6.52%	2,042,898	4086%	6.60%	1,972,370	3945%	6.53%	1,919,569	3839%	6.48%
	Total Breakeven (year)	7			7			8			8		

Note:

GCV = Guaranteed Cash Value; TCV = Total Cash Value; TPP = Total Premiums Paid

GIRR = Guaranteed internal rate of return; TIRR = Total internal rate of return

indicate where the IRR is better than half of the competitors

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Return Comparison(Cont'd):

In USD, **5 Pay**, Total Premiums Paid USD 50,000, Male (non-smoker), Age 0

Product Info	Company	Sun Life			Sun Life			FXD			FXLife		
	Product Name	Sunjoy			SunGift			XaxFocus Global			Xegent Xrime Plan II (Xrimier)		
	Premium Payment Term	5 Pay			5 Pay			5 Pay			5 Pay		
	Notional Amount	50,000			50,000			102,145			68,966		
Guaranteed Return	Policy Year	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR
	10 Year	35,000	70%	 -4.38%	35,000	70%	 -4.38%	27,078	54%	-7.45%	26,414	53%	-7.74%
	20 Year	50,700	101%	 0.08%	50,700	101%	 0.08%	51,065	102%	0.12%	50,690	101%	0.08%
	30 Year	51,700	103%	 0.12%	51,700	103%	 0.12%	57,008	114%	0.47%	52,000	104%	0.14%
	40 Year	55,150	110%	 0.26%	55,150	110%	 0.26%	59,982	120%	0.48%	53,793	108%	0.19%
	50 Year	59,150	118%	 0.35%	59,150	118%	 0.35%	63,719	127%	0.51%	56,207	112%	0.24%
	60 Year	64,000	128%	 0.43%	64,000	128%	 0.43%	67,177	134%	0.51%	63,311	127%	0.41%
	120 Year	161,500	323%	 1.00%	161,500	323%	 1.00%	92,250	185%	0.52%	159,725	319%	0.99%
Total Return	Guaranteed Breakeven (year)		13			13		19			15		
	Policy Year	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR
	10 Year	62,772	126%	 2.87%	57,868	116%	1.84%	58,128	116%	1.90%	59,217	118%	2.13%
	20 Year	131,065	262%	 5.48%	131,065	262%	 5.48%	122,341	245%	5.08%	122,397	245%	5.08%
	30 Year	265,895	532%	 6.14%	266,895	534%	 6.15%	239,172	478%	5.74%	251,116	502%	5.92%
	40 Year	493,960	988%	 6.20%	494,096	988%	 6.20%	470,712	941%	6.07%	477,157	954%	6.11%
	50 Year	970,873	1942%	 6.37%	1,063,519	2127%	 6.57%	923,296	1847%	6.26%	926,350	1853%	6.26%
	60 Year	1,961,114	3922%	 6.52%	2,042,898	4086%	 6.60%	1,914,492	3829%	6.48%	1,747,146	3494%	6.31%
	Total Breakeven (year)		7			7		8			8		

Note:

GCV = Guaranteed Cash Value; TCV = Total Cash Value; TPP = Total Premiums Paid

GIRR = Guaranteed internal rate of return; TIRR = Total internal rate of return

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Return Comparison(Cont'd):

In USD, **5 Pay**, Total Premiums Paid USD 50,000, Male (non-smoker), Age 0

Product Info	Company	Sun Life			Sun Life			FXLife			Xhubb		
	Product Name	Sunjoy			SunGift			Xegent Xlite Plan II (Xrimier)			XyLegacy Plan II		
	Premium Payment Term	5 Pay			5 Pay			5 Pay			5 Pay		
	Notional Amount	50,000			50,000			68,966			60,243		
Guaranteed Return	Policy Year	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR
	10 Year	35,000	70%	-4.38%	35,000	70%	-4.38%	26,414	53%	-7.74%	32,531	65%	-5.27%
	20 Year	50,700	101%	0.08%	50,700	101%	0.08%	50,690	101%	0.08%	49,821	100%	-0.02%
	30 Year	51,700	103%	0.12%	51,700	103%	0.12%	52,000	104%	0.14%	50,725	101%	0.05%
	40 Year	55,150	110%	0.26%	55,150	110%	0.26%	53,793	108%	0.19%	52,231	104%	0.11%
	50 Year	59,150	118%	0.35%	59,150	118%	0.35%	56,207	112%	0.24%	54,098	108%	0.16%
	60 Year	64,000	128%	0.43%	64,000	128%	0.43%	63,311	127%	0.41%	56,086	112%	0.20%
	120 Year	161,500	323%	1.00%	161,500	323%	1.00%	159,725	319%	0.99%	70,304	141%	0.29%
	Guaranteed Breakeven (year)		13			13		18			23		
Total Return	Policy Year	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR
	10 Year	62,772	126%	2.87%	57,868	116%	1.84%	57,673	115%	1.80%	61,111	122%	2.53%
	20 Year	131,065	262%	5.48%	131,065	262%	5.48%	126,598	253%	5.28%	122,737	245%	5.10%
	30 Year	265,895	532%	6.14%	266,895	534%	6.15%	263,234	526%	6.10%	239,482	479%	5.74%
	40 Year	493,960	988%	6.20%	494,096	988%	6.20%	492,043	984%	6.19%	477,552	955%	6.11%
	50 Year	970,873	1942%	6.37%	1,063,519	2127%	6.57%	1,051,435	2103%	6.54%	958,543	1917%	6.34%
	60 Year	1,961,114	3922%	6.52%	2,042,898	4086%	6.60%	1,865,060	3730%	6.43%	1,863,128	3726%	6.43%
	120 Year	153,264,774	306530%	7.04%	171,764,270	343529%	7.14%	169,994,941	339990%	7.13%	154,311,379	308623%	7.04%
Total Breakeven (year)		7			7		8			9			

Note:

GCV = Guaranteed Cash Value; TCV = Total Cash Value; TPP = Total Premiums Paid

GIRR = Guaranteed internal rate of return; TIRR = Total internal rate of return

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Return Comparison(Cont'd):

In USD, **5 Pay**, Total Premiums Paid USD 50,000, Male (non-smoker), Age 0

Product Info	Company	Sun Life			Sun Life			Xenerali			Fxbon		
	Product Name	Sunjoy			Sungift			XionTycoon Beyond			Xrosperity Booster Whole Life Plan 3		
	Premium Payment Term	5 Pay			5 Pay			5 Pay			5 Pay		
	Notional Amount	50,000			50,000			50,000			52,084		
Guaranteed Return	Policy Year	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR	GCV	GCV/TPP	GIRR
	10 Year	35,000	70%	-4.38%	35,000	70%	-4.38%	25,894	52%	-7.98%	36,863	74%	-3.76%
	20 Year	50,700	101%	0.08%	50,700	101%	0.08%	50,000	100%	0.00%	51,210	102%	0.13%
	30 Year	51,700	103%	0.12%	51,700	103%	0.12%	50,000	100%	0.00%	57,886	116%	0.52%
	40 Year	55,150	110%	0.26%	55,150	110%	0.26%	50,000	100%	0.00%	71,451	143%	0.94%
	50 Year	59,150	118%	0.35%	59,150	118%	0.35%	50,000	100%	0.00%	78,945	158%	0.96%
	60 Year	64,000	128%	0.43%	64,000	128%	0.43%	50,000	100%	0.00%	87,207	174%	0.96%
	120 Year	161,500	323%	1.00%	161,500	323%	1.00%	50,000	100%	0.00%	158,452	317%	0.98%
Total Return	Guaranteed Breakeven (year)	13			13			16			18		
	Policy Year	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR	TCV	TCV/TPP	TIRR
	10 Year	62,772	126%	2.87%	57,868	116%	1.84%	62,394	125%	2.80%	58,261	117%	1.93%
	20 Year	131,065	262%	5.48%	131,065	262%	5.48%	128,500	257%	5.37%	116,363	233%	4.79%
	30 Year	265,895	532%	6.14%	266,895	534%	6.15%	258,500	517%	6.03%	249,175	498%	5.89%
	40 Year	493,960	988%	6.20%	494,096	988%	6.20%	480,000	960%	6.12%	485,126	970%	6.15%
	50 Year	970,873	1942%	6.37%	1,063,519	2127%	6.57%	1,039,000	2078%	6.52%	968,278	1937%	6.36%
	60 Year	1,961,114	3922%	6.52%	2,042,898	4086%	6.60%	2,165,500	4331%	6.71%	1,985,039	3970%	6.55%
	120 Year	153,264,774	306530%	7.04%	171,764,270	343529%	7.14%	166,764,000	333528%	7.11%	182,170,468	364341%	7.19%
	Total Breakeven (year)	7			7			8			8		

Note:

GCV = Guaranteed Cash Value; TCV = Total Cash Value; TPP = Total Premiums Paid

GIRR = Guaranteed internal rate of return; TIRR = Total internal rate of return

 indicate where the IRR is better than half of the competitors

 + Cells highlighted yellow indicate where the IRR is better than all competitors

Return Comparison(Cont'd):

In USD, **2 Pay / 3-Pay**, Total Premiums Paid USD 50,000, Male (non-smoker), Age 0

Total Cash Value after Withdrawal (compare liquidity)

the below total cash value after withdrawal is based on estimation

Company	Sun Life	FXLife	Xeneral	AXX	AIX	PrXdential		
Product Name	SunJoy	Xegent Xrime Plan II (Xrimier)	XionTycoon Beyond	Max Xealth Insurance Plan	Xlobal Power Xulti-Currency Plan 2	EverXreen Wealth Xulti-Currency		
Premium Payment Term	2	2	2	2	3	3		
Annual Withdrawal Amount (% of total premiums paid)	USD2,500 (5% of total premiums paid)							
Withdrawal Schedule	the end of 2 nd policy year							
Policy Year	Total Cash Value after Withdrawal							
10 Year	38,569	Cannot withdraw	34,384	40,219	Proposal illustration cannot support to demonstrate the withdrawal pattern above	Proposal illustration cannot support to demonstrate the withdrawal pattern above		
20 Year	46,015		36,235	37,156				
30 Year	61,390		39,584	34,444				
50 Year	152,732		53,519	21,574				
80 Year	999,991		212,997	Cannot withdraw				
100 Year	4,398,762		840,419					

Edge: Regarding to the withdrawals, Sun Life SunJoy **2-Pay** allows to withdraw 5% of Notional Amount annually starting from the end of the 2nd policy year to the 120th policy year.

Note: To satisfy the withdrawal pattern above, the minimum Notional Amount at least USD38,000.

 indicate where the IRR is better than half of the competitors

 + Cells highlighted yellow indicate where the IRR is better than all competitors

Return Comparison(Cont'd):

In USD, 5 Pay, Total Premiums Paid USD 100,000, Male (non-smoker), Age 0

Total Cash Value after Withdrawal (compare liquidity)

the below total cash value after withdrawal is based on estimation

Company	Sun Life	FXLife	Xeneral	AIX	PrXdential	ManuXife	AXX
Product Name	SunJoy	Xegent Xrime Plan II (Xrimier)	XionTycoon Beyond	Xlobal Power Xulti-Currency Plan 2	EverXreen Wealth Xulti-Currency	Xanulmpierarchical Xaver 2	Xealth Advance Savings Series II – Ultimate*
Annual Withdrawal Amount (% of total premiums paid)	USD5,000 (5% of total premiums paid)						
Withdrawal Schedule	the end of 5 th policy year						
Policy Year	Total Cash Value after Withdrawal						
10 Year	92,805	73,000	88,000	Proposal illustration cannot support to demonstrate the withdrawal pattern above	Proposal illustration cannot support to demonstrate the withdrawal pattern above	Cannot withdraw	84,868
20 Year	137,231	92,000	112,000				108,824
30 Year	226,866	118,000	155,000				149,796
50 Year	696,536	236,000	405,000				364,952
60 Year	1,379,620	379,000	774,000				700,462
100 Year	23,906,702	5,692,000	13,036,000				12,014,736
120 Year	106,916,873	22,463,000	54,495,000				Proposal illustration cannot support to demonstrate

*In terms of withdrawal pattern, the withdrawals for AXX - Xealth Advance Savings Series II – Ultimate start from the beginning of policy year 6.



indicate where the IRR is better than half of the competitors



+ Cells highlighted yellow indicate where the IRR is better than all competitors

Appendix C – Product Matrix – Financial Needs Analysis

Please refer the following product matrix reference in FNA Form for **SunJoy and SunGift**.

✓ Compulsory Option(s)

Ⓐ Please choose either ONE option

Blank Box = Not Applicable

Plan Name	SunJoy & SunGift
FNA Submission	✓
Q1: What are your objectives for seeking to purchase an insurance product? (tick one or more)	
a. Financial protection against adversities (e.g. death, accident, disability etc)	Ⓐ
b. Preparation for health care needs (e.g. critical illness, hospitalization etc)	
c. Providing regular income in the future (e.g. retirement income etc)	
d. Saving up for the future (e.g. child education, retirement etc)	Ⓐ
e. Investment	
f. Others (Please specify)	
Q2: To meet your "Investment" objective indicated above, how would you prefer to manage different investment options/investment choices, if available, under the insurance product? (tick one)	
Note: you must reply this question if question 1e "investment" is chosen. Do not leave it blank. We will reject your application if you do not reply.	
a. I want to make my own decisions (without any professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product	
b. I want to make my own decisions (with professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product	
c. I do not want to choose or manage different investment options/investment choices, if available, under an insurance product	
Q3: What is your target benefit/protection period/expected timeframe for meeting the target amount for insurance policy? (tick one)	
< 1 year	
1-5 years	
6-10 years	
11-15 years	
16-20 years	
> 20 years	Ⓐ
Whole of life	Ⓐ
Q4c: For how long are you able and willing to for an insurance policy? (tick one) (Please refer to Premium Payment Term for each product)	
2-5 years	Ⓐ
6-10 years	Ⓐ
11-15 years	Ⓐ
16-20 years	Ⓐ
> 20 years (until target retirement age of ____)	Ⓐ
Whole of life (including period after target retirement age of ____)	Ⓐ
A single payment of not more than HK\$ _____	

Q5: Based on your answers to the questions above, the intermediary concerned has explored the following insurance options (as available to the intermediary) to meet your need(s) and circumstance(s):
 (Any suggested single product must match the selected options in questions 1, the suggested basic plan must match the selected options in questions 3 and 4c, and rider benefit must match the selected option in question 3.)

Objective(s) of Buying the Product(s) (Q1)	(a) Financial protection against adversities or (d) Saving up for the future
Type(s) of Insurance Product Explored (Q2)	(c) Insurance product with investment element
Name of Insurance Product(s) Introduced (Please state the complete product name and premium payment term (if any))	SunJoy, SunGift, Stellar Multi-Currency Plan, Victory, Venus II, Vision, Commitment etc.
Product(s) Selected (Please state the complete product name and premium payment term (if any))	SunJoy or SunGift

Appendix D – Proposal Illustration

- ❖ Input screen in SunSmart:
 - Personal Info

The screenshot shows the 'ADD SALES ILLUSTRATION' interface. The top navigation bar indicates the current step is '1 Personal Info'. The main form is divided into several sections:

- POLICY OWNER DETAILS:** This section is highlighted with a red border. It contains fields for Client Type (Individual), Title (Mr.), Family Name (SUNJOY), Date of Birth (09/01/1993), Smoking Status (Non-Smoker), Country (Hong Kong (+852)), and Email Address (Please Enter Value). A callout box points to the 'Given Name' field with the text "Fill in details for Policy Owner and Insured details".
- INSURED DETAILS:** Contains fields for Insured same as Owner (checked) and Back Dating (unchecked).
- SECOND INSURED DETAILS:** Contains a field for More than one Insured (unchecked).

At the bottom, there are three buttons: UNDO CHANGE, SAVE, and SAVE & CONTINUE.

- Product Selection

SALES ILLUSTRATION (HOON00007868)

1 Personal Info → 2 Product Selection → 3 Basic Plan

Product Series	SunJoy	Plan Option
<input type="radio"/> Vital	<input checked="" type="checkbox"/> SunJoy	<input type="radio"/> 2 Pay
<input type="radio"/> Venus II		<input type="radio"/> 5 Pay
<input type="radio"/> Stellar		
<input checked="" type="checkbox"/> SunJoy		
<input type="radio"/> SunGift		
<input type="radio"/> Victory		
<input type="radio"/> Vision		
<input type="radio"/> Foresight Deferred Annuity Plan		
<input type="radio"/> Commitment		
<input type="radio"/> LIFE Series		
<input type="radio"/> High Net Worth Series		

1. Select Product 2. Select SunJoy / SunGift 3. Select Plan Option

SAVE & PREVIOUS UNDO CHANGE SAVE SAVE & CONTINUE

- Basic Plan

SALES ILLUSTRATION (HOON00007895)

1 Personal Info → 2 Product Selection → 3 Basic Plan

BASIC PLAN	1. Currency: USD only	2. Payment mode: Annual / Semi-annual / Monthly	3. Input Notional Amount	Basic Plan * SunJoy
Product Series *				Currency * USD
Plan Option 2 Pay				Payment mode * Annual
Notional Amount	0			
Annualized Premium	0.00			Modal premium / Target premium 0.00
Prepayment of Premium	No			Lump Sum Prepayment Amount
No. of Annual Premium Year				
Key Person Insurance	<input type="checkbox"/>			
CAMPAIGN				
CASH WITHDRAWAL				
Withdrawals	<input type="checkbox"/>	4. Input Cash withdrawal (optional)	Withdrawal Option Select	
Withdraw Cash Value of RB only	<input type="checkbox"/>			
PREMIUM OFFSET				

SAVE & PREVIOUS UNDO CHANGE SAVE

- Other Function – Cash Withdrawals

You may illustrate the withdrawal by “Cash Withdrawal” function. There are 2 options of how withdrawal is made:

- From cash value of accumulated Reversionary Bonus only
- From cash value of accumulated Reversionary Bonus, and then from Guaranteed Cash Value and cash value of Terminal Bonus through **Partial Surrender**

SALES ILLUSTRATION (HOON00007895)

1 Personal Info → 2 Product Selection → 3 Basic Plan

Premium Term * 2

Notional Amount 250,000

Annualized Premium 125,000.00

Payment mode * Annual

Modal premium / Target premium 125,000.00

Prepayment of Premium No

No. of Annual Premium Year

Key Person Insurance !!

CAMPAIGN

CASH WITHDRAWAL

Withdrawals

Withdraw Cash Value of RB only !!

POLICY YEAR FROM 5 FROM AGE 5 POLICY YEAR TO 120 TO AGE 120 WITHDRAWAL AMOUNT 12,500.00 1

Please Enter Value Please Enter Value

Add Withdrawal

1. Check Withdrawals

2. Check this box to withdraw Cash Value of Accumulated Reversionary Bonus only (default checked if step 1 Withdrawals is checked); Uncheck this box to make withdrawals from (i) cash value of accumulated reversionary bonus and (ii) guaranteed cash value and cash value of terminal bonus through partial surrender.

3. Select withdrawal option*

Withdrawal Option Tailor Made Regular Withdrawal
Select Tailor Made Regular Withdrawal
Fixed Regular Withdrawal

4. Input desired withdrawal pattern

SAVE & PREVIOUS UNDO CHANGE SAVE

* “Withdrawal Option” of “Maximum Regular Withdrawal” is only available if the Cash Withdrawal is made from cash value of accumulated Reversionary Bonus only.

- **Proposal Generation**

SALES ILLUSTRATION (HOON00007868)

1 Personal Info → 2 Product Selection → 3 Basic Plan → **Summary**

BASIC PLAN

Product Series *	SunJoy	Basic Plan *	Click "Summary" to view summary of sales illustration
Plan Option	5 Pay	Currency *	USD
Premium Term *	5	Payment mode *	Annual
Notional Amount	250,000		
Annualized Premium:	50,000.00	Modal premium / Target premium	50,000.00
Prepayment of Premium	No	Lump Sum Prepayment Amount	
No. of Annual Premium Year			
Key Person Insurance	<input type="checkbox"/>		
CASH WITHDRAWAL			
PREMIUM OFFSET			

SAVE & PREVIOUS **UNDO CHANGE** **SAVE**

SALES ILLUSTRATION (HOON00007868)

1 Personal Info → 2 Product Selection → 3 Basic Plan → **Summary**

Summary

Basic Plan/Rider Benefits	Plan Option	Sum Assured	Modal premium / Target premium
SunJoy	SunJoy - 5 Pay	250,000	50,000
		Total Modal Premium	50,000
			50,000.00

DOWNLOAD ILLUSTRATION **EMAIL**

Click "Download Illustration" to create the proposal in PDF format

Click "Email" to sent out the proposal by email

SAVE & PREVIOUS **UNDO CHANGE** **SAVE**

❖ Proposal Illustration Sample:

- Insured Information and Benefit Summary

Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability)
A member of the Sun Life Financial group of companies



IMPORTANT:

THIS IS A SUMMARY ILLUSTRATION OF THE PROJECTED SURRENDER VALUES AND DEATH BENEFITS OF YOUR POLICY. IT IS INTENDED TO SHOW THE PROPORTION OF ANY NON-GUARANTEED ELEMENTS AND THE IMPACT OF CHANGE OF SUCH ELEMENTS UNDER SPECIFIED SCENARIOS. IN NO WAY SHOULD IT AFFECT THE TERMS AND CONDITIONS STATED IN THE POLICY DOCUMENT.

Proposal Summary for SunJoy - 5 Pay

Prepared for

Name of Policy Owner : Mr. SUNJOY (Age 30, Male, Non-smoker)

1. Insured Information

Name of Life Insured: Mr. SUNGIFT
Age Last Birthday : 0
Sex : Male
Smoking Status : Non-smoker

Information of Insured(s) is shown under
Section 1 – Insured Information

2. Benefit Summary

Policy Currency : United States Dollars
Initial Notional Amount : 250,000

Benefit Description	Initial Notional Amount*	Initial Protection Amount	Initial Annual Premium	Premium Payment Term (Year)	Benefit Term (Year)
<u>Basic Plan</u> SunJoy - 5 Pay - Payor Benefits	250,000 N/A	N/A N/A	50,000.00 FREE	5 N/A	120 5
- Accidental Caring Plus Benefit	N/A	1,250,000#	FREE	N/A	attained age 18-65

Rider Benefits
Worldwide Emergency Assistance Benefit

The Benefit Term of Accidental Caring Plus Benefit is calculated based on the attained age of Insured

Total (1) + (2) :	50,012.82
Total Initial Monthly Premium (3) :	4,416.87
Levy** (4) :	4.42
Total (3) + (4) :	4,421.09

* The initial notional amount is only used to calculate premium and other relevant policy values. It is not equivalent to the death benefit payable upon death of the insured.

**Under the Insurance Ordinance (Cap. 41), Insurance (Levy) Order and Insurance (Levy) Regulation effective from 1st January 2018, all new and inforce policies are subject to a levy. The applicable levy rate will be determined by reference to the policy date or policy anniversary date. This levy will be collected on behalf of the Insurance Authority ("IA") when insurance premium payments are made to insurance companies. For details, please visit IA's website at www.ia.org.hk/en/levy. The amount of levy as stated above may be subject to change depending on the exchange rate and is for reference only. Please note that the levy does not form part of any premium.

#Payor Benefit can be claimed once under this Basic Plan and the maximum total amount of premium waived shall be US\$200,000 for Waiver of Premium Benefit and Payor Benefit under all policy(ies) of SunJoy and any other products with the same Waiver of Premium Benefit and Payor Benefit Issued by us for the same Policy Owner.

#Accidental Caring Plus Benefit can be claimed once under this Basic Plan and subject to a maximum per life limit of US\$1,250,000 under all policy(ies) of SunJoy and any other products with the same Accidental Caring Plus Benefit Issued by us for the same Insured.

- Illustration Summary

Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability)
A member of the Sun Life Financial group of companies



3. Basic Plan – Illustration Summary

End of Policy Year	Total Premiums Paid	SURRENDER VALUE				DEATH BENEFIT				Total	
		Non-Guaranteed		Cash Value of Accumulated Reversionary Bonus (B)	Cash Value of Terminal Bonus (C)	Total (A+B+C)	Non-Guaranteed		(A+E+F) - (G)		
		Guaranteed (A)	Guaranteed# (D)				Face Value of Accumulated Reversionary Bonus (E)	Face Value of Terminal Bonus (F)			
1	50,000	0	0	0	0	0	50,000	0	0	50,000	
2	100,000	0	200	4,250	4,450	100,000	200	4,250	4,450	100,000	
3	150,000	250	402	18,500	19,152	150,000	402	18,500	19,152	150,000	
4	200,000	2,500	14,516	25,000	42,016	200,000	14,516	25,000	42,016	200,000	
5	250,000	7,500	19,432	48,500	75,432	250,000	19,432	48,500	75,432	250,000	
10	250,000	175,000	44,609	94,250	313,859	250,000	44,609	94,250	313,859	313,859	
15	250,000	251,000	70,809	95,500	417,309	251,000	70,809	95,500	417,309	417,309	
20	250,000	253,500	98,074	303,750	655,324	253,500	98,074	303,750	655,324	655,324	
25	250,000	256,000	126,447	496,498	878,945	256,000	126,447	496,498	878,945	878,945	
30	250,000	258,500	155,974	915,000	1,329,474	258,500	155,974	915,000	1,329,474	1,329,474	
Age 65	250,000	336,250	399,138	12,577,983	13,313,370	336,250	399,138	12,577,983	13,313,370	13,313,370	
Age 70	250,000	352,500	439,748	17,963,550	18,755,798	352,500	439,748	17,963,550	18,755,798	18,755,798	
Age 75	250,000	388,750	482,008	26,121,200	26,991,958	388,750	482,008	26,121,200	26,991,958	26,991,958	
Age 80	250,000	425,000	525,987	36,924,253	37,875,239	425,000	525,987	36,924,253	37,875,239	37,875,239	
Age 85	250,000	465,625	571,753	50,591,620	51,628,998	465,625	571,753	50,591,620	51,628,998	51,628,998	
Age 90	250,000	506,250	619,379	76,607,185	77,732,814	506,250	619,379	76,607,185	77,732,814	77,732,814	
Age 95	250,000	551,875	668,941	114,197,113	115,417,928	551,875	668,941	114,197,113	115,417,928	115,417,928	
Age 100	250,000	597,500	720,517	170,231,818	171,549,834	597,500	720,517	170,231,818	171,549,834	171,549,834	
Age 105	250,000	640,625	774,189	247,818,968	249,233,782	640,625	774,189	247,818,968	249,233,782	249,233,782	
Age 110	250,000	683,750	830,043	360,768,280	362,282,073	683,750	830,043	360,768,280	362,282,073	362,282,073	
Age 115	250,000	745,625	888,168	525,196,895	526,830,688	745,625	888,168	525,196,895	526,830,688	526,830,688	
Age 120	250,000	807,500	948,655	764,567,715	766,323,870	807,500	948,655	764,567,715	766,323,870	766,323,870	

Guaranteed Death Benefit is equal to the greater of:

- (i) Total premiums of the Basic Plan due and fully paid less any withdrawn Cash Value of accumulated Reversionary Bonus; and
- (ii) Guaranteed Cash Value on the date of the Insured's death.

Explanation on above illustration: Please refer to Explanation Notes in Section 6.

- 1 Reversionary Bonus (RB) (if any) will be declared at least annually, once it is credited to the Policy on each Policy Anniversary, the cash value and face value of RB become guaranteed and will be accumulated with the Policy
- 2 Terminal Bonus (TB) (if any) will be paid at surrender, upon maturity or the death of the Designated Insured

- Supplementary Illustration of Benefits (Withdrawal Option)

Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability)
A member of the Sun Life Financial group of companies



Mr. SUNGIFT
Age 0 (Male, Non-smoker)
SunJoy - 5 Pay

Initial Notional Amount : USD 250,000
Initial Annual Premium : USD 50,000.00

SUPPLEMENTARY ILLUSTRATION OF BENEFITS
(Withdrawal Option)

End of Policy Year	Age of Life Insured	Cash Withdrawal Amount ¹ (at the end of the policy year)	Cumulative Cash Withdrawal Amount (A)	SURRENDER VALUE AFTER CASH WITHDRAWAL			Cumulative Cash Withdrawal Amount + Total Surrender Value (A) + (E)	Notional Amount After Cash Withdrawal		
				Non-Guaranteed						
				Cash Value of Accumulated Reversionary Bonus (C)	Cash Value of Terminal Bonus (D)					
1	Age 1	0	0	0	0	0	0	250,000		
2	Age 2	0	0	0	200	4,250	4,450	250,000		
3	Age 3	0	0	250	402	18,500	19,152	250,000		
4	Age 4	0	0	2,500	14,516	25,000	42,016	250,000		
5	Age 5	2,500	2,500	7,500	16,932	48,500	72,932	75,432		
6	Age 6	2,500	5,000	61,500	19,367	65,995	146,862	151,862		
7	Age 7	2,500	7,500	155,250	21,822	68,745	245,817	253,317		
8	Age 8	2,500	10,000	160,250	24,297	71,495	256,042	250,000		
9	Age 9	2,500	12,500	165,250	26,791	74,245	266,286	278,786		
10	Age 10	2,500	15,000	175,000	29,305	94,250	298,555	313,555		
11	Age 11	2,500	17,500	175,500	31,840	94,500	301,840	319,340		
12	Age 12	2,500	20,000	176,000	34,394	94,750	305,144	325,144		
13	Age 13	2,500	22,500	175,250	36,970	95,000	301,970	404,470		
14	Age 14	2,500	25,000	175,500	39,565	95,250	305,315	250,000		
15	Age 15	2,500	27,500	175,000	42,162	95,500	308,662	416,162		
16	Age 16	2,500	30,000	251,500	44,819	95,750	392,069	422,069		
17	Age 17	2,500	32,500	252,000	47,478	162,500	461,978	494,478		
18	Age 18	2,500	35,000	252,500	50,158	175,000	477,558	512,658		
19	Age 19	2,500	37,500	253,000	52,859	200,000	505,859	543,359		
20	Age 20	2,500	40,000	253,500	55,562	303,750	612,832	652,832		
21	Age 21	2,500	42,500	254,000	58,327	312,500	624,827	667,327		
22	Age 22	2,500	45,000	254,500	61,093	337,500	653,093	698,093		
23	Age 23	2,500	47,500	255,000	63,852	367,500	706,362	753,862		
24	Age 24	2,500	50,000	255,500	66,693	473,998	796,190	846,190		
25	Age 25	2,500	52,500	256,000	69,527	496,498	822,024	874,524		
26	Age 26	2,500	55,000	256,500	72,383	521,498	850,380	905,380		
27	Age 27	2,500	57,500	257,000	75,262	546,498	878,759	936,259		
28	Age 28	2,500	60,000	257,500	78,164	571,498	907,161	967,161		
29	Age 29	2,500	62,500	258,000	81,089	596,498	935,587	996,087		
30	Age 30	2,500	65,000	258,500	84,038	915,000	1,257,538	1,322,538		
31	Age 31	10,000	75,000	260,225	79,510	917,500	1,257,235	1,332,235		
32	Age 32	10,000	85,000	261,350	74,946	929,563	1,266,459	1,351,459		
33	Age 33	10,000	95,000	263,675	70,346	1,004,213	1,338,233	1,433,233		
34	Age 34	10,000	105,000	265,400	65,709	1,078,863	1,409,971	1,514,971		
35	Age 35	10,000	115,000	267,125	61,034	1,176,763	1,506,922	1,621,922		
36	Age 36	10,000	125,000	268,850	66,323	1,282,308	1,607,480	1,732,480		
37	Age 37	10,000	135,000	270,575	51,573	1,385,850	1,707,998	1,842,998		
38	Age 38	10,000	145,000	272,300	46,786	1,489,395	1,805,481	1,953,481		
39	Age 39	10,000	155,000	274,025	41,960	1,592,936	1,908,923	2,063,923		
40	Age 40	10,000	165,000	275,750	37,096	1,975,375	2,288,221	2,453,221		
41	Age 41	10,000	175,000	277,750	32,193	2,101,950	2,411,893	2,586,893		
42	Age 42	10,000	185,000	279,750	27,250	2,278,580	2,585,580	2,770,580		
43	Age 43	10,000	195,000	281,750	22,268	2,468,708	2,772,726	2,967,726		
44	Age 44	10,000	205,000	283,750	17,246	2,673,335	2,974,331	3,179,331		
45	Age 45	10,000	215,000	285,750	12,154	2,893,505	3,191,439	3,405,439		
46	Age 46	10,000	225,000	287,750	7,082	3,130,423	3,425,254	3,650,254		
47	Age 47	10,000	235,000	289,750	1,938	3,385,340	3,577,028	3,812,028		
48	Age 48	10,000	245,000	291,510	0	3,656,603	3,948,114	4,193,114		
49	Age 49	10,000	255,000	293,143	0	3,946,547	4,239,599	4,494,696		
50	Age 50	10,000	265,000	294,807	0	4,258,422	4,553,230	4,818,230		
51	Age 51	10,000	275,000	296,308	0	4,593,599	4,890,507	5,165,507		
52	Age 52	10,000	285,000	299,026	0	4,954,106	5,253,132	5,538,132		
53	Age 53	10,000	295,000	301,153	0	5,341,945	5,643,104	5,938,104		
54	Age 54	10,000	305,000	303,307	0	5,759,111	6,062,419	6,367,419		
55	Age 55	10,000	315,000	305,470	0	6,207,873	6,513,343	6,828,343		

Cash withdrawal from Cash Value of Accumulated Reversionary Bonus

Cash withdrawal from (i) Cash Value of Accumulated Reversionary Bonus;
(ii) Guaranteed Cash Value and Cash Value of Terminal Bonus through partial surrender

Notional amount reduced after cash withdrawal (partial surrender)

Withdrawals as illustrated are made at the end of policy year

3. The figures shown in the above illustration assume that: (1) the current scales of Reversionary Bonus and Terminal Bonus will continue indefinitely, (2) there will be no loans/advances (3) withdrawals (if any) as illustrated above are made at the end of the policy year (4) all premiums are paid in full when due.
7. You can withdraw all or part of the Cash Value of accumulated Reversionary Bonus (if any) and the Cash Value and Face Value of accumulated Reversionary Bonus shall then be reduced accordingly. Withdrawal of your Reversionary Bonus will reduce the long-term value of the policy.
8. Any withdrawal which exceeds the remaining balance of accumulated Reversionary Bonus will be deducted from the Guaranteed Cash Value and the Cash Value of Terminal Bonus, which in turn will reduce the notional amount of the policy and be deemed as partial surrender. Therefore, the subsequent Guaranteed Cash Value, future declaration of any Reversionary Bonus and Terminal Bonus and total premiums due and paid as used in the calculation of the Death Benefit will be adjusted accordingly based on the reduced notional amount.
9. The policy is subject to the Company's minimum notional amount requirements, and no withdrawal will be allowed which has the effect of reducing the notional amount of the policy below the minimum notional amount required.

Cash withdrawal amount exceeding the remaining balance of Accumulated Reversionary Bonus will be deemed as partial surrender

Notional Amount after cash withdrawal subject to the minimum requirement of USD500

Appendix E – Key Product Risks

Premium Term
You need to pay the premium for this basic plan according to the selected premium payment term. If you do not pay a premium on or before the premium due date, a grace period of 31 days from its due date will be allowed for the payment, during which time this policy will continue in effect. Any unpaid premium by the date on which the grace period expires will be paid automatically by a loan from us. If the amount available for a loan under this policy is less than the unpaid premium, the policy will lapse automatically on the due date.
Early Surrender Risk
Please note that if you terminate this policy early or cease paying premiums early, you may receive an amount significantly less than the total premiums paid towards your policy.
Exchange Rate and Currency Risk
Any transaction involving conversion between policy currency and other currencies would be exposed to foreign exchange risks such as the fluctuation in exchange rate against policy currency.
Investment Risk
This basic plan may make certain portion of its investment in non-fixed income assets. Returns of non-fixed income assets are generally more volatile than fixed income assets. You should note the long-term target mix for the assets supporting this basic plan as disclosed in the product brochure, which will affect the bonus on this basic plan. The savings component of this basic plan is subject to risks and the actual return may be lower than projected return.
Inflation Risk
The cost of living in the future is likely to be higher than it is today due to inflation, so the benefit may be insufficient to meet your needs even if we meet our contractual obligation. Hence, you should consider the impact of inflation when you plan the benefit.
Credit Risk
This basic plan is an insurance policy issued by Sun Life Hong Kong Limited and your benefits are subject to the paying ability of Sun Life Hong Kong Limited. In the event that we become insolvent and unable to meet the contractual obligation under the policy, you may lose all or part of your premiums paid and benefits.
Policy Termination
We have the right to terminate the basic plan upon the earliest of the following:
a. accumulated policy loans and interest exceeds the sum of Guaranteed Cash Value and cash value of accumulated Reversionary Bonus (if any) and any other amounts left with us;
b. neither premium is paid nor loanable by us and the grace period expires unless the premium holiday is in effect;
c. the Original Policy before Split will be terminated when the Policy Split Option is exercised;
d. the Insured passes away;
e. the basic plan reaches its maturity; or
f. Mental Incapacity Benefit is paid under the basic plan that triggers termination of the policy.

Appendix F – Supplementary Information on Bonuses

Once a policy is sold, the Company will manage the invested assets to achieve a long term benefits for our clients. In order to illustrate future benefits, we have to make assumptions about what rate of return we will earn on the assets held in that segment. In general, the expected return is based on the investment philosophy mentioned in the product materials.

To improve transparency, we have added more disclosure about investment return. On our website, we have stated that the projection of illustrated bonuses is dependent on current and ultimate investment yields. The ultimate investment yields make reference to ultimate interest rate assumptions with an additional margin of prudence adopted by the Company. These assumptions are influenced by actuarial guidance on ultimate risk-free interest rates published by the Canadian Institute of Actuaries ("CIA"), amongst other factors. The actuarial guidance as of July 3, 2019 suggests ultimate risk-free interest rates between 3.5% to 5.5%. You can read more here: <https://www.cia-ica.ca/docs/default-source/2019/219078e.pdf>

What this means is that the expected portfolio rate of return on interest rates starts at current market yields and trends over time to reach an ultimate long-term rate of return. This long-term rate of return is generally set based on historical average returns for different asset classes. For fixed income assets, we assume that interest rates slowly change over a long period of time until they reach an ultimate level by making reference to the CIA ultimate investment yields.

Current investment yields are below the ultimate investment yields, and as a result, higher future investment yields will be required to maintain the illustrated bonuses. To better understand how the product performs under different investment return assumptions, please look at the alternative scenarios (optimistic and pessimistic) provided on the illustration

Appendix G – Guidelines for Key Person Insurance (KPI)

- Handled by Special Quote (SQ)
- A free 10-year ADB rider will be offered to the Insured
- Upon change of Insured during the first 20 policy years, a new free 10-year ADB rider will be offered to the new Insured subject to underwriting

A. General Information	
Eligibility	<ul style="list-style-type: none"> • Single Life coverage only
Issue Age	<ul style="list-style-type: none"> • From age 18 to age 65
Benefit Term	<ul style="list-style-type: none"> • 10 Years
Premium	<ul style="list-style-type: none"> • Free
Applicable Products	<ul style="list-style-type: none"> • SunJoy, SunGift, Stellar, Stellar Multi-Currency Plan, Venus II, Vision and Commitment
Accidental Death Benefit ("ADB")	<ul style="list-style-type: none"> • Additional 5% of total premiums[^] of the Basic Plan due and fully paid, excluding any extra premium. The maximum aggregate amount of additional benefit under all policies is up to US\$1.25M per life <p style="text-align: center;">[^] refers to the amount corresponds to the Notional Amount as at the time when Death Benefit is payable</p>
ADB Settlement Option	<ul style="list-style-type: none"> • Not applicable • ADB will be paid in lump sum only
Underwriting	<ul style="list-style-type: none"> • Full underwriting (7 underwriting questions)
Termination	<p>This Rider Benefit will terminate automatically on the earliest of:</p> <ul style="list-style-type: none"> (a) the Benefit Expiry Date of this Rider Benefit specified in your Policy Summary; (b) the date on which the Basic Plan to which this Rider Benefit relates is terminated; (c) the date on which the Accidental Death Benefit of this Rider Benefit is payable by us for a claim; and (d) in the event of any subsequent change of Insured or change of Coverage (as the case may be) of the Basic Plan after policy issuance: <ul style="list-style-type: none"> (i) the Effective Date of the Change of Insured of the Basic Plan; or (ii) the Effective Date of the Change of Coverage of the Basic Plan.

B. New Business Requirement	
Procedures for New Business	(1) Pre-underwriting → (2) Quotation → (3) Application Submission
(1) Pre-underwriting	<ul style="list-style-type: none"> Client to complete and submit the application form with supporting documents to UW team for pre-underwriting
(2) Quotation	<ul style="list-style-type: none"> Once completed the assessment, a SQ proposal and a ADB health questionnaire will be issued
(3) Application Submission	<ul style="list-style-type: none"> Official submission with signed documents (application form, ADB health questionnaire, SQ proposal, FNA. LAQ)
(4) Supporting documents	<ol style="list-style-type: none"> Name, Position, Identity card no., residential address of the person being authorized to sign the Policy Company full name and address, date, place and registration / incorporation number and address of incorporation Name, address and ID number of all shareholders who control 25% or more voting rights or share capital Register of Directors Certificate of Incorporation Business Registration Certificate Memorandum and articles of association Copy of board resolutions authorizing the entry into the insurance contract ID copy of the authorized person being authorized to sign the Policy * Certificate of Incumbency * Director declaration on shareholders / Register of Member * Only applicable to company which is not incorporated in Hong Kong or overseas company not registered in Hong Kong <p>(All documents must be Certified true copy) (PRC and Japan company is not accepted)</p>
(5) Terms and Conditions	<ul style="list-style-type: none"> Joint life is not allowed if the policy is for KPI purpose Final offer subject to underwriting approval and settlement requirement

C. Policy Servicing	
Change of Insured	<p>For Key Person Insurance</p> <p>On or before the 20th Policy Anniversary of the Basic Plan</p> <ul style="list-style-type: none"> • Change of Insured is allowed • New proposed Insured must be age 65 or below • Supporting documents must be submitted to justify for Key Person Insurance • FNA (if applicable; please refer to the FNA section) • Full underwriting on the new Insured is required • Upon approval <ul style="list-style-type: none"> – The ADB rider coverage on the old Insured terminates – A new 10-year free ADB rider will be offered to the new Insured <p>After the 20th Policy Anniversary of the Basic Plan:</p> <ul style="list-style-type: none"> • Change of Insured is allowed • New proposed Insured must be age 65 or below • Supporting documents must be submitted to justify for Key Person Insurance • FNA (if applicable; please refer to the FNA section) • Full underwriting on the new Insured is required • Upon approval <ul style="list-style-type: none"> – The ADB rider coverage on the old Insured terminates – Policy Owner needs to buy a new ADB rider (paid version) for the new Insured
Change of Coverage	<ul style="list-style-type: none"> • Change to Joint Life is not allowed if the policy is for KPI purpose
Policy Split Option	<ul style="list-style-type: none"> • if the policy is for KPI purpose, the free ADB rider will be applicable to each of Split Policies • For the ADB rider under the Split Policies, the amount of the ADB rider will be equal to 5% of total premiums of the attached Split Policy due and fully paid, excluding any extra premium
Change of Ownership	<ul style="list-style-type: none"> • Allowed; follow existing admin rules • Any existing free ADB rider will not be affected and continue in force

D. FNA	
Upon New Business	<ul style="list-style-type: none"> FNA is required upon application The answer of FNA Q1 must contain Option a (i.e. Financial protection against adversities) <p><u>Extracted from FNA form for reference</u></p> <ul style="list-style-type: none"> Q1: What are your objectives for seeking to purchase an insurance product? Option a: Financial protection against adversities (e.g. death, accident, disability etc)
Upon Change of Insured	<p>Policy issued with a Company Owner (for KPI)</p> <ul style="list-style-type: none"> On or before the 20th policy anniversary (free version of ADB rider) <ul style="list-style-type: none"> new FNA is not required upon change of Insured After the 20th policy anniversary (paid version of ADB rider) <ul style="list-style-type: none"> new FNA is required upon change of Insured <p>Policy issued with individual Owner and changed to Company Owner after policy issuance</p> <ul style="list-style-type: none"> new FNA is required upon change of Insured The answer of FNA Q1 must contain Option a (i.e. Financial protection against adversities)

Important notes:

This Product Guide is intended only for the person to whom it is addressed. The information contained herein is privileged, confidential and property of Sun Life Hong Kong Limited (a company incorporated in Bermuda with limited liability) ("Sun Life"). If you are not the intended recipient of the contents of this Product Guide, please contact the sender and destroy it immediately. The unauthorized viewing of this Product Guide and any attachments, as well as copying, forwarding, printing, and disseminating any information related to this Product Guide and its information is strictly prohibited.

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Different products may have different features. The comparison herein should not be taken as a direct comparison of different products or a complete analysis. The comparison is for reference only (information as of 4 August 2023).

The above information is a product summary only. Please refer to the product brochure and sample Policy Document for details including definitions, full terms and conditions and exclusions including product risks. If there is any conflict between the Policy Document and this Product Guide, the Policy Document shall prevail.

LIFE INSURANCE | SAVINGS

SunJoy



 Sun Life
永明金融



“

SunJoy is a participating insurance plan designed to offer potential long-term wealth growth and flexible options for clients with withdrawal needs.

”

Wouldn't it be great if you can fulfill life's every possibility with joy and efficiency

In pursuit of a better world, there has been an increasing discussion over the environmental, social, and governance (ESG) topics and its interconnectedness with the financial performance of a company. Sun Life as a global insurer and a responsible investor, sustaining investing could be one of the options that creates value for our people, society and environment, and delivers long-term outperformance.





This is where Sun Life steps in – your trusted partner for life's journey and achieving life's dreams. **SunJoy** is one of our ESG-focused savings plans that actively integrates ESG concepts into its own investment strategies, managing the risks and optimizing opportunities through focusing investment on those assets with high ESG rating. With Sun Life's over 130 years of long-history of expertise in the insurance industry, not only you can trust our dedications in managing and growing your wealth, you can rest assured that your care of our globe is also well taken care of.

Key Features:

1. **Short Premium Payment Term: 2-Pay and 5-Pay**
2. **ESG-focused savings plan that offers long-term savings and wealth growth potential up to age 120 with early breakeven year**
3. **Enjoy flexibility of withdrawals to support the financial needs**
4. **Provide free protection against accident with Accidental Caring Plus Benefit First-in-market¹**
5. **Support you with the Mental Incapacity Benefit no matter what life brings**
6. **Act as a comprehensive legacy solution by offering:**
 - Free Policy Split Option to execute when you are alive or upon death of insured, the designated beneficiary could automatically become the New Insured which facilitates uninterrupted legacy planning
 - 6 Comprehensive Death Benefit Settlement Options that can tailor to each beneficiary, including a First-in-market option that allows partial payment by installments till the designated age of beneficiary
 - Unlimited change of insured when needed to easily pass on to your next generations
7. **Embed with financial flexibility by offering:**
 - Designation of Contingent Policy Owner Option which allows designated Contingent Policy Owner to automatically become the new policy owner, and ensure the inheritance of wealth from generation to generation
 - Waiver of Premium Benefit, Payor Benefit and Premium Holiday Option with no extra charge **5-Pay only**

Remark:

1 This is based on market conditions as of December 31, 2022 and comparison among other savings plans for new Composite and Long Term Businesses as defined by the Insurance Authority in the Register of Authorized Insurers.



How can SunJoy help you?

SunJoy is a participating insurance plan with short payment periods as 2-Pay and 5-Pay. With the focuses on investing assets that excel in ESG qualities, we offer you long-term wealth growth potential up to age 120 with a vision to build your wealth that makes a positive impact to the environment and society. What's more, this plan also embeds a First-in-market¹ Accidental Caring Plus Benefit when the insured is unable performing designated daily living activities due to accident, providing monetary support shall you and your family need it.

Further, the plan comes with flexible options for clients with withdrawal needs, whenever you need to fund your living expenses, children education, income stream during retirement or pay medical plan premiums, whilst leaving behind a legacy for future generations, **SunJoy** enables you to fulfill life's every possibility with joy and efficiency.

Learn more about ESG



Broadly speaking, ESG is a tool to analyze sustainability of a company. You can expect a more sustainable return and lower risk from companies with outstanding ESG rating. For those companies with higher ESG rating, it is expected to expose to a lower potential risk resulting from incidents such as worker strikes, litigation and negative publicity, which may cause lower future returns. As such, monitoring such ESG rating of an investment can probably lead to better risk-adjusted return. ESG rating can be regarded as intangible assets of a responsible company such as Sun Life and it is an important indicator of our commitment to sustainable development.

Highlights of ESG investment strategies for SunJoy

In tune with Sun Life's unwavering commitment to sustainable global environment, **SunJoy** supports allocation to sustainable investments including, but are not limited to:



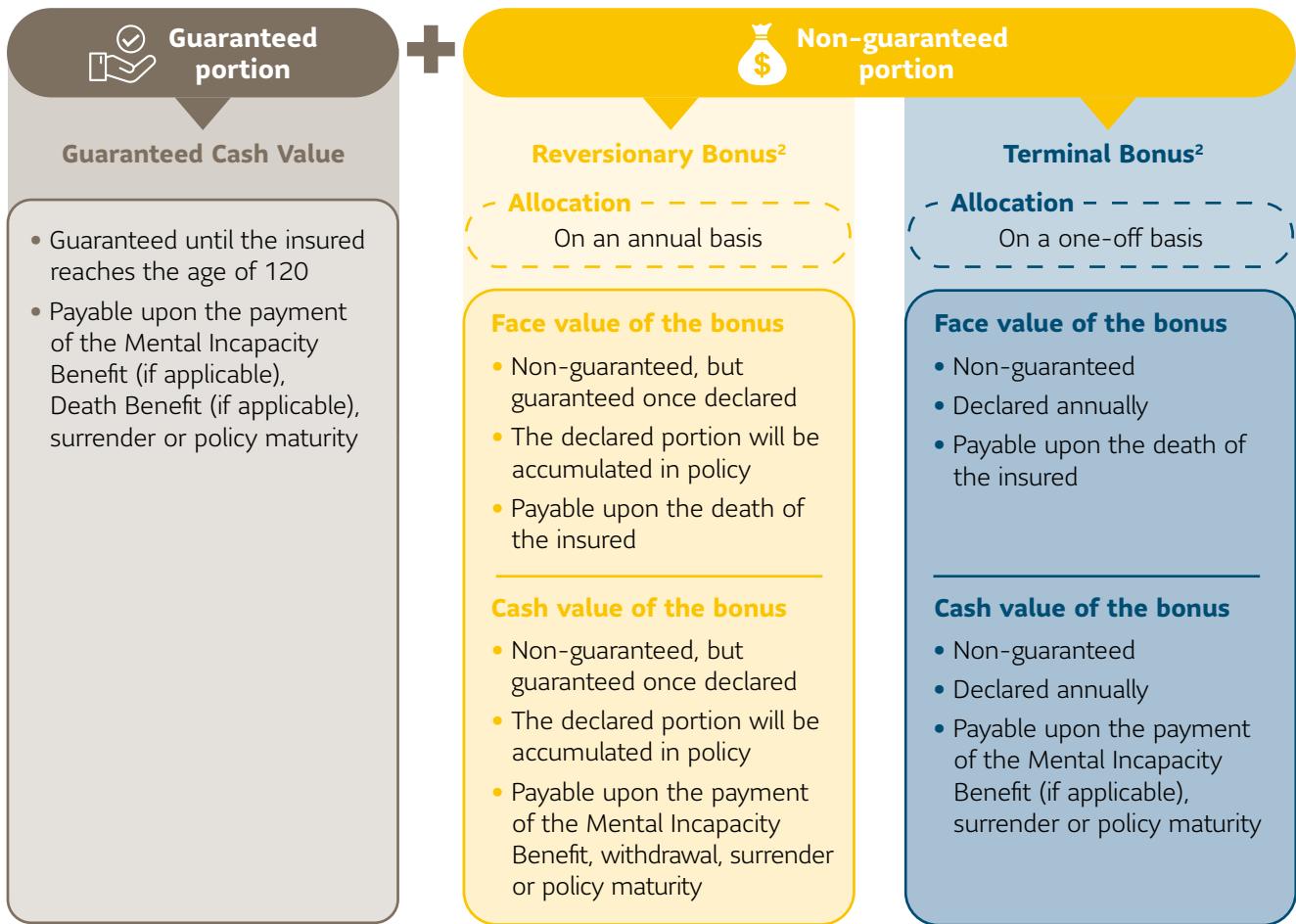
Further, we are aware of carbon profile and selectively invest in assets with relatively lower carbon intensity, aiming to build a greener world which is truly everlasting.

As such, our investment process of the assets supporting the investment strategy is embedded within an ESG framework developed proprietarily by Sun Life or by recognized third-party ESG data providers, with preference in high ESG rating issuers for investment associated with fixed income assets or equities. This is achieved by having strong internal governance with a team of professionals from our senior management and representatives of affiliated companies forming committee and council, and closely monitoring the risks and opportunities of our investments. For details, please refer to the section on Investment Philosophy under Important Information in this product brochure.

Key features of SunJoy

1. Possess long-term savings and wealth growth potential up to age 120

- With only 2 or 5 years of premium payment, starting from the 3rd policy year until age 120, **SunJoy** offers you steady return in the form of Guaranteed Cash Value for your peace of mind. Also, you can enjoy a long-term growth potential of your savings with 2 types of non-guaranteed bonuses – the Reversionary Bonus and Terminal Bonus.



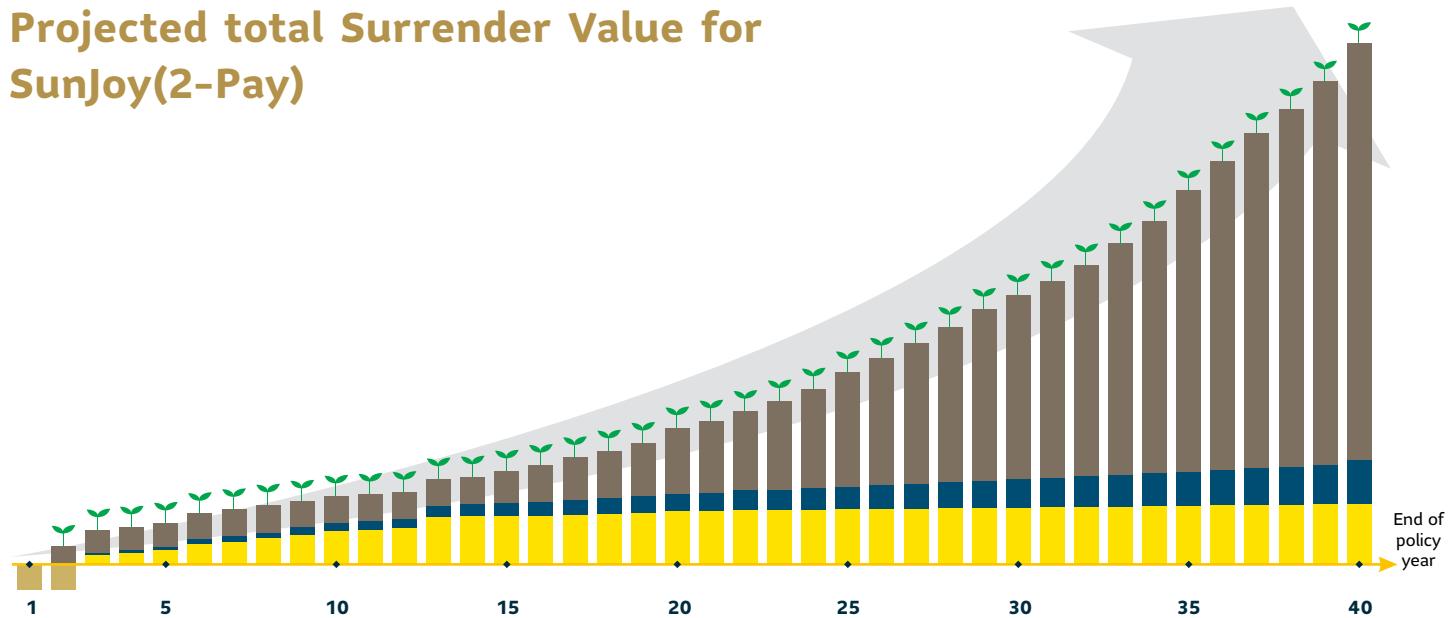
Your wealth grows as SunJoy's Guaranteed Cash Value and non-guaranteed bonuses grow.



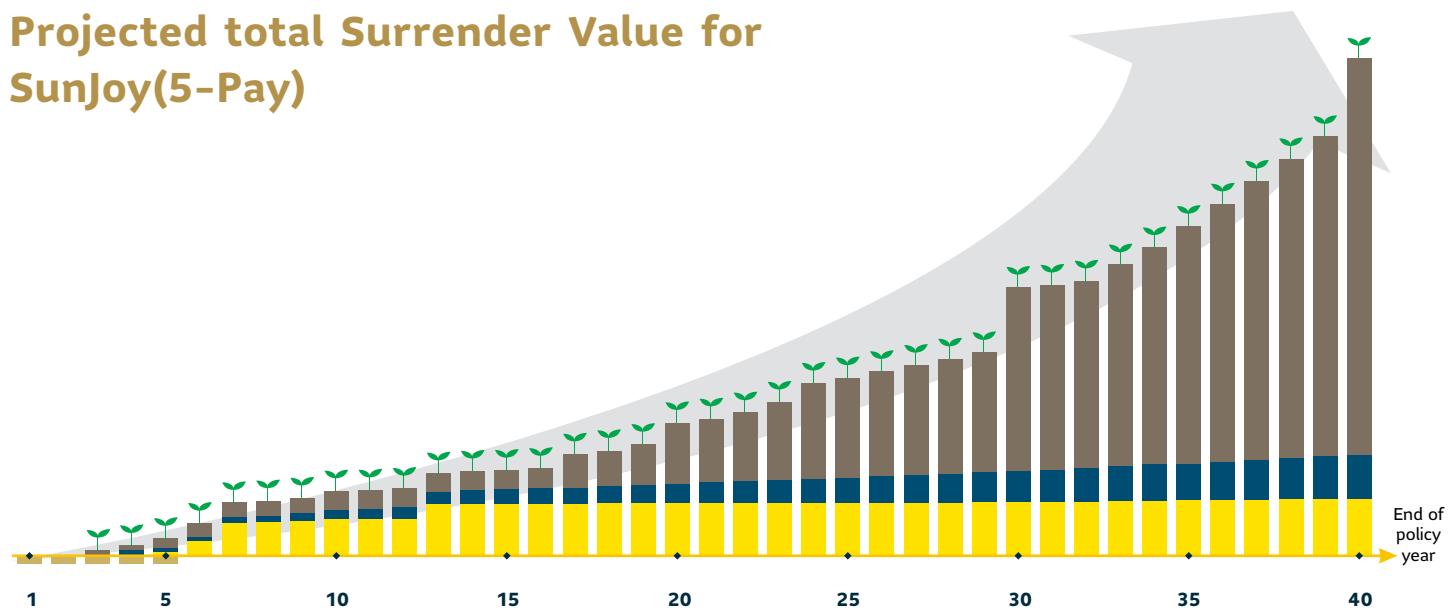
Remark:

- Reversionary Bonus and Terminal Bonus are non-guaranteed and are determined in accordance with the rules set out by Sun Life Hong Kong Limited ("Sun Life") from time to time. The Reversionary Bonus and Terminal Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant. Other factors include, but not limited to, claims experience, policy expenses, taxes, and policy owner termination experience.

Projected total Surrender Value for SunJoy(2-Pay)



Projected total Surrender Value for SunJoy(5-Pay)



Total premiums paid during the premium payment term

Non-guaranteed cash value of accumulated Reversionary Bonus

Guaranteed Cash Value

Non-guaranteed cash value of Terminal Bonus

The above diagram showing the projected total Surrender Value at the time of surrender is for illustrative purposes only. The actual amounts of the cash value of accumulated Reversionary Bonus and cash value of Terminal Bonus payable may be higher or lower than the above illustrated figures. Under some circumstances, the actual amounts of these bonuses may be zero. The Reversionary Bonus and Terminal Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant. Other factors include, but not limited to, claim experience, policy expenses, taxes, and policy owner termination experience. For details, please refer to Bonus Philosophy under Important Information section. If you want a proposal that fits your needs, please contact your Advisor.



2. Enjoy flexibility of withdrawals to support the financial needs

- Accumulating your wealth long term in general allows your wealth to grow, leaving your legacy to the next generation. However, we understand that different needs may arise from one life stage to the next. To give you sufficient financial flexibility, **SunJoy** offers the option to withdraw all or part of the cash value of the accumulated Reversionary Bonus³ (if any) to meet your needs.

If you opt to withdraw the cash value of the accumulated Reversionary Bonus, the accumulated Reversionary Bonus and the long-term value of the policy will be reduced accordingly.

3. Free protection against Accident with Accidental Caring Plus Benefit

First-in-market¹

Accidents can come all of a sudden. Apart from physical and mental sufferings, financial hardship may come alongside, placing a financial burden on the whole family. To ease the financial worries, if the insured is diagnosed as suffering Loss of Independent Existence due to Accident during the age of 18 to 65, **SunJoy** offers one-time additional 1,000% of the Notional Amount (which is equivalent to total annual premiums)⁴. This benefit comes with no extra cost to you.

Loss of Independent Existence⁵ means the total or complete inability to perform at least 3 of the following Activities of Daily Living even with the aid of special equipment, for a continuous period of at least 6 months after Accident and leading to a permanent inability to perform the same, including

- bathing,
- dressing,
- using the lavatory,
- eating, and
- moving in or out of a bed or a chair.

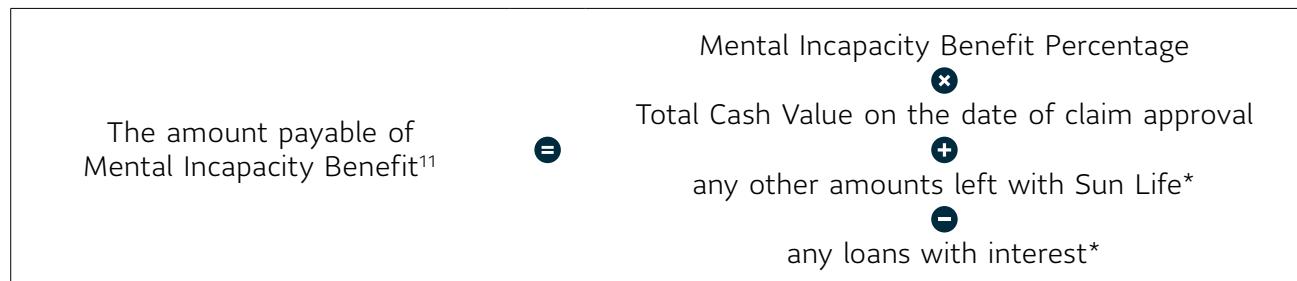
Remarks:

- 3 The maximum and minimum amount of cash withdrawal is subject to the then current administrative rules. The Notional Amount after withdrawal must be subject to the minimum Notional Amount requirement of the corresponding premium payment term in the then current administrative rules; however, after the 5th policy year, the remaining Notional Amount cannot be less than the minimum amount of USD500.
- 4 Accidental Caring Plus Benefit could only be claimed once under the basic plan. The maximum amount for this benefit is up to USD1,250,000 per life and it covers all policy(ies) of this product and any other products with the same Accidental Caring Plus Benefit issued by Sun Life for the same insured.
- 5 Accident must be happened while the basic plan is in effect, and any condition resulted Loss of Independent Existence must first occur while the basic plan is in effect and after the issue date, last reinstatement date of the basic plan, the effective date of change of policy owner, the effective date of the Change of Insured or the Continuation Option Effective Date, whichever is the latest. Please refer to a sample Policy Document for details including definitions of capitalized terms and full terms and conditions of coverage.

4. Support you with the Mental Incapacity Benefit no matter what life brings

SunJoy supports you through the Mental Incapacity Benefit⁶, in case you lose mental capacity to file a claim. You may appoint a family member as the Mental Incapacity Benefit Recipient⁷ so he or she can file a claim on your behalf if you are diagnosed as a Mentally Incapacitated Person⁸. That way, your family can quickly claim from your policy in the event of an emergency without having to navigate complicated legal proceedings.

You may choose a Mental Incapacity Benefit Percentage of 25%, 50%, 75%, or 100% of the Total Cash Value. When you opt for Mental Incapacity Benefit Percentage of 25%, 50% or 75%⁹ of the Total Cash Value, your policy value can still continue growing even after the Mental Incapacity Benefit is paid. You may apply to change the Mental Incapacity Benefit Recipient and Mental Incapacity Benefit Percentage from time to time¹⁰. If 100% of the Total Cash Value is paid out under this benefit, the policy will terminate.



*Only applicable if the Mental Incapacity Benefit Percentage is 100%.

Remarks:

- 6 It is only applicable if (a) the policy owner and the insured must be the same person at the time you apply for the designation of Mental Incapacity Benefit Recipient; (b) the proposed Mental Incapacity Benefit Recipient must be age of 18 or above; (c) satisfactory evidence of the proposed Mental Incapacity Benefit Recipient according to our then current administrative rules; and (d) the irrevocable beneficiary(ies) (if any) and the assignee (if any) must agree in writing to the requested designation of (i) the Mental Incapacity Benefit Recipient and (ii) the Mental Incapacity Benefit Percentage. And it will be automatically revoked when (a) you designate a new Mental Incapacity Benefit Recipient and it is approved by Sun Life; (b) the policy owner is no longer the insured after the change of insured; (c) any change of policy owner of the policy; (d) Sun Life has been notified that there is a guardian or committee appointed under the Mental Health Ordinance (Cap. 136 Laws of Hong Kong SAR) (or if there is a guardian or committee appointed under similar laws in another jurisdiction); or (e) Sun Life has been notified that the policy owner has an enduring power of attorney covering the policy. In the event that there is a dispute between the Mental Incapacity Benefit Recipient and any other person, including but not limited to the insured's guardian, committee, attorney, beneficiary(ies), assignee or in our reasonable belief that there is such a dispute, Sun Life reserves the right to withhold the payment of Mental Incapacity Benefit until such dispute is resolved.
- 7 The Mental Incapacity Benefit Recipient must be (a) aged 18 or above at the time of applying for the designation of Mental Incapacity Benefit Recipient and (b) the policy owner's spouse, parent, child, sibling, grandparent, grandchild, or any other relationship as approved by Sun Life.
- 8 Mentally Incapacitated Person means a person who is incapable, by reason of mental incapacity, of managing and administering his/her property and affairs. The diagnosis of mental incapacity must be given by a Registered Medical Practitioner who is a psychiatric specialist having special experience in diagnosis of mental incapacity.
- 9 Any withdrawal which exceeds the remaining balance of cash value of accumulated Reversionary Bonus will be deducted from the Guaranteed Cash Value and the cash value of Terminal Bonus, which in turn will reduce the Notional Amount of the policy and be deemed as partial surrender and will also reduce the long-term value of the policy.
- 10 Application to change the Mental Incapacity Benefit Recipient is subject to Sun Life's approval.
- 11 The Notional Amount of the basic plan cannot be less than the minimum amount as required by the then current administrative rules and the amount available for a loan cannot be less than zero upon payment of Mental Incapacity Benefit, and the actual amount of Mental Incapacity Benefit may be less than the amount payable. When an automatic partial surrender is triggered in the course of payment of Mental Incapacity Benefit, the Notional Amount, Guaranteed Cash Value, future declaration of Reversionary Bonus and Terminal Bonus, and the total premiums due and paid for the plan will be reduced accordingly.

5. **Free Policy Split Option to execute when you are alive or upon death of insured, the designated beneficiary could be automatically become the New Insured, which facilitates uninterrupted legacy planning**

On or after the 5th policy anniversary, the plan offers Policy Split Option¹² that allows you to adjust your wealth planning in a timely manner and pre-allocate policy value for wealth inheritance. Through splitting the original policy to two or more new policies, you can preserve your wealth and pass on your legacy to your designated loved ones seamlessly. The Split Policy will be effective on the policy anniversary. And no extra cost will be charged for exercising this option.

Further, if you opt for Continuation Option^{13,14} as the Death Benefit Settlement Option¹⁵, upon the death of insured, a New Policy will be formed after termination of the Original Policy. And the designated beneficiary will become the new policy owner (if applicable) and the new insured. Even if the insured accidentally passes away, the policy can still be passed on in the form of a New Policy to the next generations, ensuring your legacy will be passing on uninterruptedly.

Remarks:

- 12 The application for Policy Split Option can be made once per policy year only. Upon approval of the Policy Split, the policy year, maturity date, policy owner and insured(s) of the Split Policies etc. will be same as Original Policy and no cooling-off period is available for Split Policies. The Notional Amount of Split Policies cannot be less than the minimum amount requirement as required by the then current administrative rules. The application for the Policy Split cannot be withdrawn or changed once the Policy Split is approved and completed.
- 13 If this option is selected, the beneficiary must be a living individual.
- 14 Provided the beneficiary can pass the then current administrative rules and other rules imposed by Sun Life, upon the New Policy takes effect from the Continuation Option Effective Date,
 - a. The Policy Date and the policies years of the New Policy will be the same as the Original Policy;
 - b. The Maturity Date of the New Policy will be changed to the Policy Anniversary on or immediately following the New Insured's 120th birthday;
 - c. The Notional Amount, the total premiums due and paid and the outstanding amount of any loans and interest and the policy values of the Original Policy, including Guaranteed Cash Value, accumulated Reversionary Bonus (if any), Terminal Bonus (if any) will be allocated to the New Policy according to the designated percentage to the corresponding beneficiary as stated in the relevant prescribed form;
 - d. There is no cooling-off period for the New Policy; and
 - e. For the purpose of counting the applicable period under the Incontestability provision, the relevant period will commence from the Continuation Option Effective Date for the New Insured.
- 15 The Death Benefit Settlement Option may be exercised subject to a minimum amount of Death Benefit and the then current administrative rules determined by Sun Life from time to time.

6. Comprehensive Death Benefit Settlement Options that can tailor to each beneficiary and let your love sustain, including a First-in-market option to help your beloved to ease the difficult moments and pass on your wealth

In the unfortunate event that the insured passes away, a Death Benefit will be paid to the beneficiary. **SunJoy** offers comprehensive 6 types of Death Benefit Settlement Options¹⁵ for each beneficiary, of which you can choose different settlement option for each beneficiary, to provide greater flexibility in your wealth allocation. You can leverage these payout options to secure the wellbeing of your beloved ones in different life stages, or even to allow your legacy to grow.

Full payment in a lump-sum	
Full payment by installments Full amount to be paid in monthly or annual mode ranging from 2-50 years	
Partial payment installments Partial amount to be paid in lump-sum first and the remaining to be paid by installments	
Partial payment by installments till the designated age of beneficiary¹³ First-in-market¹⁶ Partial amount to be paid by installments before the designated age of the beneficiary and the remaining (if any) to be paid in lump-sum when the beneficiary reaches the designated age	
Full payment by increasing installments First installment to be paid in monthly or annual mode and the subsequent installments with 3% p.a. incremental rate until the Death Benefit is paid up	
Continuation Option^{13,14} This option will be automatically exercised upon the death of the insured once registered using the prescribed form and approved by Sun Life. A New Policy will be formed after termination of the Original Policy. And the designated beneficiary will become the new policy owner (if applicable) and the New Insured. Even if the insured accidentally passes away, the policy can still be passed on in the form of a New Policy to the next generations	

Remark:

16 The "First-in-market" item is a service offered by Sun Life based on market conditions as of July 31, 2022 and comparison among other savings plans for new Composite and Long Term Businesses as defined by the Insurance Authority in the Register of Authorized Insurers.

7. **Unlimited Change of Insured Option**

SunJoy offers you flexibility for your legacy planning without interruption. Whenever necessary, you can also opt for the Change of Insured Option¹⁷ to change insured according to your need. Unlike other estate planning tools with high transaction costs, we charge no extra fee for the request of relevant changes. There is no limit on the frequency of exercising these options, you can transfer your wealth according to your changing needs in a hassle-free process.

8. **Safeguard your wealth through Designation of Contingent Policy Owner Option which allows designated Contingent Policy Owner to automatically become the new policy owner, and ensure the inheritance of wealth from generation to generation**

To ensure your policy will endure beyond your lifetime, you can exercise our Designation of Contingent Policy Owner Option¹⁸ - which will allow your chosen loved one to automatically become the new policy owner should the policy owner pass away unexpectedly. This will help ensure that your policy is reliably taken care of and you can fulfill your promise.

Remarks:

17 The new insured must have insurable interest with the existing policy owner at the time of change of insured which is subject to the then current administrative rules, underwriting rules, any other requirements and the approval of Sun Life. If the benefit term is extended due to the change of insured, the amount of Guaranteed Cash Value beyond the original maturity date will not be less than the amount on the original maturity date before the change. The Change of Insured Option is subject to the prescribed conditions set out in the policy provisions being fulfilled. Please refer to sample policy provisions for details.

18 The Designation of Contingent Policy Owner Option is subject to the prescribed conditions set out in the policy provisions, the then current administrative rules, underwriting rules, any other requirements set out in the prescribed forms designated by Sun Life being fulfilled and the request being approved by Sun Life.

9. Waiver of Premium Benefit, Payor Benefit and Premium Holiday Option with no extra charge 5-Pay only

We understand you might worry about the premium payment arrangement in case any sudden events happen, therefore, **SunJoy(5-Pay)** offers you Waiver of Premium Benefit, Payor Benefit and Premium Holiday Option to ease your financial worries and accompany you to walk pass the difficult times.

- **Waiver of Premium Benefit¹⁹**

If the insured, who is also the policy owner, is diagnosed as suffering from Total Permanent Disability due to Injury before his/her age 65, we will waive the future premiums payable immediately for the plan until the end of premium payment term at the issuance of the policy, while a 2-year waiting period is required if it is due to Sickness²⁰. This benefit is subject to a Maximum Waiver Amount²¹ of USD200,000.

- **Payor Benefit¹⁹**

If the policy owner is diagnosed as suffering from Total Permanent Disability or passes away before the age 65 due to Injury and the insured is aged under 18, we will waive the future premiums payable immediately for the plan until the end of premium payment term at the issuance of the policy, while a 2-year waiting period is required if it is due to Sickness²⁰. This benefit is subject to a Maximum Waiver Amount²¹ of USD200,000.

- **Premium Holiday Option²²**

On or after the 2nd policy anniversary, as long as your policy do not have any loan, you can apply to suspend premium payment ("Premium Holiday") for 1 year to accommodate your financial planning while the policy is in force. It can be taken for a maximum of 2 years consecutively or separately. The Premium Holiday will start right away on the premium due date immediately following our approval and you do not need to worry about the immediate termination of policy.

Remarks:

19 This is subject to the then current administrative rules and approval by Sun Life.

20 2-year waiting period counts from the issue date, last reinstatement date of the basic plan, the effective date of change of policy owner, the effective date of the Change of Insured or the Continuation Option Effective Date (applicable to Payor Benefit only), whichever is the latest.

21 Maximum Waiver Amount USD200,000 under all policy(ies) of SunJoy and any other products with the same Waiver of Premium Benefit and Payor Benefit issued by Sun Life for the same policy owner. The benefits could only be claimed once under each policy, once either Waiver of Premium Benefit or Payor Benefit become payable, we will cease to provide both this Waiver of Premium Benefit and Payor Benefit under the policy. After the waived premium of the basic plan reaches the Maximum Waiver Amount, the policy owner should pay the remaining premium. Otherwise, the automatic premium loan will be applied, or the policy will be terminated. We will not pay any Waiver of Premium Benefit and Payor Benefit under any existence of pre-existing conditions. Please refer to a sample Policy Document for details including definitions of capitalized terms and full terms and conditions of coverage.

22 The Premium Holiday Option is subject to the prescribed conditions set out in the policy provisions being fulfilled, the then current administrative rules, underwriting rules, any other requirements and the approval of Sun Life. Upon approval of Premium Holiday, Sun Life will not declare any face value and cash value of Reversionary Bonus under the policy and the Guaranteed Cash Value, face value and cash value of the accumulated Reversionary Bonus (if any) will be maintained at the level immediately before the Premium Holiday Period starts. Please refer to a sample Policy Document for details including definitions of capitalized terms and full terms and conditions of coverage.

Case Study 1

5-Pay – Passing the legacy to your joyful family

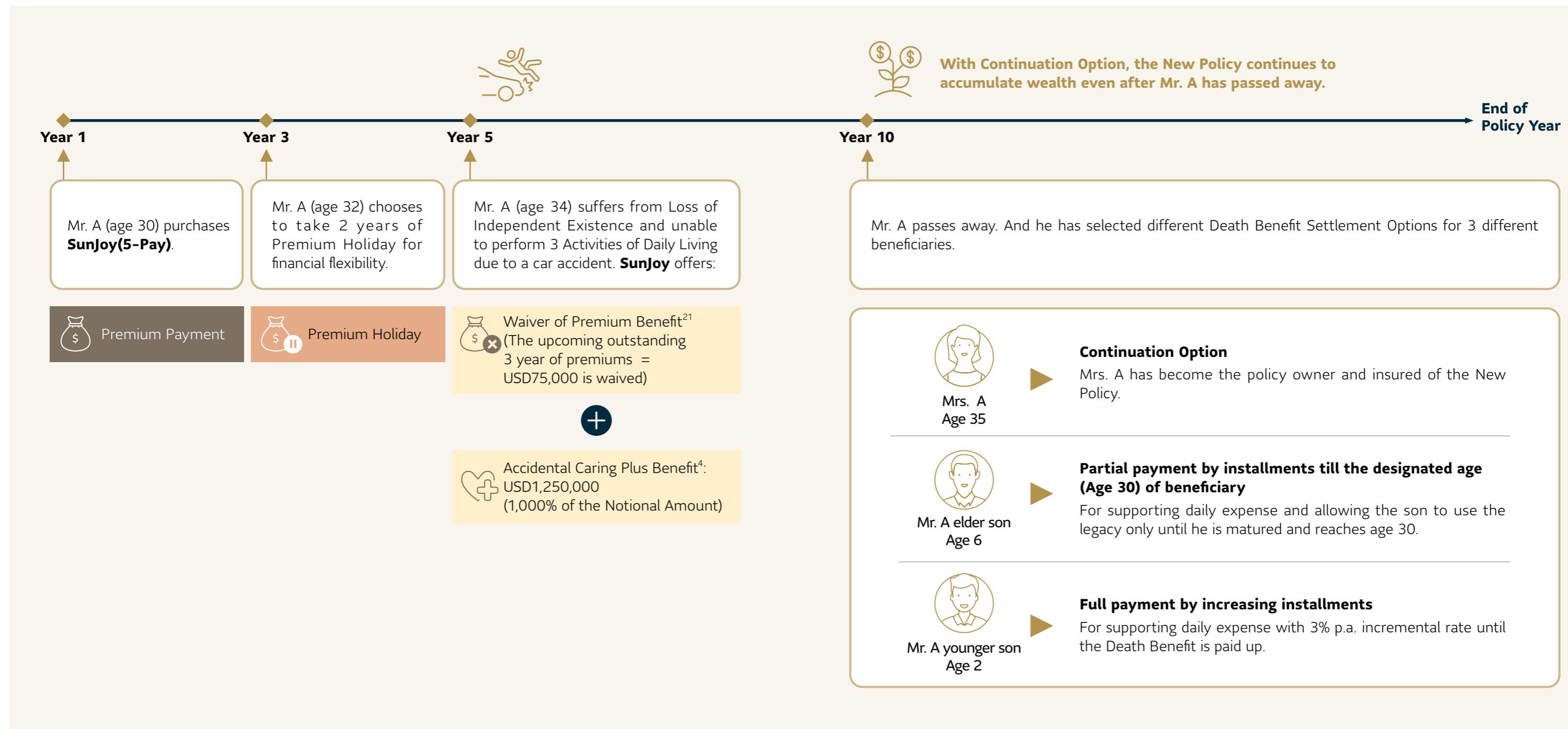
Mr. A has a loving family and he works very hard to give his family the best education and living environment. As he understands that early preparation could help realise his dream at ease, Mr. A decides to take up **SunJoy(5-Pay)** at his age 30. **SunJoy** offers potential long-term wealth growth and multiple flexible options in legacy planning, such that his wealth accumulation process can go uninterrupted even when the most unfortunate thing happened.



Mr. A
Age 30

Annual premium:
Total premiums paid/Notional Amount:
Premium Payment Term:

USD25,000
USD125,000
5 years



The above diagram is for illustrative purposes only.

Case Study 2

2-Pay – Flexible cash withdrawals starting from early years for fulfilling multiple purposes in life

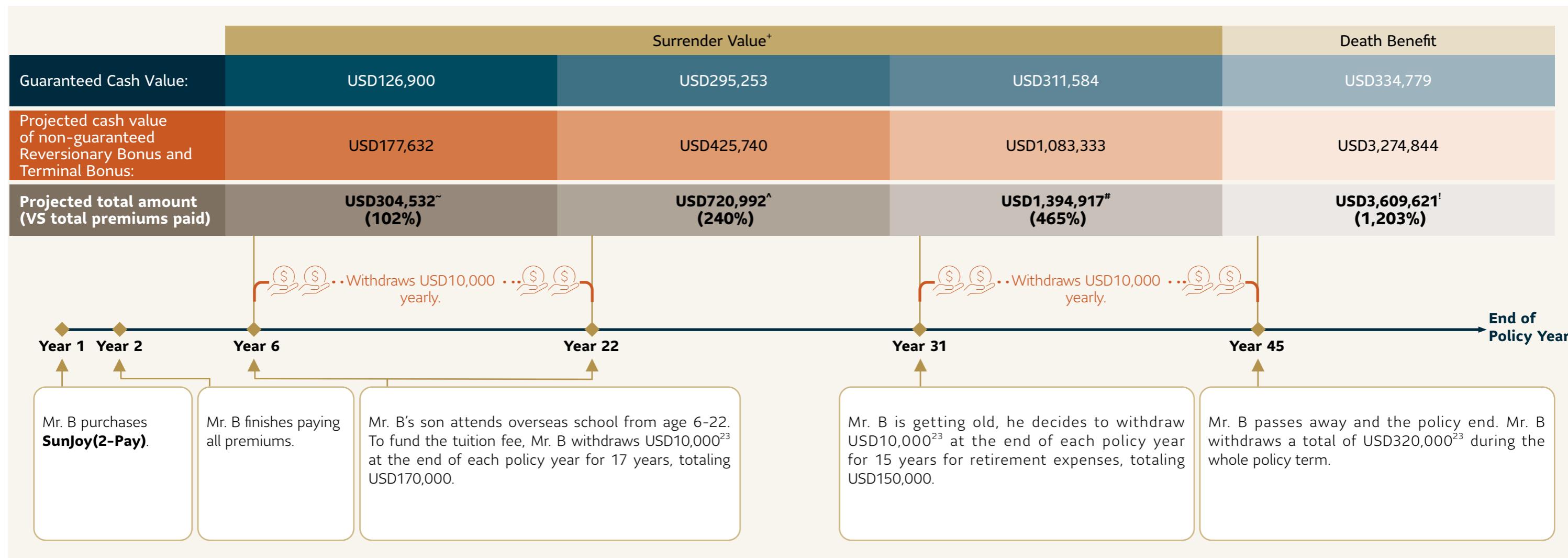


Mr. B
Age 30

Annual premium:
Total premiums paid/Notional Amount:
Premium Payment Term:

USD150,000
USD300,000
2 years

Mr. B is married and is welcoming his baby boy. He wants to get a plan that can act as an education fund for his son and fulfill his own retirement needs at the same time. He then purchases **SunJoy(2-Pay)**, a plan that offers flexible option to withdraw all or part of the cash value of the accumulated Reversionary Bonus (if any) from the plan in early years, could help catering his needs in different stages in life.



⁺ The projected total Surrender Value refers to the sum of Guaranteed Cash Value, projected non-guaranteed cash value of accumulated Reversionary Bonus and projected non-guaranteed cash value of Terminal Bonus.

[~] Assume USD10,000 was successfully withdrawn from the end of 6th policy year.

[^] Assume accumulated USD170,000 was successfully withdrawn from the end of 6th to 22nd policy year.

[#] Assume accumulated USD170,000 was successfully withdrawn from the end of 6th to 22nd policy year and USD10,000 was successfully withdrawn from the end of 31st policy year.

[!] Assume accumulated USD170,000 was successfully withdrawn from the end of 6th to 22nd policy year and accumulated USD150,000 was successfully withdrawn from the end of 31st to 45th policy year.

Remark:

23 Any withdrawal which exceeds the remaining balance of cash value of accumulated Reversionary Bonus will be deducted from the Guaranteed Cash Value and the cash value of Terminal Bonus, which in turn will reduce the Notional Amount of the policy and be deemed as partial surrender and will also reduce the long-term value of the policy.

The above diagram is for illustrative purposes only. All figures shown in the case are rounded to the nearest whole number. **The projected withdrawal amount and returns stated in the example are based on Sun Life's bonus scales determined under current assumed investment return and are not guaranteed.** The actual amounts of the cash value and face value of accumulated Reversionary Bonus and cash value and face value of Terminal Bonus payable may be higher or lower than the above illustrated figures. Under some circumstances, the actual amounts of these bonuses may be zero. The Reversionary Bonus and Terminal Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant. Other factors include, but not limited to, claim experience, policy expenses, taxes and policy owner termination experience. For details, please refer to Bonus Philosophy under Important Information section.

Case Study 3

5-Pay – Projected countless withdrawals to create continuous income stream across generations

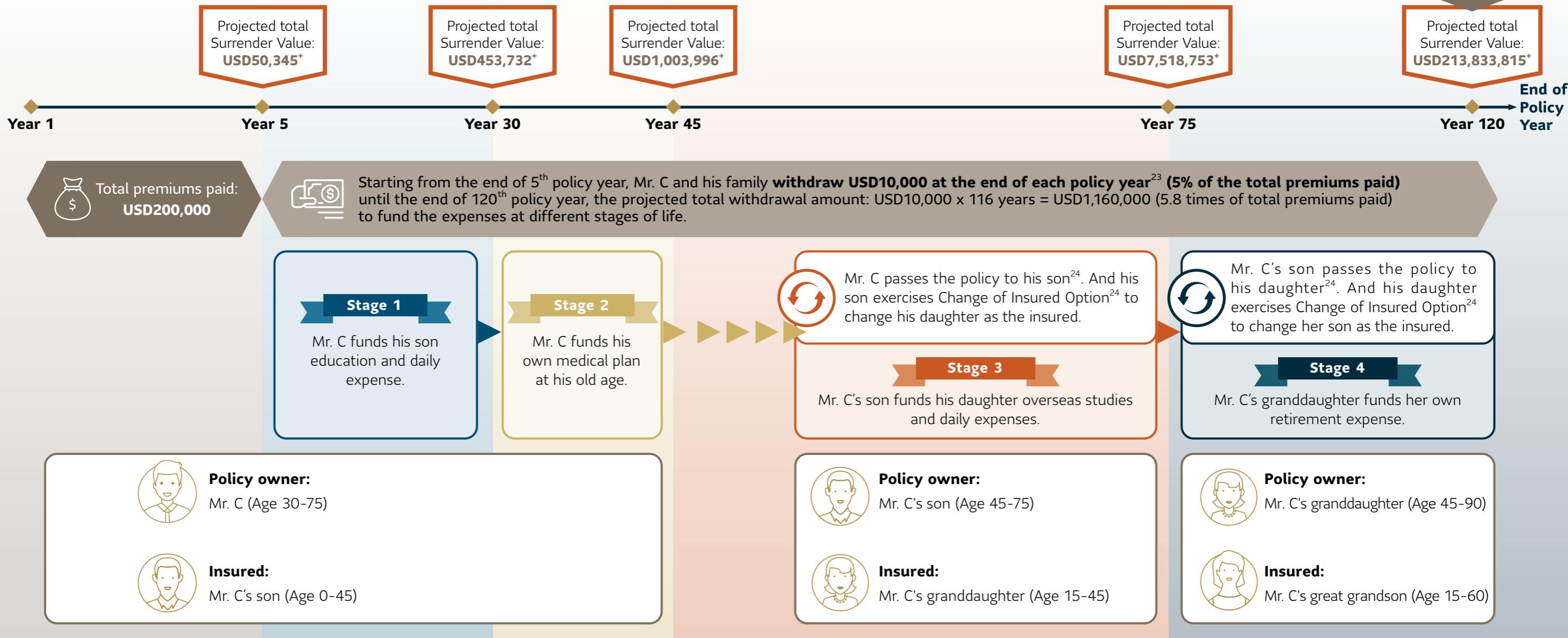
Mr. C is married and is welcoming his baby boy. He wants to lay the foundation for a prosperous financial future for his family by wisely accumulating wealth over the long term. Mr. C purchases **SunJoy(5-Pay)** as he believes that the plan could offer him long-term wealth growth and flexible option to withdraw all or part of the cash value of the accumulated Reversionary Bonus (if any) to meet his and his loved one's changing life needs.



Mr. C
Age 30

Annual premium:
Total premiums paid/Notional Amount:
Premium Payment Term:

USD40,000
USD200,000
5 years



⁺The projected total Surrender Value refers to the sum of Guaranteed Cash Value, projected non-guaranteed cash value of accumulated Reversionary Bonus and projected non-guaranteed cash value of Terminal Bonus after the withdrawal at the end of respective policy year.

Remarks:

23 Any withdrawal which exceeds the remaining balance of cash value of accumulated Reversionary Bonus will be deducted from the Guaranteed Cash Value and the cash value of Terminal Bonus, which in turn will reduce the Notional Amount of the policy and be deemed as partial surrender and will also reduce the long-term value of the policy.

24 Any request for exercising the Change of Insured Option or change of policy owner is subject to the prescribed condition set out in the policy provisions being fulfilled, the then current administrative rules, underwriting rules, any other requirements and the approval of Sun Life.

The above diagram is for illustrative purposes only. All figures shown in the case are rounded to the nearest whole number. **The projected returns stated in the example are based on Sun Life's bonus scales determined under current assumed investment return and are not guaranteed.** The actual amounts of the cash value and face value of accumulated Reversionary Bonus and cash value and face value of Terminal Bonus payable may be higher or lower than the above illustrated figures. Under some circumstances, the actual amounts of these bonuses may be zero. The Reversionary Bonus and Terminal Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant. Other factors include, but not limited to, claim experience, policy expenses, taxes and policy owner termination experience. For details, please refer to Bonus Philosophy under Important Information section.

Key Product Information

Plan	SunJoy	
Premium Payment Term	2 years	5 years
Minimum Annual Premium	USD15,000	USD3,000
Issue Age	Age 0-80	Age 0-75
Currency	USD	
Benefit Term	To age 120	
Premium Payment Mode	Annually/Semi-annually/Monthly	
Premium Structure	Premium is level and guaranteed, calculated based on the Notional Amount	
Maturity Benefit/ Surrender Value	<p>Guaranteed Cash Value</p> <p>+ any cash value of accumulated Reversionary Bonus</p> <p>+ any cash value of Terminal Bonus</p> <p>+ any other amounts left with Sun Life</p> <p>- the amount of any loans with interest</p>	
Death Benefit	<p>The higher of:</p> <p>Total premiums due and paid</p> <p>- any cash value of accumulated Reversionary Bonus withdrawn</p> <p>or</p> <p>Guaranteed Cash Value on the date of death of the insured</p> <p>+ any face value of accumulated Reversionary Bonus</p> <p>+ any face value of Terminal Bonus</p> <p>+ any other amounts left with Sun Life</p> <p>- the amount of any loans with interest</p>	

Important Information

Bonus Philosophy:

Life insurance involves the transfer of risk from an individual to a life insurer, and the pooling of risks across large groups of policies. With participating insurance, a portion of these risks is borne by the policyholders or shared between the policyholders and the insurer. In return, policyholders may receive policyholder bonuses in the form of reversionary/terminal/special bonuses. These bonuses are not guaranteed and can vary from year to year.

In general, bonuses on these policies reflect the experience, over time, of the group to which they belong. Bonuses will typically vary based on the performance of a number of factors, with the investment return*, including the impact of asset defaults and investment expenses, normally being the main determinant of bonus performance. Other factors[^] include, but are not limited to, claims experience, taxes, expenses and policyholder persistency experience.

Favourable and unfavourable experience may be smoothed out over time to provide more stable bonuses to policyholders. For products with a terminal/special bonus feature, adjustments to terminal/special bonus scales pass through experience normally with less smoothing applied.

The bonus allocation process seeks to achieve reasonable equity among groups of policies and among policies issued at different times, to the extent practicable. Upon declaration of reversionary bonus or payout of terminal/special bonus to policyholders, shareholders will also be entitled to a share of the distribution.

At least annually, the Board of Directors of Sun Life Hong Kong Limited determines the amount of bonus to be declared or paid to participating policyholders. This determination is based on the advice of Sun Life Hong Kong Limited's appointed actuary, who applies accepted actuarial principles and practices. Management of participating business is also governed by Sun Life Hong Kong Limited's internal policies, as well as advice by the internal Par Governance Committee.

* Investment return includes investment income and changes in asset value of the backing portfolio. Performance of the investment return is affected by interest earnings and other market risk factors including, but not limited to, interest rate or credit spread movements, credit events, price fluctuations in non-fixed income assets, and foreign exchange fluctuations. Please see the Investment Philosophy for more details on the investment policies, objectives and strategy in relation to the investments of the backing portfolio.

[^] Claims experience represents the experience of mortality and morbidity. Persistency experience includes policy lapse/maturity and partial surrender experience; and the corresponding impact on investments. The expense factor includes maintenance expenses only, where it is charged to the participating fund at the level Sun Life Hong Kong Limited expects to be required over the foreseeable future. Policyholders will share the impact of any changes, over time, to the expected level of expenses required for the then foreseeable future. Any deviations on a year to year basis of the expenses actually incurred from the then expected level required, will be absorbed by the shareholders.

Please refer to Sun Life Hong Kong Limited's website (www.sunlife.com.hk/dividendhistory_eng) for bonuses fulfillment ratios details.

Investment Philosophy (Policies, Objectives and Strategy)

The investment strategy supporting this product is intended to optimize long-term value to the policyholders with a suitable level of risk, while focusing on assets that exhibit Environmental, Social and Governance ("ESG") qualities. The main objective is to deliver a fair chance of meeting the illustrated non-guaranteed benefits in addition to the guaranteed benefits.

Our investment process of the assets supporting the investment strategy is embedded within an ESG framework developed proprietarily by Sun Life or by recognized third-party ESG data providers. We have preference towards assets with high ESG quality and relatively lower carbon intensity. The assets span a diversified range of fixed income assets such as sovereign bonds, corporate bonds and corporate loans; as well as non-fixed income assets which are equity-like investments and may include public equities, private equities and so on. The credit portfolio largely invests in investment grade fixed income instruments. A small quantity of below investment grade assets may be present in the portfolio due to unexpected credit rating downgrades. However, exposure to below investment grade assets is controlled by the credit risk limits and investment policies.

We support an allocation to sustainable investments including, but not limited to, green bonds, renewable energy, energy transition, sustainable buildings, clean transportation, water & waste management, and social infrastructure projects.

We adopt an actively managed investment strategy to manage the policyholder's risk profile of the fund in response to changing market conditions and opportunities. If at any time the policyholder's risk profile of the fund were to increase, then a lower exposure to non-fixed income assets might be held to de-risk the fund, and vice versa.

The current long-term target mix for the assets supporting this product is shown below:

Asset Class	Target Asset Mix
Fixed Income Assets	25%-80%
Non-Fixed Income Assets	20%-75%

We invest globally to achieve geographical diversification benefits and intend to have a higher relative allocation in the US and Asia-Pacific. Diversifying between asset classes results in a more stable investment return over the long term. The actual asset mix percentages and geographical allocation may fluctuate depending on market conditions, diversification needs and economic outlook.

We may pool the investment returns with other long term insurance products with similar plan features (excluding investment-linked assurance schemes and pension schemes) to optimize the investment performance and the return will subsequently be allocated with reference to the target asset mix of each product.

If the currency of the fixed income assets is not in the same currency as the underlying policies, appropriate hedging instruments (where available) is generally used to minimise impacts from fluctuating foreign exchange rates. For non-fixed income assets, there is greater investment flexibility to invest in those assets that are not denominated in the same currency as the underlying policies thereby providing diversification in risks and markets. Derivatives may be used to hedge against market risks but are not intended to bring the risk profile beyond established risk tolerances.

The investment strategy noted above may be subject to change, subject to a rigorous internal review and approval process. We will notify the policyholders upon any material changes.

Key Product Risks

1. You need to pay the premium for this basic plan according to the selected premium payment term. If you do not pay a premium on or before the premium due date, a grace period of 31 days from its due date will be allowed for the payment, during which time this policy will continue in effect. Any unpaid premium by the date on which the grace period expires will be paid automatically by a loan from us. If the amount available for a loan under this policy is less than the unpaid premium, the policy will lapse automatically on the due date.
2. Please note that if you terminate this policy early or cease paying premiums early, you may receive an amount significantly less than the total premiums paid towards your policy.
3. Any transaction involving conversion between policy currency and other currencies would be exposed to foreign exchange risks such as the fluctuation in exchange rate against policy currency.
4. This basic plan may make certain portion of its investment in non-fixed income assets. Returns of non-fixed income assets are generally more volatile than fixed income assets. You should note the long-term target mix for the assets supporting this basic plan as disclosed in this brochure, which will affect the bonus on this basic plan. The savings component of this basic plan is subject to risks and the actual return may be lower than projected return.
5. The cost of living in the future is likely to be higher than it is today due to inflation, so the benefit may be insufficient to meet your needs even if we meet our contractual obligation. Hence, you should consider the impact of inflation when you plan the benefit.
6. This basic plan is an insurance policy issued by Sun Life Hong Kong Limited and your benefits are subject to the paying ability of Sun Life Hong Kong Limited. In the event that we become insolvent and unable to meet the contractual obligation under the policy, you may lose all or part of your premiums paid and benefits.
7. We have the right to terminate the basic plan upon the earliest of the following:
 - a. accumulated policy loans and interest exceeds the sum of Guaranteed Cash Value and cash value of accumulated Reversionary Bonus (if any) and any other amounts left with us;
 - b. neither premium is paid nor loanable by us and the grace period expires unless Premium Holiday is in effect;
 - c. the Original Policy before Split will be terminated when the Policy Split Option is exercised;
 - d. the insured passes away;
 - e. the basic plan reaches its maturity; or
 - f. the Mental Incapacity Benefit is paid under the basic plan that triggers the termination of the policy.

Exclusions for Waiver of Premium Benefit, Payor Benefit and Accidental Caring Plus Benefit

With respect to Waiver of Premium Benefit, Payor Benefit and Accidental Caring Plus Benefit, we will not pay any claim of Total Permanent Disability and Accidental Caring Plus Benefit directly or indirectly caused by or resulting from any of the following:

- a. suicide or self-inflicted injury, while sane or insane;
- b. a criminal offence or participating in any brawl; or
- c. take or absorb, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Doctor.

We will not pay any claim of Waiver of Premium Benefit and Payor Benefit directly caused by or resulting from Pre-existing Conditions. The above list is for reference only. Please refer to the Policy Provisions for the complete list and details of exclusions.

Important Note

Effective from January 1, 2018, all policy owners are required to pay a levy on their insurance premium for all new and inforce policies collected by the Insurance Authority through insurance companies. The applicable levy rate will be determined by reference to the policy date or policy anniversary date. For levy details, please visit our website at www.sunlife.com.hk/levy_eng or Insurance Authority's website at www.ia.org.hk.

This brochure is for reference only. Please refer to a sample Policy Document for details including definitions of capitalized terms and full terms and conditions of coverage.

Cancellation Right

If you are not fully satisfied with your policy, you have the right to cancel your policy within the cooling-off period.

By giving us a written request, your policy will then be cancelled and any premium and levy paid will be refunded, provided that: (1) your written request for cancellation must be signed by you and received directly by our office (G/F, Cheung Kei Center Tower B, No. 18 Hung Luen Road, Hung Hom, Kowloon) or through email (hk_csd@sunlife.com) within 21 calendar days immediately following the day of delivery of the policy or the cooling-off notice informing you or your representative about the expiry date of the cooling-off period, whichever is earlier, and (2) no refund of any premium and levy paid can be made if any payment from the Company under the policy has been made prior to the request for cancellation.



Growing Brighter with Brilliant Company Awards



Excellence Awards 2023 -
Hong Kong Economic Times

Excellence in Sustainable Wealth
Inheritance (Insurance)
Excellence in Greater Bay Area Insurance
Customer Service



GBA Insurance Awards 2023 -
Metro Finance

Outstanding Marketing Strategies - ESG



Corporate Brand Awards of Excellence
2023 - Hong Kong Economic Journal

Wealth Inheritance and Saving Insurance
Plan Award
High-End Cross Border Customer Service
Experience Award



Sing Tao Service Awards 2022 -

Sing Tao Daily

Medical Insurance
Innovative Insurance Products
Greater Bay Area Wealth
Inheritance Services (Hong Kong)



10Life
Life Insurer of the Year



The Hong Kong Insurance Awards 2022
by the Hong Kong Federation
of Insurers

Most Innovative Product /
Service Award Life Insurance (Wealth)



Now Business News Channel
Leadership Business Award 2022

Greater Bay Area Financial Insurance
Award of Excellence



GBA Corporate Sustainability
Awards 2022 - Metro Finance

Excellence in Green Sustainability
(Climate Action)
Excellence in Social Sustainability
(Sustainable Cities and Communities)



iMoney Enterprise Brand Awards 2022 -
iMoney

Best Green Insurance
(Financial Service Category)
Most Caring Society Insurance
(Financial Service Category)



The Hong Kong Council of
Social Service

Caring Company 21st consecutive year
(2002-2023)



"The 2023 MPF Awards" by MPF Ratings

MPF Awards



REFINITIV LIPPER
FUND AWARDS
2022 WINNER
HONG KONG

Hong Kong 2022 Refinitiv Lipper Fund Awards

For more details, please refer to www.sunlife.com.hk/award.

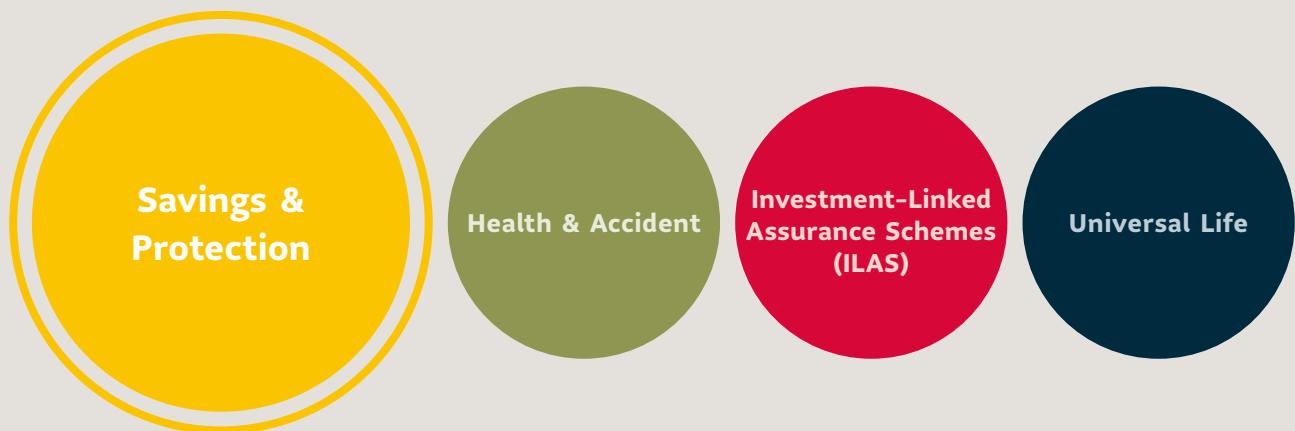
Welcome to the World of Sun Life

Sun Life has been rooted in Hong Kong since 1892, helping the city shine brighter over the course of 130 years by providing excellent products and services.

Sun Life is a leading international financial services organization providing a diverse range of products and services to individuals and corporate clients through our professional and experienced distributors. We provide comprehensive solutions to address your life and health protection, wealth management, and retirement planning needs. Besides offering a wide range of products, we are also an experienced group benefit and third-party administrator in the pension administration business.

We truly understand the needs of your various life stages and offer a wide range of products including Savings & Protection, Health & Accident, Universal Life, and Investment-Linked Assurance Schemes. **SunJoy** is part of Sun Life's Savings & Protection series, providing a well-rounded financial solution for you.

Sun Life Product Portfolio



**What's next?
You can find out more:**

- ▶ Website: sunlife.com.hk
- ▶ Client Service Hotline: 2103 8928
- ▶ Please contact your Advisor

This brochure is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell or a solicitation to buy or provision of any products of Sun Life Hong Kong Limited outside Hong Kong. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions. If there is any conflict between the Policy Document and this brochure, the Policy Document shall prevail.

Sun Life Hong Kong Limited
(Incorporated in Bermuda with limited liability)

Client Service Centre
G/F, Cheung Kei Center Tower B,
No. 18 Hung Luen Road, Hung Hom, Kowloon

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A member of the Sun Life group of companies.
Head Office in Toronto, Canada.

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Your Policy Document

DEFINITIONS

In this Policy, "you", "your" or "yours" means the owner of the Policy. "We", "us", "our", "ours" or "the Company" means Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability), or any of its successors.

This section highlights key definitions that are frequently used in this Policy. Other capitalized terms are defined in this Policy or set out in your Basic Plan or Policy Summary.

"Application" means the application submitted in respect of this Policy.

"Basic Plan" means the Basic Plan described in the Policy Summary.

"Death Benefit" means the benefit payable under this Policy upon the death of Insured as defined in the Death Benefit provisions of the Basic Plan and Rider Benefit (if applicable) specified in respective benefit provisions.

"Doctor" or **"Registered Medical Practitioner"** means any person other than the Policy Owner, the Insured, or a relative of any of them unless approved by us in writing in advance who is a legally registered medical practitioner or surgeon duly registered under the Medical Registration Ordinance of Hong Kong or otherwise authorised and entitled to practise western medicine in any other country in accordance with the laws of that country, and who is acceptable to us.

"Guaranteed Cash Value" means the respective Guaranteed Cash Value of the Basic Plan specified in the Policy Summary.

"Hong Kong" means The Hong Kong Special Administrative Region of the People's Republic of China.

"Insured" means the Insured as specified in the Policy Summary.

"Issue Date", as indicated in your Policy Summary, is the date on which this Policy becomes effective.

"Maturity Date", as indicated in your Policy Summary, is the date of policy maturity.

"Policy" means this Policy Document, the Application, any application for any reinstatement of the Policy, the Policy Summary and any Rider Benefits relating to the Basic Plan, and any subsequent valid endorsements and amendments, any medical evidence and any written statements and answers furnished by or in relation to the Insured under this Policy as evidence of insurability.

"Policy Anniversary" means the same date in each subsequent year as the Policy Date. If the Policy Date is 29 February of a leap year, then the Policy Anniversary will be 28 February in non-leap year.

"Policy Date", as indicated in your Policy Summary, is the date from which policy anniversaries, policy years and premium due date are determined.

"Policy Owner" means the Policy Owner as specified in the Policy Summary.

"Policy Summary" means the Policy Summary attached to this Policy Document and all subsequent valid endorsements.

"Rider Benefit" means any Rider Benefit(s) specified in your Policy Summary.

"Special Bonus" means the non-guaranteed dividend payable as stipulated in the participating policy provision.

Your Policy Document

GENERAL PROVISIONS

CONTRACT

Your contract includes this Policy Document, the Policy Summary, the Application for this Policy, the application for any reinstatement of this Policy, and any amendments or endorsements issued or agreed upon in writing after the Policy is issued. The contract also includes any medical evidence form and any written statements and answers furnished by or in relation to the Insured under this Policy as evidence of insurability.

We are bound only by statements that are part of the contract. This provision will not exclude any liability for or remedy in respect of fraudulent misrepresentation. Only one of our duly authorized officers can agree to any change in the contract and then only in writing.

GOVERNING LAW

This Policy shall be interpreted and governed by the laws of Hong Kong and the courts of Hong Kong shall have exclusive jurisdiction to consider and determine any dispute or proceedings arising out of or in connection with this Policy.

PARTICIPATING POLICY

This is a participating policy, any share of divisible surplus apportioned to this Policy will be payable as Special Bonus if the Current Sum Assured of the Policy is higher than zero (0) and upon the payment of (i) Death Benefit or (ii) Major Stage Critical Illness Benefit or (iii) SafetyNet Protector Benefit or (iv) Early Stage Critical Illness Benefit or (v) Surrender Value or (vi) upon policy maturity.

We shall declare the Special Bonus (if any) starting from the fifth (5th) policy anniversaries. The values of Special Bonus are non-guaranteed and are determined in accordance with the rules set out by the Company from time to time, and it may take effect immediately any time during the policy year.

Special Bonus does not form a permanent addition to this Policy and may be reduced or increased at subsequent declarations. The declared face value of Special Bonus is one of the factors in determining the (i) Major Stage Critical Illness Benefit or (ii) SafetyNet Protector Benefit or (iii) Early Stage Critical Illness Benefit or (iv) Death Benefit. However, upon (i) policy surrender (in whole or in part) or (ii) termination (resulting from causes other than death of the Insured) or (iii) policy maturity, only cash value of the Special Bonus will be paid.

The cash value of Special Bonus may not be equal to the face value of Special Bonus.

Special Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant of the Special Bonus performance. Other factors include, but are not limited to, claim experience, policy expenses, taxes, and policy owner termination experience.

FREEDOM FROM RESTRICTIONS

Unless otherwise specified in your Policy Summary, this Policy contains no restrictions with respect to the residence, travel or occupation of the Insured under this Policy.

CURRENCY AND PLACE OF PAYMENT

All amounts payable either to or by us will be in the currency specified in your Policy Summary. We will make or accept payments at any of our offices in Hong Kong or such other location as determined by us from time to time.

INCONTESTABILITY

You have an obligation to disclose every fact material to our assessment of the risk of issuing this Policy. Failure to disclose, or misrepresentation of, a material fact will allow us to contest the validity of this Policy and deny any claim. In the absence of fraud and subject to the Payment of Premiums and Grace Period provision, we will not contest the validity of this Policy after it has been in effect during the lifetime of the Insured for a continuous period of two (2) years from the Issue Date or the effective date of last reinstatement of this Policy, whichever is later.

SUICIDE

If the Insured, whether sane or insane, dies by suicide within one (1) year after the Issue Date or the effective date of last reinstatement of this Policy, whichever is later, then we will not pay the Death Benefit as set out in your Basic Plan.

Instead, we will pay to the beneficiary an amount equal to:

- (a) the sum of premiums paid; less
- (b) any loans with interest at rates determined by us at our sole discretion.

MISSTATEMENT OF AGE, GENDER OR SMOKING HABITS

If the date of birth, gender, smoking habit or other class of risk of the Insured has been misstated, any amount payable will be increased or decreased to the amount that would have been payable, as determined by us, given the correct date of birth, gender, smoking habit or other class of risk, whichever is the case.

If we determine that given the correct age, smoking habit or other class of risk, the Insured would not have been insurable under this Policy according to our requirements, this Policy shall be void.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

POLICY REINSTATEMENT

Should your Policy lapse, you may request that it be reinstated within five (5) years after the date of lapse. Reinstatement is subject to the following:

- (a) we must receive your valid written application for reinstatement;
- (b) we must receive evidence of insurability satisfactory to us, in our sole discretion, with respect to the Insured under this Policy;
- (c) we must receive payment of all overdue premiums and loans (if any), with interest at rates determined by us in our sole discretion;
- (d) we must receive payment of cash value of Special Bonus (if applicable) at an amount determined by us as of the effective date of reinstatement; and
- (e) our written approval of such application.

For the avoidance of doubt, we shall not be liable to pay any benefits where the Insured has exhibited signs or symptoms of, or has received from a Doctor medical treatment or surgery, advice for medical treatment, diagnosis, consultation or prescribed drugs prior to the date when the Policy is reinstated.

Any reinstated policy will only cover losses or insured events occurring after the effective date of reinstatement.

OWNERSHIP AND ASSIGNMENT

While this Policy is in effect, you may exercise your rights as the Policy Owner subject to the provisions in this Policy and as limited by law. You may change the ownership of this Policy by filing a written request with us in the form specified by us and complying with such requirements as we may prescribe from time to time. Any such change will be valid only if (i) the notice is dated and countersigned by us while this Policy is in effect; (ii) the application for this change is approved by us in writing during the lifetime of the Insured and Policy Owner; and (iii) all applicable requirements (including without limitation requirements on customer due diligence and requirements relating to your and any Consenting Person's compliance with the "Foreign Account Tax Compliance Act" provisions) are complied with to our satisfaction. We are not responsible for any payment we make or other action we take before the change of ownership becomes valid.

You may assign this Policy by filing a written request with us in the form specified by us and complying with such requirements as we may prescribe from time to time. Any assignment will be valid only if (i) the notice is dated and countersigned by us while this Policy is in effect; (ii) the application for this change is approved by us in writing during the lifetime of the Insured and Policy Owner; and (iii) all applicable requirements (including without limitation requirements on customer due diligence and requirements relating to your and any Consenting Person's compliance with the "Foreign Account Tax Compliance Act" provisions) are complied with to our satisfaction. In addition, if any assignment will be subject to the consent of any beneficiary with an irrevocable interest in this Policy, such beneficiary's consent is required. We are not responsible for the validity or legality of the assignment. We are also not responsible for any payment we make or other action we take before the assignment becomes valid.

BENEFICIARY & TRUST DECLARATION

The beneficiary is named in the application unless subsequently changed. While this Policy is in effect and during the lifetime of the Insured, you may change the beneficiary by filing a written request with us in the form specified by us and complying with such requirements as we may prescribe from time to time. Any such change will be valid only if (i) the notice is dated and countersigned by us while this Policy is in effect; (ii) the application for this change is approved by us in writing during the lifetime of the Insured and Policy Owner; and (iii) all applicable requirements (including without limitation requirements on customer due diligence and requirements relating to your and any Consenting Person's compliance with the "Foreign Account Tax Compliance Act" provisions) are complied with to our satisfaction. In addition, if any such change will be subject to the consent of any Beneficiaries with an irrevocable interest in this Policy, such beneficiary's consent is required. We are not responsible for any payment we make or other action we take before the change of beneficiary becomes valid.

If any beneficiary dies simultaneously with the Insured or within fourteen (14) days immediately following the death of the Insured, we will pay the Death Benefit as though the beneficiary died before the death of the Insured.

A trust will be created in favour of the beneficiary when the Death Benefit becomes payable in accordance with this Policy. If no beneficiary is living or designated by you, the Death Benefit will be paid to you, your personal representatives or other persons entitled to receive the same.

CONDITION PRECEDENT TO PAYMENT OF BENEFITS OR PROCEEDS

It is a condition precedent to any liability being assumed by the Company for a claim under this Policy that:

- (a) satisfactory proof of the relevant insured event has been received by the Company in accordance with the necessary requirements prescribed by the Company in submitting any claim under this Policy (including the provisions on the "Foreign Account Tax Compliance Act"); and
- (b) all statements, warranties and declarations made in respect of the relevant claim, are true, complete and accurate.

NO RIGHTS OF THIRD PARTIES

Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong), or other substantively similar legislation, to enforce any terms of the Policy.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

FOREIGN ACCOUNT TAX COMPLIANCE ACT

1. Provision of information

- (a) You must provide us with the Personal Information of yourself and the other Consenting Persons and with such supporting documentation for and certification of Personal Information as we may require.
- (b) Where there is any change or addition to any Personal Information already provided to us (including any change in the residency, citizenship or tax status of a Consenting Person), update us promptly (and in any event no later than thirty-one (31) days of the change or addition) of the change or addition and provide us with such information, documentation and certification in that regard as we may require.
- (c) Where there is a change in Consenting Person, immediately provide to us the Personal Information for the new Consenting Person (and where you propose that change, for example by notifying us you want to assign your rights under this Policy or nominate a new beneficiary, you must provide us with the Personal Information on the new Consenting Person as a condition to our agreeing that change).
- (d) You must, and, where applicable, use best endeavors to procure such other Consenting Person(s) to, complete and sign such documents and do such things, as we may reasonably require from time to time for the purposes of ensuring our compliance with our FATCA Obligations in respect of this Policy.

2. Disclosure of information

- (a) You agree that we may disclose and transfer your and/or any other Consenting Person's Tax Information to the Tax Authorities both in Hong Kong and outside Hong Kong to comply with our FATCA Obligations.
- (b) You waive your rights and any applicable restriction which would otherwise hinder such disclosure described in 2(a).
- (c) You will use best endeavors to procure such other Consenting Person(s) to agree to the disclosure as described in 2(a) and/or waive any rights or any otherwise applicable restriction against such disclosure if required by us to comply with our FATCA Obligations in respect of this Policy.

3. Failure to Provide Information

You agree that:

- (a) where you fail to comply with your obligations under 1 or 2 above; or
- (b) where any of the other Consenting Persons fails to comply with our requirements described in 1(d) or 2(c); or
- (c) where the Personal Information (regardless of whether it is in relation to you or any other Consenting Person) is inaccurate, incomplete or not promptly updated; or
- (d) for whatever reason we are prevented (under Hong Kong law or otherwise) from disclosing your and/or any other Consenting Person's Tax Information to a Tax Authority (in Hong Kong or outside Hong Kong),

we can deduct and withhold Withholding Tax from payments made to or from this Policy account and remit this to the IRS to comply with our FATCA Obligations including, without limitation, to us deducting and withholding Withholding Tax on withholdable payments into this Policy and remitting this to the IRS if the IRD fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.) or if you are or any other Consenting Person is a Non Participating Foreign Financial Institution.

4. Confirmations

You confirm and agree that:

- (a) without prejudice to your agreement to be bound by the terms of the Policy as set out in the application form, you confirm that you have read this "Foreign Account Tax Compliance Act" provisions, has received adequate explanation from the Company (or your insurance broker, where this Policy is taken out through your insurance broker), and understand the implications of this "Foreign Account Tax Compliance Act" provisions by which you irrevocably agree to be bound;
- (b) any agreement, waiver, confirmation given in, or to be given pursuant to, this "Foreign Account Tax Compliance Act" provisions is irrevocable;
- (c) no member of the Sun Life Group, including us, shall be liable for any costs or loss that you or any other Consenting Persons may incur because of the Sun Life Group taking any action permitted by or exercising any powers under this "Foreign Account Tax Compliance Act" provision;
- (d) where there is any withdrawal or payment under the Policy for any reason, the withdrawal amount or payment amount will at all times be subject to the exercise of our powers under 3 above;
- (e) Where you have an obligation under this Policy with respect to Personal Information relating to any other Consenting Person, you must use your best endeavors to obtain (i) the requisite consent from each Consenting Person for the provision of his/her Tax Information to us, (ii) the relevant supporting documentation and certification and (iii) their consent to the disclosure of any of such Tax Information by us and/or any member of Sun Life Group under this "Foreign Account Tax Compliance Act" provision. You agree we may contact the other Consenting Persons directly for these purposes;
- (f) you must inform each Consenting Person of our powers under this "Foreign Account Tax Compliance Act" provisions and obtain if applicable, their consent to our deducting and withhold Withholding Tax and remitting this to the IRS;
- (g) these "Foreign Account Tax Compliance Act" provisions are without prejudice, and in addition, to any of our rights or powers under any other policy provisions of the Policy; and
- (h) we may disclose any and all information related to this Policy to any government or Tax Authority (whether in or outside Hong Kong) and whether before or after the exercise of a termination right under this Policy by you or the Company.

5. Other Consenting Persons

You agree that we may directly contact any other Consenting Persons to provide or confirm accuracy of their Personal Information or to obtain the agreements and waivers described in 2(c) and 4 above without involving you if we reasonably consider it to be appropriate.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

6. FATCA related definitions

The following terms as used in this section have the meanings given below:

"Consenting Person" means each of the following: (i) the Policy Owner; (ii) each person who is entitled to access the Policy's value (for example, through a loan, withdrawal, surrender, policy claim, benefit payment or otherwise), change a beneficiary, or claim or receive a benefit payment or any person who is entitled to a future benefit payment under the Policy, including without limitation any policy claimant, assignee and beneficiary under the Policy and if applicable, the Policy Owner's personal representatives, executors or administrators on the death or bankruptcy of an individual Policy Owner or insolvency of a corporate Policy Owner; and (iii) each person who is entitled to receive a payment (such as a policy claimant, assignee and beneficiary) when an obligation to make any payment under the Policy arises or becomes fixed.

If the Policy Owner is a corporate entity, "Consenting Persons" shall include the persons who exercise control over that entity, such as its majority shareholders and if the Policy is held in trust, "Consenting Persons" shall include the settlor, the trustees, the protector (if any), the beneficiaries and any other person exercising ultimate effective control over that trust.

"FATCA" means the U.S. Foreign Account Tax Compliance Act as amended from time to time

"FATCA Obligations" means our obligations under FATCA (as varied or supplemented by the IGA) including, without limitation, our obligations to undertake due diligence into Consenting Persons to identify U.S. Accounts and U.S. Consenting Persons, to report information on U.S. Consenting Persons and U.S. Accounts to the Tax Authorities, and to obtain their consent to do so, and to deduct and withhold tax from certain payments made to or from certain U.S. Accounts and to remit this to the IRS pursuant to applicable laws and regulations.

"IGA" means the intergovernmental agreement made between Hong Kong and the U.S. in respect of FATCA as may be amended from time to time.

"Non Participating Foreign Financial Institution" means a foreign financial institution other than a participating foreign financial institution, a deemed-compliant foreign financial institution or an exempted beneficial owner as defined under FATCA.

"Personal Information", in respect of a Consenting Person, means such information as we may reasonably require regarding the Consenting Person including without limitation: (i) where the Consenting Person is an individual, his/her full name, date and place of birth, residential address, mailing address, contact information (including telephone number), taxpayer identification number, social security number, citizenships, residency(ies), tax residency(ies) and details of any other tax regime to which he/she is subject or in respect of which he/she has any tax reporting or tax payment obligations; (ii) where the Consenting Person is a corporate/entity, its full name, date and place of incorporation or formation, registered address, address of place of business, tax identification number, tax status, tax residency, such information as we may reasonably require regarding each of its substantial shareholders and/or controlling persons and details of any other tax regime to which it is subject or in respect of which it has any tax reporting or tax payment obligations.

"Policy Information" means information about the Policy we are required to provide to the Tax Authorities as part of our FATCA Obligations which currently includes the policy number, policy balance or value, gross receipts, interest and dividend income or withdrawals and payments we receive or make in connection with the Policy including details of any Withholding Tax.

"Specified U.S. Person" has the same meaning as defined under FATCA and includes (i) certain U.S. citizens or resident individuals, (ii) certain U.S. partnerships or corporations; and (iii) certain trusts, the administration of which is governed by U.S. courts or controlling person(s) of which include a U.S. citizen or resident.

"Sun Life Group" means the Company together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time and a "member of Sun Life Group" shall be construed accordingly.

"Tax Authorities" means the U.S. Internal Revenue Service (IRS), the Hong Kong Inland Revenue Department (IRD) and any other competent tax authority to which we or any of our holdings companies are required to report the Tax Information or any part thereof.

"Tax Information", in respect of a Consenting Person, means: (i) any documentation or information (and accompanying statements, waivers and consents as we may from time to time require under this Policy or the Consenting Person may from time to time give) relating, directly or indirectly, to the tax status of the Consenting Person; (ii) Personal Information of the Consenting Person; and (iii) Policy Information.

"U.S." means the United States of America.

"U.S. Account" means an account held by one or more Specified U.S. Persons or an entity of which one or more controlling persons are a Specified U.S. Person.

"U.S. Consenting Person" means, in respect of an U.S. Account, a Specified U.S. Person or an entity of which one or more controlling persons are Specified U.S. Persons, who holds that U.S. Account.

"Withholding Tax" means the U.S. tax we are required to withhold as part of our FATCA Obligations.

Your Policy Document

POLICY PROVISIONS

All provisions in this section for payments, benefits, refunds or any amounts under the Policy will be, at all times, subject to the provisions on the "Foreign Account Tax Compliance Act".

PAYMENT OF PREMIUMS AND GRACE PERIOD

After payment of the first premium, failure to pay a premium on or before its due date to us will constitute a default in payment of that premium.

A Grace Period of thirty-one (31) days from its due date will be allowed for payment of a premium in default, during which time this Policy will continue in effect. If a premium has neither been paid to us nor loaned by us under the Automatic Premium Loan provision by the date on which the Grace Period expires, the Policy will lapse automatically on the due date.

POLICY LOAN

On written request of the Policy Owner while this Policy is in effect, we will loan an amount up to a specified percentage, subject to the administration rules as determined by the Company from time to time, of the Guaranteed Cash Value of the Policy less interest on this or any other loan calculated to the next Policy anniversary. The Policy will be the security for the loan.

The amount available for a loan will be reduced by the amount of any existing loans, together with interest.

Interest is charged on loans at rates determined by us in our sole discretion. Interest accrues daily and is payable yearly.

Unpaid interest will be added to the loan.

When loans and interest exceed the Guaranteed Cash Value, the Policy will terminate automatically.

AUTOMATIC PREMIUM LOAN

Any unpaid premium will be paid automatically by a loan. If the amount available for a loan is less than the full unpaid premium, the loan will be used to continue the Policy as long as possible.

SURRENDER VALUE

You may surrender your Policy at any time while it is in effect for its Guaranteed Cash Value, plus the cash value of Special Bonus (if any) and any other amounts left with us, less the amount of any loans with interest. The Policy will terminate on the effective date of its surrender.

NON-FORFEITURE OPTIONS

Non-forfeiture options, including reduced paid-up insurance and extended term insurance, are not available under this Policy.

Your Policy Document

DEFINITIONS

In this Policy, "you", "your" or "yours" means the owner of the Policy. "We", "us", "our", "ours" or "the Company" means Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability), or any of its successors.

This section highlights key definitions that are frequently used in this Policy. Other capitalized terms are defined in this Policy or set out in your Basic Plan or Policy Summary.

"Application" means the application submitted in respect of this Policy.

"Basic Plan" means the Basic Plan described in the Policy Summary.

"Death Benefit" means the benefit payable under this Policy upon the death of Insured as defined in the Death Benefit provisions of the Basic Plan and Rider Benefit (if applicable) specified in respective benefit provisions.

"Doctor" or **"Registered Medical Practitioner"** means any person other than the Policy Owner, the Insured, or a relative of any of them unless approved by us in writing in advance who is a legally registered medical practitioner or surgeon duly registered under the Medical Registration Ordinance of Hong Kong or otherwise authorised and entitled to practise western medicine in any other country in accordance with the laws of that country, and who is acceptable to us.

"Guaranteed Cash Value" means the respective Guaranteed Cash Value of the Basic Plan specified in the Policy Summary.

"Hong Kong" means The Hong Kong Special Administrative Region of the People's Republic of China.

"Insured" means the Insured as specified in the Policy Summary.

"Issue Date", as indicated in your Policy Summary, is the date on which this Policy becomes effective.

"Maturity Date", as indicated in your Policy Summary, is the date of policy maturity.

"Policy" means this Policy Document, the Application, any application for any reinstatement of the Policy, the Policy Summary and any Rider Benefits relating to the Basic Plan, and any subsequent valid endorsements and amendments, any medical evidence and any written statements and answers furnished by or in relation to the Insured under this Policy as evidence of insurability.

"Policy Anniversary" means the same date in each subsequent year as the Policy Date. If the Policy Date is 29 February of a leap year, then the Policy Anniversary will be 28 February in non-leap year.

"Policy Date", as indicated in your Policy Summary, is the date from which policy anniversaries, policy years and premium due date are determined.

"Policy Owner" means the Policy Owner as specified in the Policy Summary.

"Policy Summary" means the Policy Summary attached to this Policy Document and all subsequent valid endorsements.

"Rider Benefit" means any Rider Benefit(s) specified in your Policy Summary.

"Special Bonus" means the non-guaranteed dividend payable as stipulated in the participating policy provision.

Your Policy Document

GENERAL PROVISIONS

CONTRACT

Your contract includes this Policy Document, the Policy Summary, the Application for this Policy, the application for any reinstatement of this Policy, and any amendments or endorsements issued or agreed upon in writing after the Policy is issued. The contract also includes any medical evidence form and any written statements and answers furnished by or in relation to the Insured under this Policy as evidence of insurability.

We are bound only by statements that are part of the contract. This provision will not exclude any liability for or remedy in respect of fraudulent misrepresentation. Only one of our duly authorized officers can agree to any change in the contract and then only in writing.

GOVERNING LAW

This Policy shall be interpreted and governed by the laws of Hong Kong and the courts of Hong Kong shall have exclusive jurisdiction to consider and determine any dispute or proceedings arising out of or in connection with this Policy.

PARTICIPATING POLICY

This is a participating policy, any share of divisible surplus apportioned to this Policy will be payable as Special Bonus if the Current Sum Assured of the Policy is higher than zero (0) and upon the payment of (i) Death Benefit or (ii) Major Stage Critical Illness Benefit or (iii) SafetyNet Protector Benefit or (iv) Early Stage Critical Illness Benefit or (v) Surrender Value or (vi) upon policy maturity.

We shall declare the Special Bonus (if any) starting from the fifth (5th) policy anniversaries. The values of Special Bonus are non-guaranteed and are determined in accordance with the rules set out by the Company from time to time, and it may take effect immediately any time during the policy year.

Special Bonus does not form a permanent addition to this Policy and may be reduced or increased at subsequent declarations. The declared face value of Special Bonus is one of the factors in determining the (i) Major Stage Critical Illness Benefit or (ii) SafetyNet Protector Benefit or (iii) Early Stage Critical Illness Benefit or (iv) Death Benefit. However, upon (i) policy surrender (in whole or in part) or (ii) termination (resulting from causes other than death of the Insured) or (iii) policy maturity, only cash value of the Special Bonus will be paid.

The cash value of Special Bonus may not be equal to the face value of Special Bonus.

Special Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant of the Special Bonus performance. Other factors include, but are not limited to, claim experience, policy expenses, taxes, and policy owner termination experience.

FREEDOM FROM RESTRICTIONS

Unless otherwise specified in your Policy Summary, this Policy contains no restrictions with respect to the residence, travel or occupation of the Insured under this Policy.

CURRENCY AND PLACE OF PAYMENT

All amounts payable either to or by us will be in the currency specified in your Policy Summary. We will make or accept payments at any of our offices in Hong Kong or such other location as determined by us from time to time.

INCONTESTABILITY

You have an obligation to disclose every fact material to our assessment of the risk of issuing this Policy. Failure to disclose, or misrepresentation of, a material fact will allow us to contest the validity of this Policy and deny any claim. In the absence of fraud and subject to the Payment of Premiums and Grace Period provision, we will not contest the validity of this Policy after it has been in effect during the lifetime of the Insured for a continuous period of two (2) years from the Issue Date or the effective date of last reinstatement of this Policy, whichever is later.

SUICIDE

If the Insured, whether sane or insane, dies by suicide within one (1) year after the Issue Date or the effective date of last reinstatement of this Policy, whichever is later, then we will not pay the Death Benefit as set out in your Basic Plan.

Instead, we will pay to the beneficiary an amount equal to:

- (a) the sum of premiums paid; less
- (b) any loans with interest at rates determined by us at our sole discretion.

MISSTATEMENT OF AGE, GENDER OR SMOKING HABITS

If the date of birth, gender, smoking habit or other class of risk of the Insured has been misstated, any amount payable will be increased or decreased to the amount that would have been payable, as determined by us, given the correct date of birth, gender, smoking habit or other class of risk, whichever is the case.

If we determine that given the correct age, smoking habit or other class of risk, the Insured would not have been insurable under this Policy according to our requirements, this Policy shall be void.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

POLICY REINSTATEMENT

Should your Policy lapse, you may request that it be reinstated within five (5) years after the date of lapse. Reinstatement is subject to the following:

- (a) we must receive your valid written application for reinstatement;
- (b) we must receive evidence of insurability satisfactory to us, in our sole discretion, with respect to the Insured under this Policy;
- (c) we must receive payment of all overdue premiums and loans (if any), with interest at rates determined by us in our sole discretion;
- (d) we must receive payment of cash value of Special Bonus (if applicable) at an amount determined by us as of the effective date of reinstatement; and
- (e) our written approval of such application.

For the avoidance of doubt, we shall not be liable to pay any benefits where the Insured has exhibited signs or symptoms of, or has received from a Doctor medical treatment or surgery, advice for medical treatment, diagnosis, consultation or prescribed drugs prior to the date when the Policy is reinstated.

Any reinstated policy will only cover losses or insured events occurring after the effective date of reinstatement.

OWNERSHIP AND ASSIGNMENT

While this Policy is in effect, you may exercise your rights as the Policy Owner subject to the provisions in this Policy and as limited by law. You may change the ownership of this Policy by filing a written request with us in the form specified by us and complying with such requirements as we may prescribe from time to time. Any such change will be valid only if (i) the notice is dated and countersigned by us while this Policy is in effect; (ii) the application for this change is approved by us in writing during the lifetime of the Insured and Policy Owner; and (iii) all applicable requirements (including without limitation requirements on customer due diligence and requirements relating to your and any Consenting Person's compliance with the "Foreign Account Tax Compliance Act" provisions) are complied with to our satisfaction. We are not responsible for any payment we make or other action we take before the change of ownership becomes valid.

You may assign this Policy by filing a written request with us in the form specified by us and complying with such requirements as we may prescribe from time to time. Any assignment will be valid only if (i) the notice is dated and countersigned by us while this Policy is in effect; (ii) the application for this change is approved by us in writing during the lifetime of the Insured and Policy Owner; and (iii) all applicable requirements (including without limitation requirements on customer due diligence and requirements relating to your and any Consenting Person's compliance with the "Foreign Account Tax Compliance Act" provisions) are complied with to our satisfaction. In addition, if any assignment will be subject to the consent of any beneficiary with an irrevocable interest in this Policy, such beneficiary's consent is required. We are not responsible for the validity or legality of the assignment. We are also not responsible for any payment we make or other action we take before the assignment becomes valid.

BENEFICIARY & TRUST DECLARATION

The beneficiary is named in the application unless subsequently changed. While this Policy is in effect and during the lifetime of the Insured, you may change the beneficiary by filing a written request with us in the form specified by us and complying with such requirements as we may prescribe from time to time. Any such change will be valid only if (i) the notice is dated and countersigned by us while this Policy is in effect; (ii) the application for this change is approved by us in writing during the lifetime of the Insured and Policy Owner; and (iii) all applicable requirements (including without limitation requirements on customer due diligence and requirements relating to your and any Consenting Person's compliance with the "Foreign Account Tax Compliance Act" provisions) are complied with to our satisfaction. In addition, if any such change will be subject to the consent of any Beneficiaries with an irrevocable interest in this Policy, such beneficiary's consent is required. We are not responsible for any payment we make or other action we take before the change of beneficiary becomes valid.

If any beneficiary dies simultaneously with the Insured or within fourteen (14) days immediately following the death of the Insured, we will pay the Death Benefit as though the beneficiary died before the death of the Insured.

A trust will be created in favour of the beneficiary when the Death Benefit becomes payable in accordance with this Policy. If no beneficiary is living or designated by you, the Death Benefit will be paid to you, your personal representatives or other persons entitled to receive the same.

CONDITION PRECEDENT TO PAYMENT OF BENEFITS OR PROCEEDS

It is a condition precedent to any liability being assumed by the Company for a claim under this Policy that:

- (a) satisfactory proof of the relevant insured event has been received by the Company in accordance with the necessary requirements prescribed by the Company in submitting any claim under this Policy (including the provisions on the "Foreign Account Tax Compliance Act"); and
- (b) all statements, warranties and declarations made in respect of the relevant claim, are true, complete and accurate.

NO RIGHTS OF THIRD PARTIES

Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong), or other substantively similar legislation, to enforce any terms of the Policy.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

FOREIGN ACCOUNT TAX COMPLIANCE ACT

1. Provision of information

- (a) You must provide us with the Personal Information of yourself and the other Consenting Persons and with such supporting documentation for and certification of Personal Information as we may require.
- (b) Where there is any change or addition to any Personal Information already provided to us (including any change in the residency, citizenship or tax status of a Consenting Person), update us promptly (and in any event no later than thirty-one (31) days of the change or addition) of the change or addition and provide us with such information, documentation and certification in that regard as we may require.
- (c) Where there is a change in Consenting Person, immediately provide to us the Personal Information for the new Consenting Person (and where you propose that change, for example by notifying us you want to assign your rights under this Policy or nominate a new beneficiary, you must provide us with the Personal Information on the new Consenting Person as a condition to our agreeing that change).
- (d) You must, and, where applicable, use best endeavors to procure such other Consenting Person(s) to, complete and sign such documents and do such things, as we may reasonably require from time to time for the purposes of ensuring our compliance with our FATCA Obligations in respect of this Policy.

2. Disclosure of information

- (a) You agree that we may disclose and transfer your and/or any other Consenting Person's Tax Information to the Tax Authorities both in Hong Kong and outside Hong Kong to comply with our FATCA Obligations.
- (b) You waive your rights and any applicable restriction which would otherwise hinder such disclosure described in 2(a).
- (c) You will use best endeavors to procure such other Consenting Person(s) to agree to the disclosure as described in 2(a) and/or waive any rights or any otherwise applicable restriction against such disclosure if required by us to comply with our FATCA Obligations in respect of this Policy.

3. Failure to Provide Information

You agree that:

- (a) where you fail to comply with your obligations under 1 or 2 above; or
- (b) where any of the other Consenting Persons fails to comply with our requirements described in 1(d) or 2(c); or
- (c) where the Personal Information (regardless of whether it is in relation to you or any other Consenting Person) is inaccurate, incomplete or not promptly updated; or
- (d) for whatever reason we are prevented (under Hong Kong law or otherwise) from disclosing your and/or any other Consenting Person's Tax Information to a Tax Authority (in Hong Kong or outside Hong Kong),

we can deduct and withhold Withholding Tax from payments made to or from this Policy account and remit this to the IRS to comply with our FATCA Obligations including, without limitation, to us deducting and withholding Withholding Tax on withholdable payments into this Policy and remitting this to the IRS if the IRD fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.) or if you are or any other Consenting Person is a Non Participating Foreign Financial Institution.

4. Confirmations

You confirm and agree that:

- (a) without prejudice to your agreement to be bound by the terms of the Policy as set out in the application form, you confirm that you have read this "Foreign Account Tax Compliance Act" provisions, has received adequate explanation from the Company (or your insurance broker, where this Policy is taken out through your insurance broker), and understand the implications of this "Foreign Account Tax Compliance Act" provisions by which you irrevocably agree to be bound;
- (b) any agreement, waiver, confirmation given in, or to be given pursuant to, this "Foreign Account Tax Compliance Act" provisions is irrevocable;
- (c) no member of the Sun Life Group, including us, shall be liable for any costs or loss that you or any other Consenting Persons may incur because of the Sun Life Group taking any action permitted by or exercising any powers under this "Foreign Account Tax Compliance Act" provision;
- (d) where there is any withdrawal or payment under the Policy for any reason, the withdrawal amount or payment amount will at all times be subject to the exercise of our powers under 3 above;
- (e) Where you have an obligation under this Policy with respect to Personal Information relating to any other Consenting Person, you must use your best endeavors to obtain (i) the requisite consent from each Consenting Person for the provision of his/her Tax Information to us, (ii) the relevant supporting documentation and certification and (iii) their consent to the disclosure of any of such Tax Information by us and/or any member of Sun Life Group under this "Foreign Account Tax Compliance Act" provision. You agree we may contact the other Consenting Persons directly for these purposes;
- (f) you must inform each Consenting Person of our powers under this "Foreign Account Tax Compliance Act" provisions and obtain if applicable, their consent to our deducting and withhold Withholding Tax and remitting this to the IRS;
- (g) these "Foreign Account Tax Compliance Act" provisions are without prejudice, and in addition, to any of our rights or powers under any other policy provisions of the Policy; and
- (h) we may disclose any and all information related to this Policy to any government or Tax Authority (whether in or outside Hong Kong) and whether before or after the exercise of a termination right under this Policy by you or the Company.

5. Other Consenting Persons

You agree that we may directly contact any other Consenting Persons to provide or confirm accuracy of their Personal Information or to obtain the agreements and waivers described in 2(c) and 4 above without involving you if we reasonably consider it to be appropriate.

Your Policy Document

GENERAL PROVISIONS (CONTINUED)

6. FATCA related definitions

The following terms as used in this section have the meanings given below:

"Consenting Person" means each of the following: (i) the Policy Owner; (ii) each person who is entitled to access the Policy's value (for example, through a loan, withdrawal, surrender, policy claim, benefit payment or otherwise), change a beneficiary, or claim or receive a benefit payment or any person who is entitled to a future benefit payment under the Policy, including without limitation any policy claimant, assignee and beneficiary under the Policy and if applicable, the Policy Owner's personal representatives, executors or administrators on the death or bankruptcy of an individual Policy Owner or insolvency of a corporate Policy Owner; and (iii) each person who is entitled to receive a payment (such as a policy claimant, assignee and beneficiary) when an obligation to make any payment under the Policy arises or becomes fixed.

If the Policy Owner is a corporate entity, "Consenting Persons" shall include the persons who exercise control over that entity, such as its majority shareholders and if the Policy is held in trust, "Consenting Persons" shall include the settlor, the trustees, the protector (if any), the beneficiaries and any other person exercising ultimate effective control over that trust.

"FATCA" means the U.S. Foreign Account Tax Compliance Act as amended from time to time

"FATCA Obligations" means our obligations under FATCA (as varied or supplemented by the IGA) including, without limitation, our obligations to undertake due diligence into Consenting Persons to identify U.S. Accounts and U.S. Consenting Persons, to report information on U.S. Consenting Persons and U.S. Accounts to the Tax Authorities, and to obtain their consent to do so, and to deduct and withhold tax from certain payments made to or from certain U.S. Accounts and to remit this to the IRS pursuant to applicable laws and regulations.

"IGA" means the intergovernmental agreement made between Hong Kong and the U.S. in respect of FATCA as may be amended from time to time.

"Non Participating Foreign Financial Institution" means a foreign financial institution other than a participating foreign financial institution, a deemed-compliant foreign financial institution or an exempted beneficial owner as defined under FATCA.

"Personal Information", in respect of a Consenting Person, means such information as we may reasonably require regarding the Consenting Person including without limitation: (i) where the Consenting Person is an individual, his/her full name, date and place of birth, residential address, mailing address, contact information (including telephone number), taxpayer identification number, social security number, citizenships, residency(ies), tax residency(ies) and details of any other tax regime to which he/she is subject or in respect of which he/she has any tax reporting or tax payment obligations; (ii) where the Consenting Person is a corporate/entity, its full name, date and place of incorporation or formation, registered address, address of place of business, tax identification number, tax status, tax residency, such information as we may reasonably require regarding each of its substantial shareholders and/or controlling persons and details of any other tax regime to which it is subject or in respect of which it has any tax reporting or tax payment obligations.

"Policy Information" means information about the Policy we are required to provide to the Tax Authorities as part of our FATCA Obligations which currently includes the policy number, policy balance or value, gross receipts, interest and dividend income or withdrawals and payments we receive or make in connection with the Policy including details of any Withholding Tax.

"Specified U.S. Person" has the same meaning as defined under FATCA and includes (i) certain U.S. citizens or resident individuals, (ii) certain U.S. partnerships or corporations; and (iii) certain trusts, the administration of which is governed by U.S. courts or controlling person(s) of which include a U.S. citizen or resident.

"Sun Life Group" means the Company together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time and a "member of Sun Life Group" shall be construed accordingly.

"Tax Authorities" means the U.S. Internal Revenue Service (IRS), the Hong Kong Inland Revenue Department (IRD) and any other competent tax authority to which we or any of our holdings companies are required to report the Tax Information or any part thereof.

"Tax Information", in respect of a Consenting Person, means: (i) any documentation or information (and accompanying statements, waivers and consents as we may from time to time require under this Policy or the Consenting Person may from time to time give) relating, directly or indirectly, to the tax status of the Consenting Person; (ii) Personal Information of the Consenting Person; and (iii) Policy Information.

"U.S." means the United States of America.

"U.S. Account" means an account held by one or more Specified U.S. Persons or an entity of which one or more controlling persons are a Specified U.S. Person.

"U.S. Consenting Person" means, in respect of an U.S. Account, a Specified U.S. Person or an entity of which one or more controlling persons are Specified U.S. Persons, who holds that U.S. Account.

"Withholding Tax" means the U.S. tax we are required to withhold as part of our FATCA Obligations.

Your Policy Document

POLICY PROVISIONS

All provisions in this section for payments, benefits, refunds or any amounts under the Policy will be, at all times, subject to the provisions on the "Foreign Account Tax Compliance Act".

PAYMENT OF PREMIUMS AND GRACE PERIOD

After payment of the first premium, failure to pay a premium on or before its due date to us will constitute a default in payment of that premium.

A Grace Period of thirty-one (31) days from its due date will be allowed for payment of a premium in default, during which time this Policy will continue in effect. If a premium has neither been paid to us nor loaned by us under the Automatic Premium Loan provision by the date on which the Grace Period expires, the Policy will lapse automatically on the due date.

POLICY LOAN

On written request of the Policy Owner while this Policy is in effect, we will loan an amount up to a specified percentage, subject to the administration rules as determined by the Company from time to time, of the Guaranteed Cash Value of the Policy less interest on this or any other loan calculated to the next Policy anniversary. The Policy will be the security for the loan.

The amount available for a loan will be reduced by the amount of any existing loans, together with interest.

Interest is charged on loans at rates determined by us in our sole discretion. Interest accrues daily and is payable yearly.

Unpaid interest will be added to the loan.

When loans and interest exceed the Guaranteed Cash Value, the Policy will terminate automatically.

AUTOMATIC PREMIUM LOAN

Any unpaid premium will be paid automatically by a loan. If the amount available for a loan is less than the full unpaid premium, the loan will be used to continue the Policy as long as possible.

SURRENDER VALUE

You may surrender your Policy at any time while it is in effect for its Guaranteed Cash Value, plus the cash value of Special Bonus (if any) and any other amounts left with us, less the amount of any loans with interest. The Policy will terminate on the effective date of its surrender.

NON-FORFEITURE OPTIONS

Non-forfeiture options, including reduced paid-up insurance and extended term insurance, are not available under this Policy.



SunHealth OmniCare

Product Guide

May 2023

Sun Life Hong Kong Limited

(Incorporated in Bermuda with limited liability)

 **Sun Life**
永明金融

Life's brighter under the sun

Summary of Changes:

May 2023 version	<ul style="list-style-type: none">• According to the amendment on Value-added services<ul style="list-style-type: none">◦ Removed the value-added benefit related section in Appendix A: Product details◦ Newly added section: Appendix G – Value-added Benefits
August 2021 version	<ul style="list-style-type: none">• Updated the list of attachable riders for the launch of the optional rider benefit – Accidental Death & Disability Plus Benefit
April 2021 version	<ul style="list-style-type: none">• Updated Section 10: Administration Guidelines for guidelines on sales process and added Appendix F – Medical Insurance Suitability Assessment Product Matrix according to GL31 Medical Insurance Business from IA• Updated the illustrative examples in A5 (Product Features) under Appendix D Additional Frequently Asked Questions for 2021 Dividend Recommendation• Removed market comparison
September 2020 version	<ul style="list-style-type: none">• Updated Section 12 – Summary of sales support materials• Added Appendix E – FNA Product Matrix according to GL30 Financial Needs Analysis from IA

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1. Critical illness protection – Why is it so important?

Do you know how much does it cost for critical illnesses treatments?

(IN HKD)

Ranking of death cause in HK (2017) ¹	Example of Disease	Diagnosis	Treatment	Rehabilitation	Total ²
1 (Malignant neoplasms)	Breast Cancer (Stage 3)	30,000 – 40,000	741,000 – 1,070,000	71,000 – 173,000	842,000 – 1,283,000
3 (Diseases of heart)	Myocardial Infraction	60,000 – 172,000	655,000 – 1,626,000	51,000 – 196,000	766,000 – 1,994,000
4 (Cerebrovascular diseases)	Ischemic Stroke	57,000 – 136,000	966,000 – 1,700,000	89,000 – 215,000	1,112,000 – 2,051,000
10 (Diabetes mellitus)	Diabetic Foot	23,000 – 44,000	332,000 – 2,163,000	5,000 – 7,000	360,000 – 2,214,000

* Please refer to Important Note 1 at the end of this document for disclaimer.

Source of Data:

1. Number of Deaths by Leading Causes of Death, 2001 – 2017, Centre for Health Protection

2. Cost of Treatment in Hong Kong (2013) issued by IPSOS, research conducted by IPSOS & Sun Life Hong Kong Limited on 2016.



Actual cost of today could be higher with medical inflation.

ONCE diagnosed with CI,
Loss of income Living expenses Education fee Long-term medication
Future uncertainty of life Instant medical cost And so on...



Are your clients and their families
PREPARED?



2. SunHealth OmniCare – Key highlights

SunHealth OmniCare – One product, one family

The ultimate critical illness solution for you, your clients, and their families



More Choices!!

Flexibility with 3 plan levels

- Plan 1/2/3 fits different needs of clients



Please refer to Section 3



More Flexibility!!

Introducing the optional rider CoverPlus

- Further enhancing the flexibility to tailor-made a protection solution for your clients
- Extra Death, Major Stage CI and SafetyNet Protector Benefits with same premium payment term as basic plan
- Maturity Benefit provides up to 100% of Original Sum Assured of CoverPlus at maturity



Please refer to Section 5



Comprehensiveness!!

Up to 175% of Extra benefits

- Extra benefits solutions on Cancer, Heart Attack and Stroke related conditions
- Introducing Comprehensive Benign Protector Benefit
- Enhancing Diabetes Protector Benefit
- Additional Death Benefit / Maturity Bonus



Please refer to Section 6



Rare in Market!!

Introducing the innovative SafetyNet Protector Benefit

- Builds up a **safety net** for complex surgical procedures due to injury or illness condition which is not covered by other benefits
- Reduce claims disputes and expand coverage to future unknown illnesses
- Simple and easy-to-understand criteria



Please refer to Section 7



All-rounded Cancer & multiple payment benefits!!

Extended cancer support and multiple payment benefits

- Enjoy **up to 400% of Original Sum Assured** of enhanced cancer coverage (Under Plan 2 / 3)
- Two multiple payment benefits options available (Under Plan 2 / 3)
- Enhanced coverage for heart and nervous system illnesses



Please refer to Section 8



Ease of Sales!!

Underwriting & product rules enhancements

- **Market leading** product maximum lifetime limit
- Conversion solution to existing **Critical Medical Care II (CMC II)** policies
- **Remove exclusions on unknown congenital illnesses**
- Extend Guaranteed Insurability Option to newborn of the Insured



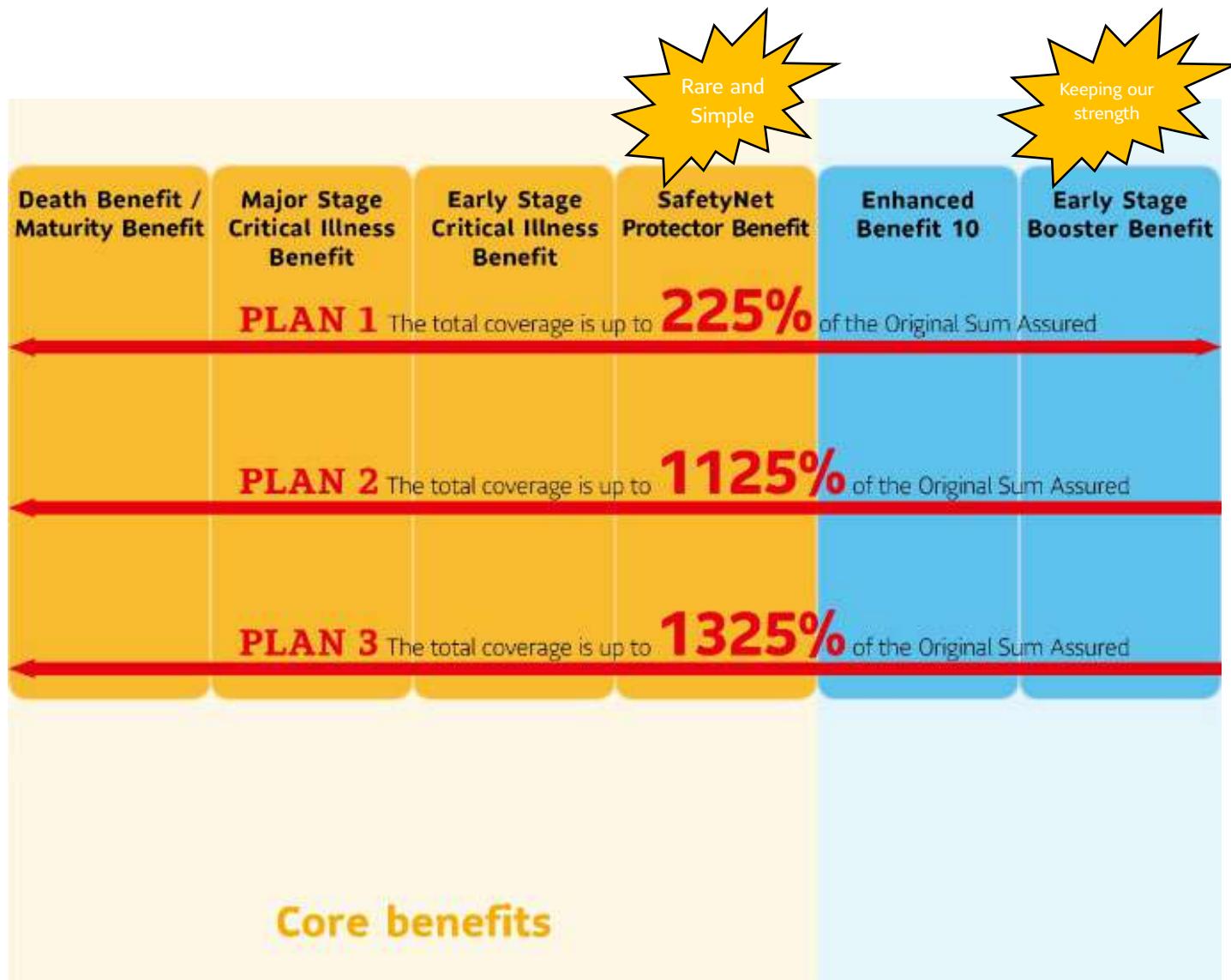
Please refer to Section 9

3. SunHealth OmniCare – Plan levels & benefit design

Three plan levels with optional rider to meet different client needs

We understand that at different stages of life, the needs for current and future protection, as well as affordability, may vary. That's why **SunHealth OmniCare** is available in 3 different plan levels (Plan 1, Plan 2 and Plan 3) with an optional rider - **CoverPlus**.

These options provides you flexibility to tailor-made a protection solution for your clients



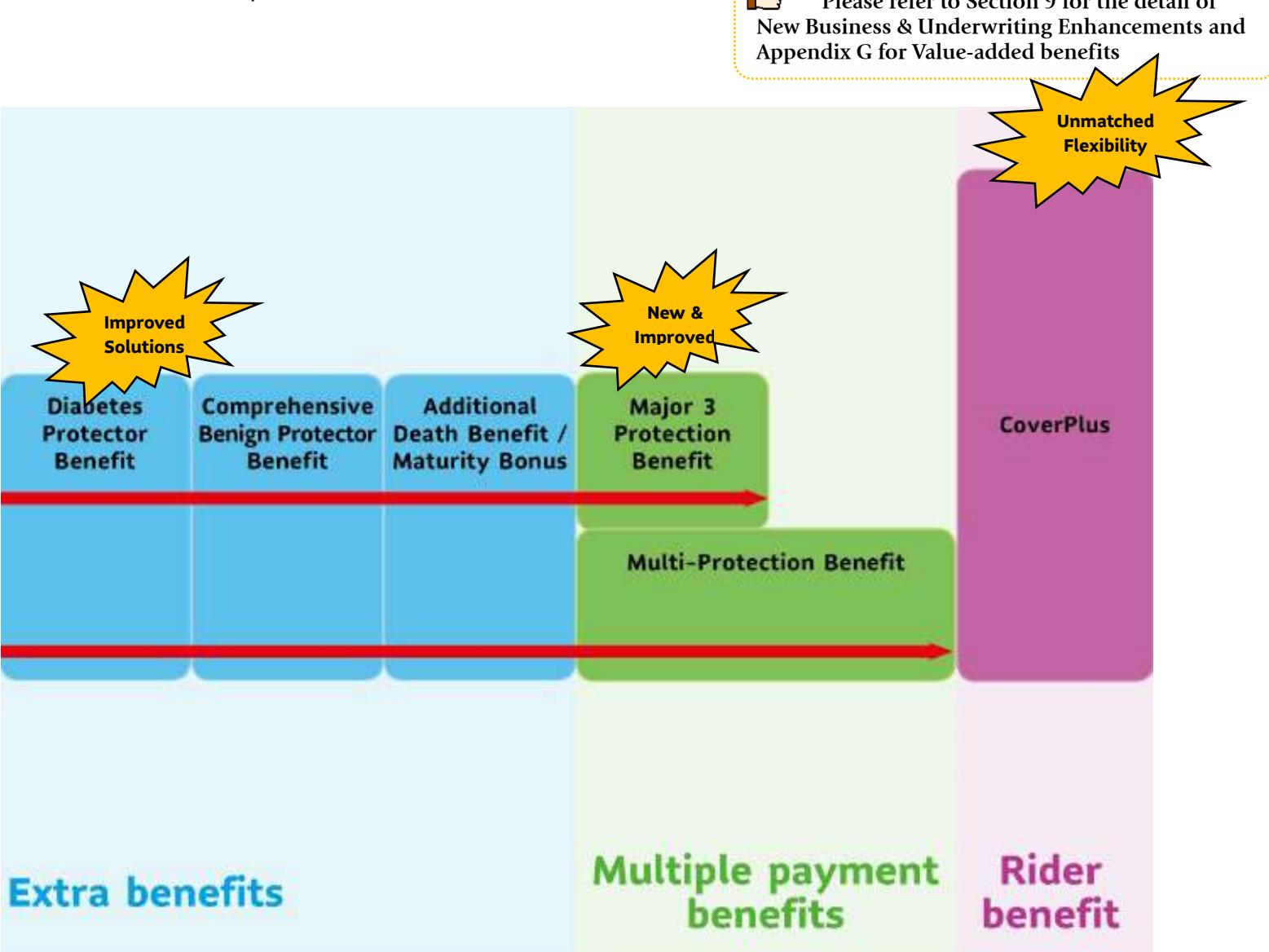
What's more?

Aside from the benefits, SunHealth OmniCare offers your client:

1. **Guarantee Insurability Option** for life stage events
2. **Guarantee Insurability Option for new born** of your client
3. **A series of Value-added Benefits**

And much improved benefit terms and conditions.

 Please refer to Section 9 for the detail of New Business & Underwriting Enhancements and Appendix G for Value-added benefits



4. Target Clients – One product, one family

We understand that each family members may have different needs as they are in different life stages, **SunHealth OmniCare** will be a total solution with suitable protection for each family member.



SunHealth OmniCare Plan 1 is suitable for:

- Clients mostly looking for **basic CI protection**
- Younger lives with budget concerns, such as **fresh-graduates**
- **Pre-retirees** with less multiple benefit needs and more concern about budget

SunHealth OmniCare Plan 2 is suitable for:

- Clients looking for **comprehensive solution with affordable premium**
- Clients requiring full protection against major illnesses (e.g. Cancer, Heart Attack, Stroke), such as **Young parents**
- **Middle age or professionals** looking for additional protection benign tumors, diabetes and major illnesses

SunHealth OmniCare Plan 3 is suitable for:

- Clients looking for the **most comprehensive CI protection**
- Clients who needs protection on future uncertainty over lifetime, such as **young children**
- **Middle age parents** needing full protection for family

CoverPlus is suitable for:

- Clients looking for **enhanced basic CI or death protection**, or **with budget concern**
- Clients who believe **multiple protection benefit, while attractive, is less needed than basic CI protection**
- **Bread feeder** in a family who needs **income replacement solution** on CI

5. Newly introduced optional rider – CoverPlus

Have you encountered one of these client requests?

I would like to have lower premium while keeping the same major protection



I want an income protection



I have more concern on basic benefit rather than multiple payment benefits!



We want simple CI protection without whole life payment



CoverPlus is the ultimate one-stop solution!

CoverPlus can help our clients to achieve the following:

1. **Enjoy more** Death Benefit, Major Stage CI Benefit, and SafetyNet Protector Benefit; or
2. **Lower premium** – enjoy the **same Death Benefit, Major Stage CI Benefit, and SafetyNet Protector Benefit protection**; and / or
3. **Settlement Option** – Receive the benefit by installment, cover living expenses due to income loss while receiving CI treatment, such as parent's living cost, children's education cost and family expenses etc.; and / or
4. Enjoy protection **up to age 100** with the **same premium payment term** as basic plan; and / or
5. **Maturity Benefit** – ensures 100% of the Sum Assured ("SA") of CoverPlus will be paid if the insured is alive at maturity



What are the benefits covered under CoverPlus?



CoverPlus provides **100% SA of this Rider** (additional coverage with no deduction of sum assured from the basic plan) and allows maximum of 1 claim in total on one of the following benefits:

1. Death Benefit
2. Major Stage CI Benefit
3. SafetyNet Protector Benefit
4. Maturity Benefit

The Current Sum Assured of Basic Plan will not be affected by this rider, hassle-free!

5.1 Combinations of Basic Plan and CoverPlus

How can **CoverPlus** help our clients to enjoy the same Sum Assured at lower premium?

We offer extra flexibility for the clients:

- To purchase both the basic plan and CoverPlus, such that the total benefit amounts of Death Benefit, Major Stage CI Benefit, and SafetyNet Protector Benefit remain unchanged; and
- To reduce the Benefit amounts of Early Stage CI Benefit under core benefits, extra benefits, multiple payment benefits (Plan 2 and 3 only), and saving returns;

Such that we could form an ideal solution for those clients who are mainly focusing on Death Benefit, Major Stage CI Benefit, and SafetyNet Protector Benefit and lowering the total premium.

Example: Male, non-smoker, age 35, 20 Pay SunHealth OmniCare Plan 1

	Protective choice! (100%)	Balanced choice! (80/20)	Budget choice! (50/50)
Combinations:	Basic Plan (SA=HK\$1M) (No CoverPlus attached)	Basic Plan (SA=HK\$800K) CoverPlus (SA=HK\$200K)	Basic Plan (SA=HK\$500K) CoverPlus (SA=HK\$500K)
Death Benefit, Major Stage CI Benefit, or SafetyNet Protector Benefit	HK\$1,000,000	HK\$800,000 + 200,000 $= \text{HK\$1,000,000}$	HK\$500,000 + 500,000 $= \text{HK\$1,000,000}$
Early Stage CI Benefit	HK\$1,000,000 x 25% $= \text{HK\$250,000}$	HK\$800,000 x 25% $= \text{HK\$200,000}$	HK\$500,000 x 25% $= \text{HK\$125,000}$
Annual Premium	HK\$27,860	HK\$26,142 (-6%) (Same total sum assured, lower total Premium!)	HK\$24,215 (-13%) (Same total sum assured, even lower total Premium!)

More affordable premium with essential protection, ideal balanced choice!

Suggested combination:
Plan 2/3 + **CoverPlus** with 80/20 allocation



Ideal for clients with budget concern, such as fresh-grads and pre-retirees.

Suggested combination:
Plan 1 + **CoverPlus** with 50/50 allocation

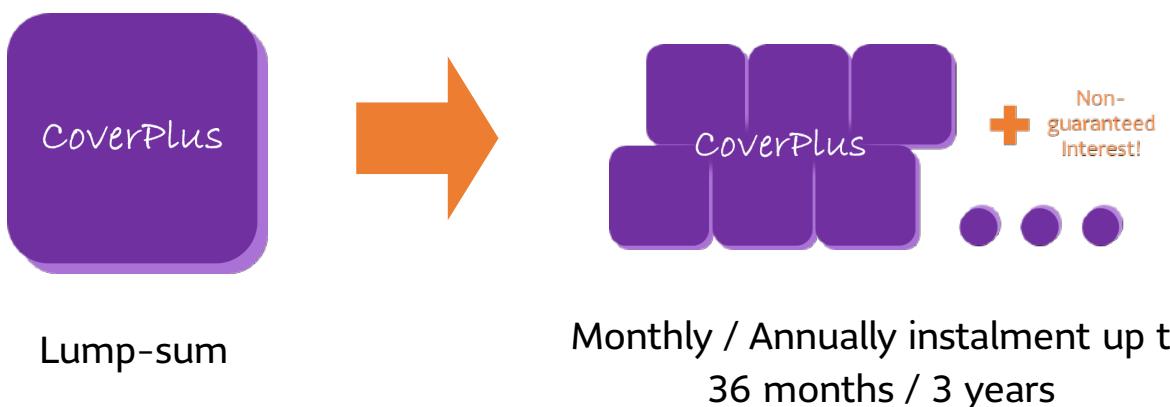


5.2 Settlement options

Do you know **CoverPlus** can also provide our clients income protection?

We provide our clients extra flexibility with three settlement options:

1. Lump-sum payment
 2. Monthly instalment of up to 36 months with **non-guaranteed interest**
 3. Annually instalment of up to 3 years with **non-guaranteed interest**



Q: Which Benefits are eligible for settlement option?

A: Major Stage CI Benefit and SafetyNet Protector Benefit.

Q: Is there any rounding on monthly / annually instalment?

A: The monthly / annually instalment will be rounded to 2 decimal points.

Q: Is there waiting period before settlement option commences?

A: None. Income is payable as soon as the claim is admitted.

Q: Can the client withdraw the remaining balance in lump-sum during settlement period?

A: Yes. Client may choose to withdraw the remaining balance in one lump-sum should the need arise (e.g. for treatment needs)

Basic Plan and **CoverPlus** form a perfect combination to provide protection on clients' instant medical expenses, long-term medications and even non-medical living expenses!



On P.25 - 26, let's see a case illustration on how this Settlement Option can help providing continuous protection for your client while battling with cancer!

Scenario 1: Mr A



Mr A is a fresh graduate and just started his career. He worries about unexpected medical expenses which could lead to serious financial burden for his parents.

He enrolls **SunHealth OmniCare Plan 1** and **CoverPlus** at age 23 with a 50/50 allocation between **SunHealth OmniCare** and **CoverPlus**

Mr A buys 20-Pay **SunHealth OmniCare Plan 1** with **Original Sum Assured = HKD 540,000**
Also, he buys 20-Pay **CoverPlus** with **Sum Assured = HKD 540,000**

12th policy year

1st Claim

Mr A suffers from Major Head Trauma during a serious car accident

Illness claimed:
Major Head Trauma (Major Stage CI)

Major Stage CI Benefit
HKD 540,000
(100% of Original SA)
+ any face value of Special Bonus (non-guaranteed)

Major Stage CI Benefit (under **CoverPlus**)
HKD 15,000 x 36 months
(100% of SA of CoverPlus)
+ Non-guaranteed interest

Total:
HKD 1,080,000
+ Non-guaranteed interest
+ any face value of Special Bonus (non-guaranteed)



- The Major Stage CI Benefit provides Mr A **HKD540,000** for the brain surgery and other hospitalization expenses
- Mr A quits his job and stopped working for rehabilitation. As he chooses to receive the Major Stage CI Benefit under **CoverPlus** by monthly instalment, his loss of income is covered. **HKD 15,000 every month with non-guarantee interest** of income is provided every month, **up to 3 years**.

Total Benefits Paid:

HKD 1,080,000 (100% of Original SA + 100% of SA of CoverPlus)
+ Non-guaranteed interest + any face value of Special Bonus (non-guaranteed)

6. Up to 175% of extra benefits

Thanks to the advanced medical technology of today, more and more illnesses are curable and diagnosable at early stages. **SunHealth OmniCare** offers 3 additional benefits on illnesses related to cancer, heart diseases, stroke, and diabetes.

What's more, Additional Death Benefit / Maturity Bonus are also embedded in the Basic Plan, and the Current Sum Assured will not be affected by these extra benefits!

The following Extra benefits are included under **SunHealth OmniCare**

- **Early Stage Booster Benefit** – for minor illnesses related to cancer, heart diseases and stroke
- **Diabetes Protector Benefit** - for diabetes related illnesses
- **Comprehensive Benign Protector Benefit** - for cancer or benign tumour
- **Additional Death Benefit / Maturity Bonus** – extra benefit of 25% of Original SA at death or maturity

The Benefit Amount in first 10 policy years (with Enhanced Benefit 10 applies):

	Plan 1	Plan 2	Plan 3
EXTRA BENEFITS			
• Early Stage Booster Benefit	75%	75%	75%
• Diabetes Protector Benefit	N/A	37.5%	37.5%
• Comprehensive Benign Protector Benefit	N/A	37.5%	37.5%
• Additional Death Benefit / Maturity Bonus	N/A	25%	25%
Total of all Extra benefits	75%	175%!!	

The Benefit Amount from 11th policy year:

	Plan 1	Plan 2	Plan 3
EXTRA BENEFITS			
• Early Stage Booster Benefit	50%	50%	50%
• Diabetes Protector Benefit	N/A	25%	25%
• Comprehensive Benign Protector Benefit	N/A	25%	25%
• Additional Death Benefit / Maturity Bonus	N/A	25%	25%
Total of all Extra benefits	50%	125%	



More detail on next few pages!

6.1 Early Stage Booster Benefit

SunHealth OmniCare provides cover on 4 Early Stage Critical Illness conditions at **25% of Original Sum Assured** with maximum two claims allowed.

The 4 Early Stage Critical Illness conditions covered under this benefit:

- Carcinoma-in-situ and Early Malignancy
- Angioplasty and Other Invasive Treatments for Coronary Artery Disease
- Insertion of Pacemaker or Defibrillator
- Angioplasty and Other Surgeries for Carotid Arteries



Q: Can Early Stage Booster Benefit be claimed more than once from different covered Early Stage Critical Illness Conditions?

A: Yes. Under this benefit, a maximum of 2 claims are allowed for the covered Early Stage Critical Illness Conditions.

Q: Together with Early Stage CI Benefit, how can the insured make claims on Angioplasty and Other Invasive Treatments for Coronary Artery Disease for 3 times ?

A: The third claim under Early Stage Critical Illness Conditions will be eligible only if the first 2 claims have been paid under Early Stage Booster Benefit. That is to say, a maximum of 3 claims on Angioplasty and Other Invasive Treatments for Coronary Artery Disease are allowed under both Early Stage Critical Illness Benefit and Early Stage Booster Benefit.

6.2 Diabetes Protector Benefit

Improved Solution!

Diabetes awareness in Hong Kong is still relatively low despite the fact that around 10%* of its population is suffering from diabetes, and the potential impact of this illness can be serious. With this additional benefit, up to **25% of Original Sum Assured** is payable if our clients suffer from the following common diabetic related illnesses.

*Source: <http://www.diabetesrisk.hk/slogan>



- i. When client suffers from Diabetic Complications (a Major Stage CI condition), an **additional 25% Original SA** will be payable along with the Major Stage CI Benefit of up to 100% Original SA. That is to say, the client will receive up to **125% Original SA** in total, or
- ii. When they suffer from any one the following diabetic related illnesses for the first time, an **additional 25% Original SA** will be payable.
 - Diabetic Nephropathy
 - Diabetic Retinopathy
 - Insulin Dependent Diabetes Mellitus (IDDM)

Gestational Diabetes

New

How to claim? See Q&A on P.42 and P.44 to learn more about our definition and benefit conditions.



What is Gestational Diabetes?

Gestational Diabetes is a condition which a non-diabetic woman develops high blood sugar levels during pregnancy. Although Gestational Diabetes condition is usually temporary, those women are at higher risk of developing type II diabetes thereafter.

It is common in Hong Kong, around one seventh of woman is diagnosed with this complication during pregnancy.

Source: Let's beat diabetes, Centre for Health Protection

Rare in market!

6.3 Comprehensive Benign Protector Benefit

This Benefit provides up to **25% of Original Sum Assured** with:

- (1) Benign Extra Benefit
- (2) Surgical Excision of Benign Tumour Benefit



(1) Benign Extra Benefit – Expanding Client Reach

How does it work?

Nowadays it is common that your clients may be suffering from Benign Breast Disorder, Elevated Prostate-specific Antigen (PSA) Level or Ovarian Cyst. Under current practice, for some organs which have benign conditions, the Cancer or related CI conditions of such organs shall be excluded at underwriting. Benign Extra Benefit offers your client an **additional 25% Original SA** on Cancer coverage of the excluded organ(s), with a possibility of enjoying full coverage on Cancer upon satisfactory re-underwriting results.



Which Cancer(s) are covered under “Benign Extra Benefit”?

The Cancer(s) specified in the Endorsement which is otherwise excluded from coverage in accordance with the terms of such Endorsement (“Excluded Cancer”), such Excluded Cancer shall be covered under the Benign Extra Benefit. For the avoidance of doubt, this benefit only applies to Cancer stated in the Endorsement as “Except as covered under Benign Extra Benefit”. Any illnesses or conditions specified in the Endorsement without such special statement are not covered under Benign Extra Benefit or otherwise under this Basic Plan, except for purposes of the Death Benefit and Additional Death Benefit.

The offer of Benign Extra Benefit is subject to underwriting decision and the then underwriting guideline.

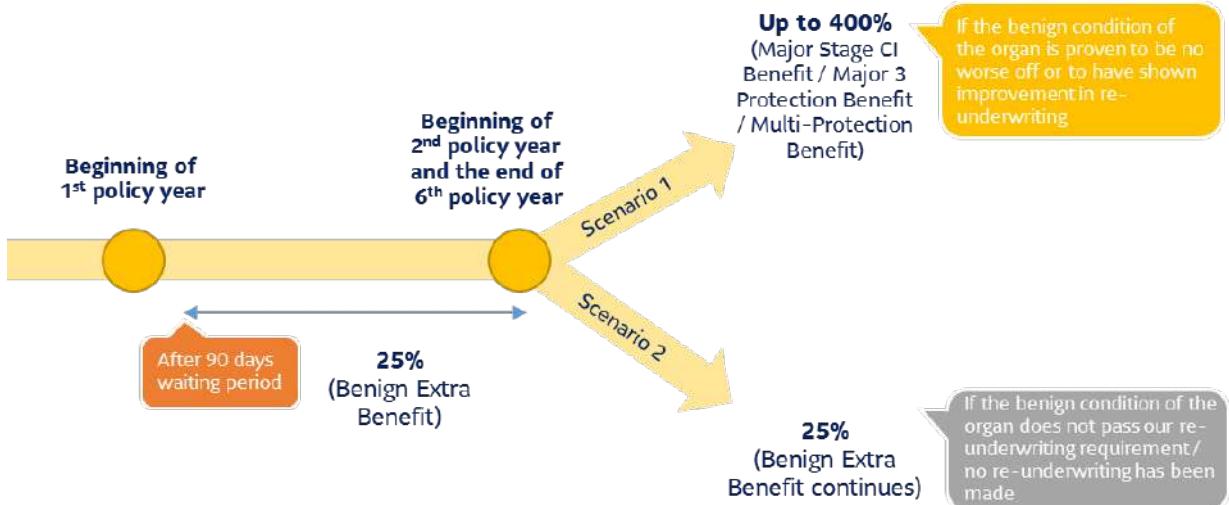
What documents are required for this benefit at underwriting and re-underwriting?

Benign Conditions	Required Documents
Benign Breast Disorder	<ol style="list-style-type: none">1. The most recent ultrasound report of bilateral breast2. Tumor, cyst and lump questionnaire3. Primary Doctor Report (APS) (if needed)4. Pathology report (if any)
Elevated Prostate-specific Antigen (PSA) Level	<ol style="list-style-type: none">1. The most recent ultrasound report of prostate2. Blood test for Prostate specific antigen (PSA) level3. Special health questionnaire4. Primary Doctor Report (APS) (if needed)5. Pathology report (if any)
Ovarian Cyst	<ol style="list-style-type: none">1. The most recent ultrasound report of pelvis2. Tumor, cyst and lump questionnaire3. Primary Doctor Report (APS) (if needed)4. Pathology report (if any)

Let's see how it works on next page!

See Q6 of the additional FAQ on P.85 – 86 for more detail!

When the insured is diagnosed with cancer in any organ which is covered under Extra Benign Benefit:



What are the requirements to extend the cover to Cancer protection of up to 400% of Original SA?

Benign Conditions	Condition Requirements
Benign Breast Disorder	<ol style="list-style-type: none"> No claims have been made for any covered illness No biopsy or surgical procedure done on any breast lesion, otherwise case to be assessed on case to case basis depending on pathology report Ultrasound of bilateral breasts to be done after 1st policy anniversary and the condition is stable: <ul style="list-style-type: none"> ➢ No change in size ➢ No change in appearance suggesting malignancy ➢ No newly lesion is seen in either of breasts No further investigation is required or waiting for test result, e.g. biopsy or blood test etc.
Elevated Prostate-specific Antigen (PSA) Level	<ol style="list-style-type: none"> No claims have been made for any covered illness No biopsy or surgical procedure done, otherwise case to be assessed on case to case basis Blood test – PSA level is reduced to age normal <ul style="list-style-type: none"> ➢ 40-49 years: ≤2.5 ng/ml ➢ 50-59 years: ≤3.5 ng/ml ➢ ≥60 years: ≤4.5 ng/ml Ultrasound of prostate to rule out pre-malignancy finding No further investigation is required or waiting for test result, e.g. biopsy or blood test etc.
Ovarian Cyst	<ol style="list-style-type: none"> No claims have been made for any covered illness No biopsy or surgical procedure done on ovary, otherwise case to be assessed on case to case basis depending on pathology report Ultrasound of pelvis to be done after 1st policy anniversary and the condition is stable: <ul style="list-style-type: none"> ➢ No change in size ➢ No change in appearance suggesting malignancy ➢ No newly lesion is seen in ovaries No further investigation is required or waiting for test result, e.g. biopsy or blood test etc.

Q: What would be the application or underwriting process for this benefit?



A: A normal application should be filed together with the documents required. Final offer is subject to underwriting's individual case consideration. If the applicant is eligible for this benefit, an Exclusion Endorsement will be issued stating the Excluded Cancer and whether such Excluded Cancer is eligible for Benign Extra Benefit. If the insured's benign condition is proven to be no worse off or to have shown improvement at any time within 2nd to 6th policy year, upon successful re-underwriting, we will remove the exclusion of such Cancer and it will be covered under the Major Stage Critical Illness Benefit and Major 3 Protection Benefit/Multi-Protection Benefit (if applicable).

Q: How about other benign conditions such as Uterine Fibroid?

A: Subject to existing underwriting guideline, Benign Breast Disorder, Elevated PSA Level and Ovarian Cyst are being identified as the three conditions which this benefit is applicable to. For other common benign conditions such as Uterine Fibroid, the current underwriting guideline offers competitive decision relative to the severity of the condition.

Scenario 2: Ms B

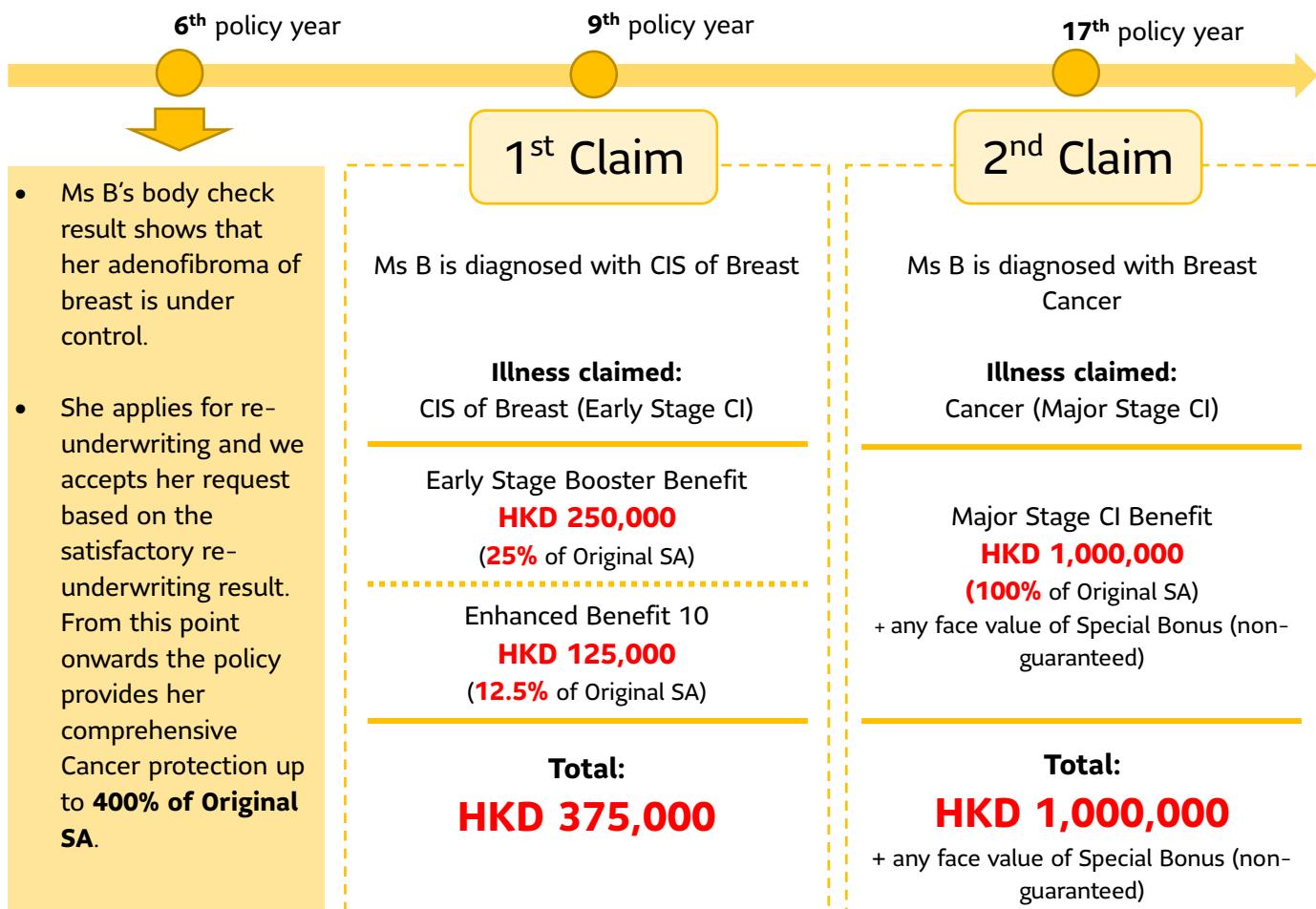


Ms B was diagnosed with adenofibroma of breast (benign condition) when she was 42. She realizes that health is precious and purchases herself a **SunHealth OmniCare Plan 2** policy.

SunHealth OmniCare Plan 2 provides Ms B:

1. Breast Cancer protection by Benign Extra Benefit
2. Normal multiple Cancer protection on rest of the Cancer sites with up to 400% of Original SA, and if her Adenofibroma of breast (benign condition) is proven to be no worse off or to have shown improvement at any time within 2nd to 6th policy year, she can enjoy the full cancer protection on Breast Cancer also.

Ms B buys 25-Pay **SunHealth OmniCare Plan 2** with
Original Sum Assured ("SA") = HKD 1,000,000



All other benefits terminated except for

Major 3 Protector Benefit, Additional Death Benefit and Maturity Bonus

(2) Surgical Excision of Benign Tumour Benefit – Expand tumor coverage

This benefit provides an additional coverage if the insured undergoes a surgical excision of covered benign tumour of the following **20 organs**. Up to an additional 10% of Original Sum Assured is payable under this benefit.

Organs	Surgical Excision of Benign Tumour Benefit
1. Breast 2. Ovary 3. Penis 4. Uterus, in which only endometrial polyps are covered 5. Adrenal gland 6. Bone 7. Conjunctiva 8. Heart 9. Kidney 10. Liver 11. Lung 12. Nerve in cranium or spine 13. Pancreas 14. Pericardium 15. Pituitary gland 16. Renal Pelvis 17. Small intestine 18. Testis 19. Ureter 20. Urethra	Additional 5% of Original Sum Assured (subject to a maximum per life per product limit of HK\$80,000 / US\$10,000)
	Additional 10% of Original Sum Assured (subject to a maximum per life per product limit of HK\$160,000 / US\$20,000)



Do You Know?

The number of in-patient treatments due to benign tumors may be more than you thought! In 2016/17, a total of 3,235 hospital discharges were recorded with causes relating to benign neoplasm of breast, ovary, urinary organs, and brain and other parts of central nervous system, of which 77% of the cases were taken place in a private hospital. In addition, 35,789 hospital discharges were recorded due to "other in situ and benign neoplasms and neoplasms of uncertain and unknown behavior".

Source: Hospital Authority Annual Report



See P.22 on how SunHealth OmniCare offers your client a full cancer protection solution!



See Q7 and Q8 of the additional FAQ on P.86 for more detail!



Let's see how all these additional benefits work on next page!

Scenario 3: Mr C



Mr C enrolls himself to a **SunHealth OmniCare Plan 2** policy at age 35. He would like to purchase a whole life critical illness protection for himself.

SunHealth OmniCare Plan 2 provides Mr C:

1. Comprehensive **Extra Benefits** without affecting his Sum Assured for major benefits
2. **Lump sum benefit** and **multiple benefit** upon diagnosis of covered illnesses

Mr C buys 15-Pay **SunHealth OmniCare Plan 2** with **Original Sum Assured = HKD 1,000,000**



7. SafetyNet Protector Benefit – Rare in market!

Worry about injury or illness conditions being not claimable, or even suffer from unknown or unforeseeable severe illness in future? **SafetyNet Protector Benefit** builds up a safety net when our clients' injury or illness condition does not meet the criteria of any CI benefit of the policy!



SafetyNet Protector Benefit can:

1. **Reduce the likelihood of claims declined** due to definition limitation on injury or illness conditions
2. **Cover unknown severe illness** in future
3. **Simple** claims requirements

This benefit provides up to **100% of Original Sum Assured** when client is diagnosed with a severe illness which does not meet the criteria of other benefits and required to undergo a Complex Surgical Procedure under the Schedule of Surgical Procedures* (see P.60).



* Such list may be varied, updated and amended from time to time at the Company's discretion.



Do You Know?

- 548 complaints was received by the Insurance Authority (IA) within first half of 2018*
- 67 complaints (12%) of them are related to **claim dispute** and **claim assessment***

Claim dispute on critical illness plans are common because of discrepancy between the exact illness conditions of the clients do not meet the specified critical illness definitions. **With its simple requirement, SafetyNet Protector Benefit is designed to reduce potential claim dispute!**

*Source: Summary of Complaints received by the Insurance Authority 1 January 2018 - 30 June 2018

【神秘病毒】世衛警告「X疾病」隨時爆發 或危及全球數百萬人

熱爆話題

撰文：陳展希 2018-03-12 16:22 最後更新日期：2018-03-13 12:05

不知名病毒正悄悄出現，更可能危及全球數百萬人！世界衛生組織（WHO）近日公布2018年可能爆發的全球傳染流行疾病，除了已知的病毒，如伊波拉、寨卡及沙士（SARS）等8種病毒外，還有第9種的神秘病毒「X疾病」（Disease X），專家警告無法確切指出這種疾病是什麼，但其爆發條件已經成熟，病毒有可能迅速傳播而奪去數百萬人性命。



Source of news: Hong Kong 01

Scenario 4: Miss D



Future is uncertain for younger lives. **Miss D** wants an affordable and simple critical illness protection without worrying about insufficient coverage in the future because of unknown diseases. She enrolls in **SunHealth OmniCare Plan 1** at age 30.

SunHealth OmniCare provides Miss D:

1. **Lump sum benefit** upon diagnosis of any covered illnesses
2. **SafetyNet Protector Benefit** when she is required to undergo a Complex Surgical Procedure due to injury or any illness conditions which is not claimable in any other benefits within the policy

Miss D buys 20-Pay **SunHealth OmniCare Plan 1** with
Original Sum Assured ("SA") = HKD 500,000

5th policy year

1st Claim

A new disease named Virus **Α** was discovered and became epidemic in Miss D's hometown.

Miss D is infected with Virus **Α** and is required to undergo "Decompression of trigeminal nerve root".

SafetyNet Protector Benefit

HKD 500,000

(100% of Original SA)

+ any face value of Special Bonus (non-guaranteed)

Enhanced Benefit 10

HKD 250,000

(50% of Original SA)

Total:

HKD 750,000

+ any face value of Special Bonus (non-guaranteed)



- "Decompression of trigeminal nerve root" is covered under the Schedule of Surgical Procedure.
- As Virus **Α** Infection is not one of the 139 covered illness, no other benefits is payable under the Basic Plan.
- **So Miss D is covered with SafetyNet Protector Benefit.**

Total Benefits Paid:

HKD 750,000 (150% of Original SA)

+ any face value of Special Bonus (non-guaranteed)

8. Multiple payment benefits



With survival rate on critical illness improving and recurrence of critical illness more likely than ever, multiple protection on critical illnesses is increasingly important. **SunHealth OmniCare** offers much improved multiple payments benefits for clients with two options available under Plan 2 and Plan 3. The much improved multiple payments benefit includes:

1. **Cancer – Improved and streamlined waiting period** and claims condition between cancer claims
2. **Two levels** of multiple protections – Major 3 Protection Benefit (Plan 2) and Multi-Protection Benefit (Plan 3)
3. **Rare in Market** – Separate benefit limits for multiple Heart Attack and Stroke claims Plan 2
4. **Rare in Market** – Allow multiple claims for selected illnesses under Group 3 (which Heart Attack belongs to) and Group 4 (which Stroke belongs to) (Plan 3)

The client will also enjoy the following:

- **Waiver of Premium** upon first 100% Original Sum Assured is claimed



What are the differences between Major 3 Protection Benefit under Plan 2 and Multi-Protection Benefit under Plan 3?

Plan	Plan 2	Plan 3
Percentage difference on Plan 1 Premium (Age 35/Non-smoker/20-pay/USD)	+29%	+57%
Benefit name	Major 3 Protection Benefit	Multi-Protection Benefit
Target clients	For clients who focus on the recurring risk or new diagnosis of Major 3 Major Stage CI	For clients who needs full protection on Major Stage CI, Early Stage CI and Juvenile Illnesses
Covered Illness conditions	Major 3 Major Stage CI (Cancer, Heart Attack and Stroke)	Major Stage CI, Early Stage CI and Juvenile Illnesses under Group 1 - 5
Benefit Amount (% of Original SA)	Total benefit limit#: 800% Cancer: 400% Heart Attack: 200% Stroke: 200%	Total benefit limit#: 1000% Group 1 (Cancer): 400% Group 2 (Major Organ): 100% Group 3 (Heart): 200% Group 4 (Nervous System): 200% Group 5 (Others): 100%

including the first claim made under the 100% Original SA

With **separate** benefit amount on Heart Attack and Stroke!

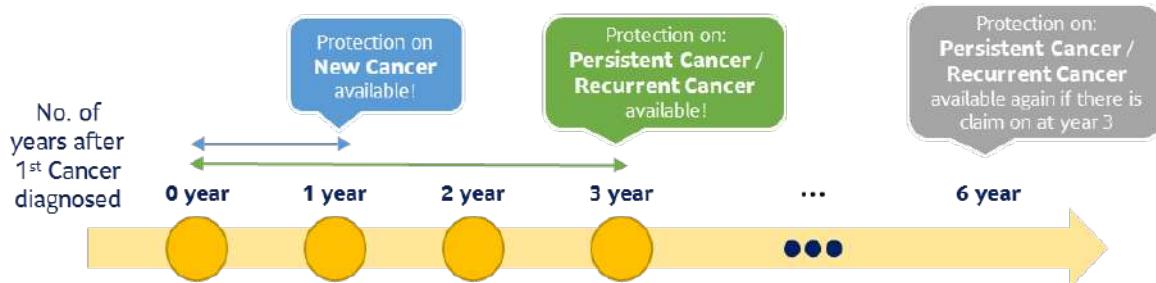
Rare in market!

Client can enjoy protection for **more than 100%** cover on Group 3 (where Heart Attack belongs to) and Group 4 (where Stroke belongs to)

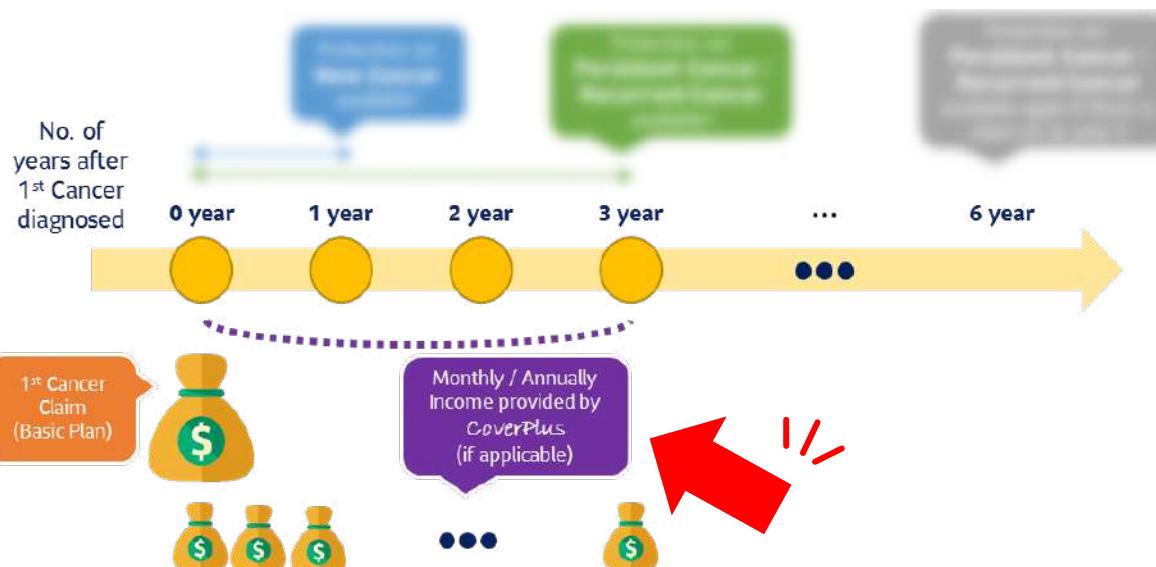
8.1 Multiple cancer protection

SunHealth OmniCare Plan 2 and Plan 3 provide our clients **up to 400% of Original Sum Assured** on Cancer protection. The waiting period and claim conditions are simplified to be as follow:

- **3 years Waiting Period** between subsequent **Persistent Cancer** or **Recurrent Cancer** claims; and
- **1 year Waiting Period** for any subsequent **New Cancer** claims.



With **CoverPlus' settlement option**, **SunHealth OmniCare** can further provide an income protection solution for clients as they battle with cancer:



Q: What is Persistent Cancer?

A: Persistent Cancer means the persistence of the Preceding Cancer without having been in complete remission.



Q: What is Recurrent Cancer?

A: Recurrent Cancer means a subsequent Cancer caused by (i) the same malignant cells that caused the Preceding Cancer(s); or (ii) metastasis of the Preceding Cancer(s); where there has been more than one claim for Cancer.

Q: What is New Cancer?

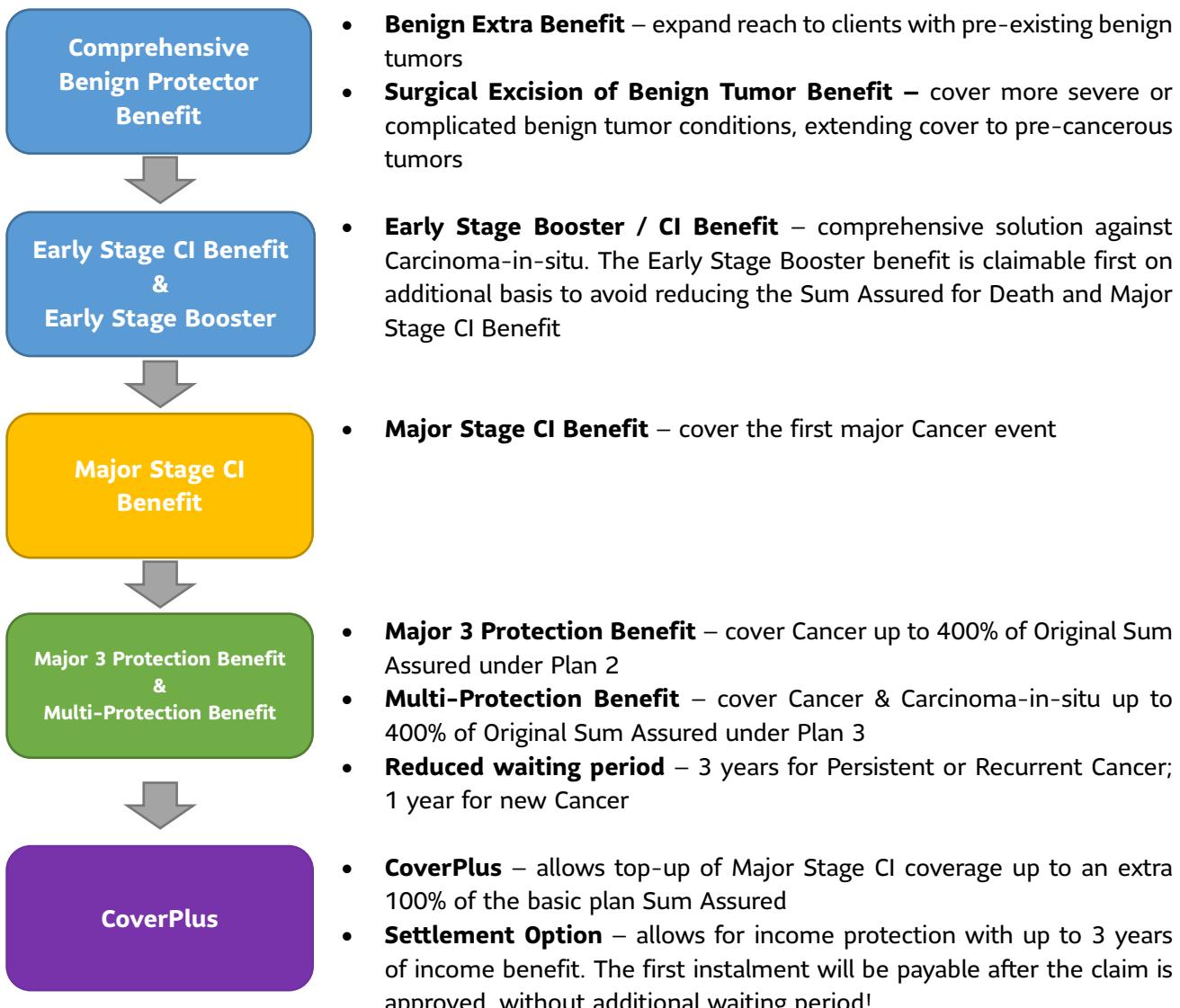
A: New Cancer means any cancer which is neither a Persistent Cancer nor a Recurrent Cancer.



See Q10 of the additional FAQ on P.87 for more detail on waiting period!

SunHealth OmniCare – Your complete cancer solution

With **SunHealth OmniCare Plan 2** and **Plan 3**, clients can enjoy a full range of cancer / tumour related solutions.



8.2 Multiple protection (all covered illnesses)

SunHealth OmniCare Plan 2

Plan 2 offers the Major 3 Protection Benefit which covers Cancer, Heart Attack and Stroke up to 800% of Original Sum Assured. The claim rules are simple:

- Once the first 100% Sum Assured of the policy has been paid, the Major 3 Protection Benefit will be triggered. For each subsequent Cancer, Heart Attack or Stroke claim, 100% of Original Sum Assured is payable
- Rare in market – Benefit Limits are set per illness** on a per policy basis
 - up to 400% of Cancer claims can be payable (excluding any Carcinoma-in-situ claims),
 - up to 200% of Heart Attack claims (i.e. maximum of 2 protections on Heart Attack); and
 - up to 200% of Stroke claims (i.e. maximum of 2 protections on Stroke)Inclusive of the first 100% Sum Assured claim if it was claimed due to Cancer, Heart Attack or Stroke.



Rich, Useful & Simple

Do You Know?

Cancer, Heart Attack, and Stroke are the leading causes of Critical Illness claims. The survival rates of Cancer, Heart Attack, and Stroke are improving, leading to higher recurrence rates of these illnesses. Statistics show that over 69% of male and 53% of female would suffer from Heart Attack would survive over 7 years, with 42% of male and 26% of female having a recurrence of Heart Attack. For Stroke, over 28% of those who suffered from Stroke before age 65, and 11% of those who suffered from Stroke between age 66-72, would survive for over 15 years, of which 16.5% of them would have a recurrence of Stroke.

Source: Long-Term Survival and Recurrence After Acute, Kate Smolina, PhD; F Lucy Wright, PhD; Mike Rayner, PhD; Michael J. Goldacre, FFPH, FRCP, Myocardial Infarction in England, 2004 to 2010

Waiting Period between Claims

Previous Major Stage Critical Illness Claim	Subsequent Claim	Waiting Period
Cancer	Persistent Cancer or Recurrent Cancer of previous approved Cancer claim	3-year waiting period
	Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim	1-year waiting period
Cancer	Heart Attack or Stroke	1-year waiting period
Other Major Stage Critical Illnesses or SafetyNet Protector Benefit	Cancer, Heart Attack or Stroke	

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SunHealth OmniCare Plan 3

Plan 3 offers comprehensive Multi-Protection Benefit on the basis of the SunHealth MaxiCare design, with improvements on:

- Improved Cancer waiting period and claims conditions
- Increase Group 3 (Heart) and Group 4 (Nervous System) maximum benefit limit to 200% of Original Sum Assured
- **Rare in market** – Selected illnesses under Group 3 and Group 4 are eligible to claim up to **2 times**. (See P.41)



Waiting Period between Claims

Previous Major Stage Critical Illness Claim	Subsequent Claim	Waiting Period
Group 1	Persistent Cancer or Recurrent Cancer of previous approved Cancer claim	3-year waiting period
	Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim	1-year waiting period
Group 1	Group 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition	1-year waiting period
Group 2 / 3 / 4 / 5 / 6 or SafetyNet Protector Benefit	Group 1 / 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition	



Let's see how it works on next page!

Scenario 5: Mr E



Mr E is a typical affluent sandwich generation in Hong Kong with high family responsibility. He needs to take care of his parents' living cost as well as children's education fee. As the breadwinner of his family, he worries about the income loss when he is unable to work due to CI.

He enrolls **SunHealth OmniCare Plan 3** and **CoverPlus** at age 38.

SunHealth OmniCare Plan 3 and **CoverPlus** provides Mr E:

1. Multiple CI protection up to 1000% of Original SA.
2. Income protection on non-medical or long term medical expenses.

12th policy year

1st Claim



- The Major Stage CI Benefit provides Mr E **HKD 1,260,000** for targeted therapy.
- Mr E's wife quits her job for taking care of Mr E
- What Mr E worries most, is the regular expenses for his family, including the HKD 12,000 per month he provides for his parents' living expenses, HKD 6,000 per month his children's tuition fee and piano classes and his wife's income loss – HKD 17,000 per month.
- With **CoverPlus**, the **monthly income of HKD 35,000** is provided to maintain the same quality of life.

Mr E is diagnosed with Lung Cancer

Illness claimed:

Cancer (Major Stage CI)

Major Stage CI Benefit

HKD 1,260,000

(100% of Original SA)

+ any face value of Special Bonus (non-guaranteed)

Major Stage CI Benefit (under **CoverPlus**)

HKD 35,000 x 36 months

(100% of SA of CoverPlus)

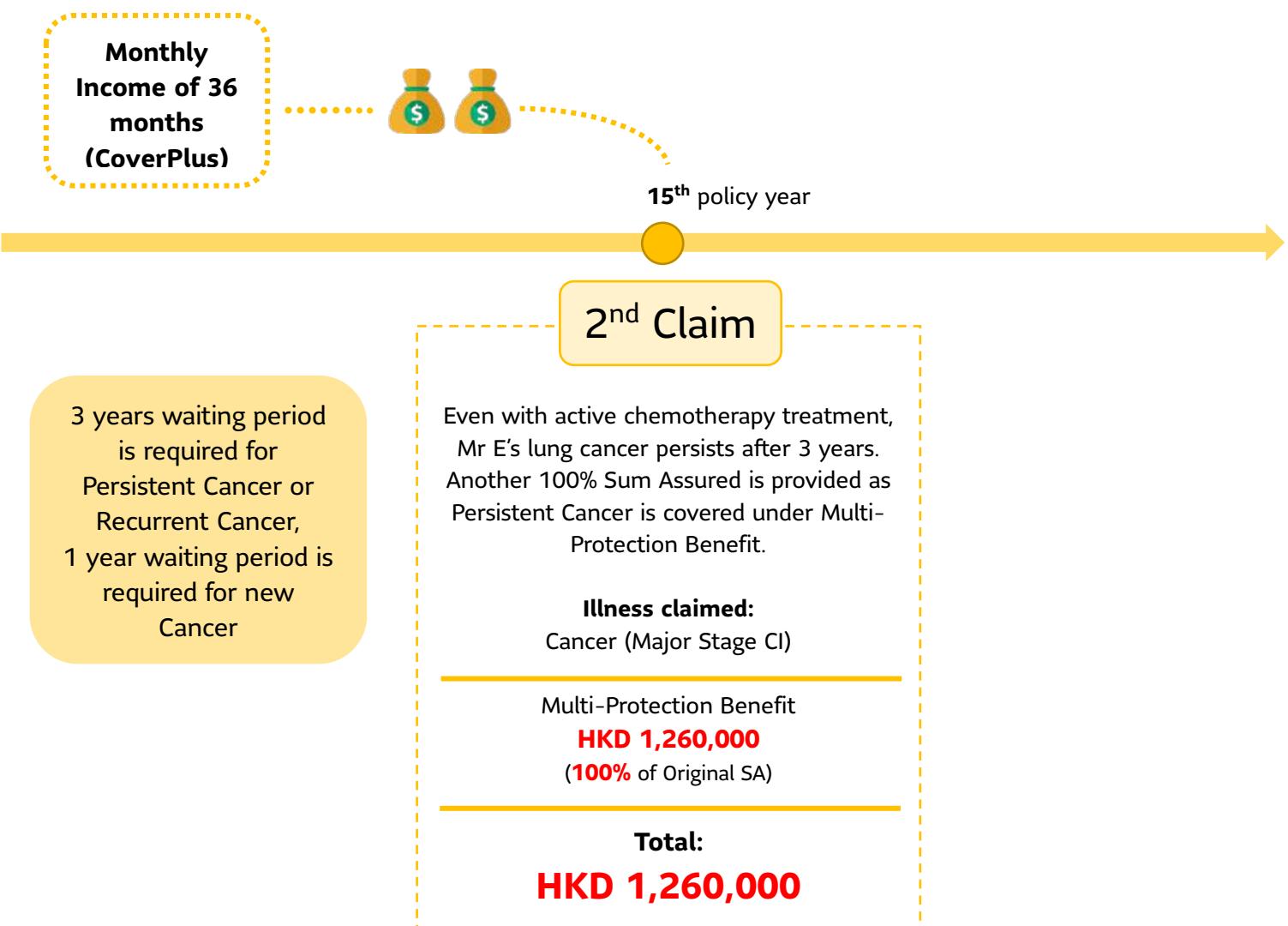
+ Non-guaranteed interest

Total:

HKD 2,520,000

+ any face value of Special Bonus (non-guaranteed)

Mr E buys 15-Pay SunHealth OmniCare Plan 3 with **Original Sum Assured = HKD 1,260,000**
Also, he buys **CoverPlus** with **Sum Assured = HKD 1,260,000**



Total Benefits Paid so far:

HKD 3,780,000 (200% of Original SA + 100% of SA of CoverPlus)

+ Non-guaranteed interest + any face value of Special Bonus (non-guaranteed)

All other benefits terminate except for

Multi-Protection Benefit, Additional Death Benefit and Maturity Bonus

9. Underwriting & product enhancements

New Business & Underwriting Enhancements

The following underwriting and policy limits have been improved to enable easier of sales for **SunHealth OmniCare**. We offer:

- **Highest in market*** maximum CI coverage per life limit
- **Highly competitive** Non-Medical Underwriting Limit
- **Improved** per product per life limit on Early Stage CI benefit
- **Simplified** financial underwriting requirement



Please refer to Section 10 – Administration Guidelines for more detail.

* According to market research conducted in Dec 2018

	SunHealth OmniCare (SHOC)	UltraCare (SHUC) / MaxiCare (SHXC)
Max CI coverage per life limit	USD 2,000,000 / HKD 16,000,000	USD 1,250,000 / HKD 10,000,000
Max per life limit on Early Stage CI	Including all SunHealth OmniCare policies: USD 50,000 / HKD 400,000	Including all Critical Illness policies: USD 37,500 / HKD 300,000
Underwriting Amount	Plan 1: 100% Plan 2: 115% Plan 3: 125%	SHUC: 100% SHXC: 125%
Non-medical UW limit (In USD)		
Age 0 – 17	750,000	600,000
Age 18 – 45	850,000	600,000
Age 46 – 50	550,000	400,000
Age 51 – 55	550,000	400,000
Age 56 – 65	120,000	100,000
Age 65+	0	0

Conversion from CMCII

The Conversion Privilege under CMCII may be exercised by converting an inforce CMCII policy to a **SunHealth OmniCare Plan 1** policy. The terms and conditions of the Conversion Privilege under CMCII should be followed and any Guarantee Insurability Options under **SunHealth OmniCare Plan 1** shall be ceased. Please refer to Section 10 – Administration Guidelines for more detail.



Please refer to P.31 - 32 for more detail on the conversion arrangement

Product enhancements

(1) Removal of Congenital Exclusion

SunHealth OmniCare has removed the exclusion on Congenital Illnesses, extending benefit coverages to "unknown congenital illnesses". To be eligible for claim, the congenital illness must not have any signs and symptoms, and investigation and diagnosis prior to the policy issuance or reinstatement date (whichever is later).



(2) Guaranteed Insurability Option for New-Born

SunHealth OmniCare has extended its Guaranteed Insurability Option to cover newborn of the Insured (father and mother are both eligible). The option must be exercised within 30 days of the birth of the child, with maximum Sum Assured being 50% of the Original Sum Assured of the parent's policy or HK\$500,000/US\$62,500, whichever is lower.

This option may only be exercised once per policy and is subject to the then administration rule.

(3) New Illnesses Added

SunHealth OmniCare covers up to 139 defined critical illnesses, including 63 Major Stage Critical Illnesses, 62 Early Stage Critical Illnesses, and 14 Juvenile Illnesses. The following illnesses are newly added to the product (vs. SunHealth UltraCare and SunHealth MaxiCare):

Type of Illness Condition	Name of Illness Condition
Major Stage CI	Loss of Independent Existence
Early Stage CI	Gestational Diabetes
Juvenile Illness	Dengue hemorrhagic fever
Juvenile Illness	Wilson's disease
Juvenile Illness	Type 1 Juvenile Spinal Amyotrophy
Juvenile Illness	Glomerulonephritis with Nephrotic Syndrome
Juvenile Illness	Juvenile Huntington Disease

Last but not least, **SunHealth OmniCare** offers Surgical Excision of Benign Tumor Benefit which covers benign tumors in 20 organs, and offers SafetyNet Protector Benefit which covers 38 types of Complex Surgical Procedures (with the list of surgeries could be expandable in the future due to medical advancements).

10. Administration guidelines

New Business / Underwriting Guideline

1. New Application Submission Requirement	<ul style="list-style-type: none"> - Complete Application Form for Insurance - Complete Medical Insurance Suitability Assessment ("MISA") on Application, please refer to Appendix F - Medical Insurance Suitability Assessment Product Matrix - Explain key features and terms and conditions of policies: Licensed insurance intermediaries should ensure that a clear explanation of the key features and terms and conditions of medical insurance policies is provided to customers in plain language for their easy understanding. For more details, please revisit the training materials regarding Guideline on Medical Insurance Business available on SunSurf. - Other requirement documents follow existing traditional plans. - Details refer to NB & UW Manual and Operating Guidelines for PRC Residents in Sunsurf 																																
2. Minimum / Maximum Sum Assured																																	
Min Sum Assured	<ul style="list-style-type: none"> - SunHealth OmniCare: HKD200,000 / USD25,000 - CoverPlus: HKD100,000 / USD12,500 																																
Max Sum Assured	<p>SunHealth OmniCare: For Insured Age 18 or above:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Country Group*</th> <th style="text-align: center;">Country / Region</th> <th style="text-align: center;">Max CI coverage per life limit *</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="text-align: center;">Group A</td> <td style="text-align: center;">HK/Macau/Taiwan/ Singapore</td> <td rowspan="3" style="text-align: center;">HKD16,000,000/USD 2,000,000</td> </tr> <tr> <td style="text-align: center;">PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang</td> </tr> <tr> <td style="text-align: center;">PRC - Tibet and Xinjiang (except Urumqi)</td> </tr> <tr> <td style="text-align: center;">Others</td> <td style="text-align: center;">HKD10,000,000/USD 1,250,000</td> </tr> <tr> <td style="text-align: center;">Group B</td> <td style="text-align: center;">All</td> <td style="text-align: center;">HKD4,000,000/USD 500,000</td> </tr> <tr> <td style="text-align: center;">Group C</td> <td></td> <td style="text-align: center;">Individual Consideration</td> </tr> </tbody> </table> <p>For insured below age 18/student/housewife:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Country Group*</th> <th style="text-align: center;">Country / Region</th> <th style="text-align: center;">Max CI coverage per life limit *</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="text-align: center;">Group A</td> <td style="text-align: center;">HK/Macau</td> <td rowspan="3" style="text-align: center;">HKD8,000,000/USD 1,000,000</td> </tr> <tr> <td style="text-align: center;">Taiwan/Singapore/ PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang</td> </tr> <tr> <td style="text-align: center;">PRC - Tibet and Xinjiang (except Urumqi)</td> </tr> <tr> <td style="text-align: center;">Others</td> <td style="text-align: center;">HKD4,000,000/USD 500,000</td> </tr> <tr> <td style="text-align: center;">Group B</td> <td style="text-align: center;">All</td> <td style="text-align: center;">HKD2,400,000/USD 300,000</td> </tr> <tr> <td style="text-align: center;">Group C</td> <td></td> <td style="text-align: center;">Individual Consideration</td> </tr> </tbody> </table> <p>*Note: Detail of Country group List and UW requirement, please refer to SunHealth OmniCare section in UW and NB Manual and Operating Guideline for PRC residents</p> <p>CoverPlus: 100% of Original Sum Assured of SunHealth OmniCare, the total SA of Basic Plan and CoverPlus subject to the max CI coverage per life limit</p>	Country Group*	Country / Region	Max CI coverage per life limit *	Group A	HK/Macau/Taiwan/ Singapore	HKD16,000,000/USD 2,000,000	PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang	PRC - Tibet and Xinjiang (except Urumqi)	Others	HKD10,000,000/USD 1,250,000	Group B	All	HKD4,000,000/USD 500,000	Group C		Individual Consideration	Country Group*	Country / Region	Max CI coverage per life limit *	Group A	HK/Macau	HKD8,000,000/USD 1,000,000	Taiwan/Singapore/ PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang	PRC - Tibet and Xinjiang (except Urumqi)	Others	HKD4,000,000/USD 500,000	Group B	All	HKD2,400,000/USD 300,000	Group C		Individual Consideration
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	PRC - Tibet and Xinjiang (except Urumqi)																																
Others	HKD10,000,000/USD 1,250,000																																
Group B	All	HKD4,000,000/USD 500,000																															
Group C		Individual Consideration																															
Country Group*	Country / Region	Max CI coverage per life limit *																															
Group A	HK/Macau	HKD8,000,000/USD 1,000,000																															
	Taiwan/Singapore/ PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang																																
	PRC - Tibet and Xinjiang (except Urumqi)																																
Others	HKD4,000,000/USD 500,000																																
Group B	All	HKD2,400,000/USD 300,000																															
Group C		Individual Consideration																															
3. Policy Back Dating	<ul style="list-style-type: none"> - Applicable, a maximum period of 180 calendar days or 14 Jan 2019 (whichever is later) 																																
4. Medical Underwriting	<ul style="list-style-type: none"> - Full medical underwriting is required 																																

For internal use only, not for distribution to the public, customers or intended customers.

Requirement	<ul style="list-style-type: none"> - For Plan 1, 100% of Sum Assured is counted for Non-Medical Limit - For Plan 2, 115% of Sum Assured is counted for Non-Medical Limit - For Plan 3, 125% of Sum Assured is counted for Non-Medical Limit - For CoverPlus, 100% of Sum Assured is counted for Non-Medical Limit
5. Financial Underwriting Requirement	<ul style="list-style-type: none"> - Normal financial underwriting is required
6. Avocation/ occupation loading	<ul style="list-style-type: none"> - Follow existing UW guideline
7. Rider Attachment	<ul style="list-style-type: none"> - Applicable including CoverPlus, follow normal guideline

Policy Administration

1. Increase in Sum Assured	<ul style="list-style-type: none"> - Applicable, follow normal guideline - Full underwriting is required
2. Reinstatement	<ul style="list-style-type: none"> - Applicable, follow normal guideline - Full underwriting is required
3. Policy Loan	<ul style="list-style-type: none"> - Applicable, follow normal guideline
4. Rider Addition	<ul style="list-style-type: none"> - Applicable, follow normal guideline - CoverPlus is not applicable (can be only attached upon new application)

Claims

1. Settlement Method	<ul style="list-style-type: none"> - Settlement option is only applicable to Major Stage Critical Illness Benefit or SafetyNet Protector Benefit under CoverPlus - Can choose to receive the benefit payable of Major Stage Critical Illness Benefit or SafetyNet Protector Benefit in a lump sum (default option) or by instalment for 3 years (with non-guaranteed interest) upon submitting the relevant claim - Instalment can be paid annually or monthly - The 1st instalment will be on the claim approval date of Major Stage Critical Illness Benefit or SafetyNet Protector Benefit under CoverPlus - Policy Owner is allowed to withdraw the remaining balance of the instalments at any time during the instalment period - Upon the death of the Insured, the instalment will be ceased and the remaining balance of the instalments will be paid to Policy Owner
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Conversion

- Subject to the policy provision, existing inforce CI policies of Critical Medical Care Insurance Plan II may trigger the Conversion Privilege embedded in the products and have coverages converted to SunHealth OmniCare Plan 1
- After conversion, waiting period and pre-existing condition exclusion will be applied to the new benefits which are not available under the old policy from the conversion date or policy effect date of the new policy (whichever is later)
- Conversion arrangement :

Existing Policy	New Policy	Rules
Critical Medical Care Insurance Plan II	SunHealth OmniCare Plan 1	<ul style="list-style-type: none"> (a) this Basic Plan is then in effect ; (b) we receive the application for conversion on or before the policy anniversary on or immediately following the Insured's 65th birthday and together with the application, no less than the minimum first premium we would normally require on such new policy ; (c) the new policy is on the life of the Insured only ; (d) no claim is currently pending nor has a claim been submitted to us under this Basic Plan ; (e) the Sum Assured of the new policy is not higher than 100% of the Sum Assured of this Basic Plan ;

Guaranteed Insurability Option for existing CI product

- Subject to the policy provision, existing inforce CI policies of the following products may trigger guaranteed insurability option ("GIO") embedded in the products and have new policies issued to SunHealth OmniCare
 - o SunHealth Critical Illness Care
 - o SunHealth Critical Illness Care II
 - o SunHealth UltraCare
 - o SunHealth MaxiCare
- After exercising the GIO, waiting period and pre-existing condition exclusion will be applied to the new benefits which are not available under the old policy from the policy effect date of the new policy (whichever is later)
- GIO arrangement:

Existing Policy	New Policy	Rules
SunHealth Critical Illness Care	SunHealth OmniCare Plan 1	<ul style="list-style-type: none"> (a) this Basic Plan is in effect for at least three consecutive years; (b) we receive the new policy application before the Policy Anniversary on or immediately following the Insured's 65th birthday and, together with the application, no less than the minimum first premium we would normally require on such new policy; (c) the new policy is on the life of the Insured only; (d) no claim is currently pending nor has a claim been submitted to us under this Basic Plan; (e) the Sum Assured of the new policy is capped at the lower of 50% of then Original Sum Assured of this Basic Plan and US\$31,250 / HK\$250,000;

SunHealth Critical Illness Care II	SunHealth OmniCare Plan 1	(f) the new policy meets all of our then current administrative rules and our then maximum critical illness coverage per life; (g) this Basic Plan is issued without an extra Premium; and (h) a written notice is received by us within 30 days from the date of any one of the following specified events: <ul style="list-style-type: none"> ○ the Insured is married; ○ the Insured has a new-born baby; ○ the Insured's one of the direct family members, including parents, children and spouse, is diagnosed with a Major Stage Critical Illness Condition for the first time; or ○ the Insured attains age 18.
SunHealth UltraCare	SunHealth OmniCare Plan 1	(a) this Basic Plan is in effect for at least three consecutive years; (b) we receive the new policy application before the Policy Anniversary on or immediately following the Insured's 65th birthday and, together with the application, no less than the minimum first premium we would normally require on such new policy; (c) the new policy is on the life of the Insured only; (d) no claim is currently pending nor has a claim been submitted to us under this Basic Plan; (e) the Sum Assured of the new policy is capped at the lower of 50% of Original Sum Assured of this Basic Plan and US\$62,500 / HK\$500,000;
SunHealth MaxiCare	SunHealth OmniCare Plan 1 / 2	(f) the new policy meets all of our then current administrative rules and our then maximum critical illness coverage per life; (g) this Basic Plan is issued without an extra Premium; and (h) a written notice is received by us within 30 days from the date of any one of the following specified events: <ul style="list-style-type: none"> ○ the Insured is married; ○ the Insured has a new-born baby; ○ the Insured's one of the direct family members, including parents, children and spouse, is diagnosed with a Major Stage Critical Illness Condition for the first time; or ○ the Insured attains age 18.

11. Proposal Illustration

Details of Input screen in SunSmart for SunHealth OmniCare:

① Personal Info

Quotation No.:

Creation Date: 19/11/2018

POLICY OWNER DETAILS

Client Type*	Individual
Title*	Mr.
Family Name*	OMNI CARE
Date of Birth*	19/12/1988 <input type="button" value=""/>
Age*	30
Smoking Status*	Non-Smoker
Contact No.	Hong Kong(+852) <input type="text"/>
Email Address	<input type="text"/>

PRIMARY INSURED DETAILS

Same as Owner? <input checked="" type="checkbox"/>
Back Dating <input type="checkbox"/>

UNDO CHANGE SAVE SAVE & CONTINUE

② Product Selection

SALES ILLUSTRATION (009203000011)

1 Personal Info > 2 Product Selection > 3 Basic Plan

Product Series	SunHealth Series	Plan Option
Commitment	SunHealth OmniCare Plan 1	3 Pay
LIFE Series	SunHealth OmniCare Plan 2	10 Pay
High Net Worth Series	SunHealth OmniCare Plan 3	15 Pay
SunHealth Series	SunHealth UltraCare	20 Pay
SHNE Series	SunHealth MaxCare	25 Pay
WARMTH Series	SunHealth Medical Care	
HOPE Series		
BRIGHT Series		
Investment-Linked		
Standalone		

SunHealth OmniCare is under "SunHealth Series"

SAVE & PREVIOUS UNDO CHANGE SAVE SAVE & CONTINUE

③ Basic Plan

- ❖ **Currency: HKD / USD**
- ❖ **Sum Assured: Please refer to Section 10 for Minimum and Maximum Sum Assured**
- ❖ **Payment mode: Annual / Semi-annually / Monthly**

SALES ILLUSTRATION (009203000012)

1. Input Sum Assured here

2. Currency: HKD / USD

3. Payment mode: Annual / Semi-annually / Monthly

Product Series: SunHealth Series

Plan Options: 20 Pay

Premium Term: 20

Sum Assured: 1,000,000

Annual Premium: HKD 33,333

Modal premium / Target premium: HKD 33,333

Prop SumPremium Amount: HKD 33,333

SAVE & PREVIOUS UNDO CHANGE SAVE SAVE & CONTINUE

④ Rider (CoverPlus)

- ❖ **Sum Assured of CoverPlus: Please refer to Section 10 for Minimum and Maximum Sum Assured**
- ❖ **Currency and Payment Mode: Same as Basic Plan**

SALES ILLUSTRATION (009203000012)

1. Select CoverPlus under Rider page

2. Input Sum Assured of CoverPlus here

RIDER LIST

CoverPlus

Sum Assured: 200,000

Plan Options: 20 Pay

Sum Assured Upon Disability or Death: 200,000

Benefit Type: Select

SumAssuredMedicalCareRider: Select

Tender Care Benefit: Select

SAVE & PREVIOUS UNDO CHANGE SAVE

Other Function

❖ Solver Function

SALES ILLUSTRATION (00920300012)

Product Series* SunHealth Series
Plan Option 20 Year
Premium Term* 20
Sum Assured 1152871
Annual Premium 37,479
Prepayment of Premium No
No. of Annual Premium Year
SOLVE
Solve Optin Target Modal Premium
TargetMonthlyIncome / Target Education Coupon
PREMIUM LOADING
Target Modal Premium 50,000
Solve
SAVE SAVE & CONTINUE

1. You can input an amount in "Target Modal Premium"

2. Click "Solve" to calculate the Sum Assured

❖ Premium Loading

SALES ILLUSTRATION(00920300012)

Product Series* SunHealth Series
Plan Option 20 Year
Premium Term* 20
Sum Assured
Annual Premium
Prepayment of Premium
No. of Annual Premium Year
SOLVE
PREFERENCE LOADING
Loading Type Flat Loading
Permanent 5
Temporary
Flat Duration
Multiple Loading
Multiple Duration
Lump Sum Prepayment Amount 48,952.43
Lump Sum Prepayment Amount
SAVE & PREVIOUS UNDO CHANGE SAVE SAVE & CONTINUE

You can input Premium loading here.

❖ Proposal Generation

The screenshot shows the "SALES ILLUSTRATION (009203000012)" interface. The top navigation bar includes steps 1 Personal Info, 2 Product Selection, 3 Basic Plan, 4 Rider, and Summary. A red box highlights the "Summary" button. Below the navigation, there's a section titled "SELECT RIDER" with a list of options. One option, "CoverPlus", is checked. A red dashed box surrounds the text "Click 'Summary' to generate proposal". At the bottom, there are buttons for "SAVE & PREVIOUS", "UNDO CHANGE", and "SAVE".

The screenshot shows the "SALES ILLUSTRATION (009203000012)" interface with a modal window titled "Summary". The modal displays a table of selected plan and rider benefits with their respective premiums. A red box highlights the "DOWNLOAD ILLUSTRATION" button. A white callout box with a red border contains the text "Click 'Download Illustration' to get the proposal in PDF format". At the bottom, there are buttons for "PREVIEW", "DOWNLOAD ILLUSTRATION", and "EMNL".

12. Summary of sales support materials

Sales Support Materials will be uploaded to Sun Life Hong Kong company website, SunOffice, SunSurf and SunSmart.

Name of Sales Support Materials	You can download it from here
Product Brochure	Sun Life Hong Kong company website, SunOffice and SunSurf
Product Guide	SunSurf
Product Matrix	SunSurf
Proposal Illustration	SunSmart
Sales Reference Book	SunSurf

13. Frequently asked questions

Product Features:

Q1: What are the differences between Original Sum Assured and Current Sum Assured?

A1: Original Sum Assured means the Sum Assured of the Basic Plan as shown in the Policy Summary, or as amended subsequently at the Policy Owner requests to amend in accordance with the Company's applicable rules and regulations. It will not be changed after any benefits paid. It is mainly used for the calculation of Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit, Comprehensive Benign Protector Benefit, Major 3 Protection Benefit (if applicable), Multi-Protection Benefit (if applicable), Additional Death Benefit (if applicable) or Maturity Bonus (if applicable).

Current Sum Assured means the Original Sum Assured less any benefit paid under Early Stage Critical Illness Benefit. Guaranteed Cash Values, Special Bonus and future premium will be reduced according to the Current Sum Assured after Early Stage Critical Illness claims.

Q2: When will Sun Life pay refund of premium to life insured / beneficiary as the benefit amount of Major Stage Critical Illness Benefit, SafetyNet Protector Benefit and Death Benefit?

A2: At the time of Death Benefit, Major Stage Critical Illness Benefit or SafetyNet Protector Benefit claims, we will pay the higher of: (i) 100% Current SA + any face value of Special Bonus (if any) + any Enhanced Benefit 10 (if applicable); and (ii) total premiums due and paid excluding any extra premiums minus any benefit paid, minus 25% of Original SA (for Plan 2 and Plan 3 only). So refund of premium will be provided when (ii) is higher than (i).

Q3a: How is 225% of Original Sum Assured as the maximum claim limit for Plan 1 calculated?

A3a: Plan 1 provides the following benefit:

Maximum Benefit (% of Original Sum Assured)	First 10 policy years	Policy Year 11+
Early Stage Critical Illness Benefit* / Major Stage Critical Illness Benefit* / SafetyNet Protector Benefit*/ Death Benefit*	150%	100%
Early Stage Booster Benefit*	37.5% x 2 times	25% x 2 times
TOTAL	Up to 225%	Up to 150%

*Includes Enhanced Benefit 10 in first 10 policy years.

Q3b: How is 1125% of Original Sum Assured as the maximum claim limit for Plan 2 calculated?

A3b: Plan 2 provides the following benefit:

Maximum Benefit (% of Original Sum Assured)	First 10 policy years	Policy Year 11+
Early Stage Critical Illness Benefit* / Major Stage Critical Illness Benefit* / SafetyNet Protector Benefit*/ Death Benefit*	150%	100%
Early Stage Booster Benefit*	37.5% x 2 times	25% x 2 times
Diabetes Protector Benefit*	37.5%	25%
Comprehensive Benign Protector Benefit*	37.5%	25%
Additional Death Benefit / Maturity Bonus	25%	25%
Major 3 Protection Benefit • Limit for Cancer: • Limit for Heart Attack: • Limit for Stroke:	Total benefit limit: 800% • 400% • 200% • 200%	Total benefit limit: 800% • 400% • 200% • 200%
TOTAL	Up to 1125%	Up to 1025%

*Includes Enhanced Benefit 10 in first 10 policy years.

Q3c: How is 1325% of Original Sum Assured as the maximum claim limit for Plan 3 calculated?

A3c: Plan 3 provides the following benefit:

Maximum Benefit (% of Original Sum Assured)	First 10 policy years	Policy Year 11+
Early Stage Critical Illness Benefit* / Major Stage Critical Illness Benefit* / SafetyNet Protector Benefit*/ Death Benefit*	150%	100%
Early Stage Booster Benefit*	37.5% x 2 times	25% x 2 times
Diabetes Protector Benefit*	37.5%	25%
Comprehensive Benign Protector Benefit*	37.5%	25%
Additional Death Benefit / Maturity Bonus	25%	25%
Multi-Protection Benefit • Limit for Group 1 (Cancer): • Limit for Group 2 (Major Organs): • Limit for Group 3 (Heart Related): • Limit for Group 4 (Nervous System): • Limit for Group 5 (Others):	Total benefit limit: 1000% • 400% • 100% • 200% • 200% • 100%	Total benefit limit: 1000% • 400% • 100% • 200% • 200% • 100%
TOTAL	Up to 1325%	Up to 1225%

*Includes Enhanced Benefit 10 in first 10 policy years.

Q4: When will the Special Bonus be payable? When will the Face Value of Special Bonus or Cash Value of Special Bonus be payable?

A4: Special Bonus (non-guaranteed) is payable upon death, Major Stage Critical Illness claim, Early Stage Critical illness claim, SafetyNet Protector Benefit claim, Maturity or Surrender If the Current Sum Assured of the Policy is higher than zero.

The face value of any Special Bonus (if any) will be paid upon payment of (1) Death Benefit, (2) Major Stage Critical Illness Benefit, (3) Early Stage Critical Illness Benefit, or (4) SafetyNet Protector Benefit.

The cash value of Special Bonus will be paid upon the payment of Maturity Benefit or when the policy is surrendered in whole or in part. Please note the cash value of Special Bonus may not equal to face value of Special Bonus, which is determined by Sun Life from time to time.

Q5: Will Guaranteed Cash Value, Special Bonus and premium remain the same after Enhanced Benefit 10, Early Stage Booster Benefit, Diabetes Protector Benefit or Comprehensive Benign Protector Benefit is paid?

A5: Yes. The Guaranteed Cash Value, Special Bonus (if any) and Premiums shall remain the same after these benefits are payable.

Q6: Will the benefit amount under Major 3 Protection Benefit or Multi-Protection Benefit remain the same after Enhanced Benefit 10, Early Stage Booster Benefit, Diabetes Protector Benefit, Comprehensive Benign Protector Benefit have been paid?

A6: Yes, the benefit amounts for Major 3 Protection Benefit or Multi-Protection Benefit will remain unchanged as Enhanced Benefit 10, Early Stage Booster Benefit, Diabetes Protector Benefit, and Comprehensive Benign Protector Benefit are payable on an additional basis without affecting the Current Sum Assured of the policy.

Q7: How would the Major 3 Protection Benefit (Plan 2) or Multi-Protection Benefit (Plan 3) be affected by Early Stage CI claims made?

A7: For Plan 2, any benefit paid due to Early Stage CI claims would not affect the amount of benefit available under Major 3 Protection Benefit.

For Plan 3, any benefit paid due to Early Stage CI claims would be deducted from the maximum benefit allowed for the group of which such Early Stage CI Condition belongs under.

Q8: How many times can each illness be claimed under Multi-Protection Benefit (Plan 3)?

A8: Generally speaking, each illness is eligible to claim once only, except the following illnesses (and as long as the maximum benefit allowed for which the group these illnesses belong under is not exhausted).

Group	Major/ Early CI	CI Condition	Maximum Claimable
Group 1: Cancer	Major Stage CI	Cancer	4x
	Early Stage CI	Carcinoma-in-situ	2x
Group 3: Illnesses related to the Heart	Major Stage CI	Heart Attack	2x
	Major Stage CI	Infective endocarditis	2x
	Major Stage CI	Primary Pulmonary Arterial Hypertension	2x
	Major Stage CI	Replacement of Heart Valve	2x
	Major Stage CI	Surgery for Disease of the Aorta	2x
	Major Stage CI	Surgery to Coronary Arteries	2x
	Early Stage CI	Insertion of Vena-cava filter	2x
	Early Stage CI	Insertion of Pacemaker or Defibrillator	2x
	Early Stage CI	Less Severe Infective Endocarditis	2x
	Early Stage CI	Endovascular Treatment of Peripheral Arterial Disease	2x
	Early Stage CI	Less Invasive Treatments of Heart Valve Disease	2x
	Early Stage CI	Endovascular Treatments of Aortic Disease or Aortic Aneurysm	2x
	Early Stage CI	Minimally Invasive Direct Coronary Artery By-pass	2x
	Early Stage CI	Angioplasty and Other Invasive Treatments for Coronary Artery Disease	3x
Group 4: Illnesses related to the Nervous System	Major Stage CI	Stroke	2x
	Early Stage CI	Cerebral Aneurysm Requiring Surgery	2x
	Early Stage CI	Surgery for Subdural Haematoma	2x
	Early Stage CI	Surgical Removal of Pituitary Tumour	2x
	Early Stage CI	Loss of Hearing in One Ear	2x
	Early Stage CI	Less Severe Encephalitis	2x
	Early Stage CI	Cerebral Shunt Insertion	2x
	Early Stage CI	Angioplasty and other Surgeries for Carotid Arteries	2x
	Early Stage CI	Loss of Sight in One Eye	2x
	Early Stage CI	Glaucoma Surgical Treatment	2x

Q9: Will the Schedule of Surgical Procedures under the SafetyNet Protector Benefit be revised?

A9: Sun Life reserves the right to review the Schedule of Surgical Procedures table regularly. A set of review principles will be announced in due course to provide greater certainty and transparency to advisors and clients.

Q10: For some covered illness, the definitions contain certain waiting period. Would SafetyNet Protector Benefit be payable prior to fulfillment of these waiting period, assuming the client has performed a listed Complex Surgical Procedure?

A10: No. We will assess if the claim should be payable under SafetyNet Protector Benefit only after we can confirm that no other benefits under the policy can be payable. Please also note that the eligibility of claim on SafetyNet Protector Benefit is also subject to the claim fulfilling all policy terms and conditions (e.g. Notice and Proof, Pre-Existing Conditions, Exclusions etc.)

Q11: What is the definition for Gestational Diabetes?

A11: Benefits will be payable for Gestational Diabetes if the Insured suffers from Gestational Diabetes during pregnancy and subsequently developing to Type II Diabetes after 12 months of delivery. For detail please refer to the policy provision.

Q12: Can I understand more about CoverPlus?

A12: CoverPlus is a pure protection rider for SunHealth OmniCare with no cash value. It is designed to have a matching premium paying period as the basic plan, and provides Death Benefit, Major Stage CI and SafetyNet Protector Benefit up to age 100. If the insured survives at policy maturity, a Maturity Benefit equals to 100% Sum Assured of CoverPlus will be payable. It can be attached to all three plan levels of SunHealth OmniCare with a maximum issue age of 60. The maximum Sum Assured is 100% of Original Sum Assured of Basic Plan while minimum Sum Assured is HKD100,000 / USD 12,500.

Underwriting, Application and Administration Rules:

Q1: Will the Current Sum Assured be reduced if client has processed partial surrender?

A1: Yes. It will be reduced proportionally according to the ratio of partial surrender.

Q2: Are the premium rates the same for USD/HKD and for Hong Kong / PRC Residents?

A2: The premium rates for USD are lower than HKD, and the premium rates for PRC Residents are the same as Hong Kong Residents. For residences from Tibet and other cities of Xinjiang, specific residential loading will be applied (please refer to SunHealth OmniCare section in UW and NB Manual and Operating Guideline for PRC residents).

Q3: What is the maximum CI coverage per life limit for Hong Kong and PRC Residents?

A3: The summary of the maximum CI coverage per life limit for Hong Kong Residents and PRC are as below.

For Insured Age 18 or above:

Country Group*	Country / Region	Max CI coverage per life limit
Group A	HK/Macau/Taiwan/Singapore	HKD16,000,000/USD 2,000,000
	PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang	
	PRC - Tibet and Xinjiang (except Urumqi)	HKD10,000,000/USD 1,250,000
	Others	
Group B	All	HKD4,000,000/USD 500,000
Group C		Individual Consideration

For insured below age 18 / student / housewife:

Country Group*	Country / Region	Max CI coverage per life limit
Group A	HK/Macau	HKD8,000,000/USD 1,000,000
	Taiwan/Singapore/ PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang	
	PRC - Tibet and Xinjiang (except Urumqi)	HKD4,000,000/USD 500,000
	Others	
Group B	All	HKD2,400,000/USD 300,000
Group C		Individual Consideration

*Note: Detail of Country group List and UW requirement, please refer to SunHealth OmniCare section in UW and NB Manual and Operating Guideline for PRC residents

Q4: Can CoverPlus be added at policy inception or be added subsequently?

A4: CoverPlus can only be added at policy inception only. This is because CoverPlus is designed with the same premium payment term with the basic plan.

Q5: What is the medical underwriting requirement for CoverPlus?

A5: CoverPlus will be underwritten at 100% of the CoverPlus Sum Assured, and it is counted towards the Maximum CI coverage per product per life.

Q6: Can I reduce the Sum Assured of Basic Plan and CoverPlus?

A6: Yes. It follows the standard procedure. Please note that the maximum Sum Assured of CoverPlus is 100% of Original Sum Assured of Basic Plan. The Sum Assured of CoverPlus will be reduced accordingly if the Original Sum Assured of Basic Plan is reduced to an amount lower than that of CoverPlus.

For example, for a client with Sum Assured of HKD800,000 for both Basic Plan and CoverPlus , when he/she would like raise a request to reduce the Original Sum Assured of Basic Plan from HKD800,000 to HKD500,000,

	<u>Before</u> the client raise the request to reduce the Original Sum Assured of Basic Plan	<u>After</u> the client raise the request to reduce the Original Sum Assured of Basic Plan
Original Sum Assured of Basic Plan	HKD800,000	HKD500,000
Sum Assured of CoverPlus	HKD800,000	HKD500,000

In this case, the Sum Assured of CoverPlus will be reduced to HKD500,000 as well, even the client did not raise the request to lower the Sum Assured of CoverPlus.

Q7: What is the financial underwriting requirement for SunHealth OmniCare and CoverPlus?

A7: Please refer to the latest financial underwriting guideline available on SunSurf.

Q8: What is the maximum limit for Guaranteed Insurability Option ("GIO")? Are there any conditions when the insured exercised GIO option?

A8: The Insured can purchase a new critical illness policy offered by us with guaranteed insurability on specified life events including (1) the Insured attaining age 18, (2) getting married, (3) having newborn baby or (4) one of the direct family members (including spouse, parents and children) being diagnosed with Major Stage CI for the first time. The issuance conditions are as follow:

- Before the Insured reaches age 65
- Maximum 50% of Original Sum Assured or HKD500,000/ USD62,500, whichever is lower
- Only applicable to policies issued at standard rates and no claim has been submitted under the policy
- Can only be exercised after the policy has been in effect for 3 consecutive years; and
- This option will be terminated once it is exercised.

For detail please refer to the policy provision.

Claims:

Q1: Are there any conditions under Enhanced Benefit 10 claim?

A1: Yes. Conditions to claim under this benefit are as follows:

- This benefit will not be entitled any Special Bonus and Guaranteed Cash Value. Current SA will not be affected after this benefit is paid out.
- This benefit can be claimed more than once but will be terminated once the Death Benefit claim is made or on the 10th policy anniversary, whichever is earlier.

Q2: Are there any conditions under Diabetes Protector Benefit claim?

A2: Yes. Conditions to claim under this benefit are as follows:

- Diabetes Protector Benefit can be claimed once only and will be terminated afterwards.
- If a claim for a Major Stage Critical Illness Condition is made under Diabetes Protector, Major Stage Critical Illness Benefit will be payable at the same time.
- If a claim for an Early Stage Critical Illness Condition or a Juvenile Illness Condition is made under Diabetes Protector Benefit, no claim will be payable under Early Stage Critical Illness Benefit for the same Early Stage Critical Illness Condition or Juvenile Illness Condition at the same time.
- After a claim for an illness condition is paid, any subsequent claim of such illness condition will not be payable under Major Stage Critical Illness Benefit nor Early Stage Critical Illness Benefit.
- Diabetes Protector Benefit will be terminated automatically (whether claimed or not) when Current Sum Assured is reduced to zero.
- The claim(s) made under Diabetes Protector Benefit will not be counted towards the limit for Multi-Protection Benefit.

Q3a: Are there any conditions under Early Stage Booster Benefit claim?

A3a: Yes. Conditions to claim under this benefit are as follows:

- This benefit allows two claims for different conditions and it will be terminated thereafter.
- The claim(s) made under this benefit will also count towards the one claim limit (HKD 400,000 / USD 50,000 per claim) for each Early Stage Critical Illness Condition.
- If a claim for an Early Stage Critical Illness Condition is made under Early Stage Booster Benefit, no claim will be payable under Early Stage Critical Illness Benefit for the same Early Stage Critical Illness Condition at the same time, and any subsequent claim of such Early Stage Critical Illness Condition will not be payable under Early Stage Critical Illness Benefit (except for Angioplasty and Other Invasive Treatments for Coronary Artery Disease, Carcinoma-in-situ and Early Malignancy).
- Early Stage Booster Benefit will be terminated automatically (whether claimed or not) when Current Sum Assured is reduced to zero.

Q3b: After Early Stage Booster Benefit is terminated, will the client still entitle to any Early Stage Critical Illness Condition under Early Stage Critical Illness Benefit and/or Multi-Protection Benefit (for Plan 3)?

A3b: Please find the summary table for subsequent claim(s) for Early Stage Critical Illness Conditions after Early Stage Booster Benefit is terminated:

ESCI Claim	If the subsequent ESCI Condition diagnosed had <u>NOT</u> claimed under Early Stage Booster Benefit	If the subsequent ESCI Condition diagnosed had claimed <u>once</u> under Early Booster Benefit	If the subsequent ESCI Condition diagnosed had claimed <u>twice</u> under Early Stage Booster Benefit
1.) Carcinoma-in-situ & Early Malignancies	Eligible to <u>claim 2 times</u> under either Early Stage Critical Illness Benefit and/or Multi-Protection Benefit	Eligible to <u>claim 1 time</u> under either Early Stage Critical Illness Benefit or Multi-Protection Benefit	Not Eligible to claim anymore
2.) Angioplasty and Other Invasive Treatments for Coronary Artery Disease			Eligible to <u>claim 1 time</u> under either Early Stage Critical Illness Benefit or Multi-Protection Benefit
3.) Insertion of Pacemaker or Defibrillator	Eligible to <u>claim 1 time</u> under either Early Stage Critical Illness Benefit or Multi-Protection Benefit	Not Eligible to claim anymore	Not Eligible to claim anymore
4.) Angioplasty and Other Surgeries for Carotid Arteries			

Q4: What are the waiting periods between claims?

A4: The waiting period between claims are as follow:

For Plan 2:

Previous Major Stage Critical Illness Claim	Subsequent Claim	Waiting Period
Cancer	Persistent Cancer or Recurrent Cancer of previous approved Cancer claim	3-year waiting period
	Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim	1-year waiting period
Cancer	Heart Attack or Stroke	1-year waiting period
Other Major Stage Critical Illnesses or SafetyNet Protector Benefit	Cancer, Heart Attack or Stroke	

For Plan 3:

Previous Major Stage Critical Illness Claim	Subsequent Claim	Waiting Period
Group 1	Persistent Cancer or Recurrent Cancer of previous approved Cancer claim	3-year waiting period
	Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim	1-year waiting period
Group 1	Group 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition	1-year waiting period
Group 2 / 3 / 4 / 5 / 6 or SafetyNet Protector Benefit	Group 1 / 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition	

Terminal Illness and Loss of Independent Existence are not eligible for Multi-Protection Benefit. They must be the first Major Critical Illness condition diagnosed.

Q5: When will the Waiver of Premium be triggered?

A5: Under Plan 2 and Plan 3, all future premiums will be waived when the total claim of Major Stage Critical Illness Benefit and/ or Early Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original Sum Assured.

Appendix A: Product details

Plan Name	SunHealth OmniCare																											
Abbreviation	SHOC																											
I. Basic Information																												
Premium Payment	PPT	<u>Issue Age</u>																										
Term (PPT) and Issue Age	5 years 10 years 15 years 20 years 25 years	0-65 0-65 0-60 0-55 0-50																										
Plan Type	Critical Illness Basic Plan																											
Policy Currency	HKD / USD																											
Benefit Period	<p>Up to age 100, except the following:</p> <p><u>Major Stage Critical Illness Conditions:</u></p> <ul style="list-style-type: none"> Loss of Independent Existence: up to age 65 <p><u>Early Stage Critical Illness Conditions:</u></p> <ul style="list-style-type: none"> Accidental fracture of Spinal Column: age 65 - 85 only Severe Osteoporosis with Fractures : up to age 70 <p><u>Juvenile Illness Conditions:</u></p> <ul style="list-style-type: none"> All Juvenile Illness: up to age 18 <p><u>Major 3 Protection Benefit / Multiple Protection Benefit:</u></p> <ul style="list-style-type: none"> All illnesses other than above: up to age 85 																											
Minimum Sum Assured ("SA")	HKD 200,000 / USD 25,000																											
Maximum Sum Assured ("SA")	<p>For Insured Age 18 or above:</p> <table border="1"> <thead> <tr> <th>Country Group*</th> <th>Country / Region</th> <th>Max CI coverage per life limit</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Group A</td> <td>HK/Macau/Taiwan/Singapore</td> <td rowspan="3">HK16,000,000/USD 2,000,000</td> </tr> <tr> <td>PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang</td> </tr> <tr> <td>PRC - Tibet and Xinjiang (except Urumqi)</td> </tr> <tr> <td>Others</td> <td rowspan="3">HK10,000,000/USD 1,250,000</td> </tr> <tr> <td>Group B</td> </tr> <tr> <td>Group C</td> </tr> </tbody> </table> <p>For insured below age 18/student/housewife:</p> <table border="1"> <thead> <tr> <th>Country Group*</th> <th>Country / Region</th> <th>Max CI coverage per life limit</th> </tr> </thead> <tbody> <tr> <td rowspan="5">Group A</td> <td>HK/Macau</td> <td rowspan="5">HK8,000,000/USD 1,000,000</td> </tr> <tr> <td>Taiwan/Singapore/</td> </tr> <tr> <td>PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang</td> </tr> <tr> <td>PRC - Tibet and Xinjiang (except Urumqi)</td> </tr> <tr> <td>Others</td> </tr> <tr> <td>Group B</td> <td rowspan="2">All</td> <td rowspan="2">HKD2,400,000/USD 300,000</td> </tr> <tr> <td>Group C</td> </tr> </tbody> </table>		Country Group*	Country / Region	Max CI coverage per life limit	Group A	HK/Macau/Taiwan/Singapore	HK16,000,000/USD 2,000,000	PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang	PRC - Tibet and Xinjiang (except Urumqi)	Others	HK10,000,000/USD 1,250,000	Group B	Group C	Country Group*	Country / Region	Max CI coverage per life limit	Group A	HK/Macau	HK8,000,000/USD 1,000,000	Taiwan/Singapore/	PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang	PRC - Tibet and Xinjiang (except Urumqi)	Others	Group B	All	HKD2,400,000/USD 300,000	Group C
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Group C																												
<p>*Note: Detail of Country group List and UW requirement, please refer to SunHealth OmniCare section in UW and NB Manual and Operating Guideline for PRC residents</p>																												
Policy Fee	Not applicable																											
Waiting Period	90 days after the issue date, effective date or last reinstatement date, whichever is the latest (not applicable if any critical condition directly resulted from accidental injury)																											
Survival Period	Insured must survive for at least 14 days																											

II. Premium Payment	
Premium Payment Term	5 / 10 / 15 / 20 / 25 years
Premium Mode /	Annually / Semi-annually / Monthly
Modal Factor	<ul style="list-style-type: none"> • Semi-annual: 0.52 • Monthly: 0.0883333
Payment Currency	HKD / USD

III. Policy Benefits		
Core benefits	Applicable to Plan 1	Applicable to Plan 2 and Plan 3
Death Benefit	<p>Death Benefit is equal to the higher of:</p> <p>(i) 100% of the Current Sum Assured, plus face value of Special Bonus, if any; and</p> <p>(ii) total Premiums due and paid for the Basic Plan excluding any extra premiums and any Rider Benefit premiums, less the amount of any benefit paid</p> <ul style="list-style-type: none"> - This benefit is payable upon the death of the Insured - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. 	<p>Death Benefit is equal to the higher of:</p> <p>(i) 100% of the Current Sum Assured, plus face value of Special Bonus, if any; and</p> <p>(ii) total Premiums due and paid for the Basic Plan excluding any extra premiums and any Rider Benefit premiums, less the amount of any benefit paid, less 25% of the Original Sum Assured</p> <ul style="list-style-type: none"> - This benefit is payable upon the death of the Insured - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. <p>* Please note that Additional Death Benefit of 25% of Original SA will be payable to beneficiary(ies) upon the death of the Insured, or Maturity Bonus of 25% of Original SA will be payable if the Insured is alive on the Maturity Date set out by Policy Summary. Please refer to Q5 of Additional FAQ for more detail.</p>
Major Stage Critical Illness ("CI") Benefit	<p>Major Stage Critical Illness Benefit is equal to the higher of:</p> <p>(i) 100% of the Current Sum Assured, plus face value of Special Bonus, if any; and</p> <p>(ii) total Premiums due and paid for the Basic Plan excluding any extra premiums and any Rider Benefit premiums, less the amount of any benefit paid;</p> <ul style="list-style-type: none"> - This benefit is payable upon diagnosis of any one of the Major Stage CI listed in the list of covered illnesses - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. 	<p>Major Stage Critical Illness Benefit is equal to the higher of:</p> <p>(i) 100% of the Current Sum Assured, plus face value of Special Bonus, if any; and</p> <p>(ii) total Premiums due and paid for the Basic Plan excluding any extra premiums and any Rider Benefit premiums, less the amount of any benefit paid, less 25% of the Original Sum Assured;</p> <ul style="list-style-type: none"> - This benefit is payable upon diagnosis of any one of the Major Stage CI listed in the list of covered illnesses - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. <p>* Please note that Additional Death Benefit of 25% of Original SA will be payable to beneficiary(ies) upon the death of the Insured, or Maturity Bonus of 25% of Original SA will be payable if the Insured is alive on the Maturity Date set out by Policy Summary. Please refer to Q5 of Additional FAQ for more detail.</p>
Early Stage Critical Illness ("ESCI") Benefit	<p>Early Stage Critical Illness Benefit is equal to:</p> <p>25% of Original Sum Assured* + any face value of Special Bonus pro-rata to the advanced Sum Assured (non-guaranteed)</p> <ul style="list-style-type: none"> - This benefit is payable upon diagnosis of one of ESCI (including Juvenile Illnesses) in Appendix A. - Subsequent ESCI claims are allowed but each ESCI can be claimed once only, except for Carcinoma-in-situ which can be claimed up to a total of 2 times and Angioplasty and Other Invasive Treatments 	

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III. Policy Benefits		
Core benefits	Applicable to Plan 1	Applicable to Plan 2 and Plan 3
	<p>for Coronary Artery Disease which can be claimed up to a total of 3 times under both Early Stage Critical Illness Benefit and Early Stage Booster Benefit. For the avoidance of doubt, the third claims of Angioplasty and Other Invasive Treatments for Coronary Artery Disease under Early Stage Critical Illness Condition will be eligible only if the first 2 claims have been paid under Early Stage Booster Benefit.</p> <ul style="list-style-type: none"> - This limit includes any claim made in the Early Stage Booster Benefit. - If the remaining SA after previous ESCI claims is less than 25% of the Original SA, only the remaining SA is payable (subject to maximum per life limit of the relevant illness condition(s)). The balance will be paid under Multi-Protection Benefit (applicable to Plan 3 only) - Upon payment of each Early Stage Critical Illness Benefit claim, Current Sum Assured, Guaranteed Cash Value, Special Bonus (if any) and Premiums shall then be reduced on a pro-rata basis accordingly. - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. <p>* subject to maximum per life limit of the relevant illness condition(s)</p>	
SafetyNet Protector Benefit	<p>SafetyNet Protector Benefit is equal to the higher of:</p> <ul style="list-style-type: none"> (i) 100% of the Current Sum Assured, plus face value of Special Bonus, if any; and (ii) total Premiums due and paid for the Basic Plan excluding any extra premiums and any Rider Benefit premiums, less the amount of any benefit paid; <ul style="list-style-type: none"> - This benefit is payable when the Insured undergoes a Complex Surgical Procedure in a Hospital due to any injury or illness conditions which is not eligible to be claimed under any other benefits in the Basic Benefit provisions. - Complex Surgical Procedure means a surgical procedure: <ul style="list-style-type: none"> • that is listed in the Schedule of Surgical Procedures which is determined by us and is subject to change from time to time; and • which first occurred while this Basic Plan is in effect and at least 90 days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest. - For any change in the Schedule of Surgical Procedures, we will notify the Policy Owner in writing at least 30 days prior to the effective date of the new Schedule of Surgical Procedures. - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. 	<p>SafetyNet Protector Benefit is equal to the higher of:</p> <ul style="list-style-type: none"> (i) 100% of the Current Sum Assured, plus face value of Special Bonus, if any; and (ii) total Premiums due and paid for the Basic Plan excluding any extra premiums and any Rider Benefit premiums, less the amount of any benefit paid, less 25% of the Original Sum Assured; <ul style="list-style-type: none"> - This benefit is payable when the Insured undergoes a Complex Surgical Procedure in a Hospital due to any injury or illness conditions which is not eligible to be claimed under any other benefits in the Basic Benefit provisions. - Complex Surgical Procedure means a surgical procedure: <ul style="list-style-type: none"> • that is listed in the Schedule of Surgical Procedures which is determined by us and is subject to change from time to time; and • which first occurred while this Basic Plan is in effect and at least 90 days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest. - For any change in the Schedule of Surgical Procedures, we will notify the Policy Owner in writing at least 30 days prior to the effective date of the new Schedule of Surgical Procedures. - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. <p>* Please note that Additional Death Benefit of 25% of Original SA will be payable to beneficiary(ies) upon the death of the Insured, or Maturity Bonus of 25% of Original SA will be payable if the Insured is alive on the Maturity Date set out by Policy Summary. Please refer to Q5 of Additional FAQ for more detail.</p>
Maturity Benefit	<p>Maturity Benefit is equal to:</p> <p>100% Current SA + any cash value of Special Bonus (non-guaranteed)</p> <ul style="list-style-type: none"> - Maturity Benefit is guaranteed and payable if the Insured is alive on the Maturity Date - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. 	

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III. Policy Benefits		
Core benefits	Applicable to Plan 1	Applicable to Plan 2 and Plan 3
Surrender Benefit	<p>Surrender Benefit is equal to: GCV + any cash value of Special Bonus (non-guaranteed)</p> <ul style="list-style-type: none"> - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. 	
Guaranteed Cash Value ("GCV")	<ul style="list-style-type: none"> - Starting from 3rd policy year, GCV is payable upon policy surrender and policy maturity. - GCV is calculated based on the Current SA, which means it will be reduced accordingly upon an early-stage claim. - GCV reduces to zero when 100% of Original SA has been paid. 	
Special Bonus ("SB")	<ul style="list-style-type: none"> - Special Bonus (non-guaranteed) is payable upon Death, Surrender, Major Stage Critical Illness claim, Early Stage Critical illness claim or Maturity, which is determined by us from time to time. - The face value of any Special Bonus (if any) will be paid when the Company is paying the (1) Major Stage Critical Illness Benefit, (2) Early Stage Critical Illness Benefit, (3) SafetyNet Protector Benefit or (4) Death Benefit. - The cash value of Special Bonus will be paid upon the payment of Maturity Benefit or when the policy is surrendered in whole or in part. - We shall declare the Special Bonus (if any) starting from the 5th Policy anniversaries. The values of Special Bonus are non-guaranteed and are determined in accordance with the rules set out by us from time to time, and it may take effect immediately any time during the Policy year. - Special Bonus does not form a permanent addition to the Policy and may be reduced or increased at subsequent declarations. - Cash value of Special Bonus may not equal to face value of Special Bonus. - Special Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant of the Special Bonus performance. Other factors include, but are not limited to, claim experience, policy expenses, taxes, and policy owner termination experience. 	

III. Policy Benefits	
Extra benefits	
Enhanced Benefit 10	<p>Enhanced Benefit 10 is equal to: Extra 50% of benefit amount of Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Death Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Comprehensive Benign Protector Benefit (for Plan 2 and Plan 3) and Diabetes Protector Benefit (for Plan 2 and 3) will be payable when one of the above benefits is payable before the 10th policy anniversary.</p> <ul style="list-style-type: none"> - This benefit is subject to maximum per life limit of each claim under all SunHealth OmniCare policies issued by us for the same Insured. - This benefit will not be entitled any Special Bonus and Guaranteed Cash Value. Current SA will not be affected after this benefit is paid out. (If Enhanced Benefit 10 is payable together with Major Stage Critical Illness Benefit and / or SafetyNet Protector Benefit and / or Early Stage Critical Illness Benefit, the Current Sum Assured will be reduced accordingly because of claims on such benefits). - This benefit can be claimed more than once but will be terminated once the Current SA is reduced to zero or on the 10th policy anniversary, whichever is earlier.

III. Policy Benefits	
Extra benefits	
Early Stage Booster Benefit (Applicable to attained age 18-100 only)	<p>Early Stage Booster Benefit is equal to: Additional 25% of Original SA</p> <p>This benefit is payable upon diagnosis of one of the following conditions:</p> <ul style="list-style-type: none"> 1. Carcinoma-in-situ or Early Malignancy 2. Angioplasty and Other Invasive Treatments for Coronary Artery Disease 3. Insertion of Pacemaker or Defibrillator 4. Angioplasty and Other Surgeries for Carotid Arteries <ul style="list-style-type: none"> - maximum per life limit of each claim under all SunHealth OmniCare policies issued by us: USD 50,000 / HKD 400,000 - This benefit allows two cross claims for conditions 1, 2, 3 & 4 provided that the specified provisions are fulfilled. This benefit will be terminated after two claims (two claims for different conditions are allowed). - The claim(s) made in this benefit will also count towards the one claim limit (USD 50,000 / HKD 400,000 per claim) for each ESCI condition. - Current Sum Assured and premium of this plan will not be reduced after this benefit is paid. - If two claims are made for the same covered illness under this benefit, no claim will be paid from the Early Stage Critical Illness Benefit, except Angioplasty and Other Invasive Treatments for Coronary Artery Disease. - If no claim is made from the covered illness(es) under this benefit, the relevant covered illness(es) will be able eligible to claim for Early Stage Critical Illness Benefit. - If a claim is made under this benefit, no claim can be made from the Early Stage Critical Illness Benefit at the same time. - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. - The claims(s) made in this benefit will not be counted towards the limit for Multi-Protection Benefit (applicable to Plan 3 only).
Comprehensive Benign Protector Benefit (For Plan 2 and Plan 3)	<p>This benefit consist of Benign Extra benefit and Surgical Excision of Benign Tumour Benefit, sharing the overall maximum limit. Such overall maximum limit is equal to 25% of Original SA.</p> <p>Benign Extra Benefit is equal to: Additional 25% of Original SA - any benefit paid under Comprehensive Benign Protector Benefit</p> <ul style="list-style-type: none"> - This benefit is payable upon diagnosis of a Cancer which is excluded due to existing benign conditions but is covered by this Benign Extra Benefit - <u>1 claim</u> is allowed under this benefit - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. <p>Surgical Excision of Benign Tumour Benefit is equal to: Additional 25% of Original SA</p> <ul style="list-style-type: none"> - This benefit is payable if the Insured undergoes a Surgical Excision of Covered Benign Tumour of following organs by a Specialist: <ul style="list-style-type: none"> o Additional 5% of the Original Sum Assured for Surgical Excision of Covered Benign Tumour of breast, ovary, penis or uterus (only endometrial polyps are covered), allows a maximum of 2 claims on these organ(s) in total, and the maximum per life limit of each claim is USD 10,000 / HKD 80,000. o Additional 10% of the Original Sum Assured for Surgical Excision of Covered Benign Tumour of adrenal gland, bone, conjunctiva, heart, kidney, liver, lung, nerve in cranium or spine, pancreas, pericardium, pituitary gland, renal pelvis, small intestine, testis, ureter or urethra, allows a maximum of 1 claim on these organ in total, and the maximum per life limit of each claim is USD 20,000 / HKD 160,000. - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased.

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III. Policy Benefits														
Extra benefits														
Diabetes Protector Benefit (For Plan 2 and Plan 3)	<p>Diabetes Protector Benefit is equal to: Additional 25% of Original SA</p> <ul style="list-style-type: none"> - Additional 25% of the Original Sum Assured when the Insured is Diagnosed with one of the following diabetes related illnesses: 													
	<table border="1"> <thead> <tr> <th>Type of Conditions</th><th>Covered Illnesses</th><th>Benefit Amount</th></tr> </thead> <tbody> <tr> <td>Major Stage Critical Illness Condition</td><td> <ul style="list-style-type: none"> Diabetic Complications </td><td>Additional 25% of Original Sum Assured + 100% of Current Sum Assured under the Major Stage Critical Illness Benefit</td></tr> <tr> <td>Early Stage Critical Illness Conditions</td><td> <ul style="list-style-type: none"> Diabetic Nephropathy* Diabetic Retinopathy Gestational Diabetes </td><td>Additional 25% of the Original Sum Assured (subject to a per life maximum of USD 50,000 / HKD 400,000 of each claim)</td></tr> <tr> <td>Juvenile Illness Condition</td><td> <ul style="list-style-type: none"> Insulin Dependent Diabetes Mellitus (IDDM)^\wedge </td><td></td></tr> </tbody> </table>		Type of Conditions	Covered Illnesses	Benefit Amount	Major Stage Critical Illness Condition	<ul style="list-style-type: none"> Diabetic Complications 	Additional 25% of Original Sum Assured + 100% of Current Sum Assured under the Major Stage Critical Illness Benefit	Early Stage Critical Illness Conditions	<ul style="list-style-type: none"> Diabetic Nephropathy* Diabetic Retinopathy Gestational Diabetes 	Additional 25% of the Original Sum Assured (subject to a per life maximum of USD 50,000 / HKD 400,000 of each claim)	Juvenile Illness Condition	<ul style="list-style-type: none"> Insulin Dependent Diabetes Mellitus (IDDM)^\wedge 	
Type of Conditions	Covered Illnesses	Benefit Amount												
Major Stage Critical Illness Condition	<ul style="list-style-type: none"> Diabetic Complications 	Additional 25% of Original Sum Assured + 100% of Current Sum Assured under the Major Stage Critical Illness Benefit												
Early Stage Critical Illness Conditions	<ul style="list-style-type: none"> Diabetic Nephropathy* Diabetic Retinopathy Gestational Diabetes 	Additional 25% of the Original Sum Assured (subject to a per life maximum of USD 50,000 / HKD 400,000 of each claim)												
Juvenile Illness Condition	<ul style="list-style-type: none"> Insulin Dependent Diabetes Mellitus (IDDM)^\wedge 													
	<p>^{\wedge} This coverage expires at age 18</p> <ul style="list-style-type: none"> - This benefit allows one claim only and it will be terminated afterwards. - Sum Assured and premium of this plan will not be reduced after this benefit is paid. - If no claim is made from the covered illness under this benefit, these covered illnesses will be able to claim from the Early Stage Critical Illness Benefit or Major Stage Critical Illness Benefit. - If a claim for Early Stage Critical Illness Condition or Juvenile Illness Condition is made under this benefit, no claim can be made from the Early Stage Critical Illness Benefit at the same time. - The claims(s) made in this benefit will not be counted towards the limit for Multi-Protection Benefit (applicable to Plan 3 only). - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. 													
Additional Death Benefit (For Plan 2 and Plan 3)	<p>Additional Death Benefit is equal to: Additional 25% of Original SA</p> <p>This benefit is payable upon the death of the Insured</p>													
Maturity Bonus (For Plan 2 and Plan 3)	<p>Maturity Bonus is equal to: Additional 25% of Original SA</p> <p>Maturity Bonus is guaranteed and payable if the Insured is alive on the Maturity Date</p>													

III. Policy Benefits																										
Benefit Items																										
Multiple payment benefits																										
Major 3 Protection Benefit (For Plan 2)	<ul style="list-style-type: none"> - This benefit is payable when the Insured is Diagnosed with Cancer, Heart Attack or Stroke up to the maximum total claims limit for each illness under this Basic Plan as follows: <table border="1"> <thead> <tr> <th>Illness Conditions</th><th>Maximum Total Claims Limit* (% of Original Sum Assured)</th></tr> </thead> <tbody> <tr> <td>Cancer</td><td>400%</td></tr> <tr> <td>Heart Attack</td><td>200%</td></tr> <tr> <td>Stroke</td><td>200%</td></tr> <tr> <td>TOTAL</td><td>800%</td></tr> </tbody> </table> <p>*The maximum total claims limit includes the respective claim limit of Major Stage Critical Illness Benefit, Early Stage Critical Illness Benefit and Major 3 Protection Benefit of this Basic Plan.</p> <ul style="list-style-type: none"> - Under this benefit, 100% of the Original Sum Assured will be payable upon each Diagnosis of Major Stage Critical Illness Condition, subject to the terms and conditions of this Major 3 Protection Benefit. - The following waiting periods will be applied to each subsequent claim for Major Stage Critical Illness Conditions: <table border="1"> <thead> <tr> <th>Previous Major Stage Critical Illness Claim</th><th>Subsequent Claim</th><th>Waiting Period</th></tr> </thead> <tbody> <tr> <td>Cancer</td><td>Persistent Cancer or Recurrent Cancer of previous approved Cancer claim</td><td>3-year waiting period</td></tr> <tr> <td></td><td>Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim</td><td>1-year waiting period</td></tr> <tr> <td>Cancer</td><td>Heart Attack or Stroke</td><td rowspan="2">1-year waiting period</td></tr> <tr> <td>Other Major Stage Critical Illnesses or SafetyNet Protector Benefit</td><td>Cancer, Heart Attack or Stroke</td></tr> </tbody> </table>		Illness Conditions	Maximum Total Claims Limit* (% of Original Sum Assured)	Cancer	400%	Heart Attack	200%	Stroke	200%	TOTAL	800%	Previous Major Stage Critical Illness Claim	Subsequent Claim	Waiting Period	Cancer	Persistent Cancer or Recurrent Cancer of previous approved Cancer claim	3-year waiting period		Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim	1-year waiting period	Cancer	Heart Attack or Stroke	1-year waiting period	Other Major Stage Critical Illnesses or SafetyNet Protector Benefit	Cancer, Heart Attack or Stroke
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Multi-Protection Benefit (For Plan 3)	<ul style="list-style-type: none"> - This benefit is payable when the Insured is Diagnosed with one of the 61 covered Major Stage Critical Illness Conditions, the 62 covered Early Stage Critical Illness Conditions or the 9 covered Juvenile Illness Conditions up to the maximum total claims limit for each illness group under this Basic Plan as follows: <table border="1"> <thead> <tr> <th>Illness Group</th><th>Maximum Total Claims Limit* (% of the Original Sum Assured)</th></tr> </thead> <tbody> <tr> <td>Group 1: Illnesses related to Cancer</td><td>400%</td></tr> <tr> <td>Group 2: Illnesses related to Major Organs & Function</td><td>100%</td></tr> <tr> <td>Group 3: Illnesses related to the Heart</td><td>200%</td></tr> <tr> <td>Group 4: Illnesses related to the Nervous System</td><td>200%</td></tr> <tr> <td>Group 5: Other Major Illnesses</td><td>100%</td></tr> <tr> <td>TOTAL</td><td>1,000%</td></tr> </tbody> </table> <p>*The maximum total claims limit includes the respective claim limit of Major Stage Critical Illness Benefit, Early Stage Critical Illness Benefit and Multi-Protection Benefit of this Basic Plan.</p> <ul style="list-style-type: none"> - Under this benefit, 100% of the Original Sum Assured will be payable upon each Diagnosis of Major Stage Critical Illness Condition, while 25% of the Original Sum Assured will be payable upon each Diagnosis of Early Stage Critical Illness Condition or Juvenile Illness Condition, subject to the terms and conditions of this Multi-Protection Benefit. - The following waiting periods will be applied to each subsequent claim for Major Stage Critical Illness Conditions: <table border="1"> <thead> <tr> <th>Previous Major Stage Critical Illness Claim</th><th>Subsequent Claim</th><th>Waiting Period</th></tr> </thead> <tbody> <tr> <td rowspan="2">Group 1</td><td>Persistent Cancer or Recurrent Cancer of previous approved Cancer claim</td><td>3-year waiting period</td></tr> <tr> <td>Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim</td><td>1-year waiting period</td></tr> <tr> <td>Group 1</td><td>Group 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition</td><td rowspan="2">1-year waiting period</td></tr> <tr> <td>Group 2 / 3 / 4 / 5 / 6 or due to SafetyNet Protector Benefit</td><td>Group 1 / 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition</td></tr> </tbody> </table>		Illness Group	Maximum Total Claims Limit* (% of the Original Sum Assured)	Group 1: Illnesses related to Cancer	400%	Group 2: Illnesses related to Major Organs & Function	100%	Group 3: Illnesses related to the Heart	200%	Group 4: Illnesses related to the Nervous System	200%	Group 5: Other Major Illnesses	100%	TOTAL	1,000%	Previous Major Stage Critical Illness Claim	Subsequent Claim	Waiting Period	Group 1	Persistent Cancer or Recurrent Cancer of previous approved Cancer claim	3-year waiting period	Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim	1-year waiting period	Group 1	Group 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition	1-year waiting period	Group 2 / 3 / 4 / 5 / 6 or due to SafetyNet Protector Benefit	Group 1 / 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition
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Waiver of premium on Major Stage Critical Illness (For Plan 2 and Plan 3)	<ul style="list-style-type: none"> - All future premiums will be waived when the total claim of Major Stage/ Early Stage Critical Illness Benefit reaches 100% of Original Sum Assured 																												

IV. Other Benefits			
Guaranteed Insurability Option	<ul style="list-style-type: none"> - The Policy Owner can purchase a new standalone critical illness policy on the life of the Insured offered by the Company with guaranteed insurability on specified special events including the Insured attaining age 18/Getting married/Having children or Direct family members (including spouse, parents and children) being Diagnosed with CI and only before the Insured reaches age 65: <ul style="list-style-type: none"> 1. Maximum limit: 50% of Original Sum Assured or USD62,500/ HKD500,000, whichever is lower. 2. Only applicable to policies issued at standard rates and no claim has been submitted under the policy. 3. Can only be exercised after the policy has been in effect for 3 consecutive years. 4. This option will be terminated once it's exercised. 		
Guaranteed Insurability Option For New-Born	<ul style="list-style-type: none"> - If the Insured gives birth to a child (or if the Insured's spouse gives birth to a child), the Policy Owner may purchase a new critical illness policy for which we will offer this Guaranteed Insurability Option For New-born, on the life of that child ("Covered Child") without further evidence of insurability by submitting written notice to us, if: <ul style="list-style-type: none"> o this Basic Plan is in effect for at least 1 year; o we receive the new policy application within 30 days from the date of birth of Covered Child and, together with the application, no less than the minimum first premium we would normally require on such new policy; o the new policy is on the life of Covered Child only; o no claim is currently pending nor has a claim been submitted to us under this Basic Plan; o the Sum Assured of the new policy is capped at the lower of 50% of the Original Sum Assured of this Basic Plan and US\$62,500 / HK\$500,000, depending on the currency as stated on the Policy Summary; o the new policy meets all of our then current administrative rules and our then maximum critical illness coverage per life; o this Basic Plan is issued without an extra premium. 		
Optional Rider Benefits	<table> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> - CoverPlus (CPR) - Accident Benefit (AB) - Accidental Death & Disability Plus Benefit (ADDP) - Hospital Income Benefit (HI) - SunHealth Medical Care Rider (SHMCR) - Optional Supplementary Benefit (OSB) - Optional Female Benefit (OFB) </td><td style="vertical-align: top;"> <ul style="list-style-type: none"> - Owner Benefit upon Death (OBD) - Owner Benefit upon Disability or Death (OBDD) - Tender Care Benefit (TC) - Total Disability Benefit (TDB) - Total Disability Benefit (on Term) (TDBT) - One Year Term Benefit (YTMR) - Five Year Term Benefit (5TMR) </td></tr> </tbody> </table>	<ul style="list-style-type: none"> - CoverPlus (CPR) - Accident Benefit (AB) - Accidental Death & Disability Plus Benefit (ADDP) - Hospital Income Benefit (HI) - SunHealth Medical Care Rider (SHMCR) - Optional Supplementary Benefit (OSB) - Optional Female Benefit (OFB) 	<ul style="list-style-type: none"> - Owner Benefit upon Death (OBD) - Owner Benefit upon Disability or Death (OBDD) - Tender Care Benefit (TC) - Total Disability Benefit (TDB) - Total Disability Benefit (on Term) (TDBT) - One Year Term Benefit (YTMR) - Five Year Term Benefit (5TMR)
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V. Other Information	
Exclusions	<p>We will not pay any claim (other than a claim under the Death Benefit Provision or Additional Death Benefit Provision (Plan 2-3 only)) for conditions caused either directly or indirectly by or resulting from any of the following:</p> <ul style="list-style-type: none"> (a) the Insured's committing or attempting to commit suicide or self-inflicted injury, while the Insured is sane or insane; (b) the Insured's committing or attempting to commit a criminal offence or participating in any brawl; (c) unreasonable failure to seek or follow medical advice; (d) the Insured's taking or absorbing or being under the influence of, accidentally or otherwise, any alcohol, drug, narcotic, medicine, sedative or poison, except as prescribed by a Doctor; (e) any human immunodeficiency virus (HIV) and/or any HIV-related illnesses including acquired immune deficiency syndrome (AIDS) and/or any mutations, derivations or variations thereof, except those defined in Major Stage Critical Illness Conditions; (f) war (whether declared or undeclared), insurrection, civil war or any warlike operation, whether or not the Insured was actively participating in them; or (g) atomic explosion, nuclear fission or radioactive gas.
Policy Termination	<p>For Plan 1: This This Policy will terminate automatically on the earliest of:</p> <ul style="list-style-type: none"> (a) the Policy Anniversary on or immediately following the Insured's 100th birthday; (b) the date on which Death Benefit in Basic Benefit provisions becomes payable by us as a claim; (c) the date on which the aggregate total claim amount under Major Stage Critical Illness Benefit, SafetyNet Protector Benefit and Early Stage Critical Illness Benefit reaches 100% of Original Sum Assured; and (d) the date on which we discontinue this Policy following a written request to terminate the policy from the Policy Owner. <p>For Plan 2 and 3: This This Policy will terminate automatically on the earliest of:</p> <ul style="list-style-type: none"> (a) the Policy Anniversary on or immediately following the Insured's 100th birthday; (b) the date on which Additional Death Benefit in these Basic Benefit provisions becomes payable by us as a claim; (c) the date on which we discontinue this Policy following a written request to terminate the policy from the Policy Owner.

Appendix B: List of covered illnesses and Schedule of Surgical Procedures

TABLE OF MAJOR STAGE CRITICAL ILLNESS CONDITIONS, EARLY STAGE CRITICAL ILLNESS CONDITIONS AND JUVENILE ILLNESS CONDITIONS

GROUPS	MAJOR STAGE CRITICAL ILLNESS CONDITIONS	EARLY STAGE CRITICAL ILLNESS CONDITIONS	JUVENILE ILLNESS CONDITIONS
GROUP 1:			
ILLNESSES RELATED TO CANCER	<ul style="list-style-type: none"> • Cancer • Cerebral Metastasis 	<ul style="list-style-type: none"> • Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary Tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis)* • Early Malignancies (Early Stage Cancer of the Prostate, Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above)* 	
GROUP 2:			
ILLNESSES RELATED TO MAJOR ORGANS & FUNCTIONS	<ul style="list-style-type: none"> • Acute Necrohemorrhagic Pancreatitis • Aplastic Anaemia • Chronic Relapsing Pancreatitis • End Stage Liver Failure • End Stage Lung Disease • Fulminant Hepatitis • Kidney Failure • Major Organ Transplant • Medullary Cystic Disease • Severe Crohn's Disease • Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis • Systemic Scleroderma • Ulcerative Colitis 	<ul style="list-style-type: none"> • Less Severe Aplastic Anaemia • Liver Surgery • Hepatitis with Cirrhosis* • Chronic Autoimmune Hepatitis* • Interstitial Fibrosis • Surgical Removal of One Lung • Biliary Tract Reconstruction Surgery • Less Severe Kidney Disease • Major Organ Transplantation (on Waiting List) • Moderately Severe Crohn's Disease • Less Severe Systemic Lupus Erythematosus • Early Systemic Scleroderma • Moderately Severe Ulcerative Colitis 	<ul style="list-style-type: none"> • Wilson's disease • Severe Asthma* • Glomerulonephritis with Nephrotic Syndrome*
GROUP 3:			
ILLNESSES RELATED TO THE HEART	<ul style="list-style-type: none"> • Cardiomyopathy • Dissecting Aortic Aneurysm • Eisenmenger's Syndrome • Heart Attack • Infective Endocarditis • Primary Pulmonary Arterial Hypertension • Replacement of Heart Valve • Surgery for Disease of the Aorta • Surgery to Coronary Arteries 	<ul style="list-style-type: none"> • Early Cardiomyopathy • Insertion of Vena-cava Filter • Pericardectomy • Insertion of Pacemaker or Defibrillator* • Less Severe Infective Endocarditis • Endovascular Treatment of Peripheral Arterial Disease* • Less Invasive Treatments of Heart Valve Disease • Endovascular Treatments of Aortic Disease or Aortic Aneurysm* • Minimally Invasive Direct Coronary Artery By-pass * • Angioplasty and Other Invasive Treatments for Coronary Artery Disease* 	<ul style="list-style-type: none"> • Rheumatic Fever with Valvular Impairment* • Kawasaki Disease*

TABLE OF MAJOR STAGE CRITICAL ILLNESS CONDITIONS, EARLY STAGE CRITICAL ILLNESS CONDITIONS AND JUVENILE ILLNESS CONDITIONS

GROUPS	MAJOR STAGE CRITICAL ILLNESS CONDITIONS	EARLY STAGE CRITICAL ILLNESS CONDITIONS	JUVENILE ILLNESS CONDITIONS
GROUP 4:			
ILLNESSES RELATED TO THE NERVOUS SYSTEM	• Alzheimer's Disease	• Cerebral Aneurysm Requiring Surgery	
	• Amyotrophic Lateral Sclerosis (ALS)	• Early Amyotrophic Lateral Sclerosis (ALS)	
	• Apallic Syndrome	• Surgery for Subdural Haematoma	
	• Bacterial Meningitis	• Less Severe Bacterial Meningitis	
	• Benign Brain Tumour	• Surgical Removal of Pituitary Tumour	
	• Coma	• Less Severe Coma	
	• Creutzfeldt-Jacob Disease		
	• Deafness	• Cochlear Implant Surgery • Loss of Hearing in One Ear	
	• Encephalitis	• Less Severe Encephalitis	
	• Hemiplegia		
	• Major Head Trauma	• Moderately Severe Brain Damage • Cerebral Shunt Insertion	
	• Meningeal Tuberculosis	• Less Severe Meningeal Tuberculosis	
	• Motor Neurone Disease	• Early Motor Neurone Disease	• Type I Juvenile Spinal Amyotrophy
	• Multiple Sclerosis		
	• Muscular Dystrophy	• Moderately Severe Muscular Dystrophy	
	• Paralysis	• Moderately Severe Paralysis	
	• Parkinson's Disease	• Moderately Severe Parkinson's Disease	
	• Poliomyelitis	• Moderately Severe Poliomyelitis	
	• Progressive Bulbar Palsy (PBP)	• Early Progressive Bulbar Palsy (PBP)	
	• Progressive Supranuclear Palsy	• Early Progressive Supranuclear Palsy	
	• Severe Myasthenia Gravis		
	• Stroke	• Angioplasty and Other Surgeries for Carotid Arteries*	
	• Total Blindness	• Loss of Sight in One Eye • Glaucoma Surgical Treatment • Severe Psychiatric Illness	
			• Juvenile Huntington Disease*
			• Intellectual Disability due to Sickness or Injury*
GROUP 5:			
OTHER ILLNESSES	• AIDS due to Blood Transfusion		
	• Chronic Adrenal Insufficiency	• Adrenalectomy for Adrenal Adenoma	
	• Diabetic Complications	• Diabetic Nephropathy* • Diabetic Retinopathy* • Gestational Diabetes*	• Insulin Dependent Diabetes Mellitus (IDDM)*
	• Ebola		
	• Elephantiasis		
	• HIV Acquired due to Assault		
	• Loss of Limbs	• Loss of One Limb	
	• Loss of One Limb and One Eye		
	• Loss of Speech	• Loss of Speech due to Vocal Cord Paralysis	
	• Major Burns	• Facial Burns due to Accident • Less Severe Burns to Body due to Accident	
	• Necrotising Fasciitis		
	• Occupational Acquired HIV		
	• Pheochromocytoma		
	• Severe Rheumatoid Arthritis	• Moderately Severe Rheumatoid Arthritis	• Still's Disease*

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TABLE OF MAJOR STAGE CRITICAL ILLNESS CONDITIONS, EARLY STAGE CRITICAL ILLNESS CONDITIONS AND JUVENILE ILLNESS CONDITIONS

GROUPS	MAJOR STAGE CRITICAL ILLNESS CONDITIONS	EARLY STAGE CRITICAL ILLNESS CONDITIONS	JUVENILE ILLNESS CONDITIONS
GROUP 5:			
OTHER ILLNESSES		<ul style="list-style-type: none"> ● Accidental Fracture of Spinal Column[#] ● Facial Reconstructive Surgery for Injury due to Accident * ● Severe Central or Mixed Sleep Apnea ● Severe Obstructive Sleep Apnea ● Severe Osteoporosis with Fractures[^] 	
			<ul style="list-style-type: none"> ● Dengue Haemorrhagic Fever* ● Hemophilia A and Hemophilia B* ● Osteogenesis Imperfecta* ● Severe Autism*
GROUP 6**:			
TERMINAL ILLNESS AND LOSS OF INDEPENDENT EXISTENCE	<ul style="list-style-type: none"> ● Terminal Illness ● Loss of Independent Existence^{^^} 		

* Subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

** Illness conditions under Group 6 are not covered under Major 3 Protection Benefit / Multi-Protection Benefit (if applicable).

Coverage from attained age 65 to 85 only.

^ Coverage terminate automatically immediately following the Insured's 70th birthday and cap of US\$15,000/HK\$120,000 applies.

^^ Coverage terminate automatically immediately following the Insured's 65th birthday.

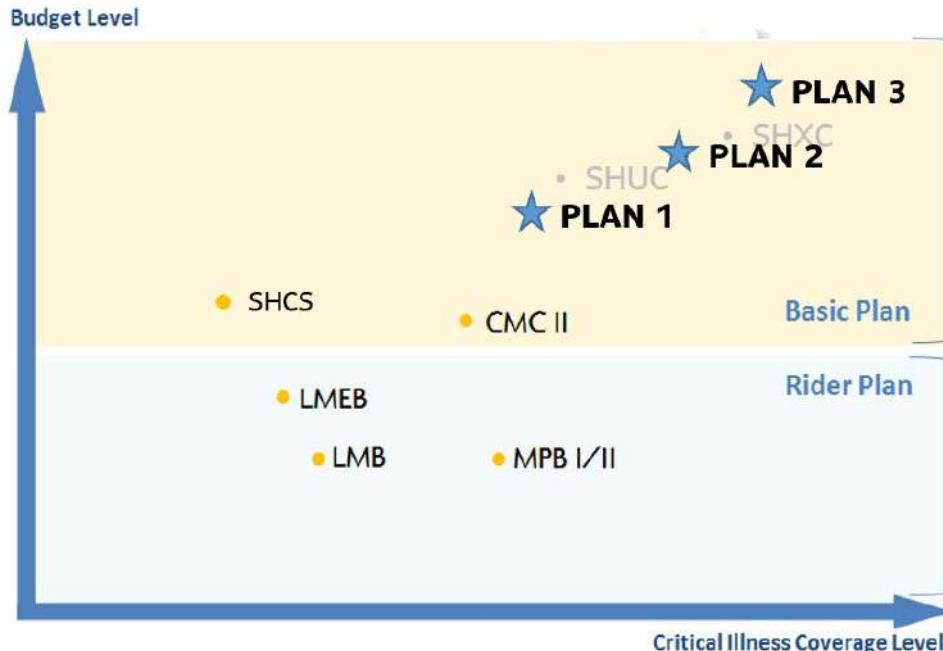
Schedule of Surgical Procedures

PROCEDURE / SURGERY	
ABDOMINAL AND DIGESTIVE SYSTEM:	
OESOPHAGEAL/ STOMACH/ DUODENUM	<ul style="list-style-type: none"> • Oesophagectomy • Total oesophagectomy and interposition of intestine • Partial gastrectomy with anastomosis to oesophagus • Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition
	<ul style="list-style-type: none"> • Anterior resection of rectum, open or laparoscopic • Abdominoperineal resection, open or laparoscopic • Colectomy, open or laparoscopic • Low anterior resection of rectum , open or laparoscopic
	<ul style="list-style-type: none"> • Liver transplantation • Segmentectomy of liver, open or laparoscopic
	<ul style="list-style-type: none"> • Pancreaticoduodenectomy (Whipple's Operation)
BRAIN AND NERVOUS SYSTEM:	
BRAIN	<ul style="list-style-type: none"> • Craniectomy • Cranial nerve decompression • Excision of arteriovenous malformation, intracranial • Excision of acoustic neuroma • Excision of brain tumour or brain abscess • Excision of cranial nerve tumour • Decompression of trigeminal nerve root/ open trigeminal rhizotomy • Excision of brain, including lobectomy • Hemispherectomy
	<ul style="list-style-type: none"> • Excision of intraspinal tumour, extradural or intradural
CARDIOVASCULAR SYSTEM:	
HEART	<ul style="list-style-type: none"> • Coronary artery bypass graft (CABG) • Cardiac transplantation • Valve replacement
	<ul style="list-style-type: none"> • Intra-abdominal venous shunt/ spleno-renal shunt / portal-caval shunt • Resection of abdominal vessels with replacement / anastomosis
ENDOCRINE SYSTEM:	
PINEAL GLAND	<ul style="list-style-type: none"> • Total excision of pineal gland
PITUITARY GLAND	<ul style="list-style-type: none"> • Operation of pituitary tumour
EAR/ NOSE/ THROAT/ RESPIRATORY SYSTEM:	
EAR	<ul style="list-style-type: none"> • Operation on cochlea and / or cochlear implant
RESPIRATORY SYSTEM	<ul style="list-style-type: none"> • Laryngectomy +/- radical neck resection
FEMALE GENITAL SYSTEM:	
UTERUS	<ul style="list-style-type: none"> • Radical abdominal hysterectomy • Pelvic exenteration
	<ul style="list-style-type: none"> • Radical vaginectomy
MALE GENITAL SYSTEM:	
PROSTATE	<ul style="list-style-type: none"> • Radical prostatectomy, open or laparoscopic
URINARY SYSTEM:	
KIDNEY	<ul style="list-style-type: none"> • Nephrectomy, partial/ lower pole • Kidney transplant
	<ul style="list-style-type: none"> • Radical/ total cystectomy, open or laparoscopic • Formation of ileal conduit, including ureteric implantation

Appendix C: Internal comparisons

Positioning of Our Critical Illness Products

We know that different clients have different needs and preferences. That's why Sun Life is proud to offer robust suite of critical illness plans to suit any of your clients. The chart and table below show how each of these unique plans differ, and for whom they are most well suited.



	Abbreviation Code	Plan Name	Target Customer	Critical Illness Coverage Highlights
Basic	SHOC	SunHealth OmniCare (Plan 3)	Affluent clients	<ul style="list-style-type: none"> - Comprehensive multiple payment CI protection - SafetyNet Protector Benefit - Comprehensive Benign Protector Benefit - CoverPlus attachable - Savings included
	SHOC	SunHealth OmniCare (Plan 2)	Mass to Affluent clients	<ul style="list-style-type: none"> - Comprehensive CI protection with multiple payment on major 3 illnesses - SafetyNet Protector Benefit - Comprehensive Benign Protector Benefit - CoverPlus attachable - Savings included
	SHOC	SunHealth OmniCare (Plan 1)	Mass clients	<ul style="list-style-type: none"> - Comprehensive CI protection - SafetyNet Protector Benefit - CoverPlus attachable - Savings included
	SHXC	SunHealth MaxiCare	Affluent clients	<ul style="list-style-type: none"> - Comprehensive multiple payment CI protection - Savings included
	SHUC	SunHealth UltraCare	Mass to Affluent clients	<ul style="list-style-type: none"> - Comprehensive CI protection - Savings included
	SHCS	SunHealth Cancer Shield	Mass clients	<ul style="list-style-type: none"> - Multiple payment Cancer protection
Rider	CMC II	Critical Medical Care II	Mass clients	<ul style="list-style-type: none"> - Basic CI protection without saving element
	LMEB	Living Master Extra benefit	Mass Affluent clients	<ul style="list-style-type: none"> - Additional Critical Illness coverage with the basic plan
	LMB	Living Master Benefit	Mass clients	<ul style="list-style-type: none"> - Advanced Critical Illness coverage with the basic plan
	MPB I/II	Multi Protection Benefit I/II	Mass clients	<ul style="list-style-type: none"> - Multiple Critical Illness coverage with the basic plan

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Feature Comparison between OmniCare (SHOC) and UltraCare / MaxiCare (SHUC / SHXC)

Plan Name	SunHealth OmniCare (SHOC)	SHUC / SHXC	Highlights	
Core benefits				
Name of conditions	Major Stage Critical Illness Benefit			
Number of covered illnesses	63	62	Newly added "Loss of Independent Existence"	
Name of conditions	Early Stage Critical Illness Benefit			
Number of covered illnesses	62	61	Newly added "Gestational Diabetes"	
Name of conditions	Juvenile Illness Conditions			
Number of covered illnesses	14	9	Newly added 1. Dengue Haemorrhagic Fever 2. Glomerulonephritis with Nephrotic Syndrome 3. Wilson's disease 4. Juvenile Huntington Disease 5. Type I Juvenile Spinal Amyotrophy	
Name of Benefit	SafetyNet Protector Benefit			
Benefit Amount	Same as Major Stage Critical Illness Benefit	Not applicable	Newly added benefit	
Extra benefits				
Name of Benefit	Early Stage Booster			
Benefit Amount	Additional 25% of Original SA		No change	
Name of Benefit	Diabetes Protector Benefit			
Covered Illness Conditions	1. Diabetic Complication (Major Stage CI) 2. Diabetic Nephropathy (Early Stage CI) 3. Diabetic Retinopathy (Early Stage CI) 4. Insulin Dependent Diabetes Mellitus (IDDM) (Juvenile Disease) 5. Gestational Diabetes (Early Stage CI)	1. Diabetic Complication (Major Stage CI) 2. Diabetic Nephropathy (Early Stage CI) 3. Diabetic Retinopathy (Early Stage CI) 4. Insulin Dependent Diabetes Mellitus (IDDM) (Juvenile Disease)	Gestational Diabetes added	
Name of Benefit	Comprehensive Benign Protector Benefit			
Benefit Amount	Additional 25% of Original SA	Not applicable	Newly added Benefit	
Name of Benefit	Additional Death Benefit			
Benefit Amount	Additional 25% of Original SA	Not applicable	Newly added Benefit	
Name of Benefit	Maturity Bonus			
Benefit Amount	Additional 25% of Original SA	Not applicable	Newly added Benefit	
Multiple payment benefits				
Name of Benefit		Recurring Benefit		
Benefit Amount	Not Available	Additional 25% of Original SA	Recurring Benefit is removed	
Name of Benefit	Major 3 Protection Benefit (Plan 2)	Multi-Protection Benefit (Plan 3)	Multi-Protection Benefit	
Benefit Term	To age 85		To age 100	
Maximum claim limit per group (% of Original SA)	Cancer: 400% Heart Attack: 200% Stroke: 200% Overall: 800% of Original SA	Group 1: 400% Group 2: 100% Group 3: 200% Group 4: 200% Group 5: 100% Overall: 1,000% of Original SA	Group 1: 400% Group 2: 100% Group 3: 100% Group 4: 100% Group 5: 100% Overall: 800% of Original SA	<ul style="list-style-type: none"> Benefit term is changed from "to Age 100" into "to Age 85" Newly added multiple claims per illness under Plan 2 The total benefit under Multi-Protection Benefit under Plan 3 increased from 800% to 1000% of Original SA
Guaranteed Insurability Option				
Covered Events	1. Insured is married 2. Direct family member is diagnosed CI 3. Insured attains age 18 4. Insured has a newborn	1. Insured is married 2. Direct family member is diagnosed CI 3. Insured attains age 18 4. Insured has a newborn	Newly added Guaranteed Insurability Option for Newborn	
Max. Sum Assured of new policy	Lower of 50% of the Original Sum Assured of the basic policy or HKD 500,000 / USD 62,500			
Optional CoverPlus				
Benefit Amount	Up to 100% of Sum Assured of basic plan, cover for Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Death Benefit and Maturity Benefit	Not applicable	Newly added Benefit	

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Appendix D: Additional frequently asked questions

Product Features:

Q1: Is there any waiting period for the covered illnesses and surgeries under SunHealth OmniCare?

A1: Yes. Please note that:

1. With respect to Major Stage Critical Illness Condition, Early Stage Critical Illness Condition and Juvenile Illness Condition,
 - (i) its signs or symptoms of which first occurred must be at least 90 days after the Issue Date, effective date or last reinstatement date of the Basic Plan, whichever is the latest (excluding a condition which is directly caused by or resulting from an Accident); and
 - (ii) that the Insured survives for at least 14 day after the date being Diagnosed as suffering from it.
2. With respect to Surgical Excision of Covered Benign Tumour (applicable to Plan 2/ Plan 3), the actual undergoing of a complete surgical excision of a Solid Tumour must be first occurred at least 90 days after the Issue Date, effective date or last reinstatement date of the Basic Plan, whichever is the latest, and such tumour is excised specifically for the purpose of ruling out cancer and is confirmed by histopathological examination in writing by a Specialist as a non-cancerous benign tumour of the covered organs.
3. For Complex Surgical Procedure, when it first occurred, it must be at least 90 days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest (excluding a procedure which is directly caused by or resulting from an Accident).

The section related to waiting period has been incorporated into Proposals upon SunSmart version 3.6 upgrade after 15 February 2019.

Please refer to the Basic Benefit Provisions of SunHealth OmniCare for the definition of Major Stage Critical Illness Condition, Early Stage Critical Illness Condition, Juvenile Illness Condition, Surgical Excision of Covered Benign Tumour and Complex Surgical Procedure.

Q2: Are CIN I / II / III due to HPV infection covered under the definition of Carcinoma-in-situ?

A2: According to the definition of Carcinoma-in-situ, it must be at a grading of not less than CIN III. For the definition of Carcinoma-in-situ, please refer to the Basic Benefit Provisions of SunHealth OmniCare.

Q3: Some of the Early Stage Critical Illness Conditions are subject to the maximum limit. What is the limit?

A3: Some of the Early Stage Critical Illness Conditions are subject to a maximum per life limit of HKD400,000 / USD50,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured for each claim. Please refer to the Basic Benefit Provisions of SunHealth OmniCare for the definition of Early Stage Critical Illness Condition. Please note, with consideration of our clients' best interest, and also to simplify the calculation on benefits related to Early Stage Critical Illness Conditions, the maximum limit for benefits related to Early Stage Critical Illness Conditions under SunHealth OmniCare and SunHealth UltraCare / SunHealth MaxiCare policies will be calculated separately in according with the Basic Benefit Provisions.

Assume a client had purchased a SunHealth UltraCare policy (with Original SA of HKD 2M) in Feb 2017, and then the client has purchased a SunHealth OmniCare policy (with Original SA of HKD 2M) in Feb 2019. If the client is diagnosed with Carcinoma-in-situ in Feb 2035, his claimable amount of Early Stage CI Benefit will be:

Policy	Claimable amount under the policy
SunHealth UltraCare policy (with Original SA of HKD 2M):	HKD 2M x 25% = HKD 500K, while this amount is subject to HKD 300K; i.e., the maximum per life limit for each claim. The claimable amount = HKD 300K
SunHealth OmniCare policy (with Original SA of HKD 2M):	HKD 2M x 25% = HKD 500K, while this amount is subject to HKD 400K; i.e., the maximum per life limit under all SunHealth OmniCare policies issued by us for the same Insured for each claim. The claimable amount = HKD 400K
Total claimable amount:	HKD 300K + HKD 400K = HKD 700K

Q4: Will the definition of each Complex Surgical Procedure under the Schedule of Surgical Procedures be provided?

A4: No. We will follow the existing practice of medical plans (such as SunHealth Medical Care) - that the claim decision on SafetyNet Protector Benefit will be based on the proof provided by the doctor who performs the Complex Surgical Procedure under the Schedule of Surgical Procedures.

Q5: For Plan 2 / Plan 3, the calculation of Death Benefit/ Major Stage Critical Illness Benefit/ SafetyNet Protector Benefit includes the 25% of the Original Sum Assured. What is the rationale behind?

A5: Let's take a look at the formulae of these benefits:

The claim amount of Death Benefit/ Major Stage Critical Illness Benefit/ SafetyNet Protector Benefit is equal to the higher of:

1. 100% of the Current Sum Assured + Enhanced Benefit 10 (if applicable) + face value of Special Bonus (if any); and
2. Total premiums due and paid for the Basic Plan (excluding any extra premiums) - the amount of any benefit paid under the Basic Plan - **25% of the Original Sum Assured**

The formulae above consist of 2 parts, the 1st part is related to the Current Sum Assured and the 2nd part is related to the total premiums paid, and taking the higher value of these 2 parts as the final payable amount.

In fact, this design is to ensure the total amount under a SunHealth OmniCare policy by a client will not be less than the total premiums they have paid. As Plan 2 / Plan 3 have the feature of Additional Death Benefit / Maturity Bonus which is equal to 25% of the Original Sum Assured, it is also required to take this additional benefit into account when applying the flooring.

Here is some illustrative examples:

I. Death Benefit and Additional Death Benefit:

Client A: Age 30, Male, Non-smoker, Plan 3, 5 Years Pay, Original Sum Assured = HKD 1,000,000

If Client A passes away at 11th policy year,

His total premium paid:	HKD 132,510 x 5 = HKD 662,550	
Death Benefit (claimable at 11th policy year):	Calculation of Death Benefit in 1 st part of formula (a):	100% of the Current Sum Assured + Enhanced Benefit 10 (if applicable) + face value of Special Bonus (if any) = HKD 1,000,000 + HKD 114,620* = HKD 1,114,620
	Calculation of Death Benefit in 2 nd part of formula (b):	Total premiums due and paid for the Basic Plan (excluding any extra premiums) - the amount of any benefit paid under the Basic Plan - 25% of the Original Sum Assured = HKD 662,550 – 25% x HKD 1,000,000 = HKD 412,550
	Final payable amount (higher of (a) and (b)):	HKD 1,114,620
Additional Death Benefit (claimable at 11th policy year):		HKD 250,000
Total Benefit:		HKD 1,114,620 + HKD 250,000 = HKD 1,364,620 (125% of Original Sum Assured + face value of Special Bonus (if any))

Client B: Age 60, Male, Non-smoker, Plan 3, 5 Pay, Original Sum Assured = HKD 1,000,000

If Client B passes away at 11th policy year,

His total premium paid:	HKD 366,970 x 5 = HKD 1,834,850	
Death Benefit (claimable at 11th policy year):	Calculation of Death Benefit in 1 st part of formula (a):	100% of the Current Sum Assured + Enhanced Benefit 10 (if applicable) + face value of Special Bonus (if any) = HKD 1,000,000 + HKD 312,900* = HKD 1,312,900
	Calculation of Death Benefit in 2 nd part of formula (b):	Total premiums due and paid for the Basic Plan (excluding any extra premiums) - the amount of any benefit paid under the Basic Plan - 25% of the Original Sum Assured = HKD 1,834,850 – 25% x HKD 1,000,000 = HKD 1,584,850
	Final payable amount (higher of (a) and (b)):	HKD 1,584,850
Additional Death Benefit(claimable at 11th policy year):		HKD 250,000
Total Benefit:		HKD 1,584,850 + HKD 250,000 = HKD 1,834,850 (100% of his total premiums paid)

II. Major Stage Critical Illness Benefit and Additional Death Benefit:

Client C: Age 30, Male, Non-smoker, Plan 3, 5 Years Pay, Original Sum Assured = HKD 1,000,000

If Client C makes Major Stage CI claim due to diagnosis of Cancer at 11th policy year, then passes away at 20th policy year,

His total premium paid:	HKD 132,510 x 5 = HKD 662,550	
Major Stage Critical Illness Benefit (claimable at 11th policy year):	Calculation of Major Stage Critical Illness Benefit in 1 st part of formula (a):	100% of the Current Sum Assured + Enhanced Benefit 10 (if applicable) + face value of Special Bonus (if any) = HKD 1,000,000 + HKD 114,620* = HKD 1,114,620
	Calculation of Major Stage Critical Illness Benefit in 2 nd part of formula (b):	Total premiums due and paid for the Basic Plan (excluding any extra premiums) - the amount of any benefit paid under the Basic Plan - 25% of the Original Sum Assured = HKD 662,550 – 25% x HKD 1,000,000 = HKD 412,550
	Final payable amount (higher of (a) and (b)):	HKD 1,114,620
Additional Death Benefit (claimable at 20th policy year):		HKD 250,000
Total Benefit:		HKD 1,114,620 + HKD 250,000 = HKD 1,364,620 (125% of Original Sum Assured + face value of Special Bonus (if any))

Client D: Age 60, Male, Non-smoker, Plan 3, 5 Pay, Original Sum Assured = HKD 1,000,000

If Client D makes Major Stage CI claim due to diagnosis of Cancer at 11th policy year, then passes away at 20th policy year,

His total premium paid:		HKD 366,970 x 5 = HKD 1,834,850
Major Stage Critical Illness Benefit (claimable at 11th policy year):	Calculation of Major Stage Critical Illness Benefit in 1 st part of formula (a):	100% of the Current Sum Assured + Enhanced Benefit 10 (if applicable) + face value of Special Bonus (if any) = HKD 1,000,000 + HKD 312,900* = HKD 1,312,900
	Calculation of Major Stage Critical Illness Benefit in 2 nd part of formula (b):	Total premiums due and paid for the Basic Plan (excluding any extra premiums) - the amount of any benefit paid under the Basic Plan - 25% of the Original Sum Assured = HKD 1,834,850 – 25% x HKD 1,000,000 = HKD 1,584,850
	Final payable amount (higher of (a) and (b)):	HKD 1,584,850
Additional Death Benefit (claimable at 20th policy year):		HKD 250,000
Total Benefit:		HKD 1,584,850 + HKD 250,000 = HKD 1,834,850 (100% of his total premiums paid)

* The face value of Special Bonus is non-guaranteed, and the face value of Special Bonus in the illustrative example is for reference only.

We can see how the formulae work to floor the benefit amount of Death Benefit / Major Stage Critical Illness Benefit / SafetyNet Protector Benefit at total premiums paid.

Q6: Which benign conditions may be entitled the protection of Benign Extra Benefit?

A6: The offer of Benign Extra Benefit on the below Benign Conditions is subject to underwriting decision and the then underwriting guideline. Please refer to the table below for the required documents.

Benign Conditions	Required documents
Benign Breast Disorder	1. The most recent ultrasound report of bilateral breast 2. Tumor, cyst and lump questionnaire 3. Primary Doctor Report (APS) (if needed) 4. Pathology report (if any)
Elevated Prostate-specific Antigen (PSA) Level	1. The most recent ultrasound report of prostate 2. Blood test for Prostate specific antigen (PSA) level 3. Special health questionnaire 4. Primary Doctor Report (APS) (if needed) 5. Pathology report (if any)
Ovarian Cyst	1. The most recent ultrasound report of pelvis 2. Tumor, cyst and lump questionnaire 3. Primary Doctor Report (APS) (if needed) 4. Pathology report (if any)

For comprehensive Cancer cover, client can apply for re-underwriting at any time within the period of 2nd and 6th policy year. The documentation requirements are the same as above table. Please refer to the table below for the conditions requirements:

Benign Conditions	Condition Requirements
Benign Breast Disorder	1. No claims have been made for any covered illness 2. No biopsy or surgical procedure done on any breast lesion, otherwise case to be assessed on case to case basis depending on pathology report

	<ul style="list-style-type: none"> 3. Ultrasound of bilateral breasts to be done after 1st policy anniversary and the condition is stable: <ul style="list-style-type: none"> ➢ No change in size ➢ No change in appearance suggesting malignancy ➢ No newly lesion is seen in either of breasts 4. No further investigation is required or waiting for test result, e.g. biopsy or blood test etc.
Elevated Prostate-specific Antigen (PSA) Level	<ul style="list-style-type: none"> 1. No claims have been made for any covered illness 2. No biopsy or surgical procedure done, otherwise case to be assessed on case to case basis 3. Blood test – PSA level is reduced to age normal <ul style="list-style-type: none"> ➢ 40-49 years: ≤2.5 ng/ml ➢ 50-59 years: ≤3.5 ng/ml ➢ ≥60 years: ≤4.5 ng/ml 4. Ultrasound of prostate to rule out pre-malignancy finding 5. No further investigation is required or waiting for test result, e.g. biopsy or blood test etc.
Ovarian Cyst	<ul style="list-style-type: none"> 1. No claims have been made for any covered illness 2. No biopsy or surgical procedure done on ovary, otherwise case to be assessed on case to case basis depending on pathology report 3. Ultrasound of pelvis to be done after 1st policy anniversary and the condition is stable: <ul style="list-style-type: none"> a. No change in size b. No change in appearance suggesting malignancy c. No newly lesion is seen in ovaries 4. No further investigation is required or waiting for test result, e.g. biopsy or blood test etc.

Q7: What is the definition of Surgical Excision of Covered Benign Tumour?

A7: It means an actual undergoing of a complete surgical excision of a Solid Tumour and such tumour is excised specifically for the purpose of ruling out cancer and is confirmed by histopathological examination in writing by a Specialist as a non-cancerous benign tumour of the covered organs. Where Solid Tumour means an abnormal mass of tissue, which is not a cyst and generally does not contain liquid.

Please refer to the Basic Benefit Provisions of SunHealth OmniCare for the definition of Surgical Excision of Covered Benign Tumour and Solid Tumour.

Q8: What determines 5%/10% of the Original Sum Assured payable under Surgical Excision of Benign Tumour Benefit?

A8: It depends on the organ which requires to undergo a complete surgical excision of a Solid Tumour. The full list of covered organs and the benefit payable of each organ can be found in Product Brochure / Product Guide / Basic Benefit Provisions.

Q9: What are the difference between the coverage under Benign Extra Benefit, Surgical Excision of Benign Tumour Benefit and the Cancer / Carcinoma-in-situ cover under Major Stage Critical Illness / Early Stage Critical Illness Benefit?

A9: Cancer / Carcinoma-in-situ cover under Major Stage Critical Illness Benefit / Early Stage Critical Illness Benefit

These benefits becomes payable upon the Diagnosis of Cancer / Carcinoma-in-situ. 100% of the Current Sum Assured will be paid for Cancer and 25% of the Original Sum Assured will be paid for Carcinoma-in-situ.

Benign Extra Benefit

It is common that your clients may be suffering from Benign Breast Disorder, Elevated Prostate-specific Antigen (PSA) Level or Ovarian Cyst. Under current practice, for some organs which have benign conditions, the Cancer or related CI conditions of such organs shall be excluded at underwriting. Benign Extra Benefit offers your client an additional 25% Original Sum Assured on Cancer coverage of the excluded organ(s).

Those clients will be possible to enjoy full coverage on Cancer, including the Cancer coverage under Major Stage Critical Illness Benefit and Major 3 Protection Benefit (for Plan 2) / Multi-Protection Benefit (for Plan 3) satisfactory re-underwriting results at any time within the period of 2nd and 6th policy year.

Surgical Excision of Benign Tumour Benefit

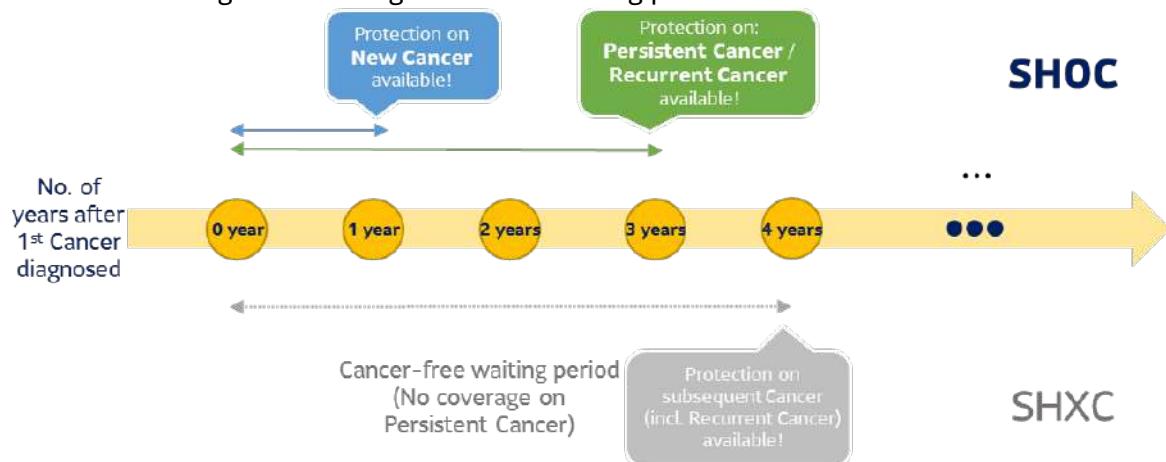
Surgical Excision of Benign Tumour Benefit provides an additional coverage of 5% / 10% of Original Sum Assured to each covered organ if the Insured undergoes a surgical excision of covered benign tumour of any one of the 20 covered organs. Up to an additional 10% of Original Sum Assured is payable under this benefit. The full list of covered organs and the benefit payable of each organ can be found in Product Brochure / Product Guide / Basic Benefit Provisions.

Q10: Is there any change on the waiting period between Cancer claims under SunHealth OmniCare and SunHealth MaxiCare?

A10: The waiting period of Cancer has been shortened under SunHealth OmniCare (for Plan 2 & 3). The change is as following:

SunHealth OmniCare (SHOC)	SunHealth MaxiCare (SHXC)
Persistent Cancer / Recurrent Cancer: 3 years New Cancer: 1 year	Cancer-free Waiting Period: 4 years

The illustrative diagram for changes on these waiting periods:



Q11: Comparing with SunHealth MaxiCare, the multiple payment benefits under SunWealth OmniCare Plan 2 / Plan 3 terminate after the Insured's age 85. What is the reason behind?

A11: Comparing with SunHealth MaxiCare, there are many enhancements made under SunHealth OmniCare Plan 2 / Plan 3, such as shortened the waiting period of Cancer, the newly-introduced Additional Death Benefit of 25% Original Sum Assured (even the multiple payment benefit terminates after age 85), other enriched extra benefits, the innovative SafetyNet Protector Benefit, enhanced underwriting guideline and so on. It is believed that an optimal balance between product features and client affordability is crucial. So some features such as benefit period of multiple payment benefit have been fine-tuned with consideration on the client affordability.

For more information, you may refer to the market analysis section in the Product Guide to find out why we are at the top positions in the market.

Q12: Is there any other benefit still payable under SunHealth OmniCare Plan 2/ Plan 3 after the first 100% Sum Assured has been paid out?

A12: Other than Major 3 Protection Benefit (for Plan 2) and Multi-Protection Benefit (for Plan 3), the Additional Death Benefit and Maturity Bonus under Plan 2 / Plan 3 are still available after the first 100% of the Original Sum Assured has been paid out.

Additional Death Benefit : An additional 25% of the Original Sum Assured will be payable upon death of the Insured.

Maturity Bonus : An additional 25% of the Original Sum Assured will be payable if the Insured is still alive upon maturity date.

Q13: Will future premiums of CoverPlus be waived after Major Stage Critical Illness Benefit or SafetyNet Protector Benefit becomes payable?

A13: As CoverPlus does not provide multiple payment benefits, CoverPlus terminates once the Major Stage Critical Illness Benefit or SafetyNet Protector Benefit becomes payable. So Premium Waiver does not applies to CoverPlus.

Q14: While the max Sum Assured of CoverPlus is 100% of Original Sum Assured of Basic Plan, will the Sum Assured of CoverPlus be affected upon partial surrender or Early Stage Critical Illness Benefit is payable?

A14: The Original Sum Assured of Basic Plan will not be affected when Early Stage Critical Illness Benefit becomes payable, and so the Sum Assured of CoverPlus will not be affected. Please note that Early Stage Critical Illness Benefit is not included under CoverPlus.

The Original Sum Assured of Basic Plan will be changed upon partial surrender, the Sum Assured of CoverPlus will then need to be reduced if it exceeds the Original Sum Assured of Basic Plan after partial surrender.

Claims:

Q1: Who can help to submit a claim in case the Policy Owner and the Insured are the same person and he/she unfortunately becomes incompetent (e.g. Coma)?

A1: Either the advisor or family member of the Policy Owner can help to submit the claim documents in such case.

Q2: Which benefits under CoverPlus are eligible for the settlement option? And how can the Policy Owner elect for this option?

A2: Settlement option is only applicable to the Major Stage Critical Illness Benefit and SafetyNet Protector Benefit under CoverPlus. The Policy Owner can state his/ her choice to receive these benefits in a **lump sum or by instalments** on the claim form. Any remaining balance of these benefits will be paid to the Policy Owner in a lump sum if the Insured dies during the payout of the instalments.

Appendix E: FNA product matrix

Please refer the following product matrix reference in FNA Form for **SunHealth OmniCare** and **CoverPlus (if applicable)**.

✓ Compulsory option(s)

◎ Applicable option(s)

Blank Box = Not applicable option(s)

Plan Name	SunHealth OmniCare	CoverPlus
FNA Submission	✓	✓
Q1: What are your objectives for seeking to purchase an insurance product? (tick one or more)		
a. Financial protection against adversities (e.g. death, accident, disability etc)	◎	◎
b. Preparation for health care needs (e.g. critical illness, hospitalization etc)	◎	◎
c. Providing regular income in the future (e.g. retirement income etc)		
d. Saving up for the future (e.g. child education, retirement etc)		
e. Investment		
f. Others (Please specify)		
Q2: To meet your "Investment" objective indicated above, how would you prefer to manage different investment options/investment choices, if available, under the insurance product? (tick one)		
Note: you must reply this question if question 1e "investment" is chosen. Do not leave it blank. We will reject your application if you do not reply.		
a. I want to make my own decisions (without any professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product		
b. I want to make my own decisions (with professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product		
c. I do not want to choose or manage different investment options/investment choices, if available, under an insurance product		
Q3: What is your target benefit/protection period/expected timeframe for meeting the target amount for insurance policy? (tick one)		
< 1 year		
1-5 years		
6-10 years		
11-15 years		
16-20 years		
> 20 years	◎	◎
Whole of life	◎	◎
Q4c: For how long are you able and willing to pay for an insurance policy? (tick one) (Please refer to Premium Payment Term of each product)		
2-5 years	◎	◎
6-10 years	◎	◎
11-15 years	◎	◎
16-20 years	◎	◎
> 20 years (until target retirement age of __)	◎	◎
Whole of life (including period after target retirement age of __)	◎	◎
A single payment of not more than HK\$ __		

Q5: Based on your answers to the questions above, the intermediary concerned has explored the following insurance options (as available to the intermediary) to meet your need(s) and circumstance(s):

(Any suggested single product must match the selected options in question 1, the suggested basic plan must match the selected options in questions 3 and 4c, and rider benefit must match the selected option in question 3.)

Objective(s) of Buying the Product(s) (Q1)	a. Financial protection against adversities, or b. Preparation for health care needs
Name of Insurance Product(s) Introduced (Please state the complete product name and premium payment term (if any))	SunHealth OmniCare, SunHealth UltraCare / SunHealth MaxiCare etc.
Product(s) Selected (Please state the complete product name and premium payment term (if any))	SunHealth OmniCare

Appendix F: Medical Insurance Suitability Assessment Product Matrix

Please refer the following product matrix reference in Medical Insurance Suitability Assessment for **SunHealth OmniCare** and **CoverPlus (if applicable)**.

Compulsory option(s)

Applicable option(s)

Blank Box = Not applicable option(s)

Plan Name	SunHealth OmniCare	CoverPlus
Answering Medical Insurance Suitability Assessment Questions on application form	Not compulsory for new application (suitability assessment has been fulfilled via FNA)	Not compulsory for new application (suitability assessment has been fulfilled via FNA)*; Compulsory for rider attached after policy issuance
Q1: What are your objective(s) of purchasing a medical insurance product? (tick one or more)		
a. Getting insurance protection for future healthcare needs (e.g increasing expenses for medical and healthcare services)	<input type="radio"/>	
b. Getting insurance protection for loss of income upon illness	<input type="radio"/>	
c. Getting insurance protection for loss of income during hospital confinement		
Q2: What type(s) of medical insurance products are you looking for to meet your objective(s) above? (tick one or more)		
a. Indemnity		
b. Non-indemnity		<input checked="" type="checkbox"/>

*The objectives for seeking to purchase the medical insurance product must be indicated in FNA (i.e. choosing "b. Preparation for health care needs" in FNA Q1)

Appendix G: Value-added Benefits

In addition to the comprehensive coverage, we also provide the following Value-Added benefits as extra safeguard to enhance the medical protection of your client.

The Valued-Added Benefits below (point a to e) are provided by third-party company, HealthMutual Group Limited ("HMG") and Worldwide Emergency Assistance Benefit is provided by I.P.A.. These benefits are not guaranteed to be renewable.

a. Medical Concierge Service

- We will provide referrals of recommended doctors based on your client's condition and needs, and help to make appointments with doctors, specialists, day case surgery, hospital admission and local urgent care assistance.

b. Face-to-face Second Medical Opinion Services

- Once Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit (if applicable) or Comprehensive Benign Protector Benefit (if applicable), is paid, your client can enjoy the free face-to-face Second Medical Opinion Service (SMO) provided by third party company or service provider at no extra cost.
- This benefit will terminate 1 year from the date the Company has approved the claim for the benefits mentioned above, and the Insured has selected to use this benefit in respect of the above claim.

c. Cancer and Stroke Family Support Program

- If your client diagnosed with a cancer related illness or suffers from a stroke, your client or his/her immediate family member are eligible for two free psychological support sessions in total, per diagnosed cancer related illness or suffers from a stroke.

d. Family Care Benefit

- Once Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit (if applicable) or Comprehensive Benign Protector Benefit (if applicable), your client is eligible to select and use any one of the appointment services of the Family Care Benefit as follows: (i) spouse care services; (ii) parental care services; (iii) childcare services; (iv) pet care services; (v) home care services; or (vi) hospital discharge assistance. The cost of the Family Care Benefit will be borne by the client.

e. 24-Hour Service Hotline

- 24-hour hotline is available for your client to answer their health-related questions in Cantonese, Mandarin and English.

f. Worldwide Emergency Assistance Benefit

- Your client will enjoy free 24-hour worldwide emergency assistance services when they are traveling outside of Hong Kong at anytime.

Please note that any fee and charge from above value-added benefits which are not covered by SHOC or third-party company shall be borne by the client.

You can refer to Quick Guide to Sun Life Value-added Services by scanning the QR code below for details on eligible value-added benefits, arrangement of these services, terms and conditions, and claim procedure.



Important notes:

- All defined terms should be referred to policy provisions.
- Information contained in this product guide is based on and compiled with information from sources that is deemed to be reliable, but Sun Life does not guarantee the accuracy or completeness of such information, and will not accept any liability for the information. It is for general reference only. This should not be regarded as any form of guarantees or professional advice. It does not constitute any recommendations, offers or solicitations. Nor should it form basis for any contract to sell or to purchase any products.



SunHealth OmniCare

Product Guide

May 2023

Sun Life Hong Kong Limited

(Incorporated in Bermuda with limited liability)

 **Sun Life**
永明金融

Life's brighter under the sun

Summary of Changes:

May 2023 version	<ul style="list-style-type: none">• According to the amendment on Value-added services<ul style="list-style-type: none">◦ Removed the value-added benefit related section in Appendix A: Product details◦ Newly added section: Appendix G – Value-added Benefits
August 2021 version	<ul style="list-style-type: none">• Updated the list of attachable riders for the launch of the optional rider benefit – Accidental Death & Disability Plus Benefit
April 2021 version	<ul style="list-style-type: none">• Updated Section 10: Administration Guidelines for guidelines on sales process and added Appendix F – Medical Insurance Suitability Assessment Product Matrix according to GL31 Medical Insurance Business from IA• Updated the illustrative examples in A5 (Product Features) under Appendix D Additional Frequently Asked Questions for 2021 Dividend Recommendation• Removed market comparison
September 2020 version	<ul style="list-style-type: none">• Updated Section 12 – Summary of sales support materials• Added Appendix E – FNA Product Matrix according to GL30 Financial Needs Analysis from IA

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1. Critical illness protection – Why is it so important?

Do you know how much does it cost for critical illnesses treatments?

(IN HKD)

Ranking of death cause in HK (2017) ¹	Example of Disease	Diagnosis	Treatment	Rehabilitation	Total ²
1 (Malignant neoplasms)	Breast Cancer (Stage 3)	30,000 – 40,000	741,000 – 1,070,000	71,000 – 173,000	842,000 – 1,283,000
3 (Diseases of heart)	Myocardial Infraction	60,000 – 172,000	655,000 – 1,626,000	51,000 – 196,000	766,000 – 1,994,000
4 (Cerebrovascular diseases)	Ischemic Stroke	57,000 – 136,000	966,000 – 1,700,000	89,000 – 215,000	1,112,000 – 2,051,000
10 (Diabetes mellitus)	Diabetic Foot	23,000 – 44,000	332,000 – 2,163,000	5,000 – 7,000	360,000 – 2,214,000

* Please refer to Important Note 1 at the end of this document for disclaimer.

Source of Data:

1. Number of Deaths by Leading Causes of Death, 2001 – 2017, Centre for Health Protection

2. Cost of Treatment in Hong Kong (2013) issued by IPSOS, research conducted by IPSOS & Sun Life Hong Kong Limited on 2016.



Actual cost of today could be higher with medical inflation.

ONCE diagnosed with CI,
Loss of income Living expenses Education fee Long-term medication
Future uncertainty of life Instant medical cost And so on...



Are your clients and their families
PREPARED?



2. SunHealth OmniCare – Key highlights

SunHealth OmniCare – One product, one family

The ultimate critical illness solution for you, your clients, and their families



More Choices!!

Flexibility with 3 plan levels

- Plan 1/2/3 fits different needs of clients



Please refer to Section 3



More Flexibility!!

Introducing the optional rider CoverPlus

- Further enhancing the flexibility to tailor-made a protection solution for your clients
- Extra Death, Major Stage CI and SafetyNet Protector Benefits with same premium payment term as basic plan
- Maturity Benefit provides up to 100% of Original Sum Assured of CoverPlus at maturity



Please refer to Section 5



Comprehensiveness!!

Up to 175% of Extra benefits

- Extra benefits solutions on Cancer, Heart Attack and Stroke related conditions
- Introducing Comprehensive Benign Protector Benefit
- Enhancing Diabetes Protector Benefit
- Additional Death Benefit / Maturity Bonus



Please refer to Section 6



Rare in Market!!

Introducing the innovative SafetyNet Protector Benefit

- Builds up a **safety net** for complex surgical procedures due to injury or illness condition which is not covered by other benefits
- Reduce claims disputes and expand coverage to future unknown illnesses
- Simple and easy-to-understand criteria



Please refer to Section 7



All-rounded Cancer & multiple payment benefits!!

Extended cancer support and multiple payment benefits

- Enjoy **up to 400% of Original Sum Assured** of enhanced cancer coverage (Under Plan 2 / 3)
- Two multiple payment benefits options available (Under Plan 2 / 3)
- Enhanced coverage for heart and nervous system illnesses



Please refer to Section 8



Ease of Sales!!

Underwriting & product rules enhancements

- **Market leading** product maximum lifetime limit
- Conversion solution to existing **Critical Medical Care II (CMC II)** policies
- **Remove exclusions on unknown congenital illnesses**
- Extend Guaranteed Insurability Option to newborn of the Insured



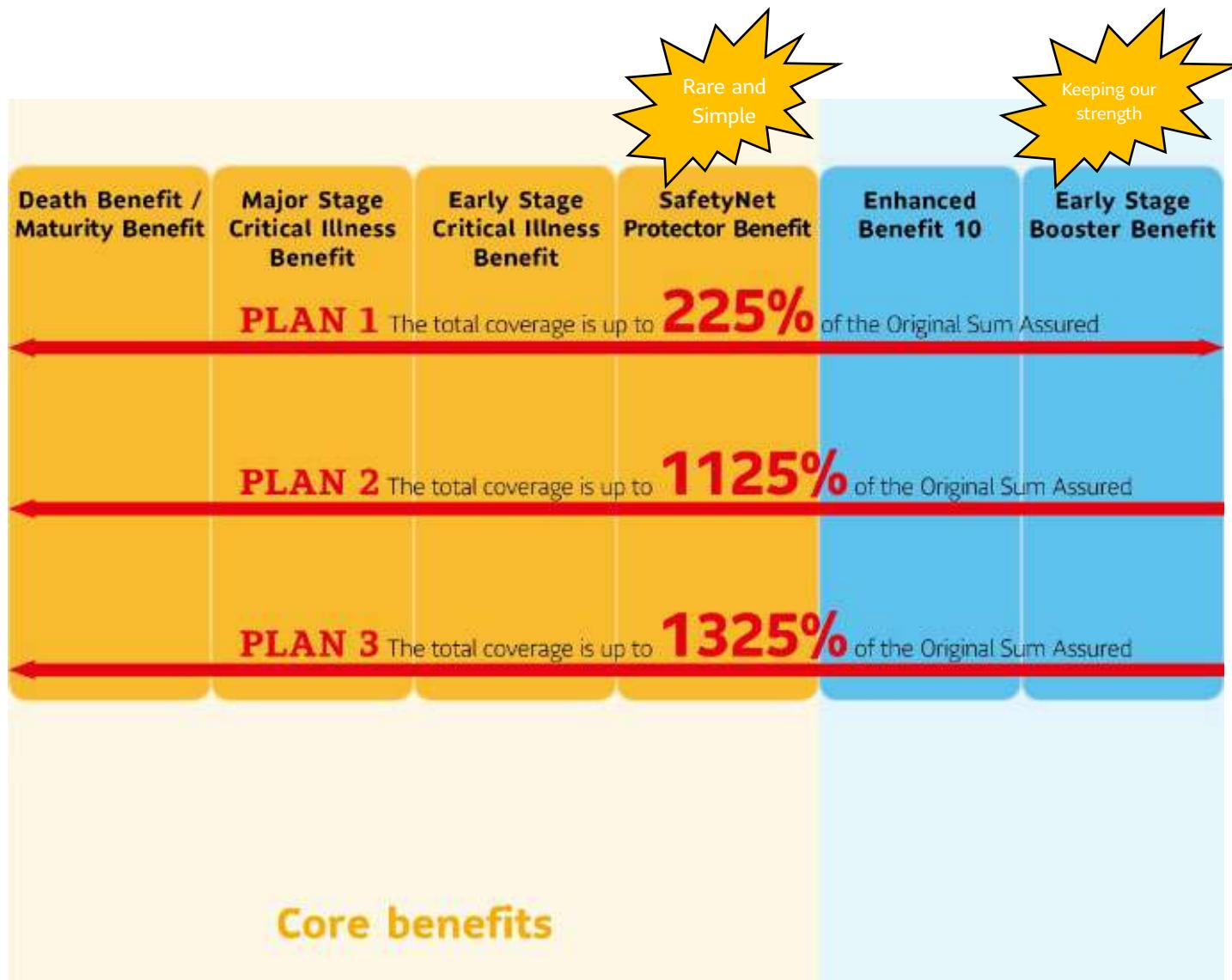
Please refer to Section 9

3. SunHealth OmniCare – Plan levels & benefit design

Three plan levels with optional rider to meet different client needs

We understand that at different stages of life, the needs for current and future protection, as well as affordability, may vary. That's why **SunHealth OmniCare** is available in 3 different plan levels (Plan 1, Plan 2 and Plan 3) with an optional rider - **CoverPlus**.

These options provides you flexibility to tailor-made a protection solution for your clients



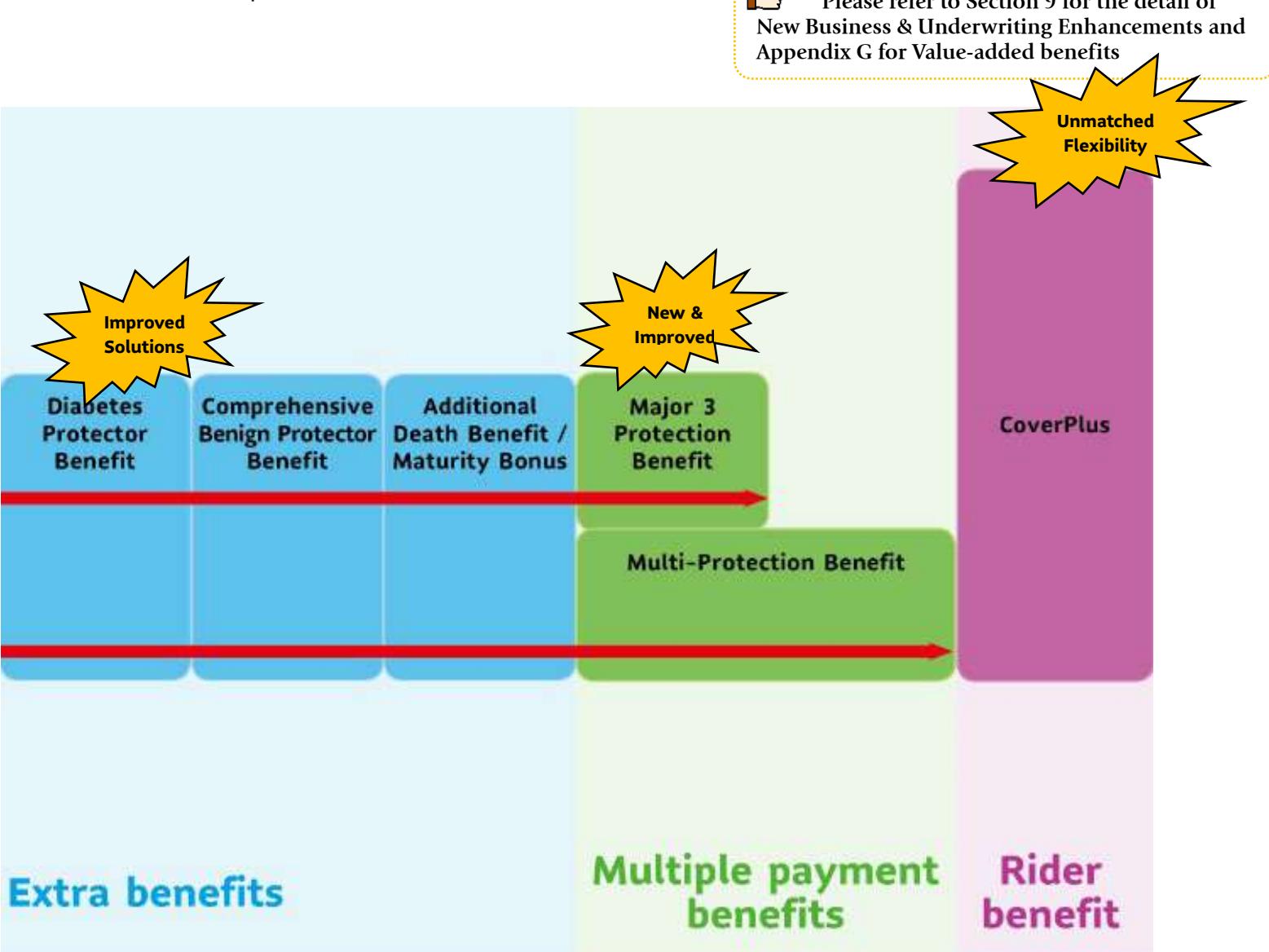
What's more?

Aside from the benefits, SunHealth OmniCare offers your client:

1. **Guarantee Insurability Option** for life stage events
2. **Guarantee Insurability Option for new born** of your client
3. **A series of Value-added Benefits**

And much improved benefit terms and conditions.

 Please refer to Section 9 for the detail of New Business & Underwriting Enhancements and Appendix G for Value-added benefits



4. Target Clients – One product, one family

We understand that each family members may have different needs as they are in different life stages, **SunHealth OmniCare** will be a total solution with suitable protection for each family member.



SunHealth OmniCare Plan 1 is suitable for:

- Clients mostly looking for **basic CI protection**
- Younger lives with budget concerns, such as **fresh-graduates**
- **Pre-retirees** with less multiple benefit needs and more concern about budget

SunHealth OmniCare Plan 2 is suitable for:

- Clients looking for **comprehensive solution with affordable premium**
- Clients requiring full protection against major illnesses (e.g. Cancer, Heart Attack, Stroke), such as **Young parents**
- **Middle age or professionals** looking for additional protection benign tumors, diabetes and major illnesses

SunHealth OmniCare Plan 3 is suitable for:

- Clients looking for the **most comprehensive CI protection**
- Clients who needs protection on future uncertainty over lifetime, such as **young children**
- **Middle age parents** needing full protection for family

CoverPlus is suitable for:

- Clients looking for **enhanced basic CI or death protection**, or **with budget concern**
- Clients who believe **multiple protection benefit, while attractive, is less needed than basic CI protection**
- **Bread feeder** in a family who needs **income replacement solution** on CI

5. Newly introduced optional rider – CoverPlus

Have you encountered one of these client requests?

I would like to have lower premium while keeping the same major protection



I want an income protection



I have more concern on basic benefit rather than multiple payment benefits!



We want simple CI protection without whole life payment



CoverPlus is the ultimate one-stop solution!

CoverPlus can help our clients to achieve the following:

1. **Enjoy more** Death Benefit, Major Stage CI Benefit, and SafetyNet Protector Benefit; or
2. **Lower premium** – enjoy the **same Death Benefit, Major Stage CI Benefit, and SafetyNet Protector Benefit protection**; and / or
3. **Settlement Option** – Receive the benefit by installment, cover living expenses due to income loss while receiving CI treatment, such as parent's living cost, children's education cost and family expenses etc.; and / or
4. Enjoy protection **up to age 100** with the **same premium payment term** as basic plan; and / or
5. **Maturity Benefit** – ensures 100% of the Sum Assured ("SA") of CoverPlus will be paid if the insured is alive at maturity



What are the benefits covered under CoverPlus?



CoverPlus provides **100% SA of this Rider** (additional coverage with no deduction of sum assured from the basic plan) and allows maximum of 1 claim in total on one of the following benefits:

1. Death Benefit
2. Major Stage CI Benefit
3. SafetyNet Protector Benefit
4. Maturity Benefit

The Current Sum Assured of Basic Plan will not be affected by this rider, hassle-free!

5.1 Combinations of Basic Plan and CoverPlus

How can **CoverPlus** help our clients to enjoy the same Sum Assured at lower premium?

We offer extra flexibility for the clients:

- To purchase both the basic plan and CoverPlus, such that the total benefit amounts of Death Benefit, Major Stage CI Benefit, and SafetyNet Protector Benefit remain unchanged; and
- To reduce the Benefit amounts of Early Stage CI Benefit under core benefits, extra benefits, multiple payment benefits (Plan 2 and 3 only), and saving returns;

Such that we could form an ideal solution for those clients who are mainly focusing on Death Benefit, Major Stage CI Benefit, and SafetyNet Protector Benefit and lowering the total premium.

Example: Male, non-smoker, age 35, 20 Pay SunHealth OmniCare Plan 1

	Protective choice! (100%)	Balanced choice! (80/20)	Budget choice! (50/50)
Combinations:	Basic Plan (SA=HK\$1M) (No CoverPlus attached)	Basic Plan (SA=HK\$800K) CoverPlus (SA=HK\$200K)	Basic Plan (SA=HK\$500K) CoverPlus (SA=HK\$500K)
Death Benefit, Major Stage CI Benefit, or SafetyNet Protector Benefit	HK\$1,000,000	HK\$800,000 + 200,000 $= \text{HK\$1,000,000}$	HK\$500,000 + 500,000 $= \text{HK\$1,000,000}$
Early Stage CI Benefit	HK\$1,000,000 x 25% $= \text{HK\$250,000}$	HK\$800,000 x 25% $= \text{HK\$200,000}$	HK\$500,000 x 25% $= \text{HK\$125,000}$
Annual Premium	HK\$27,860	HK\$26,142 (-6%) (Same total sum assured, lower total Premium!)	HK\$24,215 (-13%) (Same total sum assured, even lower total Premium!)

More affordable premium with essential protection, ideal balanced choice!

Suggested combination:
Plan 2/3 + **CoverPlus** with 80/20 allocation



Ideal for clients with budget concern, such as fresh-grads and pre-retirees.

Suggested combination:
Plan 1 + **CoverPlus** with 50/50 allocation

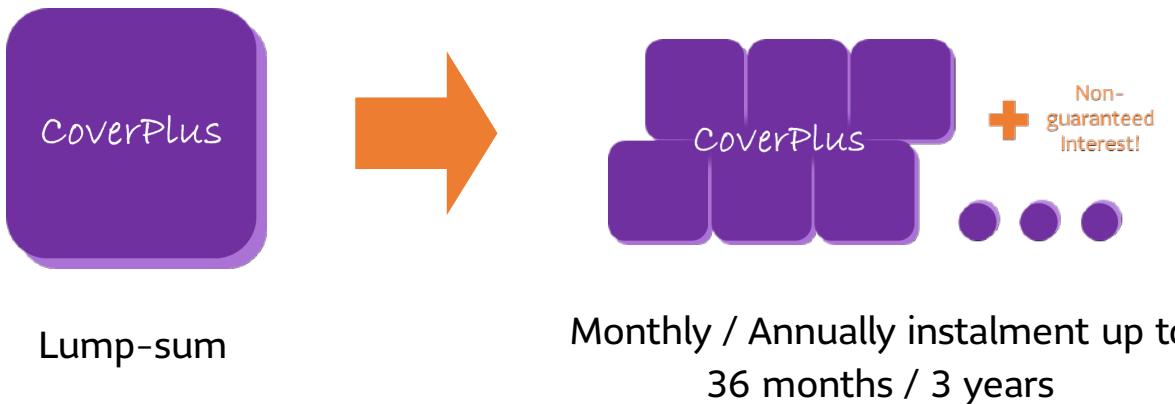


5.2 Settlement options

Do you know **CoverPlus** can also provide our clients income protection?

We provide our clients extra flexibility with three settlement options:

1. Lump-sum payment
2. Monthly instalment of up to 36 months with **non-guaranteed interest**
3. Annually instalment of up to 3 years with **non-guaranteed interest**



Q: Which Benefits are eligible for settlement option?

A: Major Stage CI Benefit and SafetyNet Protector Benefit.

Q: Is there any rounding on monthly / annually instalment?

A: The monthly / annually instalment will be rounded to 2 decimal points.

Q: Is there waiting period before settlement option commences?

A: None. Income is payable as soon as the claim is admitted.

Q: Can the client withdraw the remaining balance in lump-sum during settlement period?

A: Yes. Client may choose to withdraw the remaining balance in one lump-sum should the need arise (e.g. for treatment needs)

Basic Plan and **CoverPlus** form a perfect combination to provide protection on clients' instant medical expenses, long-term medications and even non-medical living expenses!



On P.25 - 26, let's see a case illustration on how this Settlement Option can help providing continuous protection for your client while battling with cancer!

Scenario 1: Mr A



Mr A is a fresh graduate and just started his career. He worries about unexpected medical expenses which could lead to serious financial burden for his parents.

He enrolls **SunHealth OmniCare Plan 1** and **CoverPlus** at age 23 with a 50/50 allocation between **SunHealth OmniCare** and **CoverPlus**

Mr A buys 20-Pay **SunHealth OmniCare Plan 1** with **Original Sum Assured = HKD 540,000**
Also, he buys 20-Pay **CoverPlus** with **Sum Assured = HKD 540,000**

12th policy year

1st Claim

Mr A suffers from Major Head Trauma during a serious car accident

Illness claimed:
Major Head Trauma (Major Stage CI)

Major Stage CI Benefit
HKD 540,000
(100% of Original SA)
+ any face value of Special Bonus (non-guaranteed)

Major Stage CI Benefit (under **CoverPlus**)
HKD 15,000 x 36 months
(100% of SA of CoverPlus)
+ Non-guaranteed interest

Total:
HKD 1,080,000
+ Non-guaranteed interest
+ any face value of Special Bonus (non-guaranteed)



- The Major Stage CI Benefit provides Mr A **HKD540,000** for the brain surgery and other hospitalization expenses
- Mr A quits his job and stopped working for rehabilitation. As he chooses to receive the Major Stage CI Benefit under **CoverPlus** by monthly instalment, his loss of income is covered. **HKD 15,000 every month with non-guarantee interest** of income is provided every month, **up to 3 years**.

Total Benefits Paid:

HKD 1,080,000 (100% of Original SA + 100% of SA of CoverPlus)
+ Non-guaranteed interest + any face value of Special Bonus (non-guaranteed)

6. Up to 175% of extra benefits

Thanks to the advanced medical technology of today, more and more illnesses are curable and diagnosable at early stages. **SunHealth OmniCare** offers 3 additional benefits on illnesses related to cancer, heart diseases, stroke, and diabetes.

What's more, Additional Death Benefit / Maturity Bonus are also embedded in the Basic Plan, and the Current Sum Assured will not be affected by these extra benefits!

The following Extra benefits are included under **SunHealth OmniCare**

- **Early Stage Booster Benefit** – for minor illnesses related to cancer, heart diseases and stroke
- **Diabetes Protector Benefit** - for diabetes related illnesses
- **Comprehensive Benign Protector Benefit** - for cancer or benign tumour
- **Additional Death Benefit / Maturity Bonus** – extra benefit of 25% of Original SA at death or maturity

The Benefit Amount in first 10 policy years (with Enhanced Benefit 10 applies):

	Plan 1	Plan 2	Plan 3
EXTRA BENEFITS			
• Early Stage Booster Benefit	75%	75%	75%
• Diabetes Protector Benefit	N/A	37.5%	37.5%
• Comprehensive Benign Protector Benefit	N/A	37.5%	37.5%
• Additional Death Benefit / Maturity Bonus	N/A	25%	25%
Total of all Extra benefits	75%	175%!!	

The Benefit Amount from 11th policy year:

	Plan 1	Plan 2	Plan 3
EXTRA BENEFITS			
• Early Stage Booster Benefit	50%	50%	50%
• Diabetes Protector Benefit	N/A	25%	25%
• Comprehensive Benign Protector Benefit	N/A	25%	25%
• Additional Death Benefit / Maturity Bonus	N/A	25%	25%
Total of all Extra benefits	50%	125%	



More detail on next few pages!

6.1 Early Stage Booster Benefit

SunHealth OmniCare provides cover on 4 Early Stage Critical Illness conditions at **25% of Original Sum Assured** with maximum two claims allowed.

The 4 Early Stage Critical Illness conditions covered under this benefit:

- Carcinoma-in-situ and Early Malignancy
- Angioplasty and Other Invasive Treatments for Coronary Artery Disease
- Insertion of Pacemaker or Defibrillator
- Angioplasty and Other Surgeries for Carotid Arteries



Q: Can Early Stage Booster Benefit be claimed more than once from different covered Early Stage Critical Illness Conditions?

A: Yes. Under this benefit, a maximum of 2 claims are allowed for the covered Early Stage Critical Illness Conditions.

Q: Together with Early Stage CI Benefit, how can the insured make claims on Angioplasty and Other Invasive Treatments for Coronary Artery Disease for 3 times ?

A: The third claim under Early Stage Critical Illness Conditions will be eligible only if the first 2 claims have been paid under Early Stage Booster Benefit. That is to say, a maximum of 3 claims on Angioplasty and Other Invasive Treatments for Coronary Artery Disease are allowed under both Early Stage Critical Illness Benefit and Early Stage Booster Benefit.

6.2 Diabetes Protector Benefit

Improved Solution!

Diabetes awareness in Hong Kong is still relatively low despite the fact that around 10%* of its population is suffering from diabetes, and the potential impact of this illness can be serious. With this additional benefit, up to **25% of Original Sum Assured** is payable if our clients suffer from the following common diabetic related illnesses.

*Source: <http://www.diabetesrisk.hk/slogan>



- i. When client suffers from Diabetic Complications (a Major Stage CI condition), an **additional 25% Original SA** will be payable along with the Major Stage CI Benefit of up to 100% Original SA. That is to say, the client will receive up to **125% Original SA** in total, or
- ii. When they suffer from any one the following diabetic related illnesses for the first time, an **additional 25% Original SA** will be payable.
 - Diabetic Nephropathy
 - Diabetic Retinopathy
 - Insulin Dependent Diabetes Mellitus (IDDM)

Gestational Diabetes

New

How to claim? See Q&A on P.42 and P.44 to learn more about our definition and benefit conditions.



What is Gestational Diabetes?

Gestational Diabetes is a condition which a non-diabetic woman develops high blood sugar levels during pregnancy. Although Gestational Diabetes condition is usually temporary, those women are at higher risk of developing type II diabetes thereafter.

It is common in Hong Kong, around one seventh of woman is diagnosed with this complication during pregnancy.

Source: Let's beat diabetes, Centre for Health Protection

Rare in market!

6.3 Comprehensive Benign Protector Benefit

This Benefit provides up to **25% of Original Sum Assured** with:

- (1) Benign Extra Benefit
- (2) Surgical Excision of Benign Tumour Benefit



(1) Benign Extra Benefit – Expanding Client Reach

How does it work?

Nowadays it is common that your clients may be suffering from Benign Breast Disorder, Elevated Prostate-specific Antigen (PSA) Level or Ovarian Cyst. Under current practice, for some organs which have benign conditions, the Cancer or related CI conditions of such organs shall be excluded at underwriting. Benign Extra Benefit offers your client an **additional 25% Original SA** on Cancer coverage of the excluded organ(s), with a possibility of enjoying full coverage on Cancer upon satisfactory re-underwriting results.



Which Cancer(s) are covered under “Benign Extra Benefit”?

The Cancer(s) specified in the Endorsement which is otherwise excluded from coverage in accordance with the terms of such Endorsement (“Excluded Cancer”), such Excluded Cancer shall be covered under the Benign Extra Benefit. For the avoidance of doubt, this benefit only applies to Cancer stated in the Endorsement as “Except as covered under Benign Extra Benefit”. Any illnesses or conditions specified in the Endorsement without such special statement are not covered under Benign Extra Benefit or otherwise under this Basic Plan, except for purposes of the Death Benefit and Additional Death Benefit.

The offer of Benign Extra Benefit is subject to underwriting decision and the then underwriting guideline.

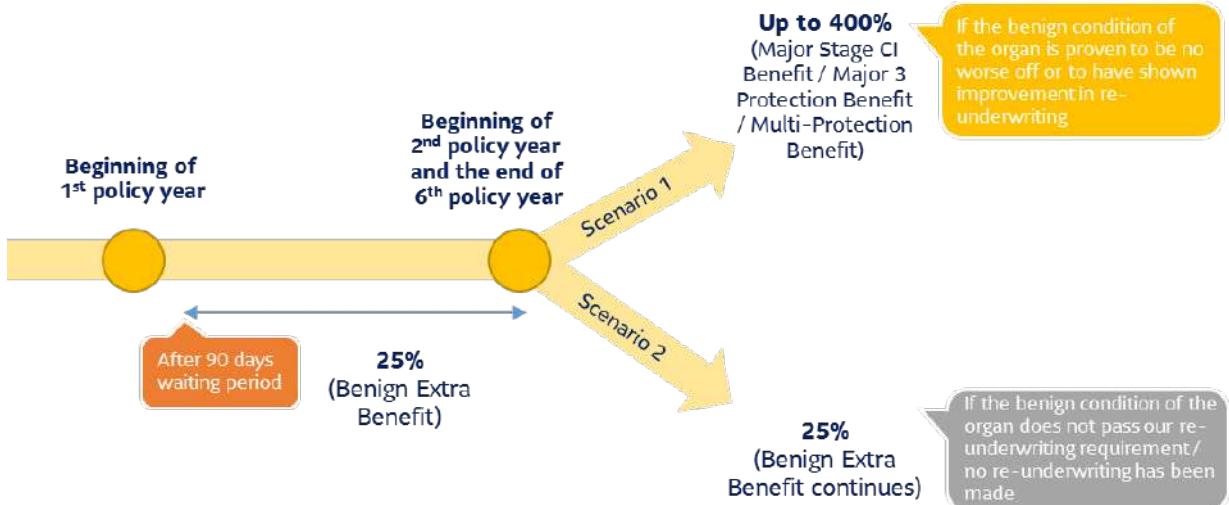
What documents are required for this benefit at underwriting and re-underwriting?

Benign Conditions	Required Documents
Benign Breast Disorder	<ol style="list-style-type: none">1. The most recent ultrasound report of bilateral breast2. Tumor, cyst and lump questionnaire3. Primary Doctor Report (APS) (if needed)4. Pathology report (if any)
Elevated Prostate-specific Antigen (PSA) Level	<ol style="list-style-type: none">1. The most recent ultrasound report of prostate2. Blood test for Prostate specific antigen (PSA) level3. Special health questionnaire4. Primary Doctor Report (APS) (if needed)5. Pathology report (if any)
Ovarian Cyst	<ol style="list-style-type: none">1. The most recent ultrasound report of pelvis2. Tumor, cyst and lump questionnaire3. Primary Doctor Report (APS) (if needed)4. Pathology report (if any)

Let's see how it works on next page!

See Q6 of the additional FAQ on P.85 – 86 for more detail!

When the insured is diagnosed with cancer in any organ which is covered under Extra Benign Benefit:



What are the requirements to extend the cover to Cancer protection of up to 400% of Original SA?

Benign Conditions	Condition Requirements
Benign Breast Disorder	<ol style="list-style-type: none"> 1. No claims have been made for any covered illness 2. No biopsy or surgical procedure done on any breast lesion, otherwise case to be assessed on case to case basis depending on pathology report 3. Ultrasound of bilateral breasts to be done after 1st policy anniversary and the condition is stable: <ul style="list-style-type: none"> ➢ No change in size ➢ No change in appearance suggesting malignancy ➢ No newly lesion is seen in either of breasts 4. No further investigation is required or waiting for test result, e.g. biopsy or blood test etc.
Elevated Prostate-specific Antigen (PSA) Level	<ol style="list-style-type: none"> 1. No claims have been made for any covered illness 2. No biopsy or surgical procedure done, otherwise case to be assessed on case to case basis 3. Blood test – PSA level is reduced to age normal <ul style="list-style-type: none"> ➢ 40-49 years: ≤2.5 ng/ml ➢ 50-59 years: ≤3.5 ng/ml ➢ ≥60 years: ≤4.5 ng/ml 4. Ultrasound of prostate to rule out pre-malignancy finding 5. No further investigation is required or waiting for test result, e.g. biopsy or blood test etc.
Ovarian Cyst	<ol style="list-style-type: none"> 1. No claims have been made for any covered illness 2. No biopsy or surgical procedure done on ovary, otherwise case to be assessed on case to case basis depending on pathology report 3. Ultrasound of pelvis to be done after 1st policy anniversary and the condition is stable: <ul style="list-style-type: none"> ➢ No change in size ➢ No change in appearance suggesting malignancy ➢ No newly lesion is seen in ovaries 4. No further investigation is required or waiting for test result, e.g. biopsy or blood test etc.



Q: What would be the application or underwriting process for this benefit?

A: A normal application should be filed together with the documents required. Final offer is subject to underwriting's individual case consideration. If the applicant is eligible for this benefit, an Exclusion Endorsement will be issued stating the Excluded Cancer and whether such Excluded Cancer is eligible for Benign Extra Benefit. If the insured's benign condition is proven to be no worse off or to have shown improvement at any time within 2nd to 6th policy year, upon successful re-underwriting, we will remove the exclusion of such Cancer and it will be covered under the Major Stage Critical Illness Benefit and Major 3 Protection Benefit/Multi-Protection Benefit (if applicable).

Q: How about other benign conditions such as Uterine Fibroid?

A: Subject to existing underwriting guideline, Benign Breast Disorder, Elevated PSA Level and Ovarian Cyst are being identified as the three conditions which this benefit is applicable to. For other common benign conditions such as Uterine Fibroid, the current underwriting guideline offers competitive decision relative to the severity of the condition.

Scenario 2: Ms B

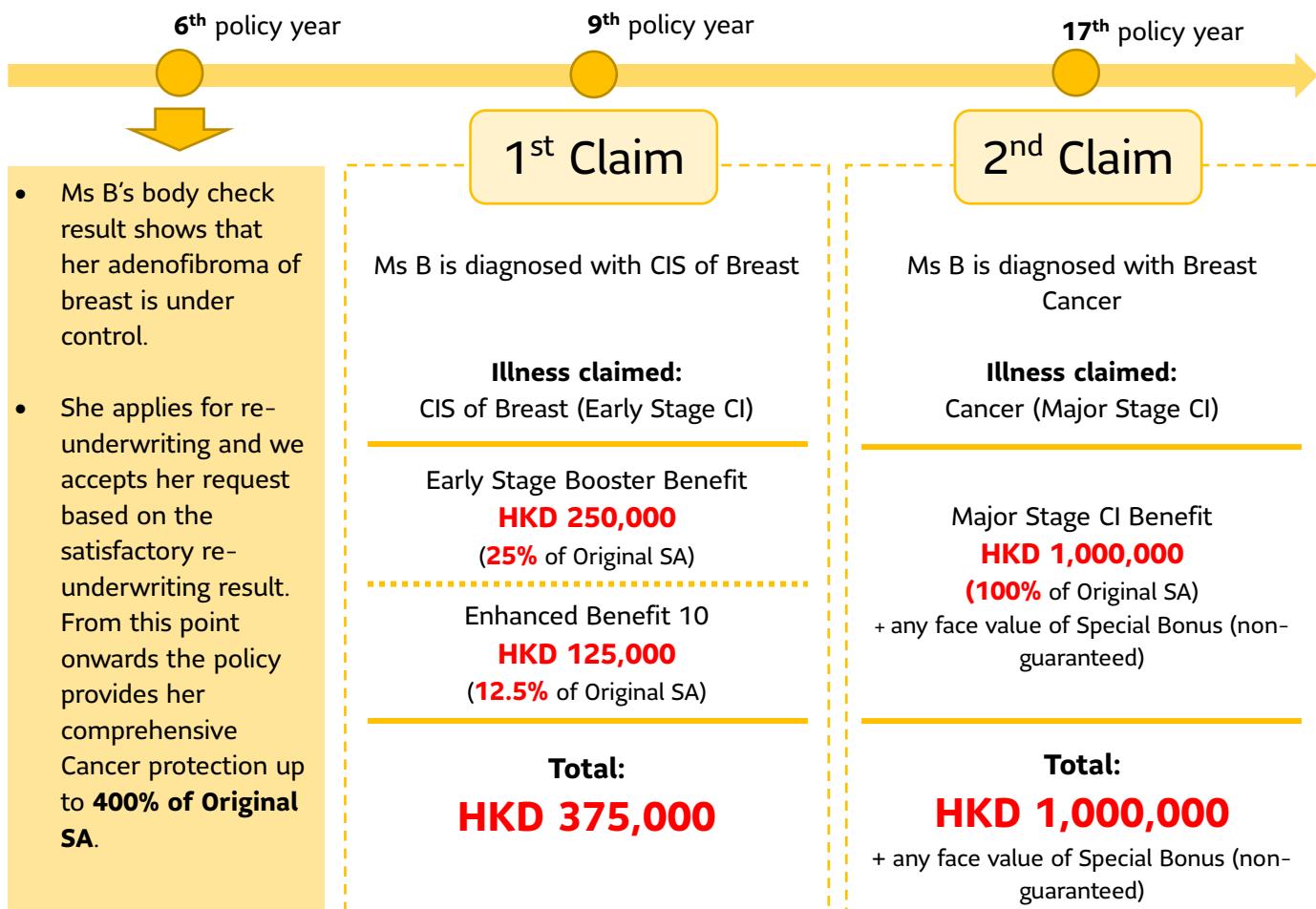


Ms B was diagnosed with adenofibroma of breast (benign condition) when she was 42. She realizes that health is precious and purchases herself a **SunHealth OmniCare Plan 2** policy.

SunHealth OmniCare Plan 2 provides Ms B:

1. Breast Cancer protection by Benign Extra Benefit
2. Normal multiple Cancer protection on rest of the Cancer sites with up to 400% of Original SA, and if her Adenofibroma of breast (benign condition) is proven to be no worse off or to have shown improvement at any time within 2nd to 6th policy year, she can enjoy the full cancer protection on Breast Cancer also.

Ms B buys 25-Pay **SunHealth OmniCare Plan 2** with
Original Sum Assured ("SA") = HKD 1,000,000



Total Benefits Paid so far:

HKD 1,375,000 (137.5% of Original SA)

+ any face value of Special Bonus (non-guaranteed)

All other benefits terminated except for

Major 3 Protector Benefit, Additional Death Benefit and Maturity Bonus

(2) Surgical Excision of Benign Tumour Benefit – Expand tumor coverage

This benefit provides an additional coverage if the insured undergoes a surgical excision of covered benign tumour of the following **20 organs**. Up to an additional 10% of Original Sum Assured is payable under this benefit.

Organs	Surgical Excision of Benign Tumour Benefit
1. Breast 2. Ovary 3. Penis 4. Uterus, in which only endometrial polyps are covered 5. Adrenal gland 6. Bone 7. Conjunctiva 8. Heart 9. Kidney 10. Liver 11. Lung 12. Nerve in cranium or spine 13. Pancreas 14. Pericardium 15. Pituitary gland 16. Renal Pelvis 17. Small intestine 18. Testis 19. Ureter 20. Urethra	Additional 5% of Original Sum Assured (subject to a maximum per life per product limit of HK\$80,000 / US\$10,000)
	Additional 10% of Original Sum Assured (subject to a maximum per life per product limit of HK\$160,000 / US\$20,000)



Do You Know?

The number of in-patient treatments due to benign tumors may be more than you thought! In 2016/17, a total of 3,235 hospital discharges were recorded with causes relating to benign neoplasm of breast, ovary, urinary organs, and brain and other parts of central nervous system, of which 77% of the cases were taken place in a private hospital. In addition, 35,789 hospital discharges were recorded due to "other in situ and benign neoplasms and neoplasms of uncertain and unknown behavior".

Source: Hospital Authority Annual Report



See P.22 on how SunHealth OmniCare offers your client a full cancer protection solution!



See Q7 and Q8 of the additional FAQ on P.86 for more detail!



Let's see how all these additional benefits work on next page!

Scenario 3: Mr C



Mr C enrolls himself to a **SunHealth OmniCare Plan 2** policy at age 35. He would like to purchase a whole life critical illness protection for himself.

SunHealth OmniCare Plan 2 provides Mr C:

1. Comprehensive **Extra Benefits** without affecting his Sum Assured for major benefits
2. **Lump sum benefit** and **multiple benefit** upon diagnosis of covered illnesses

Mr C buys 15-Pay **SunHealth OmniCare Plan 2** with **Original Sum Assured = HKD 1,000,000**



7. SafetyNet Protector Benefit – Rare in market!

Worry about injury or illness conditions being not claimable, or even suffer from unknown or unforeseeable severe illness in future? **SafetyNet Protector Benefit** builds up a safety net when our clients' injury or illness condition does not meet the criteria of any CI benefit of the policy!



SafetyNet Protector Benefit can:

1. **Reduce the likelihood of claims declined** due to definition limitation on injury or illness conditions
2. **Cover unknown severe illness** in future
3. **Simple** claims requirements

This benefit provides up to **100% of Original Sum Assured** when client is diagnosed with a severe illness which does not meet the criteria of other benefits and required to undergo a Complex Surgical Procedure under the Schedule of Surgical Procedures* (see P.60).



* Such list may be varied, updated and amended from time to time at the Company's discretion.



Do You Know?

- 548 complaints was received by the Insurance Authority (IA) within first half of 2018*
- 67 complaints (12%) of them are related to **claim dispute** and **claim assessment***

Claim dispute on critical illness plans are common because of discrepancy between the exact illness conditions of the clients do not meet the specified critical illness definitions. **With its simple requirement, SafetyNet Protector Benefit is designed to reduce potential claim dispute!**

*Source: Summary of Complaints received by the Insurance Authority 1 January 2018 - 30 June 2018

【神秘病毒】世衛警告「X疾病」隨時爆發 或危及全球數百萬人

熱爆話題

撰文：陳展希 2018-03-12 16:22 最後更新日期：2018-03-13 12:05

不知名病毒正悄悄出現，更可能危及全球數百萬人！世界衛生組織（WHO）近日公布2018年可能爆發的全球傳染流行疾病，除了已知的病毒，如伊波拉、寨卡及沙士（SARS）等8種病毒外，還有第9種的神秘病毒「X疾病」（Disease X），專家警告無法確切指出這種疾病是什麼，但其爆發條件已經成熟，病毒有可能迅速傳播而奪去數百萬人性命。



Source of news: Hong Kong 01

Scenario 4: Miss D



Future is uncertain for younger lives. **Miss D** wants an affordable and simple critical illness protection without worrying about insufficient coverage in the future because of unknown diseases. She enrolls in **SunHealth OmniCare Plan 1** at age 30.

SunHealth OmniCare provides Miss D:

1. **Lump sum benefit** upon diagnosis of any covered illnesses
2. **SafetyNet Protector Benefit** when she is required to undergo a Complex Surgical Procedure due to injury or any illness conditions which is not claimable in any other benefits within the policy

Miss D buys 20-Pay **SunHealth OmniCare Plan 1** with
Original Sum Assured ("SA") = HKD 500,000

5th policy year

1st Claim

A new disease named Virus **Α** was discovered and became epidemic in Miss D's hometown.

Miss D is infected with Virus **Α** and is required to undergo "Decompression of trigeminal nerve root".

SafetyNet Protector Benefit

HKD 500,000

(100% of Original SA)

+ any face value of Special Bonus (non-guaranteed)

Enhanced Benefit 10

HKD 250,000

(50% of Original SA)

Total:

HKD 750,000

+ any face value of Special Bonus (non-guaranteed)



- "Decompression of trigeminal nerve root" is covered under the Schedule of Surgical Procedure.
- As Virus **Α** Infection is not one of the 139 covered illness, no other benefits is payable under the Basic Plan.
- **So Miss D is covered with SafetyNet Protector Benefit.**

Total Benefits Paid:

HKD 750,000 (150% of Original SA)

+ any face value of Special Bonus (non-guaranteed)

8. Multiple payment benefits



With survival rate on critical illness improving and recurrence of critical illness more likely than ever, multiple protection on critical illnesses is increasingly important. **SunHealth OmniCare** offers much improved multiple payments benefits for clients with two options available under Plan 2 and Plan 3. The much improved multiple payments benefit includes:

1. **Cancer – Improved and streamlined waiting period** and claims condition between cancer claims
2. **Two levels** of multiple protections – Major 3 Protection Benefit (Plan 2) and Multi-Protection Benefit (Plan 3)
3. **Rare in Market** – Separate benefit limits for multiple Heart Attack and Stroke claims Plan 2
4. **Rare in Market** – Allow multiple claims for selected illnesses under Group 3 (which Heart Attack belongs to) and Group 4 (which Stroke belongs to) (Plan 3)

The client will also enjoy the following:

- **Waiver of Premium** upon first 100% Original Sum Assured is claimed



What are the differences between Major 3 Protection Benefit under Plan 2 and Multi-Protection Benefit under Plan 3?

Plan	Plan 2	Plan 3
Percentage difference on Plan 1 Premium (Age 35/Non-smoker/20-pay/USD)	+29%	+57%
Benefit name	Major 3 Protection Benefit	Multi-Protection Benefit
Target clients	For clients who focus on the recurring risk or new diagnosis of Major 3 Major Stage CI	For clients who needs full protection on Major Stage CI, Early Stage CI and Juvenile Illnesses
Covered Illness conditions	Major 3 Major Stage CI (Cancer, Heart Attack and Stroke)	Major Stage CI, Early Stage CI and Juvenile Illnesses under Group 1 - 5
Benefit Amount (% of Original SA)	Total benefit limit#: 800% Cancer: 400% Heart Attack: 200% Stroke: 200%	Total benefit limit#: 1000% Group 1 (Cancer): 400% Group 2 (Major Organ): 100% Group 3 (Heart): 200% Group 4 (Nervous System): 200% Group 5 (Others): 100%

including the first claim made under the 100% Original SA

With **separate** benefit amount on Heart Attack and Stroke!

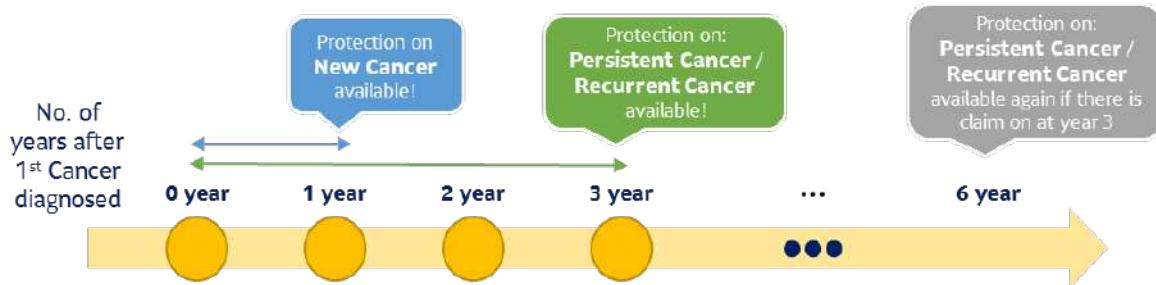
Rare in market!

Client can enjoy protection for **more than 100%** cover on Group 3 (where Heart Attack belongs to) and Group 4 (where Stroke belongs to)

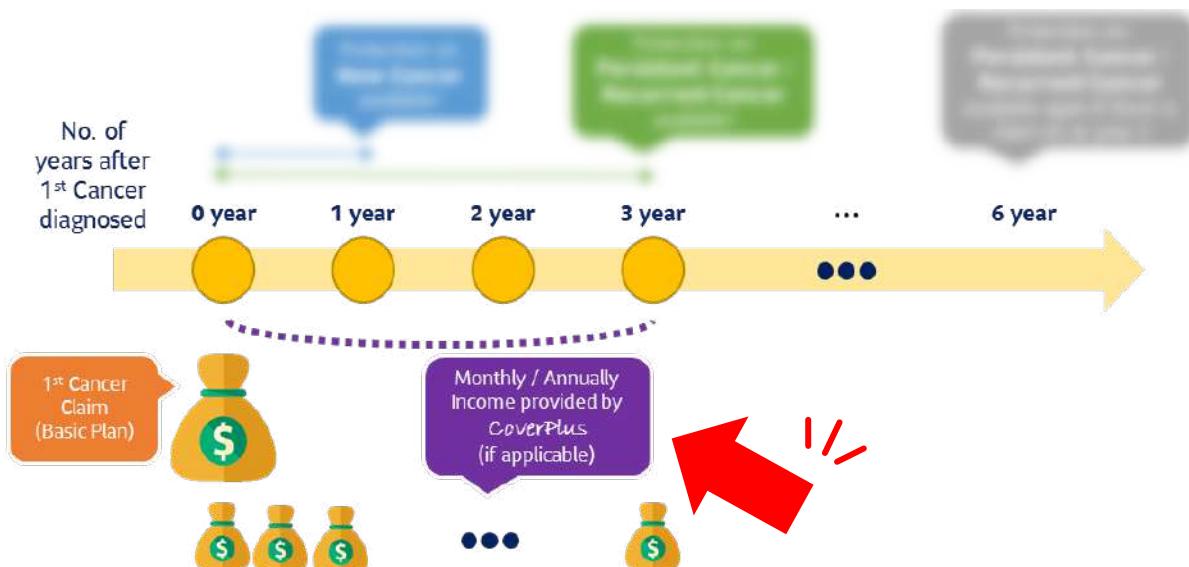
8.1 Multiple cancer protection

SunHealth OmniCare Plan 2 and Plan 3 provide our clients **up to 400% of Original Sum Assured** on Cancer protection. The waiting period and claim conditions are simplified to be as follow:

- **3 years Waiting Period** between subsequent **Persistent Cancer** or **Recurrent Cancer** claims; and
- **1 year Waiting Period** for any subsequent **New Cancer** claims.



With **CoverPlus' settlement option**, **SunHealth OmniCare** can further provide an income protection solution for clients as they battle with cancer:



Q: What is Persistent Cancer?

A: Persistent Cancer means the persistence of the Preceding Cancer without having been in complete remission.



Q: What is Recurrent Cancer?

A: Recurrent Cancer means a subsequent Cancer caused by (i) the same malignant cells that caused the Preceding Cancer(s); or (ii) metastasis of the Preceding Cancer(s); where there has been more than one claim for Cancer.

Q: What is New Cancer?

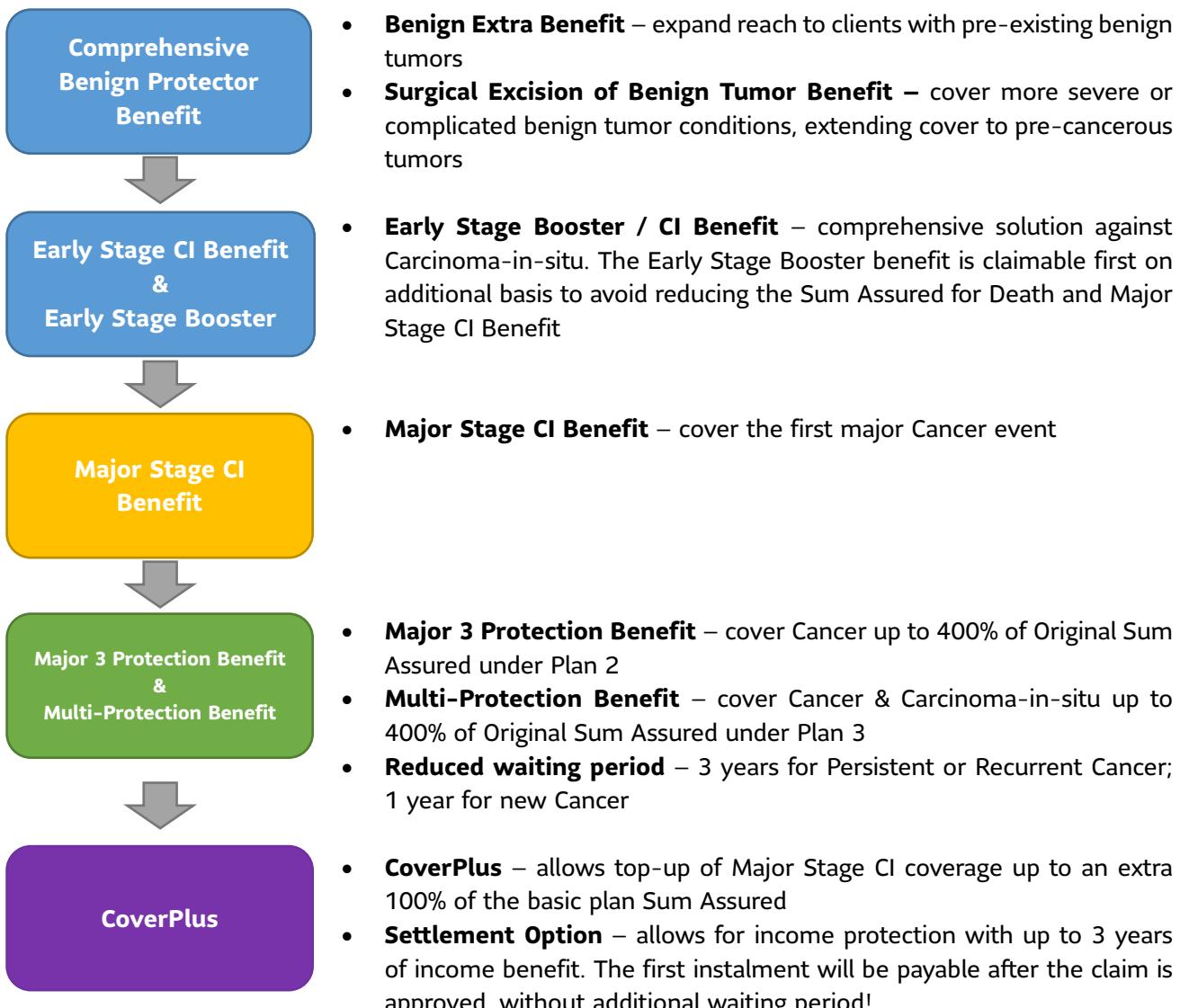
A: New Cancer means any cancer which is neither a Persistent Cancer nor a Recurrent Cancer.



See Q10 of the additional FAQ on P.87 for more detail on waiting period!

SunHealth OmniCare – Your complete cancer solution

With **SunHealth OmniCare Plan 2 and Plan 3**, clients can enjoy a full range of cancer / tumour related solutions.



8.2 Multiple protection (all covered illnesses)

SunHealth OmniCare Plan 2

Plan 2 offers the Major 3 Protection Benefit which covers Cancer, Heart Attack and Stroke up to 800% of Original Sum Assured. The claim rules are simple:

- Once the first 100% Sum Assured of the policy has been paid, the Major 3 Protection Benefit will be triggered. For each subsequent Cancer, Heart Attack or Stroke claim, 100% of Original Sum Assured is payable
- Rare in market – Benefit Limits are set per illness** on a per policy basis
 - up to 400% of Cancer claims can be payable (excluding any Carcinoma-in-situ claims),
 - up to 200% of Heart Attack claims (i.e. maximum of 2 protections on Heart Attack); and
 - up to 200% of Stroke claims (i.e. maximum of 2 protections on Stroke)Inclusive of the first 100% Sum Assured claim if it was claimed due to Cancer, Heart Attack or Stroke.



Rich, Useful & Simple

Do You Know?

Cancer, Heart Attack, and Stroke are the leading causes of Critical Illness claims. The survival rates of Cancer, Heart Attack, and Stroke are improving, leading to higher recurrence rates of these illnesses. Statistics show that over 69% of male and 53% of female would suffer from Heart Attack would survive over 7 years, with 42% of male and 26% of female having a recurrence of Heart Attack. For Stroke, over 28% of those who suffered from Stroke before age 65, and 11% of those who suffered from Stroke between age 66-72, would survive for over 15 years, of which 16.5% of them would have a recurrence of Stroke.

Source: Long-Term Survival and Recurrence After Acute, Kate Smolina, PhD; F Lucy Wright, PhD; Mike Rayner, PhD; Michael J. Goldacre, FFPH, FRCP, Myocardial Infarction in England, 2004 to 2010

Waiting Period between Claims

Previous Major Stage Critical Illness Claim	Subsequent Claim	Waiting Period
Cancer	Persistent Cancer or Recurrent Cancer of previous approved Cancer claim	3-year waiting period
	Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim	1-year waiting period
Cancer	Heart Attack or Stroke	1-year waiting period
Other Major Stage Critical Illnesses or SafetyNet Protector Benefit	Cancer, Heart Attack or Stroke	

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SunHealth OmniCare Plan 3

Plan 3 offers comprehensive Multi-Protection Benefit on the basis of the SunHealth MaxiCare design, with improvements on:

- Improved Cancer waiting period and claims conditions
- Increase Group 3 (Heart) and Group 4 (Nervous System) maximum benefit limit to 200% of Original Sum Assured
- **Rare in market** – Selected illnesses under Group 3 and Group 4 are eligible to claim up to **2 times**. (See P.41)



Waiting Period between Claims

Previous Major Stage Critical Illness Claim	Subsequent Claim	Waiting Period
Group 1	Persistent Cancer or Recurrent Cancer of previous approved Cancer claim	3-year waiting period
	Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim	1-year waiting period
Group 1	Group 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition	1-year waiting period
Group 2 / 3 / 4 / 5 / 6 or SafetyNet Protector Benefit	Group 1 / 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition	



Let's see how it works on next page!

Scenario 5: Mr E



Mr E is a typical affluent sandwich generation in Hong Kong with high family responsibility. He needs to take care of his parents' living cost as well as children's education fee. As the breadwinner of his family, he worries about the income loss when he is unable to work due to CI.

He enrolls **SunHealth OmniCare Plan 3** and **CoverPlus** at age 38.

SunHealth OmniCare Plan 3 and **CoverPlus** provides Mr E:

1. Multiple CI protection up to 1000% of Original SA.
2. Income protection on non-medical or long term medical expenses.

12th policy year

1st Claim



- The Major Stage CI Benefit provides Mr E **HKD 1,260,000** for targeted therapy.
- Mr E's wife quits her job for taking care of Mr E
- What Mr E worries most, is the regular expenses for his family, including the HKD 12,000 per month he provides for his parents' living expenses, HKD 6,000 per month his children's tuition fee and piano classes and his wife's income loss – HKD 17,000 per month.
- With **CoverPlus**, the **monthly income of HKD 35,000** is provided to maintain the same quality of life.

Mr E is diagnosed with Lung Cancer

Illness claimed:

Cancer (Major Stage CI)

Major Stage CI Benefit

HKD 1,260,000

(100% of Original SA)

+ any face value of Special Bonus (non-guaranteed)

Major Stage CI Benefit (under **CoverPlus**)

HKD 35,000 x 36 months

(100% of SA of CoverPlus)

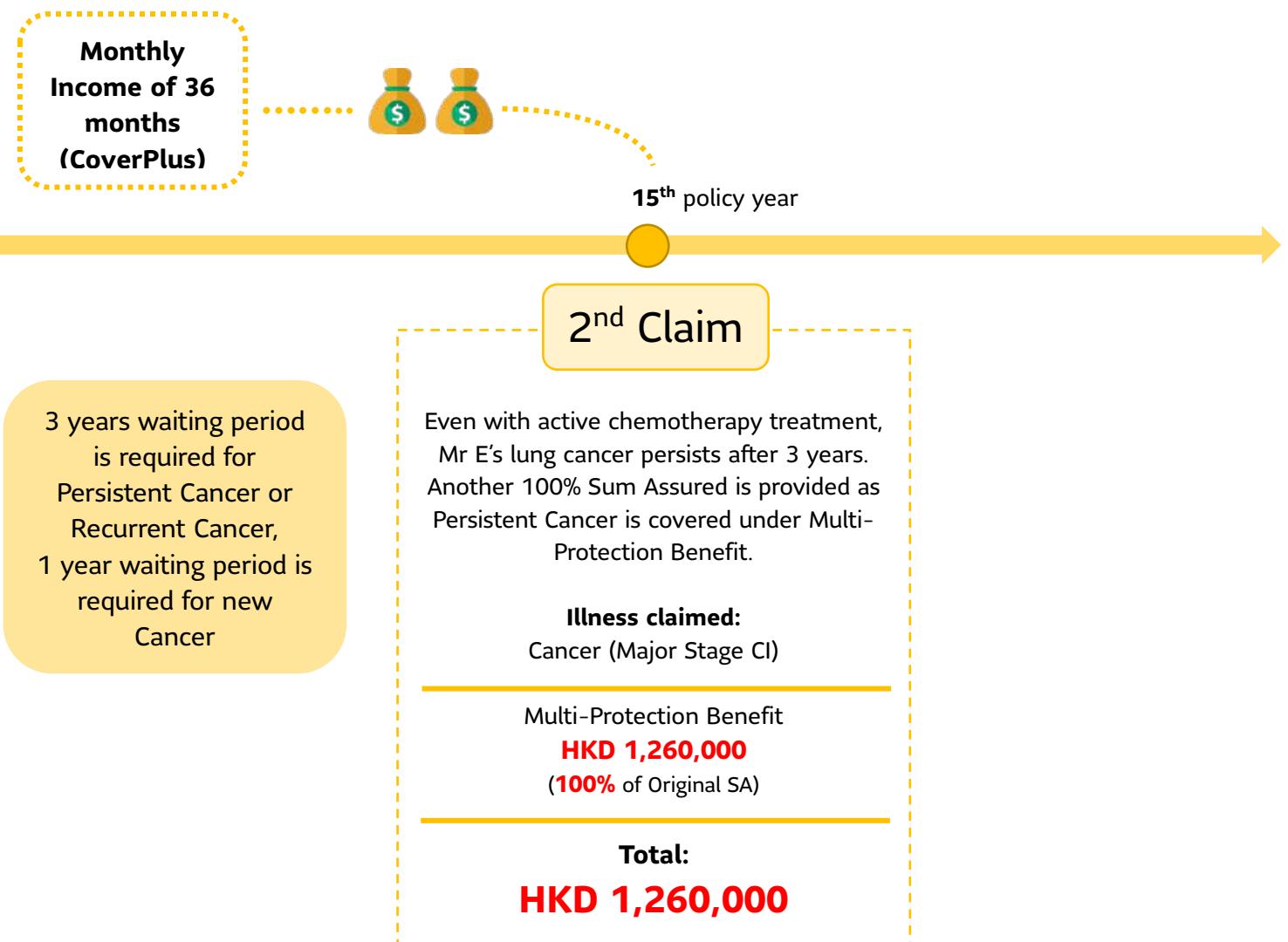
+ Non-guaranteed interest

Total:

HKD 2,520,000

+ any face value of Special Bonus (non-guaranteed)

Mr E buys 15-Pay SunHealth OmniCare Plan 3 with **Original Sum Assured = HKD 1,260,000**
Also, he buys **CoverPlus** with **Sum Assured = HKD 1,260,000**



Total Benefits Paid so far:

HKD 3,780,000 (200% of Original SA + 100% of SA of CoverPlus)

+ Non-guaranteed interest + any face value of Special Bonus (non-guaranteed)

All other benefits terminate except for

Multi-Protection Benefit, Additional Death Benefit and Maturity Bonus

9. Underwriting & product enhancements

New Business & Underwriting Enhancements

The following underwriting and policy limits have been improved to enable easier of sales for **SunHealth OmniCare**. We offer:

- **Highest in market*** maximum CI coverage per life limit
- **Highly competitive** Non-Medical Underwriting Limit
- **Improved** per product per life limit on Early Stage CI benefit
- **Simplified** financial underwriting requirement



Please refer to Section 10 – Administration Guidelines for more detail.

* According to market research conducted in Dec 2018

	SunHealth OmniCare (SHOC)	UltraCare (SHUC) / MaxiCare (SHXC)
Max CI coverage per life limit	USD 2,000,000 / HKD 16,000,000	USD 1,250,000 / HKD 10,000,000
Max per life limit on Early Stage CI	Including all SunHealth OmniCare policies: USD 50,000 / HKD 400,000	Including all Critical Illness policies: USD 37,500 / HKD 300,000
Underwriting Amount	Plan 1: 100% Plan 2: 115% Plan 3: 125%	SHUC: 100% SHXC: 125%
Non-medical UW limit (In USD)		
Age 0 – 17	750,000	600,000
Age 18 – 45	850,000	600,000
Age 46 – 50	550,000	400,000
Age 51 – 55	550,000	400,000
Age 56 – 65	120,000	100,000
Age 65+	0	0

Conversion from CMCII

The Conversion Privilege under CMCII may be exercised by converting an inforce CMCII policy to a **SunHealth OmniCare Plan 1** policy. The terms and conditions of the Conversion Privilege under CMCII should be followed and any Guarantee Insurability Options under **SunHealth OmniCare Plan 1** shall be ceased. Please refer to Section 10 – Administration Guidelines for more detail.



Please refer to P.31 - 32 for more detail on the conversion arrangement

Product enhancements

(1) Removal of Congenital Exclusion

SunHealth OmniCare has removed the exclusion on Congenital Illnesses, extending benefit coverages to "unknown congenital illnesses". To be eligible for claim, the congenital illness must not have any signs and symptoms, and investigation and diagnosis prior to the policy issuance or reinstatement date (whichever is later).



(2) Guaranteed Insurability Option for New-Born

SunHealth OmniCare has extended its Guaranteed Insurability Option to cover newborn of the Insured (father and mother are both eligible). The option must be exercised within 30 days of the birth of the child, with maximum Sum Assured being 50% of the Original Sum Assured of the parent's policy or HK\$500,000/US\$62,500, whichever is lower.

This option may only be exercised once per policy and is subject to the then administration rule.

(3) New Illnesses Added

SunHealth OmniCare covers up to 139 defined critical illnesses, including 63 Major Stage Critical Illnesses, 62 Early Stage Critical Illnesses, and 14 Juvenile Illnesses. The following illnesses are newly added to the product (vs. SunHealth UltraCare and SunHealth MaxiCare):

Type of Illness Condition	Name of Illness Condition
Major Stage CI	Loss of Independent Existence
Early Stage CI	Gestational Diabetes
Juvenile Illness	Dengue hemorrhagic fever
Juvenile Illness	Wilson's disease
Juvenile Illness	Type 1 Juvenile Spinal Amyotrophy
Juvenile Illness	Glomerulonephritis with Nephrotic Syndrome
Juvenile Illness	Juvenile Huntington Disease

Last but not least, **SunHealth OmniCare** offers Surgical Excision of Benign Tumor Benefit which covers benign tumors in 20 organs, and offers SafetyNet Protector Benefit which covers 38 types of Complex Surgical Procedures (with the list of surgeries could be expandable in the future due to medical advancements).

10. Administration guidelines

New Business / Underwriting Guideline

1. New Application Submission Requirement	<ul style="list-style-type: none"> - Complete Application Form for Insurance - Complete Medical Insurance Suitability Assessment ("MISA") on Application, please refer to Appendix F - Medical Insurance Suitability Assessment Product Matrix - Explain key features and terms and conditions of policies: Licensed insurance intermediaries should ensure that a clear explanation of the key features and terms and conditions of medical insurance policies is provided to customers in plain language for their easy understanding. For more details, please revisit the training materials regarding Guideline on Medical Insurance Business available on SunSurf. - Other requirement documents follow existing traditional plans. - Details refer to NB & UW Manual and Operating Guidelines for PRC Residents in Sunsurf 																																
2. Minimum / Maximum Sum Assured																																	
Min Sum Assured	<ul style="list-style-type: none"> - SunHealth OmniCare: HKD200,000 / USD25,000 - CoverPlus: HKD100,000 / USD12,500 																																
Max Sum Assured	<p>SunHealth OmniCare: For Insured Age 18 or above:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Country Group*</th> <th style="text-align: center;">Country / Region</th> <th style="text-align: center;">Max CI coverage per life limit *</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="text-align: center;">Group A</td> <td style="text-align: center;">HK/Macau/Taiwan/ Singapore</td> <td rowspan="3" style="text-align: center;">HKD16,000,000/USD 2,000,000</td> </tr> <tr> <td style="text-align: center;">PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang</td> </tr> <tr> <td style="text-align: center;">PRC - Tibet and Xinjiang (except Urumqi)</td> </tr> <tr> <td style="text-align: center;">Others</td> <td style="text-align: center;">HKD10,000,000/USD 1,250,000</td> </tr> <tr> <td style="text-align: center;">Group B</td> <td style="text-align: center;">All</td> <td style="text-align: center;">HKD4,000,000/USD 500,000</td> </tr> <tr> <td style="text-align: center;">Group C</td> <td></td> <td style="text-align: center;">Individual Consideration</td> </tr> </tbody> </table> <p>For insured below age 18/student/housewife:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Country Group*</th> <th style="text-align: center;">Country / Region</th> <th style="text-align: center;">Max CI coverage per life limit *</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="text-align: center;">Group A</td> <td style="text-align: center;">HK/Macau</td> <td rowspan="3" style="text-align: center;">HKD8,000,000/USD 1,000,000</td> </tr> <tr> <td style="text-align: center;">Taiwan/Singapore/ PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang</td> </tr> <tr> <td style="text-align: center;">PRC - Tibet and Xinjiang (except Urumqi)</td> </tr> <tr> <td style="text-align: center;">Others</td> <td style="text-align: center;">HKD4,000,000/USD 500,000</td> </tr> <tr> <td style="text-align: center;">Group B</td> <td style="text-align: center;">All</td> <td style="text-align: center;">HKD2,400,000/USD 300,000</td> </tr> <tr> <td style="text-align: center;">Group C</td> <td></td> <td style="text-align: center;">Individual Consideration</td> </tr> </tbody> </table> <p>*Note: Detail of Country group List and UW requirement, please refer to SunHealth OmniCare section in UW and NB Manual and Operating Guideline for PRC residents</p> <p>CoverPlus: 100% of Original Sum Assured of SunHealth OmniCare, the total SA of Basic Plan and CoverPlus subject to the max CI coverage per life limit</p>	Country Group*	Country / Region	Max CI coverage per life limit *	Group A	HK/Macau/Taiwan/ Singapore	HKD16,000,000/USD 2,000,000	PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang	PRC - Tibet and Xinjiang (except Urumqi)	Others	HKD10,000,000/USD 1,250,000	Group B	All	HKD4,000,000/USD 500,000	Group C		Individual Consideration	Country Group*	Country / Region	Max CI coverage per life limit *	Group A	HK/Macau	HKD8,000,000/USD 1,000,000	Taiwan/Singapore/ PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang	PRC - Tibet and Xinjiang (except Urumqi)	Others	HKD4,000,000/USD 500,000	Group B	All	HKD2,400,000/USD 300,000	Group C		Individual Consideration
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Others	HKD4,000,000/USD 500,000																																
Group B	All	HKD2,400,000/USD 300,000																															
Group C		Individual Consideration																															
3. Policy Back Dating	<ul style="list-style-type: none"> - Applicable, a maximum period of 180 calendar days or 14 Jan 2019 (whichever is later) 																																
4. Medical Underwriting	<ul style="list-style-type: none"> - Full medical underwriting is required 																																

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Requirement	<ul style="list-style-type: none"> - For Plan 1, 100% of Sum Assured is counted for Non-Medical Limit - For Plan 2, 115% of Sum Assured is counted for Non-Medical Limit - For Plan 3, 125% of Sum Assured is counted for Non-Medical Limit - For CoverPlus, 100% of Sum Assured is counted for Non-Medical Limit
5. Financial Underwriting Requirement	<ul style="list-style-type: none"> - Normal financial underwriting is required
6. Avocation/ occupation loading	<ul style="list-style-type: none"> - Follow existing UW guideline
7. Rider Attachment	<ul style="list-style-type: none"> - Applicable including CoverPlus, follow normal guideline

Policy Administration

1. Increase in Sum Assured	<ul style="list-style-type: none"> - Applicable, follow normal guideline - Full underwriting is required
2. Reinstatement	<ul style="list-style-type: none"> - Applicable, follow normal guideline - Full underwriting is required
3. Policy Loan	<ul style="list-style-type: none"> - Applicable, follow normal guideline
4. Rider Addition	<ul style="list-style-type: none"> - Applicable, follow normal guideline - CoverPlus is not applicable (can be only attached upon new application)

Claims

1. Settlement Method	<ul style="list-style-type: none"> - Settlement option is only applicable to Major Stage Critical Illness Benefit or SafetyNet Protector Benefit under CoverPlus - Can choose to receive the benefit payable of Major Stage Critical Illness Benefit or SafetyNet Protector Benefit in a lump sum (default option) or by instalment for 3 years (with non-guaranteed interest) upon submitting the relevant claim - Instalment can be paid annually or monthly - The 1st instalment will be on the claim approval date of Major Stage Critical Illness Benefit or SafetyNet Protector Benefit under CoverPlus - Policy Owner is allowed to withdraw the remaining balance of the instalments at any time during the instalment period - Upon the death of the Insured, the instalment will be ceased and the remaining balance of the instalments will be paid to Policy Owner
-----------------------------	--

Conversion

- Subject to the policy provision, existing inforce CI policies of Critical Medical Care Insurance Plan II may trigger the Conversion Privilege embedded in the products and have coverages converted to SunHealth OmniCare Plan 1
- After conversion, waiting period and pre-existing condition exclusion will be applied to the new benefits which are not available under the old policy from the conversion date or policy effect date of the new policy (whichever is later)
- Conversion arrangement :

Existing Policy	New Policy	Rules
Critical Medical Care Insurance Plan II	SunHealth OmniCare Plan 1	<ul style="list-style-type: none"> (a) this Basic Plan is then in effect ; (b) we receive the application for conversion on or before the policy anniversary on or immediately following the Insured's 65th birthday and together with the application, no less than the minimum first premium we would normally require on such new policy ; (c) the new policy is on the life of the Insured only ; (d) no claim is currently pending nor has a claim been submitted to us under this Basic Plan ; (e) the Sum Assured of the new policy is not higher than 100% of the Sum Assured of this Basic Plan ;

Guaranteed Insurability Option for existing CI product

- Subject to the policy provision, existing inforce CI policies of the following products may trigger guaranteed insurability option ("GIO") embedded in the products and have new policies issued to SunHealth OmniCare
 - o SunHealth Critical Illness Care
 - o SunHealth Critical Illness Care II
 - o SunHealth UltraCare
 - o SunHealth MaxiCare
- After exercising the GIO, waiting period and pre-existing condition exclusion will be applied to the new benefits which are not available under the old policy from the policy effect date of the new policy (whichever is later)
- GIO arrangement:

Existing Policy	New Policy	Rules
SunHealth Critical Illness Care	SunHealth OmniCare Plan 1	<ul style="list-style-type: none"> (a) this Basic Plan is in effect for at least three consecutive years; (b) we receive the new policy application before the Policy Anniversary on or immediately following the Insured's 65th birthday and, together with the application, no less than the minimum first premium we would normally require on such new policy; (c) the new policy is on the life of the Insured only; (d) no claim is currently pending nor has a claim been submitted to us under this Basic Plan; (e) the Sum Assured of the new policy is capped at the lower of 50% of then Original Sum Assured of this Basic Plan and US\$31,250 / HK\$250,000;

SunHealth Critical Illness Care II	SunHealth OmniCare Plan 1	(f) the new policy meets all of our then current administrative rules and our then maximum critical illness coverage per life; (g) this Basic Plan is issued without an extra Premium; and (h) a written notice is received by us within 30 days from the date of any one of the following specified events: <ul style="list-style-type: none"> ○ the Insured is married; ○ the Insured has a new-born baby; ○ the Insured's one of the direct family members, including parents, children and spouse, is diagnosed with a Major Stage Critical Illness Condition for the first time; or ○ the Insured attains age 18.
SunHealth UltraCare	SunHealth OmniCare Plan 1	(a) this Basic Plan is in effect for at least three consecutive years; (b) we receive the new policy application before the Policy Anniversary on or immediately following the Insured's 65th birthday and, together with the application, no less than the minimum first premium we would normally require on such new policy; (c) the new policy is on the life of the Insured only; (d) no claim is currently pending nor has a claim been submitted to us under this Basic Plan; (e) the Sum Assured of the new policy is capped at the lower of 50% of Original Sum Assured of this Basic Plan and US\$62,500 / HK\$500,000;
SunHealth MaxiCare	SunHealth OmniCare Plan 1 / 2	(f) the new policy meets all of our then current administrative rules and our then maximum critical illness coverage per life; (g) this Basic Plan is issued without an extra Premium; and (h) a written notice is received by us within 30 days from the date of any one of the following specified events: <ul style="list-style-type: none"> ○ the Insured is married; ○ the Insured has a new-born baby; ○ the Insured's one of the direct family members, including parents, children and spouse, is diagnosed with a Major Stage Critical Illness Condition for the first time; or ○ the Insured attains age 18.

11. Proposal Illustration

Details of Input screen in SunSmart for SunHealth OmniCare:

① Personal Info

The screenshot shows the 'Personal Info' step of the SunSmart proposal process. At the top, there's a breadcrumb navigation: ADD SALES ILLUSTRATION → 1 Personal Info → 2 Product Selection → 3 Basic Plan. Below the navigation, there are sections for 'Quotation No.' and 'Creation Date' (set to 19/11/2018). The 'POLICY OWNER DETAILS' section includes fields for 'Client Type' (selected as 'Individual'), 'Title' (set to 'Mr.'), 'Family Name' (set to 'OMNI CARE'), 'Given Name' (empty), 'Date of Birth' (set to 19/12/1988), 'Age' (set to 30), 'Smoking Status' (set to 'Non-Smoker'), 'Contact No.' (set to 'Hong Kong (+852)'), 'Email Address' (empty), and 'Policy Term Value' (empty). A large red dashed box surrounds the 'Primary Insured Details' section, which contains a checkbox labeled 'Same as Owner?' followed by a checked 'Back Dating' checkbox. At the bottom, there are buttons for 'UNDO CHANGE', 'SAVE', and 'SAVE & CONTINUE'.

② Product Selection

The screenshot shows the 'Product Selection' step of the SunSmart proposal process. At the top, there's a breadcrumb navigation: SALES ILLUSTRATION (009203000011) → 1 Personal Info → 2 Product Selection → 3 Basic Plan. The left sidebar lists various product series: Commitment, LIFE Series, High Net Worth Series, SunHealth Series (which is selected and highlighted with a red box), SHNE Series, WARMTH Series, HOPE Series, BRIGHT Series, Investment-Linked, and Standalone. The main grid shows SunHealth Series products: SunHealth OmniCare Plan 1, SunHealth OmniCare Plan 2, SunHealth OmniCare Plan 3 (which is selected and highlighted with a red box), SunHealth UltraCare, SunHealth MaxCare, and SunHealth Medical Care. To the right of the grid, there are 'Plan Option' columns with radio buttons for '3 Pay', '10 Pay', '15 Pay', '20 Pay', '25 Pay', and '40 Pay'. A large red dashed box surrounds the 'SunHealth Series' category in the sidebar and the 'SunHealth OmniCare' plan in the main grid. At the bottom, there are buttons for 'SAVE & PREVIOUS', 'UNDO CHANGE', 'SAVE', and 'SAVE & CONTINUE'.

③ Basic Plan

- ❖ **Currency: HKD / USD**
- ❖ **Sum Assured: Please refer to Section 10 for Minimum and Maximum Sum Assured**
- ❖ **Payment mode: Annual / Semi-annually / Monthly**

SALES ILLUSTRATION (009203000012)

1. Input Sum Assured here

2. Currency: HKD / USD

3. Payment mode: Annual / Semi-annually / Monthly

Product Series: SunHealth Series

Plan Options: 20 Pay

Premium Term: 20

Sum Assured: 1,000,000

Annual Premium: HKD 33,333

Modal premium / Target premium: HKD 33,333

Prop SumPremium Amount: HKD 33,333

SAVE & PREVIOUS UNDO CHANGE SAVE SAVE & CONTINUE

④ Rider (CoverPlus)

- ❖ **Sum Assured of CoverPlus: Please refer to Section 10 for Minimum and Maximum Sum Assured**
- ❖ **Currency and Payment Mode: Same as Basic Plan**

SALES ILLUSTRATION (009203000012)

1. Select CoverPlus under Rider page

2. Input Sum Assured of CoverPlus here

RIDER LIST

CoverPlus

Sum Assured: 200,000

Other Rider Options:

- SunHealth Medical Care Rider
- Tender Care Benefit

SAVE & PREVIOUS UNDO CHANGE SAVE

Other Function

❖ Solver Function

SALES ILLUSTRATION (00920300012)

Product Series* SunHealth Series
Plan Option 20 Year
Premium Term* 20
Sum Assured 1152871
Annual Premium 37,479
Prepayment of Premium No
No. of Annual Premium Year
SOLVE
Solve Optin Target Modal Premium
TargetMonthlyIncome / Target Education Coupon
PREMIUM LOADING
Target Modal Premium 50,000
Solve
SAVE SAVE & CONTINUE

1. You can input an amount in "Target Modal Premium"

2. Click "Solve" to calculate the Sum Assured

❖ Premium Loading

SALES ILLUSTRATION(00920300012)

Product Series* SunHealth Series
Plan Option 20 Year
Premium Term* 20
Sum Assured
Annual Premium
Prepayment of Premium
No. of Annual Premium Year
SOLVE
PREFERENCE LOADING
Loading Type Flat Loading
Permanent 5
Temporary
Flat Duration
Multiple Loading
Multiple Duration
Lump Sum Prepayment Amount 48,952.43
Lump Sum Prepayment Amount
SAVE & PREVIOUS UNDO CHANGE SAVE SAVE & CONTINUE

You can input Premium loading here.

❖ Proposal Generation

The screenshot shows the "SALES ILLUSTRATION (009203000012)" interface. The top navigation bar includes steps 1 Personal Info, 2 Product Selection, 3 Basic Plan, 4 Rider, and Summary. A red box highlights the "Summary" button. Below the navigation, there's a section titled "SELECT RIDER" with a list of options. One option, "CoverPlus", is checked. A red dashed box surrounds the text "Click 'Summary' to generate proposal". At the bottom, there are buttons for "SAVE & PREVIOUS", "UNDO CHANGE", and "SAVE".

The screenshot shows the "SALES ILLUSTRATION (009203000012)" interface with a modal window titled "Summary". The modal displays a table of selected plan and rider benefits with their respective premiums. A red box highlights the "DOWNLOAD ILLUSTRATION" button. A white callout box with a red border contains the text "Click 'Download Illustration' to get the proposal in PDF format". At the bottom of the modal, there are buttons for "PREVIEW", "DOWNLOAD ILLUSTRATION", and "EMNL". The main interface below the modal has buttons for "SAVE & PREVIOUS", "UNDO CHANGE", and "SAVE".

12. Summary of sales support materials

Sales Support Materials will be uploaded to Sun Life Hong Kong company website, SunOffice, SunSurf and SunSmart.

Name of Sales Support Materials	You can download it from here
Product Brochure	Sun Life Hong Kong company website, SunOffice and SunSurf
Product Guide	SunSurf
Product Matrix	SunSurf
Proposal Illustration	SunSmart
Sales Reference Book	SunSurf

13. Frequently asked questions

Product Features:

Q1: What are the differences between Original Sum Assured and Current Sum Assured?

A1: Original Sum Assured means the Sum Assured of the Basic Plan as shown in the Policy Summary, or as amended subsequently at the Policy Owner requests to amend in accordance with the Company's applicable rules and regulations. It will not be changed after any benefits paid. It is mainly used for the calculation of Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit, Comprehensive Benign Protector Benefit, Major 3 Protection Benefit (if applicable), Multi-Protection Benefit (if applicable), Additional Death Benefit (if applicable) or Maturity Bonus (if applicable).

Current Sum Assured means the Original Sum Assured less any benefit paid under Early Stage Critical Illness Benefit. Guaranteed Cash Values, Special Bonus and future premium will be reduced according to the Current Sum Assured after Early Stage Critical Illness claims.

Q2: When will Sun Life pay refund of premium to life insured / beneficiary as the benefit amount of Major Stage Critical Illness Benefit, SafetyNet Protector Benefit and Death Benefit?

A2: At the time of Death Benefit, Major Stage Critical Illness Benefit or SafetyNet Protector Benefit claims, we will pay the higher of: (i) 100% Current SA + any face value of Special Bonus (if any) + any Enhanced Benefit 10 (if applicable); and (ii) total premiums due and paid excluding any extra premiums minus any benefit paid, minus 25% of Original SA (for Plan 2 and Plan 3 only). So refund of premium will be provided when (ii) is higher than (i).

Q3a: How is 225% of Original Sum Assured as the maximum claim limit for Plan 1 calculated?

A3a: Plan 1 provides the following benefit:

Maximum Benefit (% of Original Sum Assured)	First 10 policy years	Policy Year 11+
Early Stage Critical Illness Benefit* / Major Stage Critical Illness Benefit* / SafetyNet Protector Benefit*/ Death Benefit*	150%	100%
Early Stage Booster Benefit*	37.5% x 2 times	25% x 2 times
TOTAL	Up to 225%	Up to 150%

*Includes Enhanced Benefit 10 in first 10 policy years.

Q3b: How is 1125% of Original Sum Assured as the maximum claim limit for Plan 2 calculated?

A3b: Plan 2 provides the following benefit:

Maximum Benefit (% of Original Sum Assured)	First 10 policy years	Policy Year 11+
Early Stage Critical Illness Benefit* / Major Stage Critical Illness Benefit* / SafetyNet Protector Benefit*/ Death Benefit*	150%	100%
Early Stage Booster Benefit*	37.5% x 2 times	25% x 2 times
Diabetes Protector Benefit*	37.5%	25%
Comprehensive Benign Protector Benefit*	37.5%	25%
Additional Death Benefit / Maturity Bonus	25%	25%
Major 3 Protection Benefit <ul style="list-style-type: none">• Limit for Cancer:• Limit for Heart Attack:• Limit for Stroke:	Total benefit limit: 800% <ul style="list-style-type: none">• 400%• 200%• 200%	Total benefit limit: 800% <ul style="list-style-type: none">• 400%• 200%• 200%
TOTAL	Up to 1125%	Up to 1025%

*Includes Enhanced Benefit 10 in first 10 policy years.

Q3c: How is 1325% of Original Sum Assured as the maximum claim limit for Plan 3 calculated?

A3c: Plan 3 provides the following benefit:

Maximum Benefit (% of Original Sum Assured)	First 10 policy years	Policy Year 11+
Early Stage Critical Illness Benefit* / Major Stage Critical Illness Benefit* / SafetyNet Protector Benefit*/ Death Benefit*	150%	100%
Early Stage Booster Benefit*	37.5% x 2 times	25% x 2 times
Diabetes Protector Benefit*	37.5%	25%
Comprehensive Benign Protector Benefit*	37.5%	25%
Additional Death Benefit / Maturity Bonus	25%	25%
Multi-Protection Benefit <ul style="list-style-type: none">• Limit for Group 1 (Cancer):• Limit for Group 2 (Major Organs):• Limit for Group 3 (Heart Related):• Limit for Group 4 (Nervous System):• Limit for Group 5 (Others):	Total benefit limit: 1000% <ul style="list-style-type: none">• 400%• 100%• 200%• 200%• 100%	Total benefit limit: 1000% <ul style="list-style-type: none">• 400%• 100%• 200%• 200%• 100%
TOTAL	Up to 1325%	Up to 1225%

*Includes Enhanced Benefit 10 in first 10 policy years.

Q4: When will the Special Bonus be payable? When will the Face Value of Special Bonus or Cash Value of Special Bonus be payable?

A4: Special Bonus (non-guaranteed) is payable upon death, Major Stage Critical Illness claim, Early Stage Critical illness claim, SafetyNet Protector Benefit claim, Maturity or Surrender If the Current Sum Assured of the Policy is higher than zero.

The face value of any Special Bonus (if any) will be paid upon payment of (1) Death Benefit, (2) Major Stage Critical Illness Benefit, (3) Early Stage Critical Illness Benefit, or (4) SafetyNet Protector Benefit.

The cash value of Special Bonus will be paid upon the payment of Maturity Benefit or when the policy is surrendered in whole or in part. Please note the cash value of Special Bonus may not equal to face value of Special Bonus, which is determined by Sun Life from time to time.

Q5: Will Guaranteed Cash Value, Special Bonus and premium remain the same after Enhanced Benefit 10, Early Stage Booster Benefit, Diabetes Protector Benefit or Comprehensive Benign Protector Benefit is paid?

A5: Yes. The Guaranteed Cash Value, Special Bonus (if any) and Premiums shall remain the same after these benefits are payable.

Q6: Will the benefit amount under Major 3 Protection Benefit or Multi-Protection Benefit remain the same after Enhanced Benefit 10, Early Stage Booster Benefit, Diabetes Protector Benefit, Comprehensive Benign Protector Benefit have been paid?

A6: Yes, the benefit amounts for Major 3 Protection Benefit or Multi-Protection Benefit will remain unchanged as Enhanced Benefit 10, Early Stage Booster Benefit, Diabetes Protector Benefit, and Comprehensive Benign Protector Benefit are payable on an additional basis without affecting the Current Sum Assured of the policy.

Q7: How would the Major 3 Protection Benefit (Plan 2) or Multi-Protection Benefit (Plan 3) be affected by Early Stage CI claims made?

A7: For Plan 2, any benefit paid due to Early Stage CI claims would not affect the amount of benefit available under Major 3 Protection Benefit.

For Plan 3, any benefit paid due to Early Stage CI claims would be deducted from the maximum benefit allowed for the group of which such Early Stage CI Condition belongs under.

Q8: How many times can each illness be claimed under Multi-Protection Benefit (Plan 3)?

A8: Generally speaking, each illness is eligible to claim once only, except the following illnesses (and as long as the maximum benefit allowed for which the group these illnesses belong under is not exhausted).

Group	Major/ Early CI	CI Condition	Maximum Claimable
Group 1: Cancer	Major Stage CI	Cancer	4x
	Early Stage CI	Carcinoma-in-situ	2x
Group 3: Illnesses related to the Heart	Major Stage CI	Heart Attack	2x
	Major Stage CI	Infective endocarditis	2x
	Major Stage CI	Primary Pulmonary Arterial Hypertension	2x
	Major Stage CI	Replacement of Heart Valve	2x
	Major Stage CI	Surgery for Disease of the Aorta	2x
	Major Stage CI	Surgery to Coronary Arteries	2x
	Early Stage CI	Insertion of Vena-cava filter	2x
	Early Stage CI	Insertion of Pacemaker or Defibrillator	2x
	Early Stage CI	Less Severe Infective Endocarditis	2x
	Early Stage CI	Endovascular Treatment of Peripheral Arterial Disease	2x
	Early Stage CI	Less Invasive Treatments of Heart Valve Disease	2x
	Early Stage CI	Endovascular Treatments of Aortic Disease or Aortic Aneurysm	2x
	Early Stage CI	Minimally Invasive Direct Coronary Artery By-pass	2x
	Early Stage CI	Angioplasty and Other Invasive Treatments for Coronary Artery Disease	3x
Group 4: Illnesses related to the Nervous System	Major Stage CI	Stroke	2x
	Early Stage CI	Cerebral Aneurysm Requiring Surgery	2x
	Early Stage CI	Surgery for Subdural Haematoma	2x
	Early Stage CI	Surgical Removal of Pituitary Tumour	2x
	Early Stage CI	Loss of Hearing in One Ear	2x
	Early Stage CI	Less Severe Encephalitis	2x
	Early Stage CI	Cerebral Shunt Insertion	2x
	Early Stage CI	Angioplasty and other Surgeries for Carotid Arteries	2x
	Early Stage CI	Loss of Sight in One Eye	2x
	Early Stage CI	Glaucoma Surgical Treatment	2x

Q9: Will the Schedule of Surgical Procedures under the SafetyNet Protector Benefit be revised?

A9: Sun Life reserves the right to review the Schedule of Surgical Procedures table regularly. A set of review principles will be announced in due course to provide greater certainty and transparency to advisors and clients.

Q10: For some covered illness, the definitions contain certain waiting period. Would SafetyNet Protector Benefit be payable prior to fulfillment of these waiting period, assuming the client has performed a listed Complex Surgical Procedure?

A10: No. We will assess if the claim should be payable under SafetyNet Protector Benefit only after we can confirm that no other benefits under the policy can be payable. Please also note that the eligibility of claim on SafetyNet Protector Benefit is also subject to the claim fulfilling all policy terms and conditions (e.g. Notice and Proof, Pre-Existing Conditions, Exclusions etc.)

Q11: What is the definition for Gestational Diabetes?

A11: Benefits will be payable for Gestational Diabetes if the Insured suffers from Gestational Diabetes during pregnancy and subsequently developing to Type II Diabetes after 12 months of delivery. For detail please refer to the policy provision.

Q12: Can I understand more about CoverPlus?

A12: CoverPlus is a pure protection rider for SunHealth OmniCare with no cash value. It is designed to have a matching premium paying period as the basic plan, and provides Death Benefit, Major Stage CI and SafetyNet Protector Benefit up to age 100. If the insured survives at policy maturity, a Maturity Benefit equals to 100% Sum Assured of CoverPlus will be payable. It can be attached to all three plan levels of SunHealth OmniCare with a maximum issue age of 60. The maximum Sum Assured is 100% of Original Sum Assured of Basic Plan while minimum Sum Assured is HKD100,000 / USD 12,500.

Underwriting, Application and Administration Rules:

Q1: Will the Current Sum Assured be reduced if client has processed partial surrender?

A1: Yes. It will be reduced proportionally according to the ratio of partial surrender.

Q2: Are the premium rates the same for USD/HKD and for Hong Kong / PRC Residents?

A2: The premium rates for USD are lower than HKD, and the premium rates for PRC Residents are the same as Hong Kong Residents. For residences from Tibet and other cities of Xinjiang, specific residential loading will be applied (please refer to SunHealth OmniCare section in UW and NB Manual and Operating Guideline for PRC residents).

Q3: What is the maximum CI coverage per life limit for Hong Kong and PRC Residents?

A3: The summary of the maximum CI coverage per life limit for Hong Kong Residents and PRC are as below.

For Insured Age 18 or above:

Country Group*	Country / Region	Max CI coverage per life limit
Group A	HK/Macau/Taiwan/Singapore	HKD16,000,000/USD 2,000,000
	PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang	
	PRC - Tibet and Xinjiang (except Urumqi)	HKD10,000,000/USD 1,250,000
	Others	
Group B	All	HKD4,000,000/USD 500,000
Group C		Individual Consideration

For insured below age 18 / student / housewife:

Country Group*	Country / Region	Max CI coverage per life limit
Group A	HK/Macau	HKD8,000,000/USD 1,000,000
	Taiwan/Singapore/ PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang	
	PRC - Tibet and Xinjiang (except Urumqi)	HKD4,000,000/USD 500,000
	Others	
Group B	All	HKD2,400,000/USD 300,000
Group C		Individual Consideration

*Note: Detail of Country group List and UW requirement, please refer to SunHealth OmniCare section in UW and NB Manual and Operating Guideline for PRC residents

Q4: Can CoverPlus be added at policy inception or be added subsequently?

A4: CoverPlus can only be added at policy inception only. This is because CoverPlus is designed with the same premium payment term with the basic plan.

Q5: What is the medical underwriting requirement for CoverPlus?

A5: CoverPlus will be underwritten at 100% of the CoverPlus Sum Assured, and it is counted towards the Maximum CI coverage per product per life.

Q6: Can I reduce the Sum Assured of Basic Plan and CoverPlus?

A6: Yes. It follows the standard procedure. Please note that the maximum Sum Assured of CoverPlus is 100% of Original Sum Assured of Basic Plan. The Sum Assured of CoverPlus will be reduced accordingly if the Original Sum Assured of Basic Plan is reduced to an amount lower than that of CoverPlus.

For example, for a client with Sum Assured of HKD800,000 for both Basic Plan and CoverPlus , when he/she would like raise a request to reduce the Original Sum Assured of Basic Plan from HKD800,000 to HKD500,000,

	<u>Before</u> the client raise the request to reduce the Original Sum Assured of Basic Plan	<u>After</u> the client raise the request to reduce the Original Sum Assured of Basic Plan
Original Sum Assured of Basic Plan	HKD800,000	HKD500,000
Sum Assured of CoverPlus	HKD800,000	HKD500,000

In this case, the Sum Assured of CoverPlus will be reduced to HKD500,000 as well, even the client did not raise the request to lower the Sum Assured of CoverPlus.

Q7: What is the financial underwriting requirement for SunHealth OmniCare and CoverPlus?

A7: Please refer to the latest financial underwriting guideline available on SunSurf.

Q8: What is the maximum limit for Guaranteed Insurability Option ("GIO")? Are there any conditions when the insured exercised GIO option?

A8: The Insured can purchase a new critical illness policy offered by us with guaranteed insurability on specified life events including (1) the Insured attaining age 18, (2) getting married, (3) having newborn baby or (4) one of the direct family members (including spouse, parents and children) being diagnosed with Major Stage CI for the first time. The issuance conditions are as follow:

- Before the Insured reaches age 65
- Maximum 50% of Original Sum Assured or HKD500,000/ USD62,500, whichever is lower
- Only applicable to policies issued at standard rates and no claim has been submitted under the policy
- Can only be exercised after the policy has been in effect for 3 consecutive years; and
- This option will be terminated once it is exercised.

For detail please refer to the policy provision.

Claims:

Q1: Are there any conditions under Enhanced Benefit 10 claim?

A1: Yes. Conditions to claim under this benefit are as follows:

- This benefit will not be entitled any Special Bonus and Guaranteed Cash Value. Current SA will not be affected after this benefit is paid out.
- This benefit can be claimed more than once but will be terminated once the Death Benefit claim is made or on the 10th policy anniversary, whichever is earlier.

Q2: Are there any conditions under Diabetes Protector Benefit claim?

A2: Yes. Conditions to claim under this benefit are as follows:

- Diabetes Protector Benefit can be claimed once only and will be terminated afterwards.
- If a claim for a Major Stage Critical Illness Condition is made under Diabetes Protector, Major Stage Critical Illness Benefit will be payable at the same time.
- If a claim for an Early Stage Critical Illness Condition or a Juvenile Illness Condition is made under Diabetes Protector Benefit, no claim will be payable under Early Stage Critical Illness Benefit for the same Early Stage Critical Illness Condition or Juvenile Illness Condition at the same time.
- After a claim for an illness condition is paid, any subsequent claim of such illness condition will not be payable under Major Stage Critical Illness Benefit nor Early Stage Critical Illness Benefit.
- Diabetes Protector Benefit will be terminated automatically (whether claimed or not) when Current Sum Assured is reduced to zero.
- The claim(s) made under Diabetes Protector Benefit will not be counted towards the limit for Multi-Protection Benefit.

Q3a: Are there any conditions under Early Stage Booster Benefit claim?

A3a: Yes. Conditions to claim under this benefit are as follows:

- This benefit allows two claims for different conditions and it will be terminated thereafter.
- The claim(s) made under this benefit will also count towards the one claim limit (HKD 400,000 / USD 50,000 per claim) for each Early Stage Critical Illness Condition.
- If a claim for an Early Stage Critical Illness Condition is made under Early Stage Booster Benefit, no claim will be payable under Early Stage Critical Illness Benefit for the same Early Stage Critical Illness Condition at the same time, and any subsequent claim of such Early Stage Critical Illness Condition will not be payable under Early Stage Critical Illness Benefit (except for Angioplasty and Other Invasive Treatments for Coronary Artery Disease, Carcinoma-in-situ and Early Malignancy).
- Early Stage Booster Benefit will be terminated automatically (whether claimed or not) when Current Sum Assured is reduced to zero.

Q3b: After Early Stage Booster Benefit is terminated, will the client still entitle to any Early Stage Critical Illness Condition under Early Stage Critical Illness Benefit and/or Multi-Protection Benefit (for Plan 3)?

A3b: Please find the summary table for subsequent claim(s) for Early Stage Critical Illness Conditions after Early Stage Booster Benefit is terminated:

ESCI Claim	If the subsequent ESCI Condition diagnosed had NOT claimed under Early Stage Booster Benefit	If the subsequent ESCI Condition diagnosed had claimed once under Early Booster Benefit	If the subsequent ESCI Condition diagnosed had claimed twice under Early Stage Booster Benefit
1.) Carcinoma-in-situ & Early Malignancies	Eligible to <u>claim 2 times</u> under either Early Stage Critical Illness Benefit and/or Multi-Protection Benefit	Eligible to <u>claim 1 time</u> under either Early Stage Critical Illness Benefit or Multi-Protection Benefit	Not Eligible to claim anymore
2.) Angioplasty and Other Invasive Treatments for Coronary Artery Disease	Eligible to <u>claim 2 times</u> under either Early Stage Critical Illness Benefit and/or Multi-Protection Benefit	Eligible to <u>claim 1 time</u> under either Early Stage Critical Illness Benefit or Multi-Protection Benefit	Eligible to <u>claim 1 time</u> under either Early Stage Critical Illness Benefit or Multi-Protection Benefit
3.) Insertion of Pacemaker or Defibrillator	Eligible to <u>claim 1 time</u> under either Early Stage Critical Illness Benefit or Multi-Protection Benefit	Not Eligible to claim anymore	Not Eligible to claim anymore
4.) Angioplasty and Other Surgeries for Carotid Arteries	Eligible to <u>claim 1 time</u> under either Early Stage Critical Illness Benefit or Multi-Protection Benefit	Not Eligible to claim anymore	Not Eligible to claim anymore

Q4: What are the waiting periods between claims?

A4: The waiting period between claims are as follow:

For Plan 2:

Previous Major Stage Critical Illness Claim	Subsequent Claim	Waiting Period
Cancer	Persistent Cancer or Recurrent Cancer of previous approved Cancer claim	3-year waiting period
	Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim	1-year waiting period
Cancer	Heart Attack or Stroke	1-year waiting period
Other Major Stage Critical Illnesses or SafetyNet Protector Benefit	Cancer, Heart Attack or Stroke	

For Plan 3:

Previous Major Stage Critical Illness Claim	Subsequent Claim	Waiting Period
Group 1	Persistent Cancer or Recurrent Cancer of previous approved Cancer claim	3-year waiting period
	Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim	1-year waiting period
Group 1	Group 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition	1-year waiting period
Group 2 / 3 / 4 / 5 / 6 or SafetyNet Protector Benefit	Group 1 / 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition	

Terminal Illness and Loss of Independent Existence are not eligible for Multi-Protection Benefit. They must be the first Major Critical Illness condition diagnosed.

Q5: When will the Waiver of Premium be triggered?

A5: Under Plan 2 and Plan 3, all future premiums will be waived when the total claim of Major Stage Critical Illness Benefit and/ or Early Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original Sum Assured.

Appendix A: Product details

Plan Name	SunHealth OmniCare																											
Abbreviation	SHOC																											
I. Basic Information																												
Premium Payment	PPT	<u>Issue Age</u>																										
Term (PPT) and Issue Age	5 years 10 years 15 years 20 years 25 years	0-65 0-65 0-60 0-55 0-50																										
Plan Type	Critical Illness Basic Plan																											
Policy Currency	HKD / USD																											
Benefit Period	<p>Up to age 100, except the following:</p> <p><u>Major Stage Critical Illness Conditions:</u></p> <ul style="list-style-type: none"> Loss of Independent Existence: up to age 65 <p><u>Early Stage Critical Illness Conditions:</u></p> <ul style="list-style-type: none"> Accidental fracture of Spinal Column: age 65 - 85 only Severe Osteoporosis with Fractures : up to age 70 <p><u>Juvenile Illness Conditions:</u></p> <ul style="list-style-type: none"> All Juvenile Illness: up to age 18 <p><u>Major 3 Protection Benefit / Multiple Protection Benefit:</u></p> <ul style="list-style-type: none"> All illnesses other than above: up to age 85 																											
Minimum Sum Assured ("SA")	HKD 200,000 / USD 25,000																											
Maximum Sum Assured ("SA")	<p>For Insured Age 18 or above:</p> <table border="1"> <thead> <tr> <th>Country Group*</th> <th>Country / Region</th> <th>Max CI coverage per life limit</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Group A</td> <td>HK/Macau/Taiwan/Singapore</td> <td rowspan="3">HK16,000,000/USD 2,000,000</td> </tr> <tr> <td>PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang</td> </tr> <tr> <td>PRC - Tibet and Xinjiang (except Urumqi)</td> </tr> <tr> <td>Others</td> <td rowspan="3">HK10,000,000/USD 1,250,000</td> </tr> <tr> <td>Group B</td> </tr> <tr> <td>Group C</td> </tr> </tbody> </table> <p>For insured below age 18/student/housewife:</p> <table border="1"> <thead> <tr> <th>Country Group*</th> <th>Country / Region</th> <th>Max CI coverage per life limit</th> </tr> </thead> <tbody> <tr> <td rowspan="5">Group A</td> <td>HK/Macau</td> <td rowspan="5">HK8,000,000/USD 1,000,000</td> </tr> <tr> <td>Taiwan/Singapore/</td> </tr> <tr> <td>PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang</td> </tr> <tr> <td>PRC - Tibet and Xinjiang (except Urumqi)</td> </tr> <tr> <td>Others</td> </tr> <tr> <td>Group B</td> <td rowspan="2">All</td> <td rowspan="2">HKD2,400,000/USD 300,000</td> </tr> <tr> <td>Group C</td> </tr> </tbody> </table>		Country Group*	Country / Region	Max CI coverage per life limit	Group A	HK/Macau/Taiwan/Singapore	HK16,000,000/USD 2,000,000	PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang	PRC - Tibet and Xinjiang (except Urumqi)	Others	HK10,000,000/USD 1,250,000	Group B	Group C	Country Group*	Country / Region	Max CI coverage per life limit	Group A	HK/Macau	HK8,000,000/USD 1,000,000	Taiwan/Singapore/	PRC - All cities including Urumqi, except Tibet and other cities of Xinjiang	PRC - Tibet and Xinjiang (except Urumqi)	Others	Group B	All	HKD2,400,000/USD 300,000	Group C
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Policy Fee	Not applicable																											
Waiting Period	90 days after the issue date, effective date or last reinstatement date, whichever is the latest (not applicable if any critical condition directly resulted from accidental injury)																											
Survival Period	Insured must survive for at least 14 days																											

II. Premium Payment	
Premium Payment Term	5 / 10 / 15 / 20 / 25 years
Premium Mode /	Annually / Semi-annually / Monthly
Modal Factor	<ul style="list-style-type: none"> • Semi-annual: 0.52 • Monthly: 0.0883333
Payment Currency	HKD / USD

III. Policy Benefits		
Core benefits	Applicable to Plan 1	Applicable to Plan 2 and Plan 3
Death Benefit	<p>Death Benefit is equal to the higher of:</p> <p>(i) 100% of the Current Sum Assured, plus face value of Special Bonus, if any; and</p> <p>(ii) total Premiums due and paid for the Basic Plan excluding any extra premiums and any Rider Benefit premiums, less the amount of any benefit paid</p> <ul style="list-style-type: none"> - This benefit is payable upon the death of the Insured - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. 	<p>Death Benefit is equal to the higher of:</p> <p>(i) 100% of the Current Sum Assured, plus face value of Special Bonus, if any; and</p> <p>(ii) total Premiums due and paid for the Basic Plan excluding any extra premiums and any Rider Benefit premiums, less the amount of any benefit paid, less 25% of the Original Sum Assured</p> <ul style="list-style-type: none"> - This benefit is payable upon the death of the Insured - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. <p>* Please note that Additional Death Benefit of 25% of Original SA will be payable to beneficiary(ies) upon the death of the Insured, or Maturity Bonus of 25% of Original SA will be payable if the Insured is alive on the Maturity Date set out by Policy Summary. Please refer to Q5 of Additional FAQ for more detail.</p>
Major Stage Critical Illness ("CI") Benefit	<p>Major Stage Critical Illness Benefit is equal to the higher of:</p> <p>(i) 100% of the Current Sum Assured, plus face value of Special Bonus, if any; and</p> <p>(ii) total Premiums due and paid for the Basic Plan excluding any extra premiums and any Rider Benefit premiums, less the amount of any benefit paid;</p> <ul style="list-style-type: none"> - This benefit is payable upon diagnosis of any one of the Major Stage CI listed in the list of covered illnesses - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. 	<p>Major Stage Critical Illness Benefit is equal to the higher of:</p> <p>(i) 100% of the Current Sum Assured, plus face value of Special Bonus, if any; and</p> <p>(ii) total Premiums due and paid for the Basic Plan excluding any extra premiums and any Rider Benefit premiums, less the amount of any benefit paid, less 25% of the Original Sum Assured;</p> <ul style="list-style-type: none"> - This benefit is payable upon diagnosis of any one of the Major Stage CI listed in the list of covered illnesses - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. <p>* Please note that Additional Death Benefit of 25% of Original SA will be payable to beneficiary(ies) upon the death of the Insured, or Maturity Bonus of 25% of Original SA will be payable if the Insured is alive on the Maturity Date set out by Policy Summary. Please refer to Q5 of Additional FAQ for more detail.</p>
Early Stage Critical Illness ("ESCI") Benefit	<p>Early Stage Critical Illness Benefit is equal to:</p> <p>25% of Original Sum Assured* + any face value of Special Bonus pro-rata to the advanced Sum Assured (non-guaranteed)</p> <ul style="list-style-type: none"> - This benefit is payable upon diagnosis of one of ESCI (including Juvenile Illnesses) in Appendix A. - Subsequent ESCI claims are allowed but each ESCI can be claimed once only, except for Carcinoma-in-situ which can be claimed up to a total of 2 times and Angioplasty and Other Invasive Treatments 	

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III. Policy Benefits		
Core benefits	Applicable to Plan 1	Applicable to Plan 2 and Plan 3
	<p>for Coronary Artery Disease which can be claimed up to a total of 3 times under both Early Stage Critical Illness Benefit and Early Stage Booster Benefit. For the avoidance of doubt, the third claims of Angioplasty and Other Invasive Treatments for Coronary Artery Disease under Early Stage Critical Illness Condition will be eligible only if the first 2 claims have been paid under Early Stage Booster Benefit.</p> <ul style="list-style-type: none"> - This limit includes any claim made in the Early Stage Booster Benefit. - If the remaining SA after previous ESCI claims is less than 25% of the Original SA, only the remaining SA is payable (subject to maximum per life limit of the relevant illness condition(s)). The balance will be paid under Multi-Protection Benefit (applicable to Plan 3 only) - Upon payment of each Early Stage Critical Illness Benefit claim, Current Sum Assured, Guaranteed Cash Value, Special Bonus (if any) and Premiums shall then be reduced on a pro-rata basis accordingly. - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. <p>* subject to maximum per life limit of the relevant illness condition(s)</p>	
SafetyNet Protector Benefit	<p>SafetyNet Protector Benefit is equal to the higher of:</p> <ul style="list-style-type: none"> (i) 100% of the Current Sum Assured, plus face value of Special Bonus, if any; and (ii) total Premiums due and paid for the Basic Plan excluding any extra premiums and any Rider Benefit premiums, less the amount of any benefit paid; <ul style="list-style-type: none"> - This benefit is payable when the Insured undergoes a Complex Surgical Procedure in a Hospital due to any injury or illness conditions which is not eligible to be claimed under any other benefits in the Basic Benefit provisions. - Complex Surgical Procedure means a surgical procedure: <ul style="list-style-type: none"> • that is listed in the Schedule of Surgical Procedures which is determined by us and is subject to change from time to time; and • which first occurred while this Basic Plan is in effect and at least 90 days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest. - For any change in the Schedule of Surgical Procedures, we will notify the Policy Owner in writing at least 30 days prior to the effective date of the new Schedule of Surgical Procedures. - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. 	<p>SafetyNet Protector Benefit is equal to the higher of:</p> <ul style="list-style-type: none"> (i) 100% of the Current Sum Assured, plus face value of Special Bonus, if any; and (ii) total Premiums due and paid for the Basic Plan excluding any extra premiums and any Rider Benefit premiums, less the amount of any benefit paid, less 25% of the Original Sum Assured; <ul style="list-style-type: none"> - This benefit is payable when the Insured undergoes a Complex Surgical Procedure in a Hospital due to any injury or illness conditions which is not eligible to be claimed under any other benefits in the Basic Benefit provisions. - Complex Surgical Procedure means a surgical procedure: <ul style="list-style-type: none"> • that is listed in the Schedule of Surgical Procedures which is determined by us and is subject to change from time to time; and • which first occurred while this Basic Plan is in effect and at least 90 days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest. - For any change in the Schedule of Surgical Procedures, we will notify the Policy Owner in writing at least 30 days prior to the effective date of the new Schedule of Surgical Procedures. - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. <p>* Please note that Additional Death Benefit of 25% of Original SA will be payable to beneficiary(ies) upon the death of the Insured, or Maturity Bonus of 25% of Original SA will be payable if the Insured is alive on the Maturity Date set out by Policy Summary. Please refer to Q5 of Additional FAQ for more detail.</p>
Maturity Benefit	<p>Maturity Benefit is equal to:</p> <p>100% Current SA + any cash value of Special Bonus (non-guaranteed)</p> <ul style="list-style-type: none"> - Maturity Benefit is guaranteed and payable if the Insured is alive on the Maturity Date - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. 	

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III. Policy Benefits		
Core benefits	Applicable to Plan 1	Applicable to Plan 2 and Plan 3
Surrender Benefit	<p>Surrender Benefit is equal to: GCV + any cash value of Special Bonus (non-guaranteed)</p> <ul style="list-style-type: none"> - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. 	
Guaranteed Cash Value ("GCV")	<ul style="list-style-type: none"> - Starting from 3rd policy year, GCV is payable upon policy surrender and policy maturity. - GCV is calculated based on the Current SA, which means it will be reduced accordingly upon an early-stage claim. - GCV reduces to zero when 100% of Original SA has been paid. 	
Special Bonus ("SB")	<ul style="list-style-type: none"> - Special Bonus (non-guaranteed) is payable upon Death, Surrender, Major Stage Critical Illness claim, Early Stage Critical illness claim or Maturity, which is determined by us from time to time. - The face value of any Special Bonus (if any) will be paid when the Company is paying the (1) Major Stage Critical Illness Benefit, (2) Early Stage Critical Illness Benefit, (3) SafetyNet Protector Benefit or (4) Death Benefit. - The cash value of Special Bonus will be paid upon the payment of Maturity Benefit or when the policy is surrendered in whole or in part. - We shall declare the Special Bonus (if any) starting from the 5th Policy anniversaries. The values of Special Bonus are non-guaranteed and are determined in accordance with the rules set out by us from time to time, and it may take effect immediately any time during the Policy year. - Special Bonus does not form a permanent addition to the Policy and may be reduced or increased at subsequent declarations. - Cash value of Special Bonus may not equal to face value of Special Bonus. - Special Bonus may vary based on the performance of a number of experience factors, with the investment return normally being the main determinant of the Special Bonus performance. Other factors include, but are not limited to, claim experience, policy expenses, taxes, and policy owner termination experience. 	

III. Policy Benefits	
Extra benefits	
Enhanced Benefit 10	<p>Enhanced Benefit 10 is equal to: Extra 50% of benefit amount of Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Death Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Comprehensive Benign Protector Benefit (for Plan 2 and Plan 3) and Diabetes Protector Benefit (for Plan 2 and 3) will be payable when one of the above benefits is payable before the 10th policy anniversary.</p> <ul style="list-style-type: none"> - This benefit is subject to maximum per life limit of each claim under all SunHealth OmniCare policies issued by us for the same Insured. - This benefit will not be entitled any Special Bonus and Guaranteed Cash Value. Current SA will not be affected after this benefit is paid out. (If Enhanced Benefit 10 is payable together with Major Stage Critical Illness Benefit and / or SafetyNet Protector Benefit and / or Early Stage Critical Illness Benefit, the Current Sum Assured will be reduced accordingly because of claims on such benefits). - This benefit can be claimed more than once but will be terminated once the Current SA is reduced to zero or on the 10th policy anniversary, whichever is earlier.

III. Policy Benefits	
Extra benefits	
Early Stage Booster Benefit (Applicable to attained age 18-100 only)	<p>Early Stage Booster Benefit is equal to: Additional 25% of Original SA</p> <p>This benefit is payable upon diagnosis of one of the following conditions:</p> <ul style="list-style-type: none"> 1. Carcinoma-in-situ or Early Malignancy 2. Angioplasty and Other Invasive Treatments for Coronary Artery Disease 3. Insertion of Pacemaker or Defibrillator 4. Angioplasty and Other Surgeries for Carotid Arteries <ul style="list-style-type: none"> - maximum per life limit of each claim under all SunHealth OmniCare policies issued by us: USD 50,000 / HKD 400,000 - This benefit allows two cross claims for conditions 1, 2, 3 & 4 provided that the specified provisions are fulfilled. This benefit will be terminated after two claims (two claims for different conditions are allowed). - The claim(s) made in this benefit will also count towards the one claim limit (USD 50,000 / HKD 400,000 per claim) for each ESCI condition. - Current Sum Assured and premium of this plan will not be reduced after this benefit is paid. - If two claims are made for the same covered illness under this benefit, no claim will be paid from the Early Stage Critical Illness Benefit, except Angioplasty and Other Invasive Treatments for Coronary Artery Disease. - If no claim is made from the covered illness(es) under this benefit, the relevant covered illness(es) will be able eligible to claim for Early Stage Critical Illness Benefit. - If a claim is made under this benefit, no claim can be made from the Early Stage Critical Illness Benefit at the same time. - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. - The claims(s) made in this benefit will not be counted towards the limit for Multi-Protection Benefit (applicable to Plan 3 only).
Comprehensive Benign Protector Benefit (For Plan 2 and Plan 3)	<p>This benefit consist of Benign Extra benefit and Surgical Excision of Benign Tumour Benefit, sharing the overall maximum limit. Such overall maximum limit is equal to 25% of Original SA.</p> <p>Benign Extra Benefit is equal to: Additional 25% of Original SA - any benefit paid under Comprehensive Benign Protector Benefit</p> <ul style="list-style-type: none"> - This benefit is payable upon diagnosis of a Cancer which is excluded due to existing benign conditions but is covered by this Benign Extra Benefit - <u>1 claim</u> is allowed under this benefit - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. <p>Surgical Excision of Benign Tumour Benefit is equal to: Additional 25% of Original SA</p> <ul style="list-style-type: none"> - This benefit is payable if the Insured undergoes a Surgical Excision of Covered Benign Tumour of following organs by a Specialist: <ul style="list-style-type: none"> o Additional 5% of the Original Sum Assured for Surgical Excision of Covered Benign Tumour of breast, ovary, penis or uterus (only endometrial polyps are covered), allows a maximum of 2 claims on these organ(s) in total, and the maximum per life limit of each claim is USD 10,000 / HKD 80,000. o Additional 10% of the Original Sum Assured for Surgical Excision of Covered Benign Tumour of adrenal gland, bone, conjunctiva, heart, kidney, liver, lung, nerve in cranium or spine, pancreas, pericardium, pituitary gland, renal pelvis, small intestine, testis, ureter or urethra, allows a maximum of 1 claim on these organ in total, and the maximum per life limit of each claim is USD 20,000 / HKD 160,000. - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased.

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III. Policy Benefits														
Extra benefits														
Diabetes Protector Benefit (For Plan 2 and Plan 3)	<p>Diabetes Protector Benefit is equal to: Additional 25% of Original SA</p> <ul style="list-style-type: none"> - Additional 25% of the Original Sum Assured when the Insured is Diagnosed with one of the following diabetes related illnesses: 													
	<table border="1"> <thead> <tr> <th>Type of Conditions</th><th>Covered Illnesses</th><th>Benefit Amount</th></tr> </thead> <tbody> <tr> <td>Major Stage Critical Illness Condition</td><td> <ul style="list-style-type: none"> Diabetic Complications </td><td>Additional 25% of Original Sum Assured + 100% of Current Sum Assured under the Major Stage Critical Illness Benefit</td></tr> <tr> <td>Early Stage Critical Illness Conditions</td><td> <ul style="list-style-type: none"> Diabetic Nephropathy* Diabetic Retinopathy Gestational Diabetes </td><td>Additional 25% of the Original Sum Assured (subject to a per life maximum of USD 50,000 / HKD 400,000 of each claim)</td></tr> <tr> <td>Juvenile Illness Condition</td><td> <ul style="list-style-type: none"> Insulin Dependent Diabetes Mellitus (IDDM)^\wedge </td><td></td></tr> </tbody> </table>		Type of Conditions	Covered Illnesses	Benefit Amount	Major Stage Critical Illness Condition	<ul style="list-style-type: none"> Diabetic Complications 	Additional 25% of Original Sum Assured + 100% of Current Sum Assured under the Major Stage Critical Illness Benefit	Early Stage Critical Illness Conditions	<ul style="list-style-type: none"> Diabetic Nephropathy* Diabetic Retinopathy Gestational Diabetes 	Additional 25% of the Original Sum Assured (subject to a per life maximum of USD 50,000 / HKD 400,000 of each claim)	Juvenile Illness Condition	<ul style="list-style-type: none"> Insulin Dependent Diabetes Mellitus (IDDM)^\wedge 	
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Juvenile Illness Condition	<ul style="list-style-type: none"> Insulin Dependent Diabetes Mellitus (IDDM)^\wedge 													
	<p>^{\wedge} This coverage expires at age 18</p> <ul style="list-style-type: none"> - This benefit allows one claim only and it will be terminated afterwards. - Sum Assured and premium of this plan will not be reduced after this benefit is paid. - If no claim is made from the covered illness under this benefit, these covered illnesses will be able to claim from the Early Stage Critical Illness Benefit or Major Stage Critical Illness Benefit. - If a claim for Early Stage Critical Illness Condition or Juvenile Illness Condition is made under this benefit, no claim can be made from the Early Stage Critical Illness Benefit at the same time. - The claims(s) made in this benefit will not be counted towards the limit for Multi-Protection Benefit (applicable to Plan 3 only). - If total claim in Early Stage Critical Illness Benefit and/ or Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit reaches 100% of Original SA, this benefit will be ceased. 													
Additional Death Benefit (For Plan 2 and Plan 3)	<p>Additional Death Benefit is equal to: Additional 25% of Original SA</p> <p>This benefit is payable upon the death of the Insured</p>													
Maturity Bonus (For Plan 2 and Plan 3)	<p>Maturity Bonus is equal to: Additional 25% of Original SA</p> <p>Maturity Bonus is guaranteed and payable if the Insured is alive on the Maturity Date</p>													

III. Policy Benefits																										
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Major 3 Protection Benefit (For Plan 2)	<ul style="list-style-type: none"> - This benefit is payable when the Insured is Diagnosed with Cancer, Heart Attack or Stroke up to the maximum total claims limit for each illness under this Basic Plan as follows: <table border="1"> <thead> <tr> <th>Illness Conditions</th><th>Maximum Total Claims Limit* (% of Original Sum Assured)</th></tr> </thead> <tbody> <tr> <td>Cancer</td><td>400%</td></tr> <tr> <td>Heart Attack</td><td>200%</td></tr> <tr> <td>Stroke</td><td>200%</td></tr> <tr> <td>TOTAL</td><td>800%</td></tr> </tbody> </table> <p>*The maximum total claims limit includes the respective claim limit of Major Stage Critical Illness Benefit, Early Stage Critical Illness Benefit and Major 3 Protection Benefit of this Basic Plan.</p> <ul style="list-style-type: none"> - Under this benefit, 100% of the Original Sum Assured will be payable upon each Diagnosis of Major Stage Critical Illness Condition, subject to the terms and conditions of this Major 3 Protection Benefit. - The following waiting periods will be applied to each subsequent claim for Major Stage Critical Illness Conditions: <table border="1"> <thead> <tr> <th>Previous Major Stage Critical Illness Claim</th><th>Subsequent Claim</th><th>Waiting Period</th></tr> </thead> <tbody> <tr> <td>Cancer</td><td>Persistent Cancer or Recurrent Cancer of previous approved Cancer claim</td><td>3-year waiting period</td></tr> <tr> <td></td><td>Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim</td><td>1-year waiting period</td></tr> <tr> <td>Cancer</td><td>Heart Attack or Stroke</td><td rowspan="2">1-year waiting period</td></tr> <tr> <td>Other Major Stage Critical Illnesses or SafetyNet Protector Benefit</td><td>Cancer, Heart Attack or Stroke</td></tr> </tbody> </table>	Illness Conditions	Maximum Total Claims Limit* (% of Original Sum Assured)	Cancer	400%	Heart Attack	200%	Stroke	200%	TOTAL	800%	Previous Major Stage Critical Illness Claim	Subsequent Claim	Waiting Period	Cancer	Persistent Cancer or Recurrent Cancer of previous approved Cancer claim	3-year waiting period		Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim	1-year waiting period	Cancer	Heart Attack or Stroke	1-year waiting period	Other Major Stage Critical Illnesses or SafetyNet Protector Benefit	Cancer, Heart Attack or Stroke	
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III. Policy Benefits																													
Benefit Items																													
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Multi-Protection Benefit (For Plan 3)	<ul style="list-style-type: none"> - This benefit is payable when the Insured is Diagnosed with one of the 61 covered Major Stage Critical Illness Conditions, the 62 covered Early Stage Critical Illness Conditions or the 9 covered Juvenile Illness Conditions up to the maximum total claims limit for each illness group under this Basic Plan as follows: <table border="1"> <thead> <tr> <th>Illness Group</th><th>Maximum Total Claims Limit* (% of the Original Sum Assured)</th></tr> </thead> <tbody> <tr> <td>Group 1: Illnesses related to Cancer</td><td>400%</td></tr> <tr> <td>Group 2: Illnesses related to Major Organs & Function</td><td>100%</td></tr> <tr> <td>Group 3: Illnesses related to the Heart</td><td>200%</td></tr> <tr> <td>Group 4: Illnesses related to the Nervous System</td><td>200%</td></tr> <tr> <td>Group 5: Other Major Illnesses</td><td>100%</td></tr> <tr> <td>TOTAL</td><td>1,000%</td></tr> </tbody> </table> <p>*The maximum total claims limit includes the respective claim limit of Major Stage Critical Illness Benefit, Early Stage Critical Illness Benefit and Multi-Protection Benefit of this Basic Plan.</p> <ul style="list-style-type: none"> - Under this benefit, 100% of the Original Sum Assured will be payable upon each Diagnosis of Major Stage Critical Illness Condition, while 25% of the Original Sum Assured will be payable upon each Diagnosis of Early Stage Critical Illness Condition or Juvenile Illness Condition, subject to the terms and conditions of this Multi-Protection Benefit. - The following waiting periods will be applied to each subsequent claim for Major Stage Critical Illness Conditions: <table border="1"> <thead> <tr> <th>Previous Major Stage Critical Illness Claim</th><th>Subsequent Claim</th><th>Waiting Period</th></tr> </thead> <tbody> <tr> <td rowspan="2">Group 1</td><td>Persistent Cancer or Recurrent Cancer of previous approved Cancer claim</td><td>3-year waiting period</td></tr> <tr> <td>Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim</td><td>1-year waiting period</td></tr> <tr> <td>Group 1</td><td>Group 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition</td><td rowspan="2">1-year waiting period</td></tr> <tr> <td>Group 2 / 3 / 4 / 5 / 6 or due to SafetyNet Protector Benefit</td><td>Group 1 / 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition</td></tr> </tbody> </table>		Illness Group	Maximum Total Claims Limit* (% of the Original Sum Assured)	Group 1: Illnesses related to Cancer	400%	Group 2: Illnesses related to Major Organs & Function	100%	Group 3: Illnesses related to the Heart	200%	Group 4: Illnesses related to the Nervous System	200%	Group 5: Other Major Illnesses	100%	TOTAL	1,000%	Previous Major Stage Critical Illness Claim	Subsequent Claim	Waiting Period	Group 1	Persistent Cancer or Recurrent Cancer of previous approved Cancer claim	3-year waiting period	Cancer which is neither a Persistent Cancer nor Recurrent Cancer of previous approved Cancer claim	1-year waiting period	Group 1	Group 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition	1-year waiting period	Group 2 / 3 / 4 / 5 / 6 or due to SafetyNet Protector Benefit	Group 1 / 2 / 3 / 4 / 5 of Major Stage Critical Illness Condition
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Waiver of premium on Major Stage Critical Illness (For Plan 2 and Plan 3)	<ul style="list-style-type: none"> - All future premiums will be waived when the total claim of Major Stage/ Early Stage Critical Illness Benefit reaches 100% of Original Sum Assured 																												

IV. Other Benefits			
Guaranteed Insurability Option	<ul style="list-style-type: none"> - The Policy Owner can purchase a new standalone critical illness policy on the life of the Insured offered by the Company with guaranteed insurability on specified special events including the Insured attaining age 18/Getting married/Having children or Direct family members (including spouse, parents and children) being Diagnosed with CI and only before the Insured reaches age 65: <ul style="list-style-type: none"> 1. Maximum limit: 50% of Original Sum Assured or USD62,500/ HKD500,000, whichever is lower. 2. Only applicable to policies issued at standard rates and no claim has been submitted under the policy. 3. Can only be exercised after the policy has been in effect for 3 consecutive years. 4. This option will be terminated once it's exercised. 		
Guaranteed Insurability Option For New-Born	<ul style="list-style-type: none"> - If the Insured gives birth to a child (or if the Insured's spouse gives birth to a child), the Policy Owner may purchase a new critical illness policy for which we will offer this Guaranteed Insurability Option For New-born, on the life of that child ("Covered Child") without further evidence of insurability by submitting written notice to us, if: <ul style="list-style-type: none"> o this Basic Plan is in effect for at least 1 year; o we receive the new policy application within 30 days from the date of birth of Covered Child and, together with the application, no less than the minimum first premium we would normally require on such new policy; o the new policy is on the life of Covered Child only; o no claim is currently pending nor has a claim been submitted to us under this Basic Plan; o the Sum Assured of the new policy is capped at the lower of 50% of the Original Sum Assured of this Basic Plan and US\$62,500 / HK\$500,000, depending on the currency as stated on the Policy Summary; o the new policy meets all of our then current administrative rules and our then maximum critical illness coverage per life; o this Basic Plan is issued without an extra premium. 		
Optional Rider Benefits	<table> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> - CoverPlus (CPR) - Accident Benefit (AB) - Accidental Death & Disability Plus Benefit (ADDP) - Hospital Income Benefit (HI) - SunHealth Medical Care Rider (SHMCR) - Optional Supplementary Benefit (OSB) - Optional Female Benefit (OFB) </td><td style="vertical-align: top;"> <ul style="list-style-type: none"> - Owner Benefit upon Death (OBD) - Owner Benefit upon Disability or Death (OBDD) - Tender Care Benefit (TC) - Total Disability Benefit (TDB) - Total Disability Benefit (on Term) (TDBT) - One Year Term Benefit (YTMR) - Five Year Term Benefit (5TMR) </td></tr> </tbody> </table>	<ul style="list-style-type: none"> - CoverPlus (CPR) - Accident Benefit (AB) - Accidental Death & Disability Plus Benefit (ADDP) - Hospital Income Benefit (HI) - SunHealth Medical Care Rider (SHMCR) - Optional Supplementary Benefit (OSB) - Optional Female Benefit (OFB) 	<ul style="list-style-type: none"> - Owner Benefit upon Death (OBD) - Owner Benefit upon Disability or Death (OBDD) - Tender Care Benefit (TC) - Total Disability Benefit (TDB) - Total Disability Benefit (on Term) (TDBT) - One Year Term Benefit (YTMR) - Five Year Term Benefit (5TMR)
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V. Other Information	
Exclusions	<p>We will not pay any claim (other than a claim under the Death Benefit Provision or Additional Death Benefit Provision (Plan 2-3 only)) for conditions caused either directly or indirectly by or resulting from any of the following:</p> <ul style="list-style-type: none"> (a) the Insured's committing or attempting to commit suicide or self-inflicted injury, while the Insured is sane or insane; (b) the Insured's committing or attempting to commit a criminal offence or participating in any brawl; (c) unreasonable failure to seek or follow medical advice; (d) the Insured's taking or absorbing or being under the influence of, accidentally or otherwise, any alcohol, drug, narcotic, medicine, sedative or poison, except as prescribed by a Doctor; (e) any human immunodeficiency virus (HIV) and/or any HIV-related illnesses including acquired immune deficiency syndrome (AIDS) and/or any mutations, derivations or variations thereof, except those defined in Major Stage Critical Illness Conditions; (f) war (whether declared or undeclared), insurrection, civil war or any warlike operation, whether or not the Insured was actively participating in them; or (g) atomic explosion, nuclear fission or radioactive gas.
Policy Termination	<p>For Plan 1: This This Policy will terminate automatically on the earliest of:</p> <ul style="list-style-type: none"> (a) the Policy Anniversary on or immediately following the Insured's 100th birthday; (b) the date on which Death Benefit in Basic Benefit provisions becomes payable by us as a claim; (c) the date on which the aggregate total claim amount under Major Stage Critical Illness Benefit, SafetyNet Protector Benefit and Early Stage Critical Illness Benefit reaches 100% of Original Sum Assured; and (d) the date on which we discontinue this Policy following a written request to terminate the policy from the Policy Owner. <p>For Plan 2 and 3: This This Policy will terminate automatically on the earliest of:</p> <ul style="list-style-type: none"> (a) the Policy Anniversary on or immediately following the Insured's 100th birthday; (b) the date on which Additional Death Benefit in these Basic Benefit provisions becomes payable by us as a claim; (c) the date on which we discontinue this Policy following a written request to terminate the policy from the Policy Owner.

Appendix B: List of covered illnesses and Schedule of Surgical Procedures

TABLE OF MAJOR STAGE CRITICAL ILLNESS CONDITIONS, EARLY STAGE CRITICAL ILLNESS CONDITIONS AND JUVENILE ILLNESS CONDITIONS

GROUPS	MAJOR STAGE CRITICAL ILLNESS CONDITIONS	EARLY STAGE CRITICAL ILLNESS CONDITIONS	JUVENILE ILLNESS CONDITIONS
GROUP 1:			
ILLNESSES RELATED TO CANCER	<ul style="list-style-type: none"> • Cancer • Cerebral Metastasis 	<ul style="list-style-type: none"> • Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary Tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis)* • Early Malignancies (Early Stage Cancer of the Prostate, Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above)* 	
GROUP 2:			
ILLNESSES RELATED TO MAJOR ORGANS & FUNCTIONS	<ul style="list-style-type: none"> • Acute Necrohemorrhagic Pancreatitis • Aplastic Anaemia • Chronic Relapsing Pancreatitis • End Stage Liver Failure • End Stage Lung Disease • Fulminant Hepatitis • Kidney Failure • Major Organ Transplant • Medullary Cystic Disease • Severe Crohn's Disease • Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis • Systemic Scleroderma • Ulcerative Colitis 	<ul style="list-style-type: none"> • Less Severe Aplastic Anaemia • Liver Surgery • Hepatitis with Cirrhosis* • Chronic Autoimmune Hepatitis* • Interstitial Fibrosis • Surgical Removal of One Lung • Biliary Tract Reconstruction Surgery • Less Severe Kidney Disease • Major Organ Transplantation (on Waiting List) • Moderately Severe Crohn's Disease • Less Severe Systemic Lupus Erythematosus • Early Systemic Scleroderma • Moderately Severe Ulcerative Colitis 	<ul style="list-style-type: none"> • Wilson's disease • Severe Asthma* • Glomerulonephritis with Nephrotic Syndrome*
GROUP 3:			
ILLNESSES RELATED TO THE HEART	<ul style="list-style-type: none"> • Cardiomyopathy • Dissecting Aortic Aneurysm • Eisenmenger's Syndrome • Heart Attack • Infective Endocarditis • Primary Pulmonary Arterial Hypertension • Replacement of Heart Valve • Surgery for Disease of the Aorta • Surgery to Coronary Arteries 	<ul style="list-style-type: none"> • Early Cardiomyopathy • Insertion of Vena-cava Filter • Pericardectomy • Insertion of Pacemaker or Defibrillator* • Less Severe Infective Endocarditis • Endovascular Treatment of Peripheral Arterial Disease* • Less Invasive Treatments of Heart Valve Disease • Endovascular Treatments of Aortic Disease or Aortic Aneurysm* • Minimally Invasive Direct Coronary Artery By-pass * • Angioplasty and Other Invasive Treatments for Coronary Artery Disease* 	<ul style="list-style-type: none"> • Rheumatic Fever with Valvular Impairment* • Kawasaki Disease*

TABLE OF MAJOR STAGE CRITICAL ILLNESS CONDITIONS, EARLY STAGE CRITICAL ILLNESS CONDITIONS AND JUVENILE ILLNESS CONDITIONS

GROUPS	MAJOR STAGE CRITICAL ILLNESS CONDITIONS	EARLY STAGE CRITICAL ILLNESS CONDITIONS	JUVENILE ILLNESS CONDITIONS
GROUP 4:			
ILLNESSES RELATED TO THE NERVOUS SYSTEM	• Alzheimer's Disease	• Cerebral Aneurysm Requiring Surgery	
	• Amyotrophic Lateral Sclerosis (ALS)	• Early Amyotrophic Lateral Sclerosis (ALS)	
	• Apallic Syndrome	• Surgery for Subdural Haematoma	
	• Bacterial Meningitis	• Less Severe Bacterial Meningitis	
	• Benign Brain Tumour	• Surgical Removal of Pituitary Tumour	
	• Coma	• Less Severe Coma	
	• Creutzfeldt-Jacob Disease		
	• Deafness	• Cochlear Implant Surgery • Loss of Hearing in One Ear	
	• Encephalitis	• Less Severe Encephalitis	
	• Hemiplegia		
	• Major Head Trauma	• Moderately Severe Brain Damage • Cerebral Shunt Insertion	
	• Meningeal Tuberculosis	• Less Severe Meningeal Tuberculosis	
	• Motor Neurone Disease	• Early Motor Neurone Disease	• Type I Juvenile Spinal Amyotrophy
	• Multiple Sclerosis		
	• Muscular Dystrophy	• Moderately Severe Muscular Dystrophy	
	• Paralysis	• Moderately Severe Paralysis	
	• Parkinson's Disease	• Moderately Severe Parkinson's Disease	
	• Poliomyelitis	• Moderately Severe Poliomyelitis	
	• Progressive Bulbar Palsy (PBP)	• Early Progressive Bulbar Palsy (PBP)	
	• Progressive Supranuclear Palsy	• Early Progressive Supranuclear Palsy	
	• Severe Myasthenia Gravis		
	• Stroke	• Angioplasty and Other Surgeries for Carotid Arteries*	
	• Total Blindness	• Loss of Sight in One Eye • Glaucoma Surgical Treatment • Severe Psychiatric Illness	
			• Juvenile Huntington Disease*
			• Intellectual Disability due to Sickness or Injury*
GROUP 5:			
OTHER ILLNESSES	• AIDS due to Blood Transfusion		
	• Chronic Adrenal Insufficiency	• Adrenalectomy for Adrenal Adenoma	
	• Diabetic Complications	• Diabetic Nephropathy* • Diabetic Retinopathy* • Gestational Diabetes*	• Insulin Dependent Diabetes Mellitus (IDDM)*
	• Ebola		
	• Elephantiasis		
	• HIV Acquired due to Assault		
	• Loss of Limbs	• Loss of One Limb	
	• Loss of One Limb and One Eye		
	• Loss of Speech	• Loss of Speech due to Vocal Cord Paralysis	
	• Major Burns	• Facial Burns due to Accident • Less Severe Burns to Body due to Accident	
	• Necrotising Fasciitis		
	• Occupational Acquired HIV		
	• Pheochromocytoma		
	• Severe Rheumatoid Arthritis	• Moderately Severe Rheumatoid Arthritis	• Still's Disease*

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TABLE OF MAJOR STAGE CRITICAL ILLNESS CONDITIONS, EARLY STAGE CRITICAL ILLNESS CONDITIONS AND JUVENILE ILLNESS CONDITIONS

GROUPS	MAJOR STAGE CRITICAL ILLNESS CONDITIONS	EARLY STAGE CRITICAL ILLNESS CONDITIONS	JUVENILE ILLNESS CONDITIONS
GROUP 5:			
OTHER ILLNESSES		<ul style="list-style-type: none"> ● Accidental Fracture of Spinal Column[#] ● Facial Reconstructive Surgery for Injury due to Accident * ● Severe Central or Mixed Sleep Apnea ● Severe Obstructive Sleep Apnea ● Severe Osteoporosis with Fractures[^] 	
			<ul style="list-style-type: none"> ● Dengue Haemorrhagic Fever* ● Hemophilia A and Hemophilia B* ● Osteogenesis Imperfecta* ● Severe Autism*
GROUP 6**:			
TERMINAL ILLNESS AND LOSS OF INDEPENDENT EXISTENCE	<ul style="list-style-type: none"> ● Terminal Illness ● Loss of Independent Existence^{^^} 		

* Subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

** Illness conditions under Group 6 are not covered under Major 3 Protection Benefit / Multi-Protection Benefit (if applicable).

Coverage from attained age 65 to 85 only.

^ Coverage terminate automatically immediately following the Insured's 70th birthday and cap of US\$15,000/HK\$120,000 applies.

^^ Coverage terminate automatically immediately following the Insured's 65th birthday.

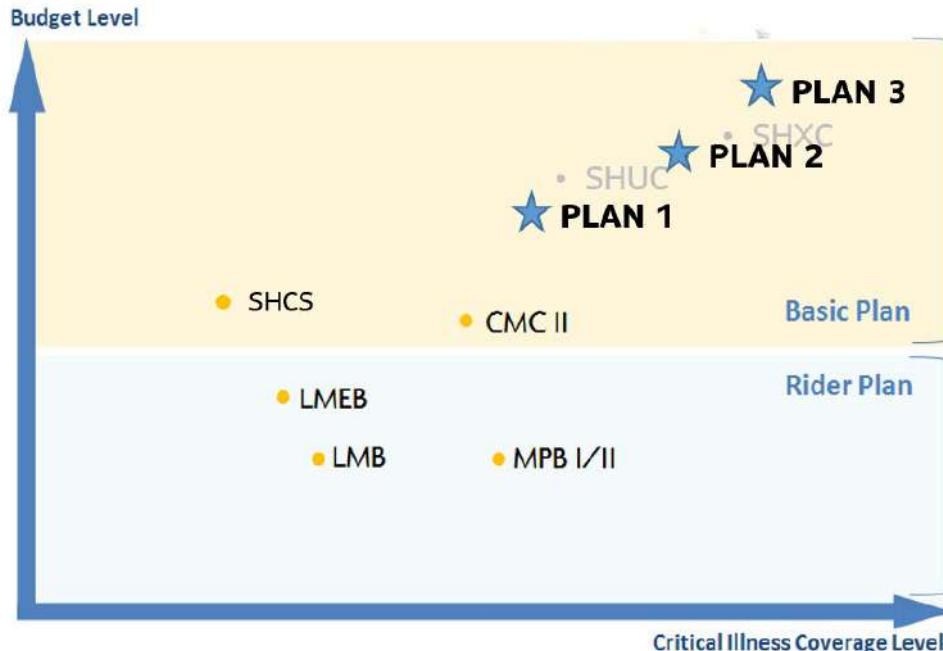
Schedule of Surgical Procedures

PROCEDURE / SURGERY	
ABDOMINAL AND DIGESTIVE SYSTEM:	
OESOPHAGEAL/ STOMACH/ DUODENUM	<ul style="list-style-type: none"> • Oesophagectomy • Total oesophagectomy and interposition of intestine • Partial gastrectomy with anastomosis to oesophagus • Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition
	<ul style="list-style-type: none"> • Anterior resection of rectum, open or laparoscopic • Abdominoperineal resection, open or laparoscopic • Colectomy, open or laparoscopic • Low anterior resection of rectum , open or laparoscopic
	<ul style="list-style-type: none"> • Liver transplantation • Segmentectomy of liver, open or laparoscopic
	<ul style="list-style-type: none"> • Pancreaticoduodenectomy (Whipple's Operation)
BRAIN AND NERVOUS SYSTEM:	
BRAIN	<ul style="list-style-type: none"> • Craniectomy • Cranial nerve decompression • Excision of arteriovenous malformation, intracranial • Excision of acoustic neuroma • Excision of brain tumour or brain abscess • Excision of cranial nerve tumour • Decompression of trigeminal nerve root/ open trigeminal rhizotomy • Excision of brain, including lobectomy • Hemispherectomy
	<ul style="list-style-type: none"> • Excision of intraspinal tumour, extradural or intradural
CARDIOVASCULAR SYSTEM:	
HEART	<ul style="list-style-type: none"> • Coronary artery bypass graft (CABG) • Cardiac transplantation • Valve replacement
	<ul style="list-style-type: none"> • Intra-abdominal venous shunt/ spleno-renal shunt / portal-caval shunt • Resection of abdominal vessels with replacement / anastomosis
ENDOCRINE SYSTEM:	
PINEAL GLAND	<ul style="list-style-type: none"> • Total excision of pineal gland
PITUITARY GLAND	<ul style="list-style-type: none"> • Operation of pituitary tumour
EAR/ NOSE/ THROAT/ RESPIRATORY SYSTEM:	
EAR	<ul style="list-style-type: none"> • Operation on cochlea and / or cochlear implant
RESPIRATORY SYSTEM	<ul style="list-style-type: none"> • Laryngectomy +/- radical neck resection
FEMALE GENITAL SYSTEM:	
UTERUS	<ul style="list-style-type: none"> • Radical abdominal hysterectomy • Pelvic exenteration
	<ul style="list-style-type: none"> • Radical vaginectomy
MALE GENITAL SYSTEM:	
PROSTATE	<ul style="list-style-type: none"> • Radical prostatectomy, open or laparoscopic
URINARY SYSTEM:	
KIDNEY	<ul style="list-style-type: none"> • Nephrectomy, partial/ lower pole • Kidney transplant
	<ul style="list-style-type: none"> • Radical/ total cystectomy, open or laparoscopic • Formation of ileal conduit, including ureteric implantation

Appendix C: Internal comparisons

Positioning of Our Critical Illness Products

We know that different clients have different needs and preferences. That's why Sun Life is proud to offer robust suite of critical illness plans to suit any of your clients. The chart and table below show how each of these unique plans differ, and for whom they are most well suited.



	Abbreviation Code	Plan Name	Target Customer	Critical Illness Coverage Highlights
Basic	SHOC	SunHealth OmniCare (Plan 3)	Affluent clients	<ul style="list-style-type: none"> - Comprehensive multiple payment CI protection - SafetyNet Protector Benefit - Comprehensive Benign Protector Benefit - CoverPlus attachable - Savings included
	SHOC	SunHealth OmniCare (Plan 2)	Mass to Affluent clients	<ul style="list-style-type: none"> - Comprehensive CI protection with multiple payment on major 3 illnesses - SafetyNet Protector Benefit - Comprehensive Benign Protector Benefit - CoverPlus attachable - Savings included
	SHOC	SunHealth OmniCare (Plan 1)	Mass clients	<ul style="list-style-type: none"> - Comprehensive CI protection - SafetyNet Protector Benefit - CoverPlus attachable - Savings included
	SHXC	SunHealth MaxiCare	Affluent clients	<ul style="list-style-type: none"> - Comprehensive multiple payment CI protection - Savings included
	SHUC	SunHealth UltraCare	Mass to Affluent clients	<ul style="list-style-type: none"> - Comprehensive CI protection - Savings included
	SHCS	SunHealth Cancer Shield	Mass clients	<ul style="list-style-type: none"> - Multiple payment Cancer protection
Rider	CMC II	Critical Medical Care II	Mass clients	<ul style="list-style-type: none"> - Basic CI protection without saving element
	LMEB	Living Master Extra benefit	Mass Affluent clients	<ul style="list-style-type: none"> - Additional Critical Illness coverage with the basic plan
	LMB	Living Master Benefit	Mass clients	<ul style="list-style-type: none"> - Advanced Critical Illness coverage with the basic plan
	MPB I/II	Multi Protection Benefit I/II	Mass clients	<ul style="list-style-type: none"> - Multiple Critical Illness coverage with the basic plan

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Feature Comparison between OmniCare (SHOC) and UltraCare / MaxiCare (SHUC / SHXC)

Plan Name	SunHealth OmniCare (SHOC)	SHUC / SHXC	Highlights	
Core benefits				
Name of conditions	Major Stage Critical Illness Benefit			
Number of covered illnesses	63	62	Newly added "Loss of Independent Existence"	
Name of conditions	Early Stage Critical Illness Benefit			
Number of covered illnesses	62	61	Newly added "Gestational Diabetes"	
Name of conditions	Juvenile Illness Conditions			
Number of covered illnesses	14	9	Newly added 1. Dengue Haemorrhagic Fever 2. Glomerulonephritis with Nephrotic Syndrome 3. Wilson's disease 4. Juvenile Huntington Disease 5. Type I Juvenile Spinal Amyotrophy	
Name of Benefit	SafetyNet Protector Benefit			
Benefit Amount	Same as Major Stage Critical Illness Benefit	Not applicable	Newly added benefit	
Extra benefits				
Name of Benefit	Early Stage Booster			
Benefit Amount	Additional 25% of Original SA		No change	
Name of Benefit	Diabetes Protector Benefit			
Covered Illness Conditions	1. Diabetic Complication (Major Stage CI) 2. Diabetic Nephropathy (Early Stage CI) 3. Diabetic Retinopathy (Early Stage CI) 4. Insulin Dependent Diabetes Mellitus (IDDM) (Juvenile Disease) 5. Gestational Diabetes (Early Stage CI)	1. Diabetic Complication (Major Stage CI) 2. Diabetic Nephropathy (Early Stage CI) 3. Diabetic Retinopathy (Early Stage CI) 4. Insulin Dependent Diabetes Mellitus (IDDM) (Juvenile Disease)	Gestational Diabetes added	
Name of Benefit	Comprehensive Benign Protector Benefit			
Benefit Amount	Additional 25% of Original SA	Not applicable	Newly added Benefit	
Name of Benefit	Additional Death Benefit			
Benefit Amount	Additional 25% of Original SA	Not applicable	Newly added Benefit	
Name of Benefit	Maturity Bonus			
Benefit Amount	Additional 25% of Original SA	Not applicable	Newly added Benefit	
Multiple payment benefits				
Name of Benefit		Recurring Benefit		
Benefit Amount	Not Available	Additional 25% of Original SA	Recurring Benefit is removed	
Name of Benefit	Major 3 Protection Benefit (Plan 2)	Multi-Protection Benefit (Plan 3)	Multi-Protection Benefit	
Benefit Term	To age 85		To age 100	
Maximum claim limit per group (% of Original SA)	Cancer: 400% Heart Attack: 200% Stroke: 200% Overall: 800% of Original SA	Group 1: 400% Group 2: 100% Group 3: 200% Group 4: 200% Group 5: 100% Overall: 1,000% of Original SA	Group 1: 400% Group 2: 100% Group 3: 100% Group 4: 100% Group 5: 100% Overall: 800% of Original SA	<ul style="list-style-type: none"> Benefit term is changed from "to Age 100" into "to Age 85" Newly added multiple claims per illness under Plan 2 The total benefit under Multi-Protection Benefit under Plan 3 increased from 800% to 1000% of Original SA
Guaranteed Insurability Option				
Covered Events	1. Insured is married 2. Direct family member is diagnosed CI 3. Insured attains age 18 4. Insured has a newborn	1. Insured is married 2. Direct family member is diagnosed CI 3. Insured attains age 18 4. Insured has a newborn	Newly added Guaranteed Insurability Option for Newborn	
Max. Sum Assured of new policy	Lower of 50% of the Original Sum Assured of the basic policy or HKD 500,000 / USD 62,500			
Optional CoverPlus				
Benefit Amount	Up to 100% of Sum Assured of basic plan, cover for Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Death Benefit and Maturity Benefit	Not applicable	Newly added Benefit	

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Appendix D: Additional frequently asked questions

Product Features:

Q1: Is there any waiting period for the covered illnesses and surgeries under SunHealth OmniCare?

A1: Yes. Please note that:

1. With respect to Major Stage Critical Illness Condition, Early Stage Critical Illness Condition and Juvenile Illness Condition,
 - (i) its signs or symptoms of which first occurred must be at least 90 days after the Issue Date, effective date or last reinstatement date of the Basic Plan, whichever is the latest (excluding a condition which is directly caused by or resulting from an Accident); and
 - (ii) that the Insured survives for at least 14 day after the date being Diagnosed as suffering from it.
2. With respect to Surgical Excision of Covered Benign Tumour (applicable to Plan 2/ Plan 3), the actual undergoing of a complete surgical excision of a Solid Tumour must be first occurred at least 90 days after the Issue Date, effective date or last reinstatement date of the Basic Plan, whichever is the latest, and such tumour is excised specifically for the purpose of ruling out cancer and is confirmed by histopathological examination in writing by a Specialist as a non-cancerous benign tumour of the covered organs.
3. For Complex Surgical Procedure, when it first occurred, it must be at least 90 days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest (excluding a procedure which is directly caused by or resulting from an Accident).

The section related to waiting period has been incorporated into Proposals upon SunSmart version 3.6 upgrade after 15 February 2019.

Please refer to the Basic Benefit Provisions of SunHealth OmniCare for the definition of Major Stage Critical Illness Condition, Early Stage Critical Illness Condition, Juvenile Illness Condition, Surgical Excision of Covered Benign Tumour and Complex Surgical Procedure.

Q2: Are CIN I / II / III due to HPV infection covered under the definition of Carcinoma-in-situ?

A2: According to the definition of Carcinoma-in-situ, it must be at a grading of not less than CIN III. For the definition of Carcinoma-in-situ, please refer to the Basic Benefit Provisions of SunHealth OmniCare.

Q3: Some of the Early Stage Critical Illness Conditions are subject to the maximum limit. What is the limit?

A3: Some of the Early Stage Critical Illness Conditions are subject to a maximum per life limit of HKD400,000 / USD50,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured for each claim. Please refer to the Basic Benefit Provisions of SunHealth OmniCare for the definition of Early Stage Critical Illness Condition. Please note, with consideration of our clients' best interest, and also to simplify the calculation on benefits related to Early Stage Critical Illness Conditions, the maximum limit for benefits related to Early Stage Critical Illness Conditions under SunHealth OmniCare and SunHealth UltraCare / SunHealth MaxiCare policies will be calculated separately in according with the Basic Benefit Provisions.

Assume a client had purchased a SunHealth UltraCare policy (with Original SA of HKD 2M) in Feb 2017, and then the client has purchased a SunHealth OmniCare policy (with Original SA of HKD 2M) in Feb 2019. If the client is diagnosed with Carcinoma-in-situ in Feb 2035, his claimable amount of Early Stage CI Benefit will be:

Policy	Claimable amount under the policy
SunHealth UltraCare policy (with Original SA of HKD 2M):	HKD 2M x 25% = HKD 500K, while this amount is subject to HKD 300K; i.e., the maximum per life limit for each claim. The claimable amount = HKD 300K
SunHealth OmniCare policy (with Original SA of HKD 2M):	HKD 2M x 25% = HKD 500K, while this amount is subject to HKD 400K; i.e., the maximum per life limit under all SunHealth OmniCare policies issued by us for the same Insured for each claim. The claimable amount = HKD 400K
Total claimable amount:	HKD 300K + HKD 400K = HKD 700K

Q4: Will the definition of each Complex Surgical Procedure under the Schedule of Surgical Procedures be provided?

A4: No. We will follow the existing practice of medical plans (such as SunHealth Medical Care) - that the claim decision on SafetyNet Protector Benefit will be based on the proof provided by the doctor who performs the Complex Surgical Procedure under the Schedule of Surgical Procedures.

Q5: For Plan 2 / Plan 3, the calculation of Death Benefit/ Major Stage Critical Illness Benefit/ SafetyNet Protector Benefit includes the 25% of the Original Sum Assured. What is the rationale behind?

A5: Let's take a look at the formulae of these benefits:

The claim amount of Death Benefit/ Major Stage Critical Illness Benefit/ SafetyNet Protector Benefit is equal to the higher of:

1. 100% of the Current Sum Assured + Enhanced Benefit 10 (if applicable) + face value of Special Bonus (if any); and
2. Total premiums due and paid for the Basic Plan (excluding any extra premiums) - the amount of any benefit paid under the Basic Plan - **25% of the Original Sum Assured**

The formulae above consist of 2 parts, the 1st part is related to the Current Sum Assured and the 2nd part is related to the total premiums paid, and taking the higher value of these 2 parts as the final payable amount.

In fact, this design is to ensure the total amount under a SunHealth OmniCare policy by a client will not be less than the total premiums they have paid. As Plan 2 / Plan 3 have the feature of Additional Death Benefit / Maturity Bonus which is equal to 25% of the Original Sum Assured, it is also required to take this additional benefit into account when applying the flooring.

Here is some illustrative examples:

I. Death Benefit and Additional Death Benefit:

Client A: Age 30, Male, Non-smoker, Plan 3, 5 Years Pay, Original Sum Assured = HKD 1,000,000

If Client A passes away at 11th policy year,

His total premium paid:	HKD 132,510 x 5 = HKD 662,550	
Death Benefit (claimable at 11th policy year):	Calculation of Death Benefit in 1 st part of formula (a):	100% of the Current Sum Assured + Enhanced Benefit 10 (if applicable) + face value of Special Bonus (if any) = HKD 1,000,000 + HKD 114,620* = HKD 1,114,620
	Calculation of Death Benefit in 2 nd part of formula (b):	Total premiums due and paid for the Basic Plan (excluding any extra premiums) - the amount of any benefit paid under the Basic Plan - 25% of the Original Sum Assured = HKD 662,550 – 25% x HKD 1,000,000 = HKD 412,550
	Final payable amount (higher of (a) and (b)):	HKD 1,114,620
Additional Death Benefit (claimable at 11th policy year):		HKD 250,000
Total Benefit:		HKD 1,114,620 + HKD 250,000 = HKD 1,364,620 (125% of Original Sum Assured + face value of Special Bonus (if any))

Client B: Age 60, Male, Non-smoker, Plan 3, 5 Pay, Original Sum Assured = HKD 1,000,000

If Client B passes away at 11th policy year,

His total premium paid:	HKD 366,970 x 5 = HKD 1,834,850	
Death Benefit (claimable at 11th policy year):	Calculation of Death Benefit in 1 st part of formula (a):	100% of the Current Sum Assured + Enhanced Benefit 10 (if applicable) + face value of Special Bonus (if any) = HKD 1,000,000 + HKD 312,900* = HKD 1,312,900
	Calculation of Death Benefit in 2 nd part of formula (b):	Total premiums due and paid for the Basic Plan (excluding any extra premiums) - the amount of any benefit paid under the Basic Plan - 25% of the Original Sum Assured = HKD 1,834,850 – 25% x HKD 1,000,000 = HKD 1,584,850
	Final payable amount (higher of (a) and (b)):	HKD 1,584,850
Additional Death Benefit(claimable at 11th policy year):		HKD 250,000
Total Benefit:		HKD 1,584,850 + HKD 250,000 = HKD 1,834,850 (100% of his total premiums paid)

II. Major Stage Critical Illness Benefit and Additional Death Benefit:

Client C: Age 30, Male, Non-smoker, Plan 3, 5 Years Pay, Original Sum Assured = HKD 1,000,000

If Client C makes Major Stage CI claim due to diagnosis of Cancer at 11th policy year, then passes away at 20th policy year,

His total premium paid:	HKD 132,510 x 5 = HKD 662,550	
Major Stage Critical Illness Benefit (claimable at 11th policy year):	Calculation of Major Stage Critical Illness Benefit in 1 st part of formula (a):	100% of the Current Sum Assured + Enhanced Benefit 10 (if applicable) + face value of Special Bonus (if any) = HKD 1,000,000 + HKD 114,620* = HKD 1,114,620
	Calculation of Major Stage Critical Illness Benefit in 2 nd part of formula (b):	Total premiums due and paid for the Basic Plan (excluding any extra premiums) - the amount of any benefit paid under the Basic Plan - 25% of the Original Sum Assured = HKD 662,550 – 25% x HKD 1,000,000 = HKD 412,550
	Final payable amount (higher of (a) and (b)):	HKD 1,114,620
Additional Death Benefit (claimable at 20th policy year):		HKD 250,000
Total Benefit:		HKD 1,114,620 + HKD 250,000 = HKD 1,364,620 (125% of Original Sum Assured + face value of Special Bonus (if any))

Client D: Age 60, Male, Non-smoker, Plan 3, 5 Pay, Original Sum Assured = HKD 1,000,000

If Client D makes Major Stage CI claim due to diagnosis of Cancer at 11th policy year, then passes away at 20th policy year,

His total premium paid:		HKD 366,970 x 5 = HKD 1,834,850
Major Stage Critical Illness Benefit (claimable at 11th policy year):	Calculation of Major Stage Critical Illness Benefit in 1 st part of formula (a):	100% of the Current Sum Assured + Enhanced Benefit 10 (if applicable) + face value of Special Bonus (if any) = HKD 1,000,000 + HKD 312,900* = HKD 1,312,900
	Calculation of Major Stage Critical Illness Benefit in 2 nd part of formula (b):	Total premiums due and paid for the Basic Plan (excluding any extra premiums) - the amount of any benefit paid under the Basic Plan - 25% of the Original Sum Assured = HKD 1,834,850 – 25% x HKD 1,000,000 = HKD 1,584,850
	Final payable amount (higher of (a) and (b)):	HKD 1,584,850
Additional Death Benefit (claimable at 20th policy year):		HKD 250,000
Total Benefit:		HKD 1,584,850 + HKD 250,000 = HKD 1,834,850 (100% of his total premiums paid)

* The face value of Special Bonus is non-guaranteed, and the face value of Special Bonus in the illustrative example is for reference only.

We can see how the formulae work to floor the benefit amount of Death Benefit / Major Stage Critical Illness Benefit / SafetyNet Protector Benefit at total premiums paid.

Q6: Which benign conditions may be entitled the protection of Benign Extra Benefit?

A6: The offer of Benign Extra Benefit on the below Benign Conditions is subject to underwriting decision and the then underwriting guideline. Please refer to the table below for the required documents.

Benign Conditions	Required documents
Benign Breast Disorder	1. The most recent ultrasound report of bilateral breast 2. Tumor, cyst and lump questionnaire 3. Primary Doctor Report (APS) (if needed) 4. Pathology report (if any)
Elevated Prostate-specific Antigen (PSA) Level	1. The most recent ultrasound report of prostate 2. Blood test for Prostate specific antigen (PSA) level 3. Special health questionnaire 4. Primary Doctor Report (APS) (if needed) 5. Pathology report (if any)
Ovarian Cyst	1. The most recent ultrasound report of pelvis 2. Tumor, cyst and lump questionnaire 3. Primary Doctor Report (APS) (if needed) 4. Pathology report (if any)

For comprehensive Cancer cover, client can apply for re-underwriting at any time within the period of 2nd and 6th policy year. The documentation requirements are the same as above table. Please refer to the table below for the conditions requirements:

Benign Conditions	Condition Requirements
Benign Breast Disorder	1. No claims have been made for any covered illness 2. No biopsy or surgical procedure done on any breast lesion, otherwise case to be assessed on case to case basis depending on pathology report

	<ul style="list-style-type: none"> 3. Ultrasound of bilateral breasts to be done after 1st policy anniversary and the condition is stable: <ul style="list-style-type: none"> ➢ No change in size ➢ No change in appearance suggesting malignancy ➢ No newly lesion is seen in either of breasts 4. No further investigation is required or waiting for test result, e.g. biopsy or blood test etc.
Elevated Prostate-specific Antigen (PSA) Level	<ul style="list-style-type: none"> 1. No claims have been made for any covered illness 2. No biopsy or surgical procedure done, otherwise case to be assessed on case to case basis 3. Blood test – PSA level is reduced to age normal <ul style="list-style-type: none"> ➢ 40-49 years: ≤2.5 ng/ml ➢ 50-59 years: ≤3.5 ng/ml ➢ ≥60 years: ≤4.5 ng/ml 4. Ultrasound of prostate to rule out pre-malignancy finding 5. No further investigation is required or waiting for test result, e.g. biopsy or blood test etc.
Ovarian Cyst	<ul style="list-style-type: none"> 1. No claims have been made for any covered illness 2. No biopsy or surgical procedure done on ovary, otherwise case to be assessed on case to case basis depending on pathology report 3. Ultrasound of pelvis to be done after 1st policy anniversary and the condition is stable: <ul style="list-style-type: none"> a. No change in size b. No change in appearance suggesting malignancy c. No newly lesion is seen in ovaries 4. No further investigation is required or waiting for test result, e.g. biopsy or blood test etc.

Q7: What is the definition of Surgical Excision of Covered Benign Tumour?

A7: It means an actual undergoing of a complete surgical excision of a Solid Tumour and such tumour is excised specifically for the purpose of ruling out cancer and is confirmed by histopathological examination in writing by a Specialist as a non-cancerous benign tumour of the covered organs. Where Solid Tumour means an abnormal mass of tissue, which is not a cyst and generally does not contain liquid.

Please refer to the Basic Benefit Provisions of SunHealth OmniCare for the definition of Surgical Excision of Covered Benign Tumour and Solid Tumour.

Q8: What determines 5%/10% of the Original Sum Assured payable under Surgical Excision of Benign Tumour Benefit?

A8: It depends on the organ which requires to undergo a complete surgical excision of a Solid Tumour. The full list of covered organs and the benefit payable of each organ can be found in Product Brochure / Product Guide / Basic Benefit Provisions.

Q9: What are the difference between the coverage under Benign Extra Benefit, Surgical Excision of Benign Tumour Benefit and the Cancer / Carcinoma-in-situ cover under Major Stage Critical Illness / Early Stage Critical Illness Benefit?

A9: Cancer / Carcinoma-in-situ cover under Major Stage Critical Illness Benefit / Early Stage Critical Illness Benefit

These benefits becomes payable upon the Diagnosis of Cancer / Carcinoma-in-situ. 100% of the Current Sum Assured will be paid for Cancer and 25% of the Original Sum Assured will be paid for Carcinoma-in-situ.

Benign Extra Benefit

It is common that your clients may be suffering from Benign Breast Disorder, Elevated Prostate-specific Antigen (PSA) Level or Ovarian Cyst. Under current practice, for some organs which have benign conditions, the Cancer or related CI conditions of such organs shall be excluded at underwriting. Benign Extra Benefit offers your client an additional 25% Original Sum Assured on Cancer coverage of the excluded organ(s).

Those clients will be possible to enjoy full coverage on Cancer, including the Cancer coverage under Major Stage Critical Illness Benefit and Major 3 Protection Benefit (for Plan 2) / Multi-Protection Benefit (for Plan 3) satisfactory re-underwriting results at any time within the period of 2nd and 6th policy year.

Surgical Excision of Benign Tumour Benefit

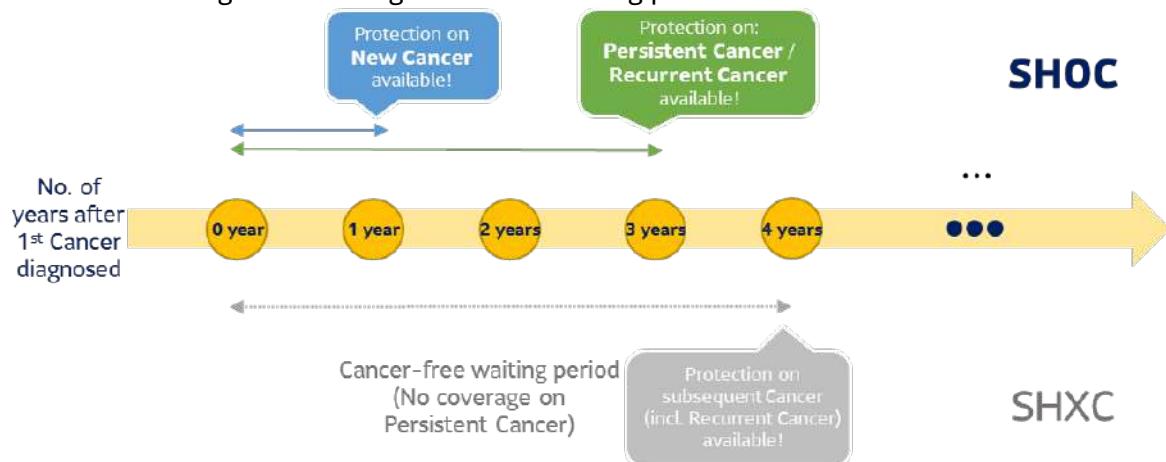
Surgical Excision of Benign Tumour Benefit provides an additional coverage of 5% / 10% of Original Sum Assured to each covered organ if the Insured undergoes a surgical excision of covered benign tumour of any one of the 20 covered organs. Up to an additional 10% of Original Sum Assured is payable under this benefit. The full list of covered organs and the benefit payable of each organ can be found in Product Brochure / Product Guide / Basic Benefit Provisions.

Q10: Is there any change on the waiting period between Cancer claims under SunHealth OmniCare and SunHealth MaxiCare?

A10: The waiting period of Cancer has been shortened under SunHealth OmniCare (for Plan 2 & 3). The change is as following:

SunHealth OmniCare (SHOC)	SunHealth MaxiCare (SHXC)
Persistent Cancer / Recurrent Cancer: 3 years New Cancer: 1 year	Cancer-free Waiting Period: 4 years

The illustrative diagram for changes on these waiting periods:



Q11: Comparing with SunHealth MaxiCare, the multiple payment benefits under SunWealth OmniCare Plan 2 / Plan 3 terminate after the Insured's age 85. What is the reason behind?

A11: Comparing with SunHealth MaxiCare, there are many enhancements made under SunHealth OmniCare Plan 2 / Plan 3, such as shortened the waiting period of Cancer, the newly-introduced Additional Death Benefit of 25% Original Sum Assured (even the multiple payment benefit terminates after age 85), other enriched extra benefits, the innovative SafetyNet Protector Benefit, enhanced underwriting guideline and so on. It is believed that an optimal balance between product features and client affordability is crucial. So some features such as benefit period of multiple payment benefit have been fine-tuned with consideration on the client affordability.

For more information, you may refer to the market analysis section in the Product Guide to find out why we are at the top positions in the market.

Q12: Is there any other benefit still payable under SunHealth OmniCare Plan 2/ Plan 3 after the first 100% Sum Assured has been paid out?

A12: Other than Major 3 Protection Benefit (for Plan 2) and Multi-Protection Benefit (for Plan 3), the Additional Death Benefit and Maturity Bonus under Plan 2 / Plan 3 are still available after the first 100% of the Original Sum Assured has been paid out.

Additional Death Benefit : An additional 25% of the Original Sum Assured will be payable upon death of the Insured.

Maturity Bonus : An additional 25% of the Original Sum Assured will be payable if the Insured is still alive upon maturity date.

Q13: Will future premiums of CoverPlus be waived after Major Stage Critical Illness Benefit or SafetyNet Protector Benefit becomes payable?

A13: As CoverPlus does not provide multiple payment benefits, CoverPlus terminates once the Major Stage Critical Illness Benefit or SafetyNet Protector Benefit becomes payable. So Premium Waiver does not applies to CoverPlus.

Q14: While the max Sum Assured of CoverPlus is 100% of Original Sum Assured of Basic Plan, will the Sum Assured of CoverPlus be affected upon partial surrender or Early Stage Critical Illness Benefit is payable?

A14: The Original Sum Assured of Basic Plan will not be affected when Early Stage Critical Illness Benefit becomes payable, and so the Sum Assured of CoverPlus will not be affected. Please note that Early Stage Critical Illness Benefit is not included under CoverPlus.

The Original Sum Assured of Basic Plan will be changed upon partial surrender, the Sum Assured of CoverPlus will then need to be reduced if it exceeds the Original Sum Assured of Basic Plan after partial surrender.

Claims:

Q1: Who can help to submit a claim in case the Policy Owner and the Insured are the same person and he/she unfortunately becomes incompetent (e.g. Coma)?

A1: Either the advisor or family member of the Policy Owner can help to submit the claim documents in such case.

Q2: Which benefits under CoverPlus are eligible for the settlement option? And how can the Policy Owner elect for this option?

A2: Settlement option is only applicable to the Major Stage Critical Illness Benefit and SafetyNet Protector Benefit under CoverPlus. The Policy Owner can state his/ her choice to receive these benefits in a **lump sum or by instalments** on the claim form. Any remaining balance of these benefits will be paid to the Policy Owner in a lump sum if the Insured dies during the payout of the instalments.

Appendix E: FNA product matrix

Please refer the following product matrix reference in FNA Form for **SunHealth OmniCare** and **CoverPlus (if applicable)**.

✓ Compulsory option(s)

◎ Applicable option(s)

Blank Box = Not applicable option(s)

Plan Name	SunHealth OmniCare	CoverPlus
FNA Submission	✓	✓
Q1: What are your objectives for seeking to purchase an insurance product? (tick one or more)		
a. Financial protection against adversities (e.g. death, accident, disability etc)	◎	◎
b. Preparation for health care needs (e.g. critical illness, hospitalization etc)	◎	◎
c. Providing regular income in the future (e.g. retirement income etc)		
d. Saving up for the future (e.g. child education, retirement etc)		
e. Investment		
f. Others (Please specify)		
Q2: To meet your "Investment" objective indicated above, how would you prefer to manage different investment options/investment choices, if available, under the insurance product? (tick one)		
Note: you must reply this question if question 1e "investment" is chosen. Do not leave it blank. We will reject your application if you do not reply.		
a. I want to make my own decisions (without any professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product		
b. I want to make my own decisions (with professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product		
c. I do not want to choose or manage different investment options/investment choices, if available, under an insurance product		
Q3: What is your target benefit/protection period/expected timeframe for meeting the target amount for insurance policy? (tick one)		
< 1 year		
1-5 years		
6-10 years		
11-15 years		
16-20 years		
> 20 years	◎	◎
Whole of life	◎	◎
Q4c: For how long are you able and willing to pay for an insurance policy? (tick one) (Please refer to Premium Payment Term of each product)		
2-5 years	◎	◎
6-10 years	◎	◎
11-15 years	◎	◎
16-20 years	◎	◎
> 20 years (until target retirement age of __)	◎	◎
Whole of life (including period after target retirement age of __)	◎	◎
A single payment of not more than HK\$ __		

Q5: Based on your answers to the questions above, the intermediary concerned has explored the following insurance options (as available to the intermediary) to meet your need(s) and circumstance(s):

(Any suggested single product must match the selected options in question 1, the suggested basic plan must match the selected options in questions 3 and 4c, and rider benefit must match the selected option in question 3.)

Objective(s) of Buying the Product(s) (Q1)	a. Financial protection against adversities, or b. Preparation for health care needs
Name of Insurance Product(s) Introduced (Please state the complete product name and premium payment term (if any))	SunHealth OmniCare, SunHealth UltraCare / SunHealth MaxiCare etc.
Product(s) Selected (Please state the complete product name and premium payment term (if any))	SunHealth OmniCare

Appendix F: Medical Insurance Suitability Assessment Product Matrix

Please refer the following product matrix reference in Medical Insurance Suitability Assessment for **SunHealth OmniCare** and **CoverPlus (if applicable)**.

Compulsory option(s)

Applicable option(s)

Blank Box = Not applicable option(s)

Plan Name	SunHealth OmniCare	CoverPlus
Answering Medical Insurance Suitability Assessment Questions on application form	Not compulsory for new application (suitability assessment has been fulfilled via FNA)	Not compulsory for new application (suitability assessment has been fulfilled via FNA)*; Compulsory for rider attached after policy issuance
Q1: What are your objective(s) of purchasing a medical insurance product? (tick one or more)		
a. Getting insurance protection for future healthcare needs (e.g increasing expenses for medical and healthcare services)	<input type="radio"/>	
b. Getting insurance protection for loss of income upon illness	<input type="radio"/>	
c. Getting insurance protection for loss of income during hospital confinement		
Q2: What type(s) of medical insurance products are you looking for to meet your objective(s) above? (tick one or more)		
a. Indemnity		
b. Non-indemnity		<input checked="" type="checkbox"/>

*The objectives for seeking to purchase the medical insurance product must be indicated in FNA (i.e. choosing "b. Preparation for health care needs" in FNA Q1)

Appendix G: Value-added Benefits

In addition to the comprehensive coverage, we also provide the following Value-Added benefits as extra safeguard to enhance the medical protection of your client.

The Valued-Added Benefits below (point a to e) are provided by third-party company, HealthMutual Group Limited ("HMG") and Worldwide Emergency Assistance Benefit is provided by I.P.A.. These benefits are not guaranteed to be renewable.

a. Medical Concierge Service

- We will provide referrals of recommended doctors based on your client's condition and needs, and help to make appointments with doctors, specialists, day case surgery, hospital admission and local urgent care assistance.

b. Face-to-face Second Medical Opinion Services

- Once Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit (if applicable) or Comprehensive Benign Protector Benefit (if applicable), is paid, your client can enjoy the free face-to-face Second Medical Opinion Service (SMO) provided by third party company or service provider at no extra cost.
- This benefit will terminate 1 year from the date the Company has approved the claim for the benefits mentioned above, and the Insured has selected to use this benefit in respect of the above claim.

c. Cancer and Stroke Family Support Program

- If your client diagnosed with a cancer related illness or suffers from a stroke, your client or his/her immediate family member are eligible for two free psychological support sessions in total, per diagnosed cancer related illness or suffers from a stroke.

d. Family Care Benefit

- Once Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit (if applicable) or Comprehensive Benign Protector Benefit (if applicable), your client is eligible to select and use any one of the appointment services of the Family Care Benefit as follows: (i) spouse care services; (ii) parental care services; (iii) childcare services; (iv) pet care services; (v) home care services; or (vi) hospital discharge assistance. The cost of the Family Care Benefit will be borne by the client.

e. 24-Hour Service Hotline

- 24-hour hotline is available for your client to answer their health-related questions in Cantonese, Mandarin and English.

f. Worldwide Emergency Assistance Benefit

- Your client will enjoy free 24-hour worldwide emergency assistance services when they are traveling outside of Hong Kong at anytime.

Please note that any fee and charge from above value-added benefits which are not covered by SHOC or third-party company shall be borne by the client.

You can refer to Quick Guide to Sun Life Value-added Services by scanning the QR code below for details on eligible value-added benefits, arrangement of these services, terms and conditions, and claim procedure.



Important notes:

- All defined terms should be referred to policy provisions.
- Information contained in this product guide is based on and compiled with information from sources that is deemed to be reliable, but Sun Life does not guarantee the accuracy or completeness of such information, and will not accept any liability for the information. It is for general reference only. This should not be regarded as any form of guarantees or professional advice. It does not constitute any recommendations, offers or solicitations. Nor should it form basis for any contract to sell or to purchase any products.

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Basic Benefit Provisions - SunHealth OmniCare

DEFINITIONS

In these Basic Benefit provisions:

Activities of Daily Living mean the following activities:

- bathing;
- dressing;
- using the lavatory;
- eating; and
- moving in or out of a bed or a chair.

These conditions must be medically documented by a Doctor for at least three (3) consecutive calendar months.

An **Accident** means a sudden and traumatic event that:

- is caused solely by external, violent and unforeseeable means; and
- occurs while this Basic Plan is in effect and after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest.

A **Complex Surgical Procedure** means a surgical procedure:

- that is listed under the Schedule of Surgical Procedures in these Basic Benefit provisions and on the Company's Website. Such list may be varied, updated and amended from time to time at the Company's discretion; and
- which first occurred while this Basic Plan is in effect and at least ninety (90) days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest.

For any changes to the Schedule of Surgical Procedures, we will notify the Policy Owner in writing at least thirty (30) days prior to the effective date of the new Schedule of Surgical Procedures.

A **Juvenile Illness Condition** means a condition:

- that is listed in these Basic Benefit provisions;
- with the signs or symptoms of which first occurred while this Basic Plan is in effect and at least ninety (90) days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest;
- with the Diagnosis of which falls before the Policy Anniversary on or immediately following the Insured's eighteenth (18th) birthday; and
- that the Insured survives for at least fourteen (14) days after the date being Diagnosed as suffering from it.

A **Major Stage Critical Illness Condition** and an **Early Stage Critical Illness Condition** means a condition:

- that is listed in these Basic Benefit provisions;
 - with the signs or symptoms of which first occurred while this Basic Plan is in effect and at least ninety (90) days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest;
 - with the Diagnosis of which falls within the age limit of the relevant illness set out in these Basic Benefit provisions;
 - for which the Insured has undergone Surgery, if required; and
 - that the Insured survives for at least fourteen (14) days after the date being Diagnosed as suffering from it.
- For avoidance of doubt, illness conditions under Group 6 is not covered under Multi-Protection Benefit.

Claimant means the Policy Owner or, if the Policy Owner has died or become incompetent (with a certificate signed by a Doctor to this effect), the beneficiary.

Current Sum Assured means the Original Sum Assured, less total amount of Sum Assured paid under Early Stage Critical Illness Benefit. Current Sum Assured will be reduced to zero (0) after the date we approved Death Benefit, Major Stage Critical Illness Benefit or SafetyNet Protector Benefit claim. Guaranteed Cash Value and Special Bonus (if any) of this Basic Plan will be reduced to zero (0) at the same time when Current Sum Assured is reduced to zero (0) under any circumstances.

Diagnosis means the definitive diagnosis of a Major Stage Critical Illness Condition, an Early Stage Critical Illness Condition or a Juvenile Illness Condition made by a Registered Medical Practitioner acceptable to us, based upon such specific condition(s), as referred to in the definition of the particular illness or Surgery concerned or, in the absence of such specific condition(s), based upon radiological, clinical, histological or laboratory evidence acceptable to us.

In the event of any dispute or disagreement regarding the appropriateness or correctness of the diagnosis, we shall have the right to call for an examination of either the Insured or the evidence used in arriving at such diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by us and the opinion of such expert as to such diagnosis shall be binding on both the Insured and us.

The above definition applies to the term "Diagnose" or "Diagnosed".

Event means (a) an Accident causing bodily injury that results in more than one claimable condition with the date of Diagnosis of such claimable condition being the same; or (b) an illness that results in more than one claimable condition with the date of Diagnosis of such claimable conditions being the same.

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Basic Benefit Provisions - SunHealth OmniCare

Hospital means a legally constituted establishment that operates pursuant to the laws of the country in which it is based, is registered as a hospital and that:

- provides care and treatment of sick and injured persons on a resident in-patient basis;
- has organised facilities for Diagnosis, treatment and major Surgery;
- provides twenty-four-hour (24-hour) a day nursing services by nurses qualified and authorised to render nursing services in the relevant country;
- is under the supervision of one or more Doctors; and
- is not primarily a clinic, a place for custodial care for the aged, persons with mental disorders, alcoholics or drug addicts, or a nursing, rest or convalescent home, or similar establishment.

Medically Necessary refers to a medical service or treatment that is:

- furnished at the most appropriate level which can be safely and effectively provided to the Insured;
- with respect to a confinement, not furnished primarily for diagnostic scanning purpose, imaging examination or physical therapy;
- in accordance with standards of good and prudent medical practice;
- consistent with the diagnosis and customary medical treatments for the relevant condition at a Reasonable and Customary charge;
- necessary for such a diagnosis or treatment; and
- not furnished primarily for the convenience of the Insured, Doctor, or any other medical service provider,

and the term "Medical Necessity" shall be construed accordingly.

Multiple Claim means an eligible claim of Multi-Protection Benefit for Major Stage Critical Illness Condition(s), Early Stage Critical Illness Condition(s) and Juvenile Illness Condition(s) in these Basic Benefit provisions.

Original Sum Assured means the Sum Assured of this Basic Plan as shown in the Policy Summary, or as amended subsequently at the Policy Owner requests to amend in accordance with the Company's applicable rules and regulations. For the avoidance of doubt, any benefit payments made hereunder will not affect the Original Sum Assured.

Preceding Cancer means the Cancer of the immediately preceding claim for Cancer of Major Stage Critical Illness Benefit or Multi-Protection Benefit, which causes Persistent Cancer or Recurrent Cancer in the subsequent claim for Cancer.

Persistent Cancer means the persistence of the Preceding Cancer without having been in complete remission.

Reasonable and Customary means any medical charge that is charged for treatment, supplies or medical services which is Medically Necessary to treat the Insured and does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred, and does not include charges that would not have been incurred if no insurance had been in place.

Recurrent Cancer means a subsequent Cancer caused by (i) the same malignant cells that caused the Preceding Cancer(s); or (ii) metastasis of the Preceding Cancer(s); where there has been more than one claim for such Cancer.

Shortfall in Sum Assured means an amount which is equal to:

- One hundred percent (100%) of Original Sum Assured less Current Sum Assured for Major Stage Critical Illness Condition; or
- Twenty-five percent (25%) of Original Sum Assured less Current Sum Assured for Early Stage Critical Illness Condition or Juvenile Illness Condition (where applicable).

Specialist means a Doctor who is commonly recognised in the medical profession as a specialist in the medical specialty in respect of the relevant illness of the Insured.

SunHealth OmniCare means SunHealth OmniCare Plan 1, SunHealth OmniCare Plan 2 or SunHealth OmniCare Plan 3.

Surgery means the removal or correction of an illness or disease condition using mechanical instruments such as a knife or scissors, amplified light rays such as a laser, and/or radiologic means such as a gamma knife. Removal of tumour or diseased organ and by-pass grafting are examples of this.

Surgery Date means the first day on which the Insured underwent a Surgery.

This Surgery Date is used for the purpose of determining the eligibility of claims for the applicable Major Stage Critical Illness Conditions, Early Stage Critical Illness Conditions and Juvenile Illness Conditions under Multi-Protection Benefit.

Solid Tumour means an abnormal mass of tissue, which is not a cyst and generally does not contain liquid.

Surgical Excision of Covered Benign Tumour means an actual undergoing of a complete surgical excision of a Solid Tumour which first occurred while this Basic Plan is in effect and at least ninety (90) days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest, and such tumour is excised specifically for the purpose of ruling out cancer and is confirmed by histopathological examination in writing by a Specialist as a non-cancerous benign tumour of the following organs:

- Adrenal gland;
- Bone;
- Breast;
- Conjunctiva;
- Heart;
- Kidney;
- Liver;

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- Lung;
- Nerve in cranium or spine;
- Ovary;
- Pancreas;
- Penis;
- Pericardium;
- Pituitary gland;
- Renal Pelvis;
- Small intestine;
- Testis;
- Ureter;
- Urethra; or
- Uterus in which only endometrial polyps are covered.

The decision for excision of tumour must be recommended in writing by a Specialist which the tumour is considered to have a definite and significant malignant potential according to appropriate medical criteria after full and appropriate investigations and must be in accordance with accepted medical protocols and based on clinical, imaging and any histopathological evidence. All related documentations regarding the need for the complete excision must be provided to us.

Where there is any doubt about the indication for a complete excision, we reserve the right to obtain an independent opinion from a Specialist.

The below conditions are specifically excluded:

- surgery for ovarian cysts including but not limited to simple cysts, endometrial cysts (endometriomas) of the ovary,
- surgery for removal of tumours in organs not listed above or surgery for removal of gall bladder, gall stones, kidney stones, benign hormone secreting tumours of the adrenal glands, and
- surgery for the following causes in all organs:
 - High grade dysplasia, Lipoma, Haemangioma, non-solid tumours including simple cysts;
 - Tumours which were clearly established as benign or of low malignant potential on radiological criteria or biopsy;
 - Tumours removed for reasons other than ruling out cancer; and
 - Partial excision of tumour or other procedures including open or closed biopsies, needle aspiration biopsy or cytology, aspiration, embolization or any procedure to reduce tumour size.

Definitions of terms defined in your Policy Document or set out in your Policy Summary will apply to these Basic Benefit provisions. However, if there is any inconsistency between any of the definitions in these Basic Benefit provisions and those in your Policy Document or Policy Summary, the definitions in these Basic Benefit provisions will prevail for the purpose of interpreting these Basic Benefit provisions to the extent of the inconsistency.

PAYMENT OF BENEFIT

Unless otherwise specified in this Basic Plan and except SafetyNet Protector Benefit, in the Event that more than one claimable condition arises from an illness or injury, only one of the benefits listed in these Basic Benefit Provisions with the highest benefit amount will be paid.

DEATH BENEFIT

While this Basic Plan and this Death Benefit are in effect, in the event the Insured dies, we will pay the Death Benefit of this Basic Plan to the beneficiary, provided we receive evidence satisfactory to us at our sole discretion. The amount of Death Benefit is equal to the higher of:

- sum of one hundred percent (100%) of the Current Sum Assured, plus Enhanced Benefit 10, if applicable, plus face value of Special Bonus, if any; and
 - total premiums due and paid for this Basic Plan excluding any extra premiums, less twenty-five percent (25%) of the Original Sum Assured and the amount of any benefit paid under this Basic Plan;
- plus any other amounts left with us, less the amount of any loans with interest.

Coverage for this Death Benefit will terminate automatically on the earliest of (a) the date on which the payment of this Death Benefit is made; (b) the date on which the Current Sum Assured is reduced to zero (0); (c) the policy anniversary on or immediately following the Insured's one hundredth (100th) birthday; and (d) the date this Basic Plan terminates.

MAJOR STAGE CRITICAL ILLNESS BENEFIT

While this Basic Plan and this Major Stage Critical Illness Benefit are in effect, if the Insured is Diagnosed as suffering from one of the listed Major Stage Critical Illness Conditions, we will pay Major Stage Critical Illness Benefit of this Basic Plan to the Claimant, provided we receive evidence satisfactory to us at our sole discretion. The amount of Major Stage Critical Illness Benefit is equal to the higher of:

- sum of one hundred percent (100%) of the Current Sum Assured, plus Enhanced Benefit 10, if applicable, plus face value of Special Bonus, if any; and
 - total premiums due and paid for this Basic Plan excluding any extra premiums, less twenty-five percent (25%) of the Original Sum Assured and the amount of any benefit paid under this Basic Plan;
- plus any other amounts left with us, less the amount of any loans with interest.

Each Major Stage Critical Illness Condition can be claimed once only.

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Basic Benefit Provisions - SunHealth OmniCare

MAJOR STAGE CRITICAL ILLNESS BENEFIT (CONTINUED)

The Current Sum Assured, Guaranteed Cash Value and Special Bonus (if any) of this Basic Plan will be reduced to zero (0) after the date we approved Major Stage Critical Illness Benefit claim.

Coverage for this Major Stage Critical Illness Benefit will terminate automatically on the earliest of (a) the date on which the payment of this Major Stage Critical Illness Benefit is made; (b) the date on which the Current Sum Assured is reduced to zero (0); (c) the policy anniversary on or immediately following the Insured's one hundredth (100th) birthday; and (d) the date this Basic Plan terminates.

Once this Major Stage Critical Illness Benefit becomes payable, coverage for Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit, Comprehensive Benign Protector Benefit, Death Benefit, Maturity Benefit, and any Rider Benefit(s) attached to this Basic Plan will terminate automatically.

SAFETYNET PROTECTOR BENEFIT

While this Basic Plan and this SafetyNet Protector Benefit are in effect, if the Insured undergoes a Complex Surgical Procedure in a Hospital due to an injury or an illness condition, and provided that such injury or illness condition is not eligible to be claimed under any benefit in these Basic Benefit provisions, we will pay SafetyNet Protector Benefit of this Basic Plan to the Claimant, provided we receive evidence satisfactory to us at our sole discretion. The amount of SafetyNet Protector Benefit is equal to the higher of:

- sum of one hundred percent (100%) of the Current Sum Assured, plus Enhanced Benefit 10, if applicable, plus face value of Special Bonus, if any; and
- total premiums due and paid for this Basic Plan excluding any extra premiums, less twenty-five percent (25%) of the Original Sum Assured and the amount of any benefit paid under this Basic Plan;

plus any other amounts left with us, less the amount of any loans with interest.

This SafetyNet Protector Benefit can be claimed once only.

The Current Sum Assured, Guaranteed Cash Value and Special Bonus (if any) of this Basic Plan will be reduced to zero (0) after the date we approved SafetyNet Protector Benefit claim.

Coverage for this SafetyNet Protector Benefit will terminate automatically on the earliest of (a) the date on which the payment of this SafetyNet Protector Benefit is made; (b) date on which the Current Sum Assured is reduced to zero (0); (c) the policy anniversary on or immediately following the Insured's one hundredth (100th) birthday; and (d) the date this Basic Plan terminates.

Once this SafetyNet Protector Benefit becomes payable, coverage for Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit, Comprehensive Benign Protector Benefit, Death Benefit, Maturity Benefit, and any Rider Benefit(s) attached to this Basic Plan will terminate automatically.

EARLY STAGE CRITICAL ILLNESS BENEFIT

While this Basic Plan and this Early Stage Critical Illness Benefit are in effect, if the Insured is Diagnosed as suffering from one of the listed Early Stage Critical Illness Conditions or Juvenile Illness Conditions, we will pay Early Stage Critical Illness Benefit to the Claimant, provided we receive evidence satisfactory to us at our sole discretion.

The amount of Early Stage Critical Illness Benefit is equal to twenty-five percent (25%) of the Original Sum Assured, plus face value of Special Bonus (if any), which is in proportionate to the advanced Current Sum Assured, less the amount of any loans with interest, subject to maximum per life limit of the relevant illness condition(s) under all SunHealth OmniCare policy(ies) issued by us for the same Insured.

In the case of the payment of Early Stage Critical Illness Benefit when the Current Sum Assured is less than twenty-five percent (25%) of the Original Sum Assured, only the Current Sum Assured is payable under Early Stage Critical Illness Benefit, subject to maximum per life limit of the relevant illness condition(s) under all SunHealth OmniCare policy(ies) issued by us for the same Insured.

Early Stage Critical Illness Benefit can be claimed more than one (1) time, subject to terms and conditions as hereunder, but each Early Stage Critical Illness Condition and Juvenile Illness Condition can be claimed once only, except for the following:

- Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis) and Early Malignancy (Early Stage Cancer of the Prostate/ Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above) which can be claimed up to a maximum of two (2) times in total under both Early Stage Critical Illness Benefit and Early Stage Booster Benefit; and
- Angioplasty and Other Invasive Treatments for Coronary Artery Disease which can be claimed up to a maximum of three (3) times under both Early Stage Critical Illness Benefit and Early Stage Booster Benefit. For the avoidance of doubt, the third claims of Angioplasty and Other Invasive Treatments for Coronary Artery Disease under Early Stage Critical Illness Conditions will be eligible only if the first two (2) claims of Angioplasty and Other Invasive Treatments for Coronary Artery Disease have been paid under Early Stage Booster Benefit.

Provided that:

- the second claim or third claim for Angioplasty and Other Invasive Treatments for Coronary Artery Disease has fulfilled the relevant additional condition as set out in the definitions under Early Stage Critical Illness Conditions provision; and
- the two (2) claims of Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis) are of different organs; or the two claims of Early Malignancies (Early Stage Cancer of the Prostate/ Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above) are at different sites.

Upon payment of each Early Stage Critical Illness Benefit claim, Current Sum Assured, Guaranteed Cash Value, Special Bonus (if any) and premiums shall then be reduced on a pro rata basis accordingly.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS BENEFIT (CONTINUED)

For the purpose of calculating the Current Sum Assured, the amount of Sum Assured paid in the Early Stage Critical Illness Benefit is the lower of:

- twenty-five percent (25%) of the Original Sum Assured; and
- maximum per life limit of the relevant illness condition(s) under all SunHealth OmniCare policy(ies) issued by us for the same Insured.

Except in the case of the payment of Early Stage Critical Illness Benefit when the Current Sum Assured is less than the lower of (i) twenty-five percent (25%) of the Original Sum Assured; and (ii) maximum per life limit of the relevant illness condition(s) under all SunHealth OmniCare policy(ies) issued by us for the same Insured, the amount of Sum Assured paid in the Early Stage Critical Illness Benefit is equal to Current Sum Assured.

Once the aggregate claim amount under Major Stage Critical Illness Benefit, SafetyNet Protector Benefit and Early Stage Critical Illness Benefit reached one hundred percent (100%) of Original Sum Assured, coverage for Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit, Comprehensive Benign Protector Benefit, Death Benefit, Maturity Benefit, and any Rider Benefit(s) attached to this Basic Plan will terminate automatically.

Coverage for this Early Stage Critical Illness Benefit will terminate automatically on the earliest of (a) the date on which the Current Sum Assured is reduced to zero (0); (b) the policy anniversary on or immediately following the Insured's one hundredth (100th) birthday; and (c) the date this Basic Plan terminates.

ENHANCED BENEFIT 10

While this Basic Plan, this Enhanced Benefit 10 and the relevant benefit(s) are in effect, we will pay to the Claimant an additional benefit of Enhanced Benefit 10 which is equal to fifty percent (50%) of the benefit amount for Death Benefit, Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit or Comprehensive Benign Protector Benefit as of the date when one of such benefits is payable under this Basic Plan before the tenth (10th) Policy Anniversary, subject to maximum per life limit of the relevant illness condition(s) under all SunHealth OmniCare policy(ies) issued by us for the same Insured, if applicable.

Current Sum Assured, Guaranteed Cash Value and Special Bonus (if any) and premium of this Basic Plan will remain the same upon payment of Enhanced Benefit 10.

Coverage for this Enhanced Benefit 10 will terminate automatically on the earliest of (a) the date on which the payment of Death Benefit is made; (b) on the tenth (10th) policy anniversary; and (c) the date this Basic Plan terminates.

Any outstanding loans with interest will be reduced from Enhanced Benefit 10 before it is paid.

ADDITIONAL DEATH BENEFIT

While this Basic Plan and this Additional Death Benefit are in effect, in the event the Insured dies, we will pay the Additional Death Benefit of this Basic Plan to the beneficiary, provided we receive evidence satisfactory to us at our sole discretion. The amount of Additional Death Benefit is equal to the twenty-five percent (25%) of the Original Sum Assured, plus any other amounts left with us, less the amount of any loans with interest.

EARLY STAGE BOOSTER BENEFIT

While this Basic Plan and this Early Stage Booster Benefit are in effect, we will pay to the Claimant an additional benefit of Early Stage Booster Benefit which is equal to twenty-five percent (25%) of the Original Sum Assured subject to a maximum per life limit of US\$ 50,000/HK\$ 400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim provided all of the following conditions are met:

- the Insured is Diagnosed as suffering from one of the following Early Stage Critical Illness Conditions:
 - Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis) or Early Malignancy (Early Stage Cancer of the Prostate/ Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above)
 - Angioplasty and Other Invasive Treatments for Coronary Artery Disease
 - Insertion of Pacemaker or Defibrillator
 - Angioplasty and Other Surgeries for Carotid Arteries
- with the Diagnosis of such Early Stage Critical Illness Condition falls between the Insured's eighteenth (18th) to one hundredth (100th) birthday;
- that the terms of your Policy (including these Basic Benefit provisions) have been satisfied; and
- we receive evidence satisfactory to us at our sole discretion.

If the Insured has other SunHealth OmniCare policy(ies) issued by us under which:

- the Insured may also bring a claim for the same illness to that claimed by the Insured under this Early Stage Booster Benefit; and
- the Insured is subject to a per life maximum benefit in relation to any such claim under all SunHealth OmniCare policy(ies) issued by us, the maximum per life limit of US\$ 50,000/HK\$ 400,000, depending on the currency as stated on the Policy Summary, for each claim will also apply to this Early Stage Booster Benefit and all SunHealth OmniCare policy(ies) issued by us so that the aggregate benefit payable for the same illness i) under this Basic Plan including Enhanced Benefit 10, if applicable, and ii) in relation to all SunHealth OmniCare policies does not exceed US\$ 50,000/HK\$ 400,000, depending on the currency as stated on the Policy Summary, for each claim.

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EARLY STAGE BOOSTER BENEFIT (CONTINUED)

The Early Stage Booster Benefit allows a maximum of two (2) claims on the same or different illness condition(s) covered under Early Stage Booster Benefit and is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim for the same illness and the maximum number of claims for each illness, provided that:

- the second claim for Angioplasty and Other Invasive Treatments for Coronary Artery Disease has fulfilled the relevant additional condition as set out in the definitions under Early Stage Critical Illness Conditions provision; and
- the two claims of Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis) are of different organs; or the two claims of Early Malignancies (Early Stage Cancer of the Prostate/ Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above) are at different sites.

Unless otherwise specified, if a claim for an Early Stage Critical Illness Condition is made under Early Stage Booster Benefit, no claims will be payable under Early Stage Critical Illness Benefit for the same Early Stage Critical Illness Condition at the same time, and any subsequent claim for such Early Stage Critical Illness Condition will not be payable under Early Stage Critical Illness Benefit (except for Angioplasty and Other Invasive Treatments for Coronary Artery Disease, Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis) and Early Malignancy (Early Stage Cancer of the Prostate/ Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above)). If no claim is made from the covered illness(es) under this benefit, the relevant covered illness(es) will be eligible to claim for Early Stage Critical Illness Benefit.

Current Sum Assured, Guaranteed Cash Value and Special Bonus (if any) and premium of this Basic Plan will remain the same upon payment of Early Stage Booster Benefit.

Coverage for this Early Stage Booster Benefit will terminate automatically on the earliest of (a) the date on which the second payment of this Early Stage Booster Benefit is made; (b) the date on which the Current Sum Assured is reduced to zero (0); (c) the policy anniversary on or immediately following the Insured's one hundredth (100th) birthday; and (d) the date this Basic Plan terminates.

Any outstanding loans with interest will be reduced from Early Stage Booster Benefit before it is paid.

DIABETES PROTECTOR BENEFIT

While this Basic Plan and this Diabetes Protector Benefit are in effect, we will pay to the Claimant an additional benefit of Diabetes Protector Benefit which is equal to:

- (i) Twenty-five percent (25%) of the Original Sum Assured subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim if the Insured is Diagnosed as suffering from one of the following Early Stage Critical Illness Conditions or Juvenile Illness Condition:
 - Diabetic Nephropathy;
 - Diabetic Retinopathy; or
 - Gestational Diabetes; or
 - Insulin Dependent Diabetes Mellitus;
- Or
- (ii) Twenty-five percent (25%) of the Original Sum Assured if the Insured is Diagnosed as suffering from the Diabetic Complications under Major Stage Critical Illness Condition.

If Diabetes Protector Benefit is payable due to Diabetic Complications as specified in (ii) above, Major Stage Critical Illness Benefit will also be payable at the same time, subject to the terms and conditions as specified in Major Stage Critical Illness Benefit under these Basic Benefit provisions.

This Diabetes Protector Benefit will become payable provided that all of the following conditions are met:

- that the Insured is Diagnosed as suffering from one of the Major Stage Critical Illness Condition, Early Stage Critical Illness Conditions or Juvenile Illness Condition listed above;
- that the terms of your Policy (including these Basic Benefit provisions) have been satisfied; and
- we receive evidence satisfactory to us at our sole discretion.

Regarding Early Stage Critical Illness Conditions or Juvenile Illness Condition stated in (i) above, if the Insured has other SunHealth OmniCare policy(ies) issued by us under which:

- the Insured may also bring a claim for the same illness to that claimed by the Insured under this Diabetes Protector Benefit; and
- the Insured is subject to a per life maximum benefit in relation to any such claim under all such other policy(ies) issued by us, the maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim will also apply to this Diabetes Protector Benefit and all such other policy(ies) issued by us so that the aggregate benefit payable for the same illness i) under this Basic Plan including Enhanced Benefit 10, if applicable, and ii) in relation to all such policies does not exceed US\$50,000/HK\$400,000, depending on the currency as stated on the Policy Summary, for each claim.

The Diabetes Protector Benefit under this Basic Plan allows one claim only. Unless otherwise specified, if a claim for an Early Stage Critical Illness Condition or a Juvenile Illness Condition is made under Diabetes Protector Benefit, no claim will be payable under Early Stage Critical Illness Benefit for the same Early Stage Critical Illness Condition or Juvenile Illness Condition at the same time. If a claim for a Major Stage Critical Illness Condition, an Early Stage Critical Illness Condition or a Juvenile Illness Condition is made under Diabetes Protector Benefit, any subsequent claim of such Major Stage Critical Illness Condition, Early Stage Critical Illness Condition and Juvenile Illness Condition will not be payable under respective Major Stage Critical Illness Benefit or Early Stage Critical Illness Benefit. If no claim is made from the covered illness(es) under this benefit, the relevant covered illness(es) will be eligible to claim for respective Major Stage Critical Illness Benefit or Early Stage Critical Illness Benefit.

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Basic Benefit Provisions - SunHealth OmniCare

DIABETES PROTECTOR BENEFIT (CONTINUED)

Current Sum Assured, Guaranteed Cash Value, Special Bonus (if any) and premium of this Basic Plan will remain the same upon payment of Diabetes Protector Benefit.

Coverage for this Diabetes Protector Benefit will terminate automatically on the earliest of (a) the date on which the payment of this Diabetes Protector Benefit is made; (b) the date on which the Current Sum Assured is reduced to zero (0); (c) the policy anniversary on or immediately following the Insured's one hundredth (100th) birthday; and (d) the date this Basic Plan terminates.

Any outstanding loans with interest will be reduced from Diabetes Protector Benefit before it is paid.

COMPREHENSIVE BENIGN PROTECTOR BENEFIT

Comprehensive Benign Protector Benefit consists of Benign Extra Benefit and Surgical Excision of Benign Tumour Benefit. The amount payable under Comprehensive Benign Protector Benefit shall not exceed twenty-five percent (25%) of the Original Sum Assured.

- Benign Extra Benefit

While this Basic Plan and this Benign Extra Benefit are in effect, if the Insured is Diagnosed to be suffering from a Cancer, specified in the Endorsement which is otherwise excluded from coverage in accordance with the terms of such Endorsement ("Excluded Cancer"), such Excluded Cancer shall be covered under this Benign Extra Benefit, provided we receive satisfactory proof of the Excluded Cancer. The amount of Benign Extra Benefit payable shall be equal to twenty-five percent (25%) of the Original Sum Assured less the amount of any benefit paid under Comprehensive Benign Protector Benefit.

For the avoidance of doubt, this benefit only applies to Cancer stated in the Endorsement as "Except as covered under Benign Extra Benefit". Any illnesses or conditions specified in the Endorsement without such special statement are not covered under Benign Extra Benefit or otherwise under this Basic Plan, except for purposes of the Death Benefit and Additional Death Benefit.

- Surgical Excision of Benign Tumour Benefit

While this Basic Plan and this Surgical Excision of Benign Tumour Benefit are in effect, if the Insured undergoes a Surgical Excision of Covered Benign Tumour by a Specialist, we shall pay an additional benefit which is equal to:

- five percent (5%) of the Original Sum Assured for Surgical Excision of Covered Benign Tumour of breast, ovary, penis or uterus (in which only endometrial polyps are covered), subject to a limitation that the aggregate of Surgical Excision of Benign Tumour Benefit paid and / or payable in respect of such organ will not exceed US\$10,000/HK\$80,000, depending on the currency as stated on the Policy Summary, under all SunHealth OmniCare policy(ies) issued by us for the same Insured; or
- ten percent (10%) of the Original Sum Assured for Surgical Excision of Covered Benign Tumour of adrenal gland, bone, conjunctiva, heart, kidney, liver, lung, nerve in cranium or spine, pancreas, pericardium, pituitary gland, renal pelvis, small intestine, testis, ureter or urethra, subject to a limitation that the aggregate of Surgical Excision of Benign Tumour Benefit paid and/or payable in respect of such organ will not exceed US\$20,000/HK\$160,000, depending on the currency as stated on the Policy Summary, under all SunHealth OmniCare policy(ies) issued by us for the same Insured,

The maximum total amount of Surgical Excision of Benign Tumour Benefit paid and / or payable is limited to the lower of (a) 10% of the Original Sum Assured; or (b) US\$20,000/HK\$160,000, depending on the currency as stated on the Policy Summary. Once the aggregate of Surgical Excision of Benign Tumour Benefit paid and/or payable reaches this maximum limit, this benefit will be terminated thereafter.

The Surgical Excision of Benign Tumour Benefit for each organ shall only be payable once under this Plan. For those organs with both left and right component (including breast, kidney, ovary, lung and testis), the left component and right component of the organ shall be considered as one and the same organ.

Current Sum Assured, Guaranteed Cash Value, Special Bonus (if any) and premium of this Basic Plan will remain the same upon payment of Benign Extra Benefit or Surgical Excision of Benign Tumour Benefit.

Coverage for this Comprehensive Benign Protector Benefit will terminate automatically on the earliest of (a) the date on which the total payment amount of this Comprehensive Benign Protector Benefit reaches 25% of the Original Sum Assured; (b) the date on which the Current Sum Assured is reduced to zero (0); (c) the policy anniversary on or immediately following the Insured's one hundredth (100th) birthday; and (d) the date this Basic Plan terminates.

Any outstanding loans with interest will be reduced from Benign Extra Benefit and / or Surgical Excision of Benign Tumour Benefit before it is paid.

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MULTI-PROTECTION BENEFIT

While this Basic Plan and this Multi-Protection Benefit are in effect, following the total payment of one hundred percent (100%) Original Sum Assured under Major Stage Critical Illness Benefit and/ or SafetyNet Protector Benefit and/ or Early Stage Critical Illness Benefit, the eligible claims of Major Stage Critical Illness Condition, Early Stage Critical Illness Condition and Juvenile Illness Condition up to a maximum of one thousand percent (1,000%) of Original Sum Assured will continue to be payable under Multi-Protection Benefit, subject to the following conditions:

- (i) Major Stage Critical Illness Condition under Major Stage Critical Illness Benefit paid and Major Stage Critical Illness Condition of each claim under Multi-Protection Benefit shall fall within different groups of the Major Stage Critical Illness Conditions (except for Multiple Claims for Major Stage Critical Illness Condition under Group 1, 3 and 4 respectively as specified in conditions (iii) and (iv) below);
- (ii) the date of Diagnosis of the Major Stage Critical Illness Condition of a Multiple Claim shall be at least one (1) year from:
 - (1) the date of Diagnosis of the Major Stage Critical Illness Condition of the immediately preceding approved claim for Major Stage Critical Illness Benefit or Multi-Protection Benefit (for the avoidance of doubt, no such period is required for (a) an Early Stage Critical Illness Condition or a Juvenile Illness Condition where the immediately preceding approved claim is a Major Stage Critical Illness Condition, an Early Stage Critical Illness Condition or a Juvenile Illness Condition; or (b) a Major Stage Critical Illness Condition where the immediately preceding approved claim is an Early Stage Critical Illness Condition or a Juvenile Illness Condition);
 - (2) the Surgery Date of the immediately preceding approved claim for SafetyNet Protector Benefit;
- (iii) Major Stage Critical Illness Benefit, Early Stage Critical Illness Benefit and Multi-Protection Benefit allow approved claims up to a maximum of four hundred percent (400%) of Original Sum Assured for illness conditions under Group 1 and a maximum total of one hundred percent (100%) of Original Sum Assured for illness conditions under Group 2, 5 or 6 respectively and a maximum total of two hundred percent (200%) of Original Sum Assured for illness conditions under Group 3 or 4 respectively (excluding Early Stage Booster Benefit, Enhanced Benefit 10, Diabetes Protector Benefit and Comprehensive Benign Protector Benefit, if applicable);
- (iv) in addition to the condition (ii) above, if any preceding claim for Cancer has been paid under Major Stage Critical Illness Benefit and Multi-Protection Benefit, subsequent claim(s) for Cancer is payable subject to the following conditions:
 - (1) if the subsequent claim for Cancer is a Persistent Cancer of the Cancer of the immediately preceding approved Cancer claim, the Cancer of the subsequent claim shall be covered only if three (3) years has passed since the date of the confirmed Diagnosis of that preceding claim for Cancer which has not been in complete remission;
 - (2) if the subsequent claim for Cancer is a Recurrent Cancer of the immediately preceding approved Cancer claim, the Cancer of the subsequent claim shall be covered only if the date of Diagnosis of the subsequent Cancer takes place at least three (3) years after the date of the Diagnosis of that preceding claim for Cancer;
 - (3) if the subsequent claim for Cancer is neither a Persistent nor Recurrent Cancer of the immediately preceding approved Cancer claim, the Cancer of the subsequent claim shall be covered only if the date of Diagnosis of the subsequent Cancer takes place at least one (1) year after the date of the Diagnosis of that preceding claim for Cancer;
- (v) even if there is/ are claim(s) for Early Stage Critical Illness Condition(s) or in between two (2) Major Stage Critical Illness Conditions, the conditions as specified in (i), (ii), (iii) and (iv) above are applicable to these two (2) Major Stage Critical Illness Conditions;
- (vi) a Major Stage Critical Illness Condition under Group 6 is only payable under the Major Stage Critical Illness Benefit;
- (vii) the Insured shall have survived for a period of at least fourteen (14) days from the date of Diagnosis or Surgery Date of the Major Stage Critical Illness Condition, Early Stage Critical Illness Condition or Juvenile Illness Condition (where applicable); and
- (viii) in the case of the payment of Early Stage Critical Illness Benefit when the Current Sum Assured is less than twenty-five percent (25%) of the Original Sum Assured, the Shortfall in Sum Assured in respect of the same Early Stage Critical Illness Condition or Juvenile Illness Condition (where applicable) will be payable under Multi-Protection Benefit at the same time, subject to the respective maximum per life limit of relevant illness condition under all SunHealth OmniCare policy(ies) issued by us for the same Insured and maximum total claims limit of the relevant group.
- (ix) in the case of the payment of Major Stage Critical Illness Benefit is made at the time the Current Sum Assured is less than one hundred percent (100%) of the Original Sum Assured, the Shortfall in Sum Assured in respect of the same Major Stage Critical Illness Condition will be payable under Multi-Protection Benefit at the same time, subject to the respective maximum total claims limit of the relevant group stated in the condition (iii) above.

We will pay a Multi-Protection Benefit equivalent to the benefit amount as specified in these Basic Benefit provisions as for each approved Multiple Claim for Major Stage Critical Illness Condition, Early Stage Critical Illness Condition and Juvenile Illness Conditions, provided we receive evidence satisfactory to us in our sole discretion.

The aggregate benefits payable under this Multi-Protection Benefit will not exceed one thousand percent (1,000%) of the Original Sum Assured as benefit amount.

Multi-Protection Benefit will not be eligible for Guaranteed Cash Value and Special Bonus (if any). Any claims paid under Early Stage Booster Benefit, Comprehensive Benign Protector Benefit, Diabetes Protector Benefit and Enhanced Benefit 10 will not be counted towards the total claims limit under Multi-Protection Benefit.

Coverage for this Multi-Protection Benefit will terminate automatically on the earliest of (a) the date on which the total claims of each Group reaches its maximum claim limit respectively; (b) the policy anniversary on or immediately following the Insured's eighty-fifth (85th) birthday; and (c) the date this Basic Plan terminates.

PREMIUM WAIVER BENEFIT

While this Basic Plan and this Multi-Protection Benefit are in effect, once the total claims under Major Stage Critical Illness Benefit, SafetyNet Protector Benefit and/ or Early Stage Critical Illness Benefit reaches one hundred percent (100%) of Original Sum Assured, all future premiums of this Basic Plan will be waived after the date we approved the claim until the termination of this Multi-Protection Benefit.

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MATURITY BENEFIT

While this Basic Plan and this Maturity Benefit are in effect, if the Insured is alive on the Maturity Date set out in your Policy Summary, we will pay the Claimant the Maturity Benefit which is equal to one hundred percent (100%) of the Current Sum Assured, plus cash value of Special Bonus, if any, plus any other amounts left with us, less the amount of any loans with interest.

Coverage for this Maturity Benefit will terminate automatically on the earliest of (a) the date on which the payment of this Maturity Benefit is made; (b) the date on which the Current Sum Assured is reduced to zero (0); (c) the Maturity Date; and (d) the date this Basic Plan terminates.

MATURITY BONUS

While this Basic Plan and this Maturity Bonus are in effect, if the Insured is alive on the Maturity Date set out in your Policy Summary, we will pay the Claimant the Maturity Bonus which is equal to twenty-five percent (25%) of the Original Sum Assured.

Coverage for this Maturity Bonus will terminate automatically on the earliest of (a) the date on which the payment of this Maturity Bonus is made; (b) the Maturity Date; and (c) the date this Basic Plan terminates.

GUARANTEED INSURABILITY OPTION

While this Basic Plan and this Guaranteed Insurability Option are in effect, the Policy Owner may purchase a new critical illness policy for which we will offer this Guaranteed Insurability Option, on the life of the Insured without further evidence of insurability by submitting written notice to us, if:

- this Basic Plan is in effect for at least three (3) consecutive years;
- we receive the new policy application before the Policy Anniversary on or immediately following the Insured's sixty-fifth (65th) birthday and, together with the application, no less than the minimum first premium we would normally require on such new policy;
- the new policy is on the life of the Insured only;
- no claim is currently pending nor has a claim been submitted to us under this Basic Plan;
- the Sum Assured of the new policy is capped at the lower of fifty percent (50%) of the Original Sum Assured and US\$62,500 / HK\$500,000, depending on the currency as stated on the Policy Summary;
- the new policy meets all of our then current administrative rules and our then maximum critical illness coverage per life;
- this Basic Plan is issued without an extra premium; and
- a written notice is received by us within thirty (30) days from the date of any one of the following specified events:
 - the Insured is married;
 - the Insured has a new-born baby;
 - the Insured's one of the direct family members, including parents, children and spouse, is Diagnosed with a Major Stage Critical Illness Condition for the first time; or
 - the Insured attains age eighteen (18).

The new policy will be effective from its approval date. Any premium received for the new policy will be refunded if the Insured dies or is Diagnosed as suffering from one (1) of the listed Major Stage Critical Illness Conditions, Early Stage Critical Illness Conditions and Juvenile Illness Conditions, or undergoes a Complex Surgical Procedure or a Surgical Excision of Covered Benign Tumour after we receive this premium but before the date of approval.

This Guaranteed Insurability Option terminates automatically on the earliest of the date:

- (a) on which we approved the written notice of the Policy Owner to purchase a new critical illness policy under this Guaranteed Insurability Option;
- (b) the Policy Anniversary on or immediately following the Insured's sixty-fifth (65th) birthday; and
- (c) any claim is submitted to us under this Basic Plan.

GUARANTEED INSURABILITY OPTION FOR NEW-BORN

While this Basic Plan and this Guaranteed Insurability Option For New-Born are in effect, if the Insured gives birth to a child (or if the Insured's spouse gives birth to a child), the Policy Owner may purchase a new critical illness policy for which we will offer this Guaranteed Insurability Option For New-born, on the life of that child ("Covered Child") without further evidence of insurability by submitting written notice to us, if:

- this Basic Plan is in effect for at least one (1) year;
- we receive the new policy application within thirty (30) days from the date of birth of Covered Child and, together with the application, no less than the minimum first premium we would normally require on such new policy;
- the new policy is on the life of Covered Child only;
- no claim is currently pending nor has a claim been submitted to us under this Basic Plan;
- the Sum Assured of the new policy is capped at the lower of fifty percent (50%) of the Original Sum Assured and US\$62,500 / HK\$500,000, depending on the currency as stated on the Policy Summary;
- the new policy meets all of our then current administrative rules and our then maximum critical illness coverage per life;
- this Basic Plan is issued without an extra premium.

The new policy will be effective from its approval date. Any premium received for the new policy will be refunded if Covered Child dies or is Diagnosed as suffering from one (1) of the listed Major Stage Critical Illness Conditions, Early Stage Critical Illness Conditions and Juvenile Illness Conditions, or undergoes a Complex Surgical Procedure or a Surgical Excision of Covered Benign Tumour after we receive this premium but before the date of approval.

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GUARANTEED INSURABILITY OPTION FOR NEW-BORN (CONTINUED)

This Guaranteed Insurability Option For New-born terminates automatically on the earliest of the date:

- (a) on which we approved the written notice of the Policy Owner to purchase a new critical illness policy under this Guaranteed Insurability Option For New-born; and
- (b) any claim is submitted to us under this Basic Plan.

VALUE-ADDED BENEFIT

Value-added Benefit provides one of the following services:

- Second Medical Opinion, or
- any other service offered by us from time to time.

Coverage for this Value-added Benefit will terminate automatically one year from the date on which the claim for Major Stage Critical Illness Benefit, Early Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit, Comprehensive Benign Protector Benefit (as applicable) is approved by us and the Insured has selected to use the service under this Value-added Benefit provision in respect of such claim.

The Premium payable for this Basic Plan will not be reduced after the termination of this Value-added Benefit.

We are not responsible and will not be liable for any loss or damage, whatsoever and howsoever, directly or indirectly, caused by, arising from or in connection with the service provided under this Value-added Benefit.

We may offer other services under this Value-added Benefit provision from time to time and at our own discretion. Any such service will be set out in the form of an endorsement and will be subject to the terms and conditions therein.

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MAJOR STAGE CRITICAL ILLNESS CONDITIONS

1. Acute Necrohemorrhagic Pancreatitis

Acute inflammation and necrosis of pancreas parenchyma, focal enzymic necrosis of pancreatic fat and hemorrhage due to blood vessel necrosis, where all of the following criteria are met:

- (a) The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and
- (b) The Diagnosis is based on histopathological features and confirmed by a Registered Medical Practitioner who is a Specialist.

Pancreatitis due to alcohol or drug abuse is excluded.

2. AIDS due to Blood Transfusion

The event that the Insured becomes infected by any human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS) or other similar or related condition or syndrome, provided all of the following conditions are met:

- (a) the conditions must be life-threatening and there must exist no effective cure;
- (b) the infection is due to a Medically Necessary blood transfusion received in a Hospital in Hong Kong after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest;
- (c) the Doctor that performed the relevant blood transfusion and the legally certified supplier of blood or blood products that provided the particular blood or blood product for the relevant transfusion certify that the Insured was infected by human immunodeficiency virus or acquired immune deficiency syndrome or similar or related condition or syndrome through blood transfusion; and
- (d) the Insured is not a haemophiliac.

3. Alzheimer's Disease

Progressive and permanent deterioration or loss of intellectual capacity as evidenced by clinical state and accepted standardized questionnaires or tests or abnormal behaviour arising from Alzheimer's disease or irreversible organic degenerative brain disorders resulting in significant reduction in mental and social functioning and requiring the continuous supervision of the Insured and subject to the acceptance of our medical officer. Neurosis and psychotic illnesses are specifically excluded.

4. Amyotrophic Lateral Sclerosis (ALS)

Characterised by muscular weakness and atrophy, evidence of anterior horn cell dysfunction, visible muscle fasciculations, spasticity, hyperactive deep tendon reflexes and extensor plantar reflexes, evidence of corticospinal tract involvement, dysarthric and dysphagia. Diagnosis must be confirmed by electromyography or equivalent.

5. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. The definite Diagnosis must be confirmed by a consultant neurologist acceptable to us. This condition must be medically documented by a Doctor for at least one month.

6. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following:

- (a) marrow stimulating agents;
- (b) immunosuppressive agents; or
- (c) bone marrow transplantation.

7. Bacterial Meningitis

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit persisting for at least six consecutive months, the Diagnosis to be confirmed by a registered consultant neurologist acceptable to us.

8. Benign Brain Tumour

A non-cancerous tumour in the brain, which either requires surgical excision or causes significant permanent neurological deficit persisting for at least six consecutive months. Cysts, granulomas, malformations in, or of, the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are excluded.

9. Cancer

Cancer means:

- (1) Any malignant tumour positively Diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue; or
- (2) Any occurrence of histologically confirmed leukemia, lymphoma or sarcoma.

Irrespective of the above, for purposes of the definition of "Major Stage Critical Illness Condition", Cancer does not include any of the following:

- (i) any cancer which is histologically classified as pre-malignant, non-invasive, or carcinoma in situ, or as having either borderline malignancy or low malignant potential;
- (ii) any tumour of the thyroid histologically classified as T1aN0M0 or a lower stage according to the TNM classification system;
- (iii) any tumour of the prostate histologically classified as T1a, T1b or T1c or a lower stage according to the TNM classification system;
- (iv) chronic lymphocytic leukemia classified as less than RAI Stage III;
- (v) any cancer where HIV Infection is also present; and
- (vi) any skin cancer, other than malignant melanoma.

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MAJOR STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

10. Cardiomyopathy

The unequivocal Diagnosis by a consultant cardiologist acceptable to us of cardiomyopathy causing permanent impaired left ventricular function with an ejection fraction of less than thirty percent (30%). This must result in severe physical limitation of activity to the degree of class IV of the New York Heart Classification and this limitation must have persisted for at least six (6) months when stabilised on appropriate therapy. Cardiomyopathy directly related to alcohol or drug misuse is excluded.

Class IV of New York Heart Classification

Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.

11. Cerebral Metastasis

Evidence of metastatic cancer of the brain where the primary lesion cannot be established.

12. Chronic Adrenal Insufficiency

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life-long glucocorticoid and mineralocorticoid replacement therapy. The Diagnosis of Chronic Adrenal Insufficiency (Addison's Disease) must be: i) confirmed by a Registered Medical Practitioner who is an endocrinologist and an independent medical expert; and ii) supported by ACTH stimulation tests.

Only chronic adrenal insufficiency caused by an autoimmune disorder is included. All other causes of adrenal insufficiency are excluded.

13. Chronic Relapsing Pancreatitis

An unequivocal Diagnosis of Chronic Relapsing Pancreatitis, made by a Specialist in gastroenterologist acceptable to us and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

14. Coma

A state of unconsciousness with no reaction to external stimuli or internal needs persisting continuously with the use of life support systems for a period of at least one week and resulting in a neurological deficit, which in our medical officer's opinion is of a permanent nature.

15. Creutzfeldt-Jacob Disease

A neurological disease, fatal spongiform encephalopathy, accompanied by signs and symptoms of:

- (a) uncontrolled muscular spasm, tremor;
- (b) severe progressive dementia;
- (c) cerebellar dysfunction; and
- (d) athetosis.

The Diagnosis must be made by a Specialist in neurology acceptable to us, and must be based on conclusive electroencephalography (EEG) and cerebrospinal fluid (CSF) findings as well as computed tomography (CT) scan and magnetic resonance imaging (MRI).

16. Deafness

Acquired total and irreversible loss of hearing in both ears, which must be established for a continuous period of twelve (12) months, as certified by an otorhinolaryngologist or ear, nose and throat (ENT) Specialist acceptable to us.

17. Diabetic Complications

The occurrence of diabetes mellitus where all of the following conditions are met:

- (a) The Diagnosis is made by a Specialist in diabetology and supported by diagnostic test; and
- (b) The disease is complicated with diabetic neuropathy resulting in the amputation of lower limb at or above the ankle certified to be Medically Necessary by a Specialist in diabetology.

18. Dissecting Aortic Aneurysm

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. Diagnosis must be confirmed by computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) or angiogram and attested by a cardiovascular Specialist acceptable to us.

19. Ebola

Infection with the Ebola virus where the following conditions are met:

- (a) presence of the Ebola virus has been confirmed by laboratory testing;
- (b) there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
- (c) the infection does not result in death.

20. Eisenmenger's Syndrome

Development of severe pulmonary hypertension resulting from primary lung or heart condition leading to hemoptysis and ultimately reversal of blood flow.

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MAJOR STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

21. 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, including laboratory confirmation of microfilariae, and be supported by our medical officer.

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

22. Encephalitis

Severe inflammation of brain substance that results in significant and permanent neurological deficit persisting for at least six consecutive months as certified by a registered consultant neurologist acceptable to us.

23. End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- (a) permanent jaundice;
- (b) ascites; and
- (c) encephalopathy.

24. End Stage Lung Disease

End stage lung disease including interstitial lung disease requiring extensive and continuous oxygen therapy as well as FEV1 test result of consistently less than 1L despite bronchodilators.

25. Fulminant Hepatitis

A submassive to massive necrosis of the liver by the hepatitis virus, leading precipitously to liver failure. The Diagnosis in respect of this illness must be based on the meeting of all of the following criteria:

- (a) a rapidly decreasing liver size;
- (b) necrosis involving entire lobules, leaving only a collapsed reticular frame-work;
- (c) rapid deterioration of liver function tests; and
- (d) deepening jaundice.

Evidence of the following must be produced:

- (a) liver function test to show massive parenchymal liver disease; and
- (b) objective signs of portosystemic encephalopathy.

26. Heart Attack

Death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area as a consequence of coronary artery disease. The Diagnosis must be supported by all three (3) of the following criteria and be diagnostic of a new definite acute myocardial infarction:

- (1) Symptoms clinically accepted as consistent with the Diagnosis of an acute myocardial infarction; and
- (2) New characteristic electrocardiographic changes; and
- (3) The characteristic rise above accepted normal values of biochemical cardiac specific markers such as CK-MB or cardiac troponins.

Heart attack occurring during a coronary intervention must have a cardiac troponin level that is at least three (3) times increased above the laboratory reported upper normal value. Angina and all other forms of acute coronary syndromes are not covered.

27. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis caused by illness or Injury, except when such Injury is self-inflicted.

28. HIV Acquired due to Assault

Infection with the human immunodeficiency virus (HIV) where the virus is acquired as a result of a physical assault (that is the assault must have caused the HIV infection) on the Insured in Hong Kong, involving needlestick injury with a sharp instrument or blood-stained body fluid and where sero-conversion to the HIV infection occurs within one hundred and eighty (180) days of the assault. HIV infection resulting from or transmitted by any other means is specifically excluded from this Basic Plan.

Any assault causing a potential claim must have been reported to the police within twenty-four (24) hours and to us within fourteen (14) days of the assault and be supported by a negative HIV anti-body test taken within five (5) days after the documented assault. We must be given access to independently test all the blood samples and to take such added samples as we deem necessary or advisable.

The conditions must be life-threatening and there must exist no effective cure.

29. Infective endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- (a) Positive result of the blood culture proving presence of the infectious organism(s);
- (b) Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis and
- (c) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist.

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Basic Benefit Provisions - SunHealth OmniCare

MAJOR STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

30. **Kidney Failure**
End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either chronic renal dialysis or renal transplant is initiated.
31. **Loss of Limbs**
Complete and irreversible severance of two (2) or more limbs at or above the wrist or ankle joint.
32. **Loss of one limb and one eye**
Total, permanent and irrecoverable loss of sight of one (1) eye and loss by severance of one (1) limb at or above the wrist or ankle as a result of illness or Injury.
33. **Loss of Independent Existence**
Loss of Independent Existence refers to the total / complete inability to perform at least three (3) of the Activities of Daily Living even with the aid of special equipment, requiring the physical assistance of another person throughout the entire activity, for a continuous period of at least six (6) months and leading to a permanent inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Medical Practitioner.

The coverage for Loss of Independent Existence will automatically cease on the Policy Anniversary immediately following the sixty-fifth (65th) birthday of the Insured.

All psychiatric related causes are excluded.
34. **Loss of Speech**
Acquired total and irrecoverable loss of the ability to speak due to physical damage to the vocal cords, which must be established for a continuous period of twelve (12) months, as certified by a registered consultant neurologist acceptable to us.
35. **Major Burns**
Third degree burns covering at least twenty percent (20%) of the surface of the body as measured by the Lund and Browder Body Surface Chart.
36. **Major Head Trauma**
Major trauma to the head with disturbance of the brain function confirmed by definite Diagnosis by a consultant neurologist acceptable to us. The disturbance must result in a permanent bedridden situation or the inability to perform without assistance three or more Activities of Daily Living.
37. **Major Organ Transplant**
The undergoing of transplant of a heart, liver, lung, kidney, pancreas, or bone marrow as recipient.
38. **Medullary Cystic Disease**
The formation of multiple cysts in the medulla region of both kidneys and involving the collecting ducts as Diagnosed by a Doctor, and agreed to by our medical officer.
39. **Meningeal Tuberculosis**
Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit. Such a Diagnosis must be confirmed by a registered consultant neurologist acceptable to us.
40. **Motor Neurone Disease**
Motor neurone disease Diagnosed by a consultant neurologist acceptable to us as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least three (3) months. The Insured must be unable to perform without assistance three (3) or more of the Activities of Daily Living.
41. **Multiple Sclerosis**
Multiple sclerosis means a definite Diagnosis of having either:
 - (a) two (2) clinically documented episodes; or
 - (b) one (1) episode persisting for at least six (6) months, of well-defined neurological abnormalities with objective evidence of at least two (2) areas of demyelination confirmed by magnetic resonance imaging ("MRI") scanning or imaging techniques.
The Diagnosis must:
 - (a) be made by a neurologist acceptable to us;
 - (b) be confirmed by MRI or modern imaging techniques; and
 - (c) eliminate other potential causes of neurological symptoms.
42. **Muscular Dystrophy**
A hereditary muscular dystrophy confirmed by a registered consultant neurologist acceptable to us, resulting in the inability to perform without assistance three or more Activities of Daily Living.

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MAJOR STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

43. Necrotising Fasciitis

The occurrence of necrotising fasciitis where the following conditions are met:

- (a) the usual clinical criteria of necrotising fasciitis are met;
- (b) the bacteria identified is a known cause of necrotising fasciitis; and
- (c) there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

The Diagnosis must be made by a Specialist.

44. Occupational Acquired HIV

Infection with the human immunodeficiency virus (HIV), which results from an Accident occurring while the Insured was carrying out the normal duties of his or her usual occupation in Hong Kong. No payment will be made unless all the following are proven to our satisfaction:

- (a) proof of the Accident giving rise to the infection;
- (b) proof that the Accident involved a definite source of the HIV-infected fluids; and
- (c) proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the Accident. This proof must include a negative HIV anti-body test within five days of the Accident.

HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

Any Accident causing a potential claim must be reported to us within fourteen (14) days of the Accident.

The Major Stage Critical Illness Benefit is only payable when the occupation of the Insured, who must be at least eighteen (18) years of age, is a medical practitioner, nurse, laboratory technician, dentist (surgeon or nurse) or an ambulance paramedical worker in a Hong Kong registered medical centre or a Hong Kong registered dental clinic.

The conditions must be life-threatening and there must exist no effective cure.

45. Paralysis

Complete and permanent loss of use of both arms or both legs, or of one (1) arm and one (1) leg, through paralysis that has been present for at least six (6) consecutive months, as confirmed by a Doctor.

46. Parkinson's Disease

Slowly progressive disease of the central nervous system as a result of loss of pigment containing neurons of the brain. Must be confirmed by an unequivocal Diagnosis by a registered consultant neurologist acceptable to us and agreed to by our medical officer and where the condition:

- (a) cannot be controlled by medication;
- (b) shows signs of progressive impairment; and
- (c) results in the inability to perform without assistance three (3) or more Activities of Daily Living.

Only idiopathic Parkinson's disease is covered. All others including drug induced or toxin caused are excluded.

47. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

The Diagnosis of Pheochromocytoma must be confirmed by Laboratory testing and a Registered Medical Practitioner who is an endocrinologist.

48. Poliomyelitis

Unequivocal Diagnosis by a registered consultant neurologist acceptable to us of infection by 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. Other cases of paralysis are specifically excluded.

49. Primary Pulmonary Arterial Hypertension

Primary pulmonary arterial hypertension as established by clinical and laboratory investigations including cardiac catheterisation and as Diagnosed by a consultant cardiologist acceptable to us.

50. Progressive Bulbar Palsy (PBP)

Characterised by progressive degeneration of the muscle innervated by cranial nerve and corticobulbar tracts leading to difficulty in chewing, swallowing and talking. Diagnosis must be confirmed by electromyography.

51. Progressive Supranuclear Palsy

Confirmed by a consultant neurologist acceptable by us of a definite Diagnosis of progressive supranuclear palsy resulting in the inability to perform without assistance three (3) or more Activities of Daily Living. There must also be permanent lack of control of gait and balance.

52. Replacement of Heart Valve

The replacement of one (1) or more heart valves due to stenosis or incompetence, or a combination of these conditions. Valvotomy is specifically excluded.

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MAJOR STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

53. Severe Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the GI tract. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- (1) Stricture formation causing intestinal obstruction requiring admission to hospital, and
- (2) Fistula formation between loops of bowel, and
- (3) At least one (1) bowel segment resection.

The Diagnosis must be made by a Specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

54. 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:

- (a) Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- (b) The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere

Class II: Eye muscle weakness of any severity, mild weakness of other muscles

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

55. Severe Rheumatoid Arthritis

Severe Rheumatoid Arthritis where the following criteria are met:

- (a) the diagnostic criteria of the American College of Rheumatology are met;
- (b) the inability to perform without assistance two or more Activities of Daily Living;
- (c) widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankles, cervical spine or feet; and
- (d) the condition has been present for at least six (6) months.

56. Stroke

Any cerebrovascular incident including infarction of brain tissue, haemorrhage and embolization from an extra-cranial source resulting in any major, permanent neurological deficit that will require physical rehabilitation. Specifically excluded are transient ischaemic attacks and attacks of vertebro-basilar ischaemia.

57. Surgery for Disease of the Aorta

The 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 means the thoracic and abdominal aorta but not its branches. Injury of the aorta resulting from an Accident is excluded.

58. Surgery to Coronary Arteries

The undergoing of open chest Surgery for the correction of two or more coronary arteries that are narrowed or blocked, by coronary artery bypass graft (CABG). The Surgery must have been proven to be necessary by means of coronary angiography. Angioplasty, chelations, other palliative procedures including rotablation and laser application, and all other intra-arterial and non-surgical procedures are excluded from this definition.

59. Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis

Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens.

For purposes of the definition of "Major Stage Critical Illness Condition", SLE is restricted to only those forms of systemic lupus erythematosus which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

Class I: Minimal mesangial lupus nephritis

Class II: Mesangial proliferative lupus nephritis

Class III: Focal lupus nephritis

Class IV: Diffuse segmental (IV-S) or global (IV-G) lupus nephritis

Class V: Membranous lupus nephritis

Class VI: Advanced sclerosing lupus nephritis

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MAJOR STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

60. Systemic Scleroderma

A systemic connective tissue disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs which reaches systemic proportions such that two (2) of the following criteria are met:

- (a) pulmonary involvement showing carbon monoxide diffusing capacity (DLCO) less than seventy percent (< 70%) of the predicted value, or forced expiratory volume in 1 sec (FEV1), forced vital capacity (FVC) or total lung capacity (TLC) greater than seventy-five percent (< 75%) of the predicted value;
- (b) renal involvement showing glomerular filtration rate (GFR) less than sixty (< 60) ml/min; and/or
- (c) cardiac involvement showing evidence of either congestive heart failure, cardiac arrhythmia requiring medication, or pericarditis with moderate to large pericardial effusion.

The following are excluded:

- (i) Localised scleroderma (linear scleroderma or morphea); and
- (ii) Eosinophilic fascitis; and
- (iii) CREST syndrome.

Unequivocal Diagnosis of Systemic Scleroderma must be confirmed by a Registered Medical Practitioner who is a rheumatologist.

61. Terminal Illness

The Insured must be suffering from a condition that in the opinion of the attending Doctor and our medical officer is highly likely to result in death within six (6) months.

62. Total Blindness

Acquired total permanent and irrecoverable loss of sight in both eyes as certified by an ophthalmologist acceptable to us.

63. 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.

EARLY STAGE CRITICAL ILLNESS CONDITIONS

1. Accidental fracture of Spinal Column

A new spinal fracture caused by an Accident, and requiring hospitalization for open surgical repair, or which results in a permanent neurological deficit in motor function or bladder function. The spinal column is defined as one bone as a whole, and the Diagnosis of the fracture of the spinal column must be based on an examination of an X-ray or any other similar imaging technology acceptable to us by a Specialist orthopaedic surgeon or a radiologist acceptable to us. The Diagnosis of any neurological deficits must be made by a consultant neurologist or attending orthopaedic surgeon acceptable to us.

Coverage for Accidental fracture of Spinal Column is only applicable for the Insured's age last birthday between sixty-five (65) to eighty-five (85).

2. 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.

3. Angioplasty and Other Invasive Treatments for Coronary Artery Disease

The undergoing of balloon angioplasty, atherectomy or laser treatment to correct a narrowing (minimum of fifty percent (50%) stenosis) of one (1) or more major coronary arteries and shows a history of physical activity or exercise limiting symptomatology. Such history shall consist of:

- (a) symptoms which are sufficiently severe to indicate that the Insured's future level of exercise tolerance would be restricted at a minimal level to prevent further episodes of chest pain; and
- (b) a medical opinion from a Specialist acceptable to us which defines the need to limit physical exercise so as to minimize moderate to severe anginal pain.

Medical evidence shall include all of the following:

- (i) full report from attending cardiologist acceptable to us;
- (ii) evidence of significant and relevant ECG changes (ST segment depression of two (2) ml or more); and
- (iii) angiographic evidence to confirm the location and degree of stenosis of one or more major coronary arteries.

To be eligible for a second or third claim under this disease, 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 equal to or greater than 60 percent (60 %) was identified in the medical examination report relating to the first or second claim of this illness, for which benefit has been paid.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

4. Angioplasty and other Surgeries for Carotid Arteries

Angioplasty and Other Surgeries for Carotid Arteries shall mean the treatment of stenosis of fifth percent (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 all 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.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

5. Biliary Tract Reconstruction Surgery

The undergoing of biliary tract reconstruction surgery involving choledochoenterostomy 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.

6. Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis)

Pre-cancerous Changes of Breast, Cervix Uteri, Uterus, Ovary, Fallopian Tube or Vagina.

One of:

- (a) Carcinoma-in-situ of breast, cervix uteri, uterus, ovary, fallopian tube or vagina, meaning a new growth of cancer cells, which has not yet penetrated the basement membrane or invaded the stroma. The Diagnosis must be based on an examination of a biopsy specimen by a Specialist pathologist acceptable to us; or
- (b) High-grade Squamous Intraepithelial Lesion (S.I.L.) with Severe Dysplasia, being positively Diagnosed on the basis of microscopic examination of fixed tissue additionally supported by a cone biopsy or colposcopy with cervical biopsy showing high-grade squamous intraepithelial lesion with severe dysplasia (which must be at a grading of not less than cervical intraepithelial neoplasia III and has not yet resulted in the invasion of normal tissues).

Carcinoma in situ of the Colon or Rectum, Liver, Lung, Nasopharynx, Penis, Stomach or Oesophagus, 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) Colon or Rectum;
- (b) Liver;
- (c) Lung;
- (d) Nasopharynx;
- (e) Penis;
- (f) Stomach or Oesophagus; or
- (g) 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 testicles: Carcinoma-in-situ of testicles, meaning a new growth of cancer cells, which has not yet penetrated the basement membrane or invaded the stroma. The Diagnosis must be based on an examination of a biopsy specimen by a Specialist pathologist acceptable to us.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

7. Cerebral Aneurysm Requiring Surgery

The actual undergoing by the Insured of intracranial Surgery via a craniotomy to clip, repair or remove an aneurysm of one (1) or more of the cerebral arteries. Catheter and intravascular technique are specifically excluded from this condition.

8. 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 deemed Medically Necessary by a certified Specialist.

9. Chronic Autoimmune Hepatitis

A chronic necrotic inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The Diagnosis must be supported by all of the following:

- (1) Hypergammaglobulinaemia;
- (2) The presence of at least one (1) of the following auto-antibodies:
 - 2.1 Anti-nuclear antibodies;
 - 2.2 Anti-smooth muscle antibodies;
 - 2.3 Anti-actin antibodies;
 - 2.4 Anti-LKM-1 antibodies;
 - 2.5 Anti- LC1 antibodies; or
 - 2.6 Anti-SLA/LP antibodies
- (3) Liver biopsy confirmation of the Diagnosis of auto-immune hepatitis

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EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

The Diagnosis must be confirmed by a Specialist in gastroenterology or hepatology.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

10. 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 Medically Necessary by a Specialist in the relevant field.

11. Diabetic Nephropathy

Diagnosis of Nephropathy due to Complication from Diabetes ("Diabetic Nephropathy") must be confirmed by a Specialist in accordance with the respective criteria as set out below. To qualify as Diabetic Nephropathy, all of the following criteria must be met:

- (1) Presence of diabetes mellitus at the time of Diagnosis of Diabetic Nephropathy; and
- (2) eGFR less than 30ml/min/1.73m²; and
- (3) Persistent proteinuria greater than 300mg/24 hours; and
- (4) The Diagnosis of Diabetic Nephropathy, the severity of renal impairment (as evidenced by criteria listed above), must be confirmed by a Specialist.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

12. Diabetic Retinopathy

Diagnosis of Retinopathy due to Complication from Diabetes ("Diabetic Retinopathy") must be confirmed by a Specialist in accordance with the respective criteria as set out below. Diabetic Retinopathy refers to conditions where advanced changes to the retinal blood vessels as a consequence of diabetes mellitus. To qualify as Diabetic Retinopathy, all of the following criteria must be met:

- (1) Presence of diabetes mellitus at the time of Diagnosis of Diabetic Retinopathy; and
- (2) Typical changes of diabetic retinopathy are present on fundoscopic examination; and
- (3) Visual acuity of both eyes is 6/18 or worse using Snellen eye chart; and
- (4) Actual undergoing of treatment such as laser treatment to alleviate the visual impairment; and
- (5) The Diagnosis of Diabetic Retinopathy, the severity of visual impairment (as evidenced by criteria listed above), the treatment having been carried out and indications for Medical Necessity of treatment must be confirmed by a Specialist.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

13. Early Amyotrophic Lateral Sclerosis (ALS)

Characterised by muscular weakness and atrophy, evidence of anterior horn cell dysfunction, visible muscle fasciculations, spasticity, hyperactive deep tendon reflexes and exterior plantar reflexes, evidence of corticospinal tract involvement, dysarthric and dysphagia. The Diagnosis must be made by a Specialist with appropriate neuromuscular testing such as Electromyogram (EMG). The disease must result in significant physical impairment (as evidenced by the Insured's permanent inability to perform without assistance at least two (2) of the ADLs)

14. Early Cardiomyopathy

Condition of impaired ventricular function (of variable aetiology) resulting in significant physical impairment of at least Class 3* on the New York Heart Association (NYHA) classification of cardiac impairment. The Diagnosis must be made by a Specialist. Cardiomyopathy includes dilated, hypertrophic and restrictive cardiomyopathy. Cardiomyopathy caused directly or indirectly, wholly or partly, by coronary artery disease or alcohol or drug abuse is excluded.

*NYHA Class 3 cardiomyopathy impairment means that the patient has marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes following symptoms: fatigue, palpitation, or dyspnea and there is evidence of abnormal ventricular function on physical examination and laboratory studies.

The Company reserves the right to change this definition from time to time to reflect the changes in qualitative or quantitative medical categorization of this illness so as to give effect to the original intent of this definition.

15. Early Malignancies (Early Stage Cancer of the Prostate/ Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above)

Early Stage Prostate Cancer: A malignant tumour of the prostate classified as or equivalent to T1a, T1b or T1c according to the TNM staging method. Prostatic Intra- epithelial Neoplasia (PIN) is excluded. Diagnosis must be supported by a histopathological report by a pathologist acceptable to us.

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.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

16. Early Motor Neurone Disease

Motor neurone disease supported by definitive evidence of appropriate and relevant neurological signs that has persisted for at least forty-five (45) days. The Diagnosis must be made by a Specialist as progressive and supported by appropriate investigations.

17. Early Progressive Bulbar Palsy (PBP)

Characterized 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 ninety (90) days with appropriate neuromuscular testing such as Electromyogram (EMG).

18. Early Progressive Supranuclear Palsy

Confirmed by a consultant neurologist acceptable by us of a definite Diagnosis of progressive supranuclear palsy resulting in the inability to perform without assistance two (2) or more Activities of Daily Living. There must also be permanent lack of control of gait and balance.

19. Early Systemic Scleroderma

A rheumatologist must make the definite Diagnosis of systemic sclerosis with CREST syndrome, such that ACR (American College of Rheumatology) definitions are met:

The Insured should fulfill the following major criterion and two (2) of the following minor criteria and with Raynauds phenomenon

Major criterion:

Proximal diffuse (truncal) sclerosis (skin tightness, thickening, non-pitting induration)

Minor criteria:

- (1) Sclerodactyly (only fingers and /or toes);
- (2) Digital pitting scars or loss of substance of the digital finger pads (pulp loss); or
- (3) Bilateral basilar pulmonary fibrosis

This Diagnosis must be unequivocally supported by biopsy and serological evidence. The disease must involve the skin with deposits of calcium (calcinosis), skin thickening of the fingers or toes (sclerodactyly) and also involve the esophagus. There must also be telangiectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea); and
- Eosinophilic fascitis.

20. Endovascular Treatment of Peripheral Arterial Disease

Endovascular Treatment of Peripheral Arterial Disease shall mean the treatment of stenosis of fifty percent (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.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

21. Endovascular Treatments of Aortic Disease or Aortic Aneurysm

Endovascular Treatments of Aortic Disease or Aortic Aneurysm refers to any one (1) of the following:

- (1) 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 or obstruction 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.
- (2) Aortic Aneurysm shall mean a condition where the aorta is enlarged to a diameter of at least fifty-five (55) mm, as evidenced by appropriate imaging technique. The Diagnosis must be confirmed by a Doctor who is a cardiologist or vascular surgeon.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

22. 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.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

23. Facial Reconstructive Surgery for Injury due to Accident

The actual undergoing of plastic or reconstructive surgery (restoration or reconstruction of the shape and appearance of facial structures above the neck which are defective, missing, damaged due to Accident) which, in the opinion of the Company's medical director or Registered Medical Practitioner, is deemed Medically Necessary for the treatment of facial disfigurement due to Injury requiring in-patient treatment and subsequently the performance of such surgery. Surgery solely for cosmetic reasons, isolated dental restorations, isolated nasal fractures or isolated skin wounds are excluded.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

24. Gestational Diabetes

Gestational diabetes mellitus (GDM) must be Diagnosed with first recognition during pregnancy and developing to Type II Diabetes after twelve (12) months of delivery.

The Diagnosis of GDM and Type II Diabetes are made by a Specialist and supported by diagnostic test, and the Diagnosis of Type II Diabetes must be made within twenty-four (24) months after the delivery.

25. Glaucoma Surgical Treatment

The actual undergoing of open surgical procedure 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 procedures not involving open surgery on the globe that are not directly related to the treatment of glaucoma or any laser therapies are excluded.

26. 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 four (4).

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

27. Insertion of Pacemaker or Defibrillator

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 Registered Medical Practitioner who is a cardiologist.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

28. Insertion of Vena-cava filter

The surgical insertion of a vena-cava filter after there has been documented proof of pulmonary emboli. The need for the insertion of a vena-cava filter must be certified to be Medically Necessary by a Specialist in the relevant field.

29. Interstitial Fibrosis

The Diagnosis of interstitial fibrosis requiring at least intermittent oxygen therapy and showing consistent reduction in Total Lung Capacity (TLC) to seventy percent (70%) or less of predicted value under appropriate medication. The reduction in TLC should be present continuously for at least three (3) months.

30. 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.

31. Less Severe Aplastic Anaemia

The benefit pays for bone marrow failure which results in anaemia, neutropenia and thrombocytopenia, is supported by biopsy findings and requires Blood product transfusion.

The Diagnosis must be confirmed by a Registered Medical Practitioner who is a haematologist.

32. 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 Specialist physician and supported with appropriate investigations proving acute bacterial infection of the meninges.

33. Less Severe Burns to Body due to Accident

Less severe burns due to accident shall mean third (3rd) degree (i.e. full thickness skin destruction) burns covering at least ten percent (10%) of the total body surface area directly resulting from an accident.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

34. Less Severe Coma

Less Severe Coma, lasting at least forty-eight (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.

35. 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.

36. Less Severe Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- (1) Positive result of the blood culture proving presence of the infectious organism(s);
- (2) Presence of mild degree heart valve incompetence (meaning regurgitant fraction of ten percent (10%) or above) or mild heart valve stenosis (resulting in heart valve area of fifty percent (50%) or less of normal value) attributable to Infective Endocarditis; and
- (3) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist.

37. 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 m² but greater than 15mL/min/1.73 m² and the condition has lasted for at least ninety (90) days continuously.
- (ii) The Diagnosis of Chronic Kidney Impairment must be confirmed by physician Specialist and deemed Medically Necessary.

(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.

38. Less Severe Meningeal Tuberculosis

Meningitis caused by tubercle bacilli, resulting in hospitalization. Such a Diagnosis must be confirmed by a registered Specialist acceptable to us.

39. Less Severe S.L.E – based on Diagnosis whereas IS is on Diagnosis and severity

Systemic Lupus Erythematosus (S.L.E.) means an autoimmune illness in which tissues and cells are damaged by deposition of pathogenic autoantibodies and immune complexes.

The Diagnosis of S.L.E. will be based on the following conditions:

- (1) Clinically there must be at least 3 out of the following presentations suggested by The American College of Rheumatology:

1.1 Malar rash;

1.2 Discoid rash;

1.3 Photosensitivity;

1.4 Oral ulcers;

1.5 Non-erosive Arthritis;

1.6 Pleuritis or Pericarditis

1.7 Renal disorder;

1.8 Leukopenia (<4,000/ μ L), or Lymphopenia (<1,500/ μ L), or Haemolytic anaemia, or Thrombocytopenia (<100,000/ μ L); or

1.9 Neurological disorder

AND

- (2) 1 or more of the following tests being positive

2.1 Anti-nuclear Antibodies;

2.2 Anti-phospholipid test;

2.3 Anti-DNA; or

2.4 Anti-Sm (Smith IgG Autoantibodies)

AND

- (3) Such Diagnosis must be confirmed by a registered Medical Practitioner who is rheumatologist or immunologist and should be documented for a minimum period of three (3) months.

The Company reserves the right to change this definition from time to time to reflect the changes in qualitative or quantitative medical categorization of this illness so as to give effect to the original intent of this definition.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

40. 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.

41. 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.

42. Loss of One Limb

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

43. Loss of Sight in One Eye

Total and irreversible loss of sight in at least one (1) eye as a result of illness or injury. The blindness must be confirmed by a Doctor who is an ophthalmologist.

44. Loss of Speech due to Vocal Cord Paralysis

Total and irrecoverable loss of the ability to speak due to vocal cords paralysis from any diseases or Injury, which must be established for a continuous period of three (3) months. The Diagnosis must be clinically made by a Specialist.

45. Major Organ Transplantation (on Waiting List)

The Insured is on the Hong Kong Hospital Authority official organ transplant waiting list 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 (1) 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.

46. 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 (1) 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.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

47. Moderately Severe Parkinson's Disease

Diagnosis of Idiopathic Parkinson's Disease by a certified consultant Specialist where the following conditions are all met:

- (1) Symptoms persist despite medication.
- (2) Shows signs of progressive impairments.
- (3) Activities of Daily Living assessment confirms the inability of the Insured to perform at least two (2) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

48. 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.

If claims for both Surgery for Subdural Haematoma and Moderately Severe Brain Damage arise from the same occurrence, only one (1) claim for either Surgery for Subdural Haematoma or Moderately Severe Brain Damage shall be made under this Policy in respect of such occurrence.

49. Moderately Severe Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the gastro intestinal tract. For the purposes of this benefit the Diagnosis of Crohn's disease must be made by a Specialist on the basis of an endoscopy and biopsy which confirms the Diagnosis of Crohn's disease. The condition must require continuous immunosuppressive treatment or continuous treatment with immunomodulating drugs under the direction of a Specialist for a period of at least six (6) months.

50. Moderately Severe Muscular Dystrophy

Hereditary muscular dystrophy resulting independently of all other causes and directly in the Insured's permanent inability to perform without assistance at least two (2) of the ADLs. The Diagnosis must be made by a Specialist. Only Insured Aged above five (5) on first Diagnosis is eligible to receive a benefit under this illness.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

51. 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.

52. Moderately Severe Poliomyelitis

Infection with the polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness that has persisted for at least forty-five (45) days and confirmed with lab test. Poliomyelitis not involving paralysis is excluded. Other cases of paralysis are specifically excluded.

53. Moderately Severe Rheumatoid Arthritis

Moderately Severe Rheumatoid Arthritis where all of the following criteria are met:

- (1) The diagnostic criteria of the American College of Rheumatology; and
- (2) Permanent inability to perform without assistance at least two (2) ADLs; and
- (3) Widespread joint destruction and major clinical deformity of two (2) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- (4) The condition has been present for at least three (3) months.

54. Moderately Severe Ulcerative Colitis

Ulcerative Colitis shall mean an inflammation of the lining of the large bowel (colon and rectum) with life threatening electrolyte disturbances usually associated with intestinal distention and a risk of intestinal rupture. There must be biopsy evidence which unequivocally confirms the presence of ulcerative colitis and there must be imaging or endoscopic evidence that the condition involves the entire colon and rectum.

For the purposes of this benefit there must be a requirement for ongoing systemic immunosuppression therapy or immunomodulatory therapy for a period of at least three (3) months supervised by a Specialist in gastroenterology. Other forms of inflammatory colitis are specifically excluded. Ulcerative colitis confined to the rectum is specifically excluded.

55. 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 Medically Necessary by a consultant cardiologist. Surgery for the drainage of pericardial effusions, creation of pericardial windows and pericardial biopsies are excluded.

56. Severe Central or Mixed Sleep Apnea

An unequivocal Diagnosis of Central Sleep Apnea or Mixed Sleep Apnea by a Registered Specialist in the relevant field, provided that such condition has been treated by a Medically Necessary permanent tracheostomy and proof of undergoing permanent tracheostomy can be provided.

57. Severe Obstructive Sleep Apnea

An unequivocal Diagnosis of severe Obstructive Sleep Apnea (OSA) made by a Registered Medical Practitioner who is a Specialist in the relevant field, provided that both of the following criteria are met:

- (a) the Insured is being treated with continuous nocturnal CPAP therapy; and
- (b) there is documented evidence of a sleep study showing an AHI > 30 and nocturnal mean O₂ saturation <85%.

58. Severe 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 with actual undergoing of internal fixation or replacement (arthroplasty) of the fractured bone or two (2) vertebral body fractures with replacement or equivalent surgical treatment (vertebral augmentation) of the fractured bone is required, 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, and is subject to a maximum per life limit of US\$15,000/HK\$120,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

59. Severe Psychiatric Illness

A first definitive Diagnosis of Severe Depression, Schizophrenia or Bipolar Disorder by a Registered Medical Practitioner who is a psychiatrist, which requires in-patient hospitalization for more than twenty-eight (28) consecutive days in the psychiatric unit of a designated hospital for Severe Psychiatric Illness as listed under "List of Designated Hospitals for Severe Psychiatric Illness" on the Company's website. Such list may be varied, updated and amended from time to time at the Company's discretion, and any change shall be deemed effective as of the date of publication on the Company's website (regardless of whether any notice is separately given).

For the avoidance of doubt, hospitalization, must be primarily due to Severe Depression, Schizophrenia or Bipolar Disorder, and hospitalization solely due to any other cause or psychiatric condition is excluded. Further and notwithstanding the foregoing, Severe Depression, Schizophrenia or Bipolar Disorder due, whether in whole or in part, due to drug, alcohol or substance abuse, and hospitalization for drug or alcohol rehabilitation are excluded.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

60. 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.

61. Surgical Removal of One Lung

Surgical Removal of One Lung shall mean complete surgical removal of one (1) lung as a result of an illness or accident of the Insured. Partial removal of a lung is not included in this benefit.

62. Surgical Removal of Pituitary Tumour

The undergoing of surgical removal of pituitary tumour necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour. The presence of the underlying tumour must be confirmed by imaging studies such as computed tomography ("CT") scan or magnetic resonance imaging ("MRI"). Removal of pituitary microadenoma (tumour of size 1cm or below in diameter) is specifically excluded. The Surgery must be considered Medically Necessary by a Specialist.

JUVENILE ILLNESS CONDITIONS

1. Dengue hemorrhagic fever

The severe type of dengue virus infection characterized by high fever, haemorrhagic phenomena, hepatomegaly and circulatory failure.

The Diagnosis of Dengue Hemorrhagic Fever must be confirmed by a Specialist. Non-Hemorrhagic Dengue Fever is excluded.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

2. Glomerulonephritis with Nephrotic Syndrome

The occurrence of Glomerulonephritis with Nephrotic Syndrome for a continuous period of at least six (6) months, where all of the following conditions are met:

- (a) ACR (albumin / creatinine ratio) recorded at a level of 250 mg/mmol or higher, or PCR (protein / creatinine ratio) recorded at a level at a level of 300 mg/mmol or higher;
- (b) Treatment regimen requires the use of steroids or other immunosuppressive drugs; and
- (c) Diagnosis and treatment are confirmed by a qualified Doctor who is a Specialist in the relevant field.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

3. Hemophilia A and Hemophilia B

The Insured must be suffering from severe hemophilia with a clotting factor VIII or factor IX of less than one percent (1%). Diagnosis must be confirmed by a Doctor.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

4. Insulin Dependent Diabetes Mellitus (IDDM)

This is characterised by polydipsia, polyuria, increased appetite, weight loss, low plasma insulin levels, episodic ketoacidosis, and immunemediated destruction of pancreatic beta cells. Insulin therapy and dietary regulation are necessary. Dependence on insulin therapy must persist for not less than six (6) months. Type II Diabetes Mellitus is specifically excluded. Diagnosis must be confirmed by a pediatrician endocrinologist acceptable to us.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

5. Intellectual Disability due to Sickness or Injury

The Insured suffers from sub-average general intellectual functioning, mental handicap, or learning disorder, as determined by a comprehensive pediatric developmental assessment performed by a certified Specialist, 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 seventy (70) and there is evidence of adaptive dysfunction documented by developmental assessment. The Insured must be at age four (4) or above with unequivocal proof that the disability results directly from Accidental Bodily Injury or illness, and that the condition has continued without interruption for a period of at least six (6) consecutive months after Diagnosis.

Intellectual Impairment resulted from congenital illness(es) will be excluded.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

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JUVENILE ILLNESS CONDITIONS (CONTINUED)

6. Juvenile Huntington Disease

Confirmed by a Specialist of a definite 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:

- (a) Bradykinesia, stiffness and rigidity; and
- (b) Impaired voluntary movement; and
- (c) Oromotor dysfunction including speech and swallowing impairment confirmed by registered speech therapist.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

7. Kawasaki Disease

Diagnosis must be based on blood test to detect mild anaemia, a white-blood cell count above normal, and an elevated erythrocyte sedimentation rate which indicates blood vessel inflammation. A sharp rise in the number of platelets must also be detected. The diagnostic test must also reveal the presence of an aneurysm or any other heart or blood vessel abnormality which necessitates surgical treatment. Diagnosis must be confirmed by a Doctor.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

8. Osteogenesis Imperfecta

This is characterised by brittle, osteoporotic, easily fractured bones. The Insured must be Diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions:

- (a) the result of physical examination of the Insured by a Doctor that the Insured suffers from growth retardation and hearing impairment; and
- (b) the result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and
- (c) positive result of skin biopsy or equivalent.
- (d) Diagnosis of Osteogenesis Imperfecta must be confirmed by a qualified pediatrician acceptable to us.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

9. Rheumatic Fever with Valvular Impairment

A confirmed Diagnosis by a qualified pediatrician acceptable to us of acute rheumatic fever according to the revised Jones criteria. There must be involvement of one (1) or more heart valves with at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a qualified cardiologist acceptable to us. The valve incompetence must persist for at least six (6) months.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

10. Severe Asthma

The Insured suffers from severe asthma which is characterized by at least three (3) of the following criteria:

1. History of status asthmaticus within the past two (2) years.
2. Significant and continuous reduction in exercise tolerance.
3. Chest deformities resulting from chronic hyperinflation.
4. The need for intubation with or without artificial mechanical ventilation.
5. Continuous daily use of oral corticosteroids (for a minimum period of at least six (6) months)

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

11. Severe Autism

An unequivocal Diagnosis by a Registered Medical Practitioner who is a pediatric Specialist of a severe form of Autism Spectrum Disorder which is in a child who is age five (5) and above and 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 (based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5) are fulfilled, as certified by the Insured's treating pediatric Specialist:
 - A. 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.
 - B. 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.

Your Policy Document

Basic Benefit Provisions - SunHealth OmniCare

JUVENILE ILLNESS CONDITIONS (CONTINUED)

- C. Symptoms are present in the early developmental period.
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning. Exclude autism. Diagnosed with an underlying medical, genetic, or environmental condition/s including genetic syndromes, metabolic disorders, fetal alcohol syndrome, etc).

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

12. Still's Diseases

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.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

13. Type I Juvenile Spinal Amyotrophy

Degenerative disease of the anterior horn cells in the spinal cord and motor nuclei of the brainstem characterized by profound proximal muscular weakness and wasting, primarily in the legs, followed by distal muscle involvement, where all of the following conditions are met:

- (a) The weakness and damage must result independently of all other causes;
- (b) Onset of the disease directly results in the Insured's permanent inability to perform at least three (3) of the Activities of Daily Living; and
- (c) Diagnosis of Type I Juvenile Spinal Amyotrophy by a Doctor who is a Specialist in the relevant field, confirmed with appropriate neuromuscular testing such as electromyogram (EMG).

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

14. Wilson's disease

A potentially fatal disorder of copper toxicity characterized by progressive liver disease and/or neurologic deterioration due to copper deposit, where all of the following conditions are met:

- (a) Diagnosis of Wilson's Disease by a Doctor who is a Specialist in the relevant field, confirmed with liver biopsy; and
- (b) Treatment of the disorder with a chelating agent which is documented for at least six (6) months.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

NOTICE AND PROOF

We must receive evidence satisfactory to us at our sole discretion including the following before we will be required to pay a claim:

- (a) In the event the Insured dies, written notice and satisfactory proof:
 - of the death of the Insured;
 - of the date of birth of the Insured;
 - of the right of the beneficiary to receive payment;
 - of any other facts that we may consider material to the claim; and
 - that the terms of your Policy (including these Basic Benefit provisions) have been satisfied.
- (b) In the event the Insured is suffering from a Major Stage Critical Illness Condition, Early Stage Critical Illness Condition or Juvenile Illness Condition and, for a Major Stage Critical Illness Condition or Early Stage Critical Illness Condition requiring Surgery, that the Insured has undergone Surgery, written notice and satisfactory proof:
 - that the Insured is diagnosed as suffering from one of the listed Major Stage Critical Illness Conditions, Early Stage Critical Illness Conditions or Juvenile Illness Conditions;
 - of the date of birth of the Insured;
 - of the right of the Claimant to receive payment;
 - of any other facts that we may consider material to the claim; and
 - that the terms of your Policy (including these Basic Benefit provisions) have been satisfied.
- (c) In the event the Insured has undergone a Complex Surgical Procedure or a Surgical Excision of Covered Benign Tumour, written notice and satisfactory proof:
 - that the Insured has undergone such Complex Surgical Procedure or Surgical Excision of Covered Benign Tumour;
 - of the date of birth of the Insured;
 - of the right of the Claimant to receive payment;
 - of any other facts that we may consider material to the claim; and
 - that the terms of your Policy (including these Basic Benefit provisions) have been satisfied.

Unless otherwise provided, this proof must be given to us within ninety (90) days from the date Major Stage Critical Illness Condition, Early Stage Critical Illness Condition or Juvenile Illness Condition was first Diagnosed, or the date the Insured undergoes the surgery, or the date of death of the Insured, as applicable.

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Basic Benefit Provisions - SunHealth OmniCare

For the Guaranteed Insurability Option and the Guaranteed Insurability Option for New-born, the proof we may require for the special events may include marriage certificate of the Insured, birth certificate of the new-born baby of the Insured, medical report of the Insured's direct family member and any other facts that we may consider material to the claim.

It is a condition precedent to any payment under this Basic Plan that satisfactory proof is received by us within the time period stated above and failure to do so will invalidate the claim.

We will have the right to call for a medical examination by one or more Doctors or, in the case of death, a post-mortem examination of the body, as part of the proof. The place of the medical examination is determined at our discretion.

PRE-EXISTING CONDITIONS

We will not pay any claim directly or indirectly caused by or resulting from Pre-existing Conditions. Pre-existing Condition means a condition of the Insured for which the Insured has exhibited signs or symptoms of, or has received from a Doctor medical treatment or surgery, advice for medical treatment, Diagnosis, consultation or prescribed drugs before the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest, unless it is covered under Comprehensive Benign Protector Benefit.

Notwithstanding the foregoing, we will not contest a Pre-existing Condition under this Basic Plan if:

- (a) the health condition was fully disclosed in the application form or supplementary form for this Basic Plan; and
- (b) we agree not to classify as an exclusion under this Basic Plan,

unless such Pre-existing Condition is excluded under the Exclusions provisions below.

EXCLUSIONS

We will not pay any claim (other than a claim under the Death Benefit provision or Additional Death Benefit provision) directly or indirectly caused by or resulting from any of the following:

- (a) the Insured's committing or attempting to commit suicide or self-inflicted injury, while the Insured is sane or insane;
- (b) the Insured's committing or attempting to commit a criminal offence or participating in any brawl;
- (c) unreasonable failure to seek or follow medical advice;
- (d) the Insured's taking or absorbing or being under the influence of, accidentally or otherwise, any alcohol, drug, narcotic, medicine, sedative or poison, except as prescribed by a Doctor;
- (e) any human immunodeficiency virus (HIV) and/or any HIV-related illnesses including acquired immune deficiency syndrome (AIDS) and/or any mutations, derivations or variations thereof, except those defined in Major Stage Critical Illness Conditions;
- (f) war (whether declared or undeclared), insurrection, civil war or any warlike operation, whether or not the Insured was actively participating in them; or
- (g) atomic explosion, nuclear fission or radioactive gas.

PREMIUM

We reserve the right to adjust the premium of this Basic Plan for any group of Insureds with similar risk profiles at every Policy Anniversary during the premium paying period of this Basic Plan.

AUTOMATIC TERMINATION

This Policy will terminate automatically on the earliest of:

- (a) the Policy Anniversary on or immediately following the Insured's one hundredth (100th) birthday;
- (b) the date on which Additional Death Benefit in these Basic Benefit provisions becomes payable by us as a claim;
- (c) the date on which we discontinue this Policy following a written request to terminate the policy from the Policy Owner.

WAITING PERIOD

Notwithstanding other provisions of these Basic Benefit provisions, the ninety (90) days requirement in the definitions of Major Stage Critical Illness Conditions, Early Stage Critical Illness Conditions, Juvenile Illness Conditions, Complex Surgical Procedure and Surgical Excision of Covered Benign Tumour will not apply if such condition or illness is directly caused by or resulting from an Accident.

Your Policy Document

Basic Benefit Provisions - SunHealth OmniCare

TABLE OF MAJOR STAGE CRITICAL ILLNESS CONDITIONS, EARLY STAGE CRITICAL ILLNESS CONDITIONS AND JUVENILE ILLNESS CONDITIONS

GROUPS	MAJOR STAGE CRITICAL ILLNESS CONDITIONS	EARLY STAGE CRITICAL ILLNESS CONDITIONS	JUVENILE ILLNESS CONDITIONS
GROUP 1:			
ILLNESSES RELATED TO CANCER	<ul style="list-style-type: none"> ● Cancer ● Cerebral Metastasis 	<ul style="list-style-type: none"> ● Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary Tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis)* ● Early Malignancies (Early Stage Prostate/ Early Stage Thyroid/Non-melanoma Skin Cancer)* 	
GROUP 2:			
ILLNESSES RELATED TO MAJOR ORGANS & FUNCTIONS	<ul style="list-style-type: none"> ● Acute Necrohemorrhagic Pancreatitis ● Aplastic Anaemia ● Chronic Relapsing Pancreatitis ● End Stage Liver Failure ● End Stage Lung Disease ● Fulminant Hepatitis ● Kidney Failure ● Major Organ Transplant ● Medullary Cystic Disease ● Severe Crohn's Disease ● Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis ● Systemic Scleroderma ● Ulcerative Colitis 	<ul style="list-style-type: none"> ● Less Severe Aplastic Anaemia ● Liver Surgery ● Hepatitis with Cirrhosis* ● Chronic Autoimmune Hepatitis* ● Interstitial Fibrosis ● Surgical Removal of One Lung ● Biliary Tract Reconstruction Surgery ● Less Severe Kidney Disease ● Major Organ Transplantation (on Waiting List) ● Moderately Severe Crohn's Disease ● Less Severe Systemic Lupus Erythematosus ● Early Systemic Scleroderma ● Moderately Severe Ulcerative Colitis 	<ul style="list-style-type: none"> ● Wilson's disease* ● Severe Asthma* ● Glomerulonephritis with Nephrotic Syndrome*
GROUP 3:			
ILLNESSES RELATED TO THE HEART	<ul style="list-style-type: none"> ● Cardiomyopathy ● Dissecting Aortic Aneurysm ● Eisenmenger's Syndrome ● Heart Attack ● Infective Endocarditis ● Primary Pulmonary Arterial Hypertension ● Replacement of Heart Valve ● Surgery for Disease of the Aorta ● Surgery to Coronary Arteries 	<ul style="list-style-type: none"> ● Early Cardiomyopathy ● Insertion of Vena-cava Filter ● Pericardectomy ● Insertion of Pacemaker or Defibrillator* ● Less Severe Infective Endocarditis ● Endovascular Treatment of Peripheral Arterial Disease* ● Less Invasive Treatments of Heart Valve Disease ● Endovascular Treatments of Aortic Disease or Aortic Aneurysm* ● Minimally Invasive Direct Coronary Artery By-pass* ● Angioplasty and Other Invasive Treatments for Coronary Artery Disease* 	<ul style="list-style-type: none"> ● Rheumatic Fever with Valvular Impairment* ● Kawasaki Disease*

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Basic Benefit Provisions - SunHealth OmniCare

TABLE OF MAJOR STAGE CRITICAL ILLNESS CONDITIONS, EARLY STAGE CRITICAL ILLNESS CONDITIONS AND JUVENILE ILLNESS CONDITIONS (CONTINUED)

GROUPS	MAJOR STAGE CRITICAL ILLNESS CONDITIONS	EARLY STAGE CRITICAL ILLNESS CONDITIONS	JUVENILE ILLNESS CONDITIONS
GROUP 4:			
ILLNESSES RELATED TO THE NERVOUS SYSTEM	• Alzheimer's Disease	• Cerebral Aneurysm Requiring Surgery	
	• Amyotrophic Lateral Sclerosis (ALS)	• Early Amyotrophic Lateral Sclerosis (ALS)	
	• Apallic Syndrome	• Surgery for Subdural Haematoma	
	• Bacterial Meningitis	• Less Severe Bacterial Meningitis	
	• Benign Brain Tumour	• Surgical Removal of Pituitary Tumour	
	• Coma	• Less Severe Coma	
	• Creutzfeldt-Jacob Disease		
	• Deafness	• Cochlear Implant Surgery • Loss of Hearing in One Ear	
	• Encephalitis	• Less Severe Encephalitis	
	• Hemiplegia		
	• Major Head Trauma	• Moderately Severe Brain Damage • Cerebral Shunt Insertion	
	• Meningeal Tuberculosis	• Less Severe Meningeal Tuberculosis	
	• Motor Neurone Disease	• Early Motor Neurone Disease	• Type I Juvenile Spinal Amyotrophy*
	• Multiple Sclerosis		
	• Muscular Dystrophy	• Moderately Severe Muscular Dystrophy	
	• Paralysis	• Moderately Severe Paralysis	
	• Parkinson's Disease	• Moderately Severe Parkinson's Disease	
	• Poliomyelitis	• Moderately Severe Poliomyelitis	
	• Progressive Bulbar Palsy (PBP)	• Early Progressive Bulbar Palsy (PBP)	
	• Progressive Supranuclear Palsy	• Early Progressive Supranuclear Palsy	
	• Severe Myasthenia Gravis		
	• Stroke	• Angioplasty and other Surgeries for Carotid Arteries*	
	• Total Blindness	• Loss of Sight in One Eye • Glaucoma Surgical Treatment • Severe Psychiatric Illness	
			• Juvenile Huntington Disease*
			• Intellectual Disability due to Sickness or Injury*
GROUP 5:			
OTHER ILLNESSES	• AIDS due to Blood Transfusion		
	• Chronic Adrenal Insufficiency	• Adrenalectomy for Adrenal Adenoma	
	• Diabetic Complications	• Diabetic Nephropathy* • Diabetic Retinopathy* • Gestational Diabetes*	• Insulin Dependent Diabetes Mellitus (IDDM)*
	• Ebola		
	• Elephantiasis		
	• HIV Acquired due to Assault		
	• Loss of Limbs	• Loss of One Limb	
	• Loss of One Limb and One Eye		
	• Loss of Speech	• Loss of Speech due to Vocal Cord Paralysis	
	• Major Burns	• Facial Burns due to Accident • Less Severe Burns to Body due to Accident	
	• Necrotising Fasciitis		
	• Occupational Acquired HIV		
	• Pheochromocytoma		
	• Severe Rheumatoid Arthritis	• Moderately Severe Rheumatoid Arthritis	• Still's Diseases*

Your Policy Document

Basic Benefit Provisions - SunHealth OmniCare

TABLE OF MAJOR STAGE CRITICAL ILLNESS CONDITIONS, EARLY STAGE CRITICAL ILLNESS CONDITIONS AND JUVENILE ILLNESS CONDITIONS (CONTINUED)

GROUPS	MAJOR STAGE CRITICAL ILLNESS CONDITIONS	EARLY STAGE CRITICAL ILLNESS CONDITIONS	JUVENILE ILLNESS CONDITIONS
GROUP 5:			
OTHER ILLNESSES		<ul style="list-style-type: none"> ● Accidental Fracture of Spinal Column[#] 	
		<ul style="list-style-type: none"> ● Facial Reconstructive Surgery for Injury due to Accident* 	
		<ul style="list-style-type: none"> ● Severe Central or Mixed Sleep Apnea 	
		<ul style="list-style-type: none"> ● Severe Obstructive Sleep Apnea 	
		<ul style="list-style-type: none"> ● Severe Osteoporosis with Fractures[^] 	
			<ul style="list-style-type: none"> ● Dengue Haemorrhagic Fever*
			<ul style="list-style-type: none"> ● Hemophilia A and Hemophilia B*
			<ul style="list-style-type: none"> ● Osteogenesis Imperfecta*
GROUP 6 **:			
TERMINAL ILLNESS AND LOSS OF INDEPENDENT EXISTENCE	<ul style="list-style-type: none"> ● Terminal Illness 		
	<ul style="list-style-type: none"> ● Loss of Independent Existence^{^^} 		

* Subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

** Illness conditions under Group 6 are not covered under Multi-Protection Benefit.

Coverage from attained age sixty-five (65) to eighty-five (85) only.

^ Coverage terminates automatically immediately following the Insured's seventieth (70th) birthday and cap of US\$15,000/HK\$120,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, applies.

^^ Coverage terminates automatically immediately following the Insured's sixty-fifth (65th) birthday.

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Basic Benefit Provisions - SunHealth OmniCare

Schedule of Surgical Procedures

PROCEDURE / SURGERY	
ABDOMINAL AND DIGESTIVE SYSTEM:	
OESOPHAGEAL/ STOMACH/ DUODENUM	<ul style="list-style-type: none"> • Oesophagectomy • Total oesophagectomy and interposition of intestine • Partial gastrectomy with anastomosis to oesophagus • Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition
JEJUNUM, ILEUM AND LARGE INTESTINE	<ul style="list-style-type: none"> • Anterior resection of rectum, open or laparoscopic • Abdominoperineal resection, open or laparoscopic • Colectomy, open or laparoscopic • Low anterior resection of rectum, open or laparoscopic
LIVER	<ul style="list-style-type: none"> • Liver transplantation • Segmentectomy of liver, open or laparoscopic
PANCREAS	<ul style="list-style-type: none"> • Pancreaticoduodenectomy (Whipple's Operation)
BRAIN AND NERVOUS SYSTEM:	
BRAIN	<ul style="list-style-type: none"> • Craniectomy • Cranial nerve decompression • Excision of arteriovenous malformation, intracranial • Excision of acoustic neuroma • Excision of brain tumour or brain abscess • Excision of cranial nerve tumour • Decompression of trigeminal nerve root/ open trigeminal rhizotomy • Excision of brain, including lobectomy • Hemispherectomy
SPINE	<ul style="list-style-type: none"> • Excision of intraspinal tumour, extradural or intradural
CARDIOVASCULAR SYSTEM:	
HEART	<ul style="list-style-type: none"> • Coronary artery bypass graft (CABG) • Cardiac transplantation • Valve replacement
VESSELS	<ul style="list-style-type: none"> • Intra-abdominal venous shunt/ spleno-renal shunt / portal-caval shunt • Resection of abdominal vessels with replacement / anastomosis
ENDOCRINE SYSTEM:	
PINEAL GLAND	<ul style="list-style-type: none"> • Total excision of pineal gland
PITUITARY GLAND	<ul style="list-style-type: none"> • Operation of pituitary tumour
EAR/ NOSE/ THROAT/ RESPIRATORY SYSTEM:	
EAR	<ul style="list-style-type: none"> • Operation on cochlea and / or cochlear implant
RESPIRATORY SYSTEM	<ul style="list-style-type: none"> • Laryngectomy +/- radical neck resection
FEMALE GENITAL SYSTEM:	
UTERUS	<ul style="list-style-type: none"> • Radical abdominal hysterectomy • Pelvic exenteration
VAGINA	<ul style="list-style-type: none"> • Radical vaginectomy
MALE GENITAL SYSTEM:	
PROSTATE	<ul style="list-style-type: none"> • Radical prostatectomy, open or laparoscopic
URINARY SYSTEM:	
KIDNEY	<ul style="list-style-type: none"> • Nephrectomy, partial/ lower pole • Kidney transplant
BLADDER, URETER AND URETHRA	<ul style="list-style-type: none"> • Radical/ total cystectomy, open or laparoscopic • Formation of ileal conduit, including ureteric implantation



SunHealth OmniCare

Sun Life Hong Kong Limited
(Incorporated in Bermuda with limited liability)



Wouldn't it be great if
**a critical illness coverage provides you
and your family in-depth protection
with flexibility at the same time**

Each life stage brings its own set of rewards and challenges. We may reap the rewards from having a promotion, getting married or retiring but these also require planning and hard work. One thing we cannot plan for, however, is the uncertainty of being struck by a critical illness. Critical illnesses such as cancer, disease of heart and stroke were the leading causes of death in 2017 in Hong Kong¹, and these critical illnesses have been ranked top of the list for over a decade. Some critical illnesses may even recur after treatment. With the rising of medical and living costs today, an extensive protection plan that frees us from worrying about high medical bills and loss of income has become more important than ever.

This is where Sun Life steps in – your trusted partner for life's journey and achieving life's dreams. With a selection of 3 plans to meet your unique protection needs, **SunHealth OmniCare** provides a range of critical illnesses coverage to help you regain control of your life by providing timely financial support, relieving you and your loved ones from worrying so you can focus on the road to recovery.

Remark:

1 Source: Number of Death by Leading Causes of Deaths 2001-2017, Department of Health, Hong Kong Special Administrative Region.

How can SunHealth OmniCare help you?

Being diagnosed with a critical illness puts a huge strain on your family without warning. **SunHealth OmniCare** offers you unique protection solutions on critical illnesses with 3 levels of coverage: **SunHealth OmniCare Plan 1 ("Plan 1")**, **SunHealth OmniCare Plan 2 ("Plan 2")** and **SunHealth OmniCare Plan 3 ("Plan3")** allowing you to choose from essential to comprehensive level of protection with flexible options in Premium Payment Term. You can also leverage the optional CoverPlus to further enhance your own protection level that suits your financial plans.

SunHealth OmniCare covers you with death benefit and the right protection you need against critical illnesses up to the age of 100² by covering up to 139 illnesses (including 63 Major Stage Critical Illness Conditions, 62 Early Stage Critical Illness Conditions and 14 Juvenile Illness Conditions) in form of lump-sum benefit. The innovative SafetyNet Protector Benefit³ is also available to further protect you from suffering illnesses outside of the 139 listed illnesses. What's more, **SunHealth OmniCare** values the importance of protecting you from suffering Early Stage Critical Illness Conditions without affecting your Original Sum Assured, which was designed to cover your financial needs from suffering a Major Stage Critical Illness Condition. Apart from protection, **SunHealth OmniCare** also includes savings element by offering Guaranteed Cash Value, Maturity Bonus⁴ and non-guaranteed Special Bonus⁵.

Key Features

- 1.  Innovative SafetyNet Protector Benefit
- 2.  Major 3 Protection Benefit or Multi-Protection Benefit provides protection when you need it most
- 3.  Tailor-made critical illness coverage with optional CoverPlus
- 4.  Enhanced protection with Comprehensive Benign Protector Benefit
- 5.  Advanced support with an Early Stage Booster Benefit
- 6.  Enjoy more protection with the Diabetes Protector Benefit

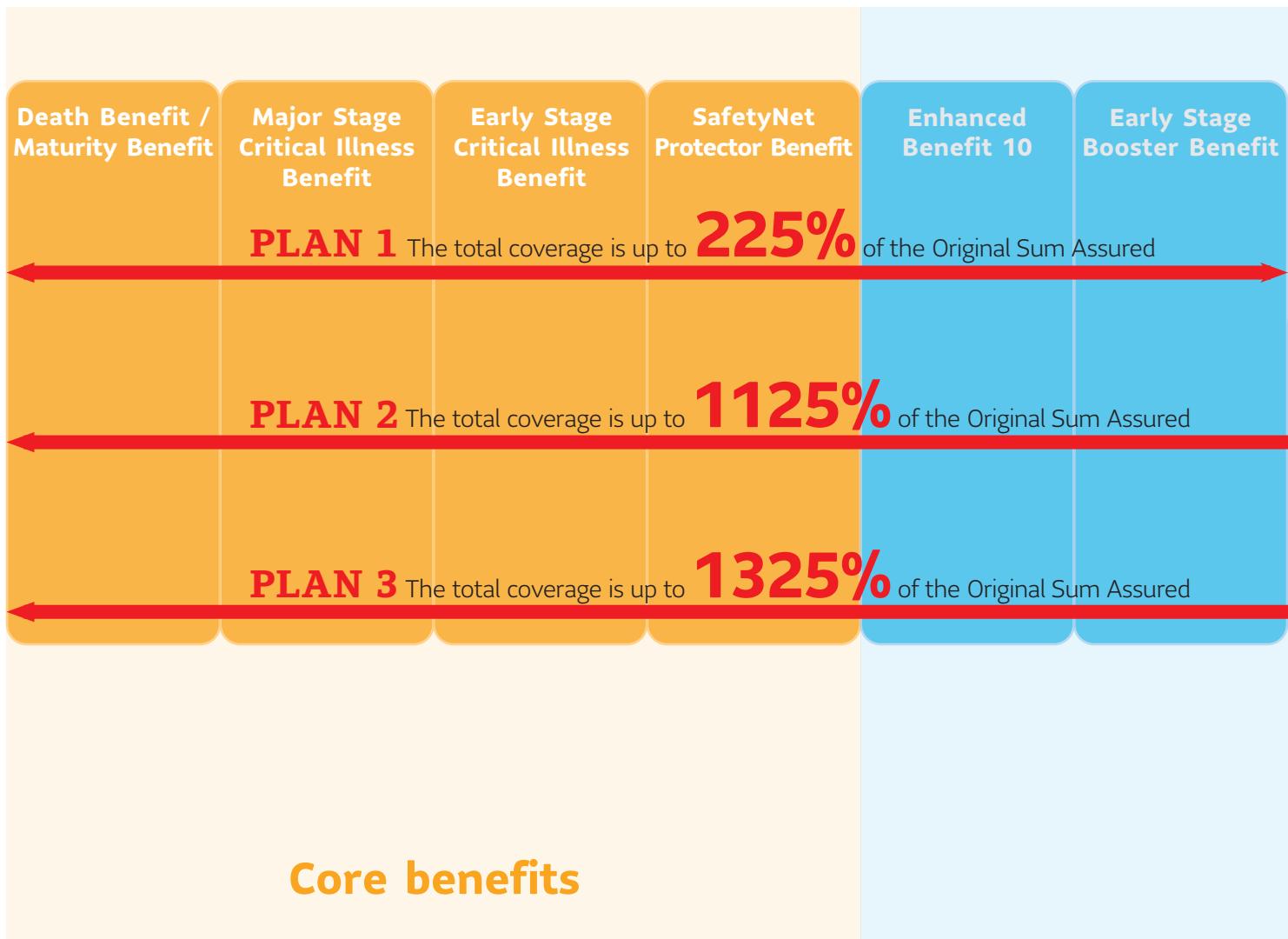
Remarks:

- 2 Please refer policy provision for the cover period of each benefit.
- 3 Once the SafetyNet Protector Benefit becomes payable, coverage for Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Death Benefit, Maturity Benefit, Diabetes Protector Benefit (for Plan 2 and Plan 3 only), Comprehensive Benign Protector Benefit (for Plan 2 and Plan 3 only) and any rider benefit(s) attached to this basic plan will be terminated automatically.
- 4 The Maturity Bonus is available in Plan 2 and Plan 3 only.
- 5 The face value of Special Bonus (if any) will be paid when Sun Life Hong Kong Limited ("Sun Life") is paying the (1) Major Stage Critical Illness Benefit, (2) Early Stage Critical Illness Benefit, (3) SafetyNet Protector Benefit or (4) Death Benefit. The cash value of Special Bonus (if any) will be paid upon the payment of Maturity Benefit or when the policy is surrendered in whole or in part. The cash value of Special Bonus (if any) may not be equal to the face value of Special Bonus. A face value of pro rata portion of Special Bonus (if any) will also be paid upon payment of the Early Stage Critical Illness Benefit, followed by Current Sum Assured¹⁰, Guaranteed Cash Value and Special Bonus (if any) and premiums of the basic plan shall then be reduced on a pro rata basis accordingly. Special Bonus will not be paid after the Current Sum Assured reaches 0. Special Bonus is calculated based on Sun Life's current Special Bonus scales which are not guaranteed and will be subject to change at Sun Life's sole discretion from time to time. The Special Bonus may be different at each subsequent declaration and the actual values paid may change with the values. Sun Life's Special Bonus will typically vary based on the performance of a number of experience factors, with the investment return, including the impact of asset defaults and investment expenses, normally being the main determinant of the Special Bonus performance. Other factors include, but are not limited to, claim experience, policy expenses, taxes, and policy owner termination experience.

Three protection plans to meet different needs

We understand that your protection need is unique, that's why we are committed to providing you with the most suitable protection according to your needs. To honour this commitment, **SunHealth OmniCare** offers 3 different plans.

Plan 1 provides the most basic and essential critical illness coverage. It covers 63 Major Stage Critical Illness Conditions, 62 Early Stage Critical Illness Conditions and 14 Juvenile Illness Conditions. The SafetyNet Protector Benefit further expands the protection to cover the insured who undergoes a Complex Surgical Procedure⁶ in a hospital due to an injury or an illness condition which is not payable under any other benefit in **SunHealth OmniCare**. The total coverage is up to 225% of the Original Sum Assured.

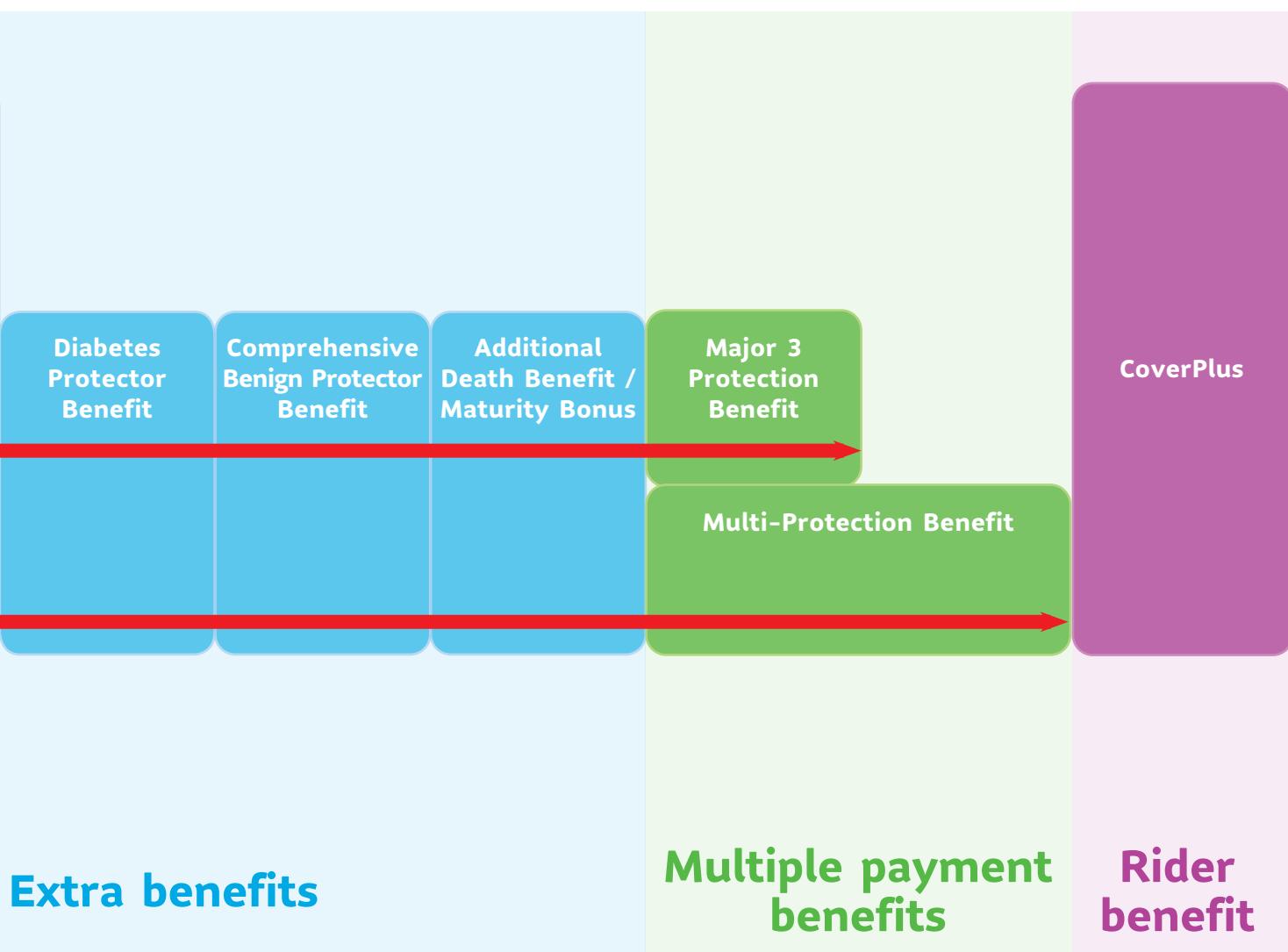


Remark:

6 A Complex Surgical Procedure means a surgical procedure that is listed under the Schedule of Surgical Procedures which is available at www.sunlife.com.hk/ScheduleofSurgicalProcedures_en.

On top of the coverage of **Plan 1**, **Plan 2** includes the Major 3 Protection Benefit which provides multiple coverage on the 3 most common critical illnesses of today – Cancer, Heart Attack and Stroke. The Comprehensive Benign Protector Benefit helps you better prepare for benign conditions, and the Diabetes Protector Benefit provides protection on diabetes, which is affecting 425 million adults in the world in 2017⁷. The total coverage is up to 1125%⁸ of the Original Sum Assured.

Plan 3 provides the most extensive coverage with total coverage up to 1325%⁹ of the Original Sum Assured which includes the all-round Multi-Protection Benefit to better protect you if a critical illness unfortunately strikes more than once.



Remarks:

7 Source: <https://www.idf.org/aboutdiabetes/what-is-diabetes/facts-figures.html>.

8 Assumed the first critical illness claim of the policy is not from Cancer/Heart Attack/Stroke.

9 Assumed the first critical illness claim of the policy is under Group 6. For the critical illness group, please refer to the List of Covered Illnesses in this product brochure.



Key Features

1. Innovative SafetyNet Protector Benefit

Illnesses can come at any unexpected moments and place a huge financial strain on your family. With changing living environment and advancement in medical technology, new severe illness could be found and new medical surgical procedure for treating severe illness could be introduced in the future. At Sun Life, we are committed to ensure your protection is well-planned ahead to minimize any financial impact. That's why we introduce the innovative SafetyNet Protector Benefit. This benefit provides a maximum of 100% of the Current Sum Assured¹⁰ if the insured undergoes a Complex Surgical Procedure in a hospital due to an injury or an illness condition which is not payable under any other benefit in **SunHealth OmniCare**. It will provide you the ease of mind for a better coverage against future uncertainty.

Remark:

¹⁰ Current Sum Assured means the Original Sum Assured, less total amount of Sum Assured paid under Early Stage Critical Illness Benefit. Current Sum Assured will be reduced to zero after the date we approved Death Benefit, Major Stage Critical Illness Benefit or SafetyNet Protector Benefit claim. Guaranteed Cash Value and Special Bonus will be reduced to zero at the same time when Current Sum Assured is reduced to zero under any circumstances.

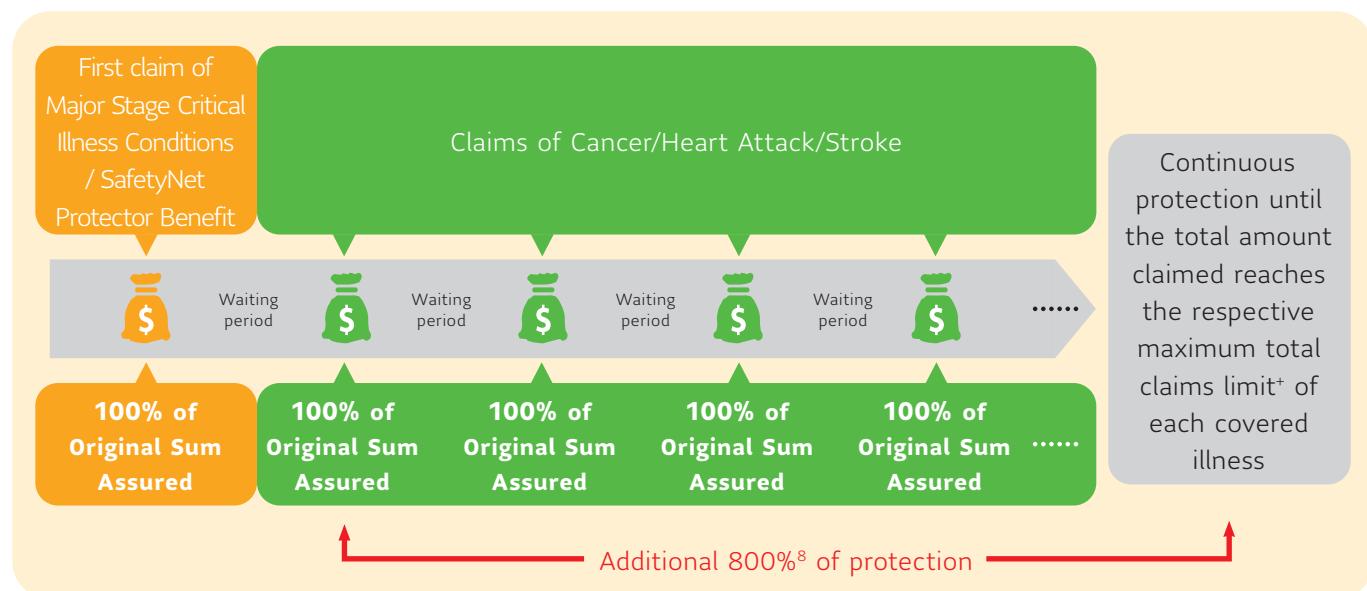


2. Major 3 Protection Benefit¹¹ or Multi-Protection Benefit¹² provides protection when you need it most

It's common for critical illnesses to strike more than once, some illnesses such as Cancer, Heart Attack and Stroke are likely to recur. To regain control over these unfortunate mishaps, **Plan 2** and **Plan 3** provide additional coverage for the insured even after the Major Stage Critical Illness Benefit has been paid. These 2 benefits provide you with timely and critical financial resources so you can focus on your rehabilitation.

Major 3 Protection Benefit

Plan 2 includes the Major 3 Protection Benefit which provides 100% of the Original Sum Assured each time when the insured is diagnosed with Cancer, Heart Attack or Stroke. With Major 3 Protection Benefit, the maximum total claims limit of these 3 illnesses under this policy is up to 800%⁸ of the Original Sum Assured.



Waiting period:

- At least 1 year between the date of diagnosis of any 2 covered Major Stage Critical Illness Conditions or the surgery date of the immediately preceding approved claim for SafetyNet Protector Benefit; or
- At least 3 years if the subsequent Cancer is a continuation or recurrence of the preceding Cancer.

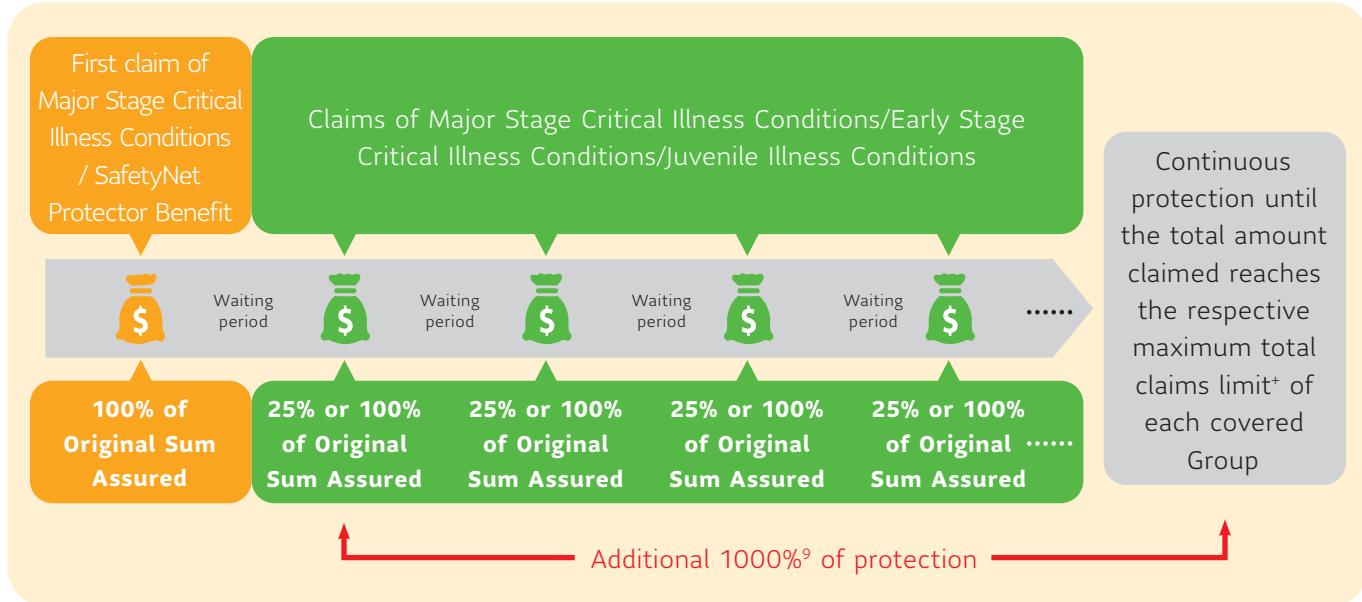
⁺ Please refer to the Benefits Schedule for the details of maximum total claims limit of each covered illness.

Remarks:

- 11 The Major 3 Protection Benefit is available for Plan 2 only and is subject to, including but not limited to the following:
- (1) the date of diagnosis of Cancer, Heart Attack or Stroke of a multiple claim shall be at least 1 year from the surgery date of the immediately preceding approved claim for SafetyNet Protector Benefit, or the date of diagnosis of the Major Stage Critical Illness Condition of the immediately preceding approved claim for Major Stage Critical Illness Benefit or Major 3 Protection Benefit.
 - (2) the insured shall have survived for a period of at least 14 days from the date of diagnosis or surgery date of Cancer, Heart Attack or Stroke. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.
- 12 The Multi-Protection Benefit is available for Plan 3 only and is subject to, including but not limited to the following:
- (1) the date of diagnosis of the Major Stage Critical Illness Condition of a multiple claim shall be at least 1 year from the surgery date of the immediately preceding approved claim for SafetyNet Protector Benefit, or the date of diagnosis of the Major Stage Critical Illness Condition of the immediately preceding approved claim for Major Stage Critical Illness Benefit or Multi-Protection Benefit.
 - (2) a Major Stage Critical Illness Condition under Group 6 is only payable under the Major Stage Critical Illness Benefit.
 - (3) the insured shall have survived for a period of at least 14 days from the date of diagnosis or surgery date of the Major Stage Critical Illness Condition, Early Stage Critical Illness Condition or Juvenile Illness Condition (where applicable).
- Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.

Multi-Protection Benefit

Plan 3 includes the Multi-Protection Benefit which covers not only the 3 major common critical illnesses, i.e. Cancer, Heart Attack and Stroke, it also protects the insured against other Major Stage Critical Illness Conditions, Early Stage Critical Illness Conditions¹³ and Juvenile Illness Conditions¹³ with the overall limit up to 1000%⁹ of the Original Sum Assured.



Waiting period:

- At least 1 year between the date of diagnosis of any 2 covered Major Stage Critical Illness Conditions or the surgery date of the immediately preceding approved claim for SafetyNet Protector Benefit;
- At least 3 years if the subsequent Cancer is a continuation or recurrence of the preceding Cancer; or
- No waiting period is needed for the claims of Early Stage Critical Illness Conditions/Juvenile Illness Conditions or the last claim is Early Stage Critical Illness Conditions/Juvenile Illness Conditions.

* Please refer to see the Benefits Schedule for the details of maximum total claims limit of each covered Group.



Tailor-made critical illness coverage with optional CoverPlus¹⁴

To enhance flexibility in the level of protection tailored to your needs and budget, you can leverage the optional CoverPlus to enhance your Death Benefit, Major Stage Critical Illness Benefit and SafetyNet Protector Benefit up to 100% of the Original Sum Assured of your basic plan. The optional CoverPlus provides protection to age 100 of the insured with the same Premium Payment Term with the basic plan and offers a Maturity Benefit¹⁵ upon maturity of this rider benefit at age 100. More importantly, you can choose to have the benefit of the optional CoverPlus paying in a lump-sum or by monthly or annual instalment for 3 years upon submitting the relevant claim to us as an income replacement while you are battling the illness.

Remarks:

13 The benefit will accelerate 25% of the Original Sum Assured of the respective Critical Illness group for each claim due to Early Stage Critical Illness Condition/Juvenile Illness Condition.

14 The CoverPlus will be terminated once its Death Benefit/Major Stage Critical Illness Benefit/SafetyNet Protector Benefit is paid or the basic plan is terminated.

15 The Maturity Benefit is payable only if no claim has been made under the optional CoverPlus and the insured is still alive on the maturity date and the CoverPlus is still inforce.



4. Enhanced protection with Comprehensive Benign Protector Benefit¹⁶

People who have benign conditions may have higher risk in developing Cancer. This is where **Plan 2** and **Plan 3** can help: the Comprehensive Benign Protector Benefit under these plans provides a maximum 25% of the Original Sum Assured by providing (1) Benign Extra Benefit and (2) Surgical Excision of Benign Tumour Benefit to cover the insured.

Under the Benign Extra Benefit, we will pay an additional 25% of the Original Sum Assured to the insured who is diagnosed with a Cancer, which will otherwise be excluded from coverage under this basic plan as specified in the endorsement, such Cancer will be covered under this benefit but only one claim is allowed. Upon successful re-underwriting between the 2nd policy year to the 6th policy year¹⁷, we will remove the exclusion of such Cancer and it will be covered under the Major Stage Critical Illness Benefit and Major 3 Protection Benefit/Multi-Protection Benefit (if applicable).

Sometimes, a tumour condition may not be conclusive without surgical intervention. The Surgical Excision of Benign Tumour Benefit provides an additional coverage up to 10% of the Original Sum Assured if the insured undergoes surgical excision of a covered benign tumour of the following organs:

Organs	Surgical Excision of Benign Tumour Benefit
<ul style="list-style-type: none"> • Breast • Ovary • Penis • Uterus in which only endometrial polyps are covered 	<p>Additional 5% of the Original Sum Assured, payable twice (for different organ only)</p> <p>(subject to a maximum per life limit of each organ of HKD80,000/USD10,000 under all SunHealth OmniCare policy(ies) issued by Sun Life for the same insured)</p>
<ul style="list-style-type: none"> • Adrenal gland • Bone • Conjunctiva • Heart • Kidney • Liver • Lung • Nerve in cranium or spine • Pancreas • Pericardium • Pituitary gland • Renal Pelvis • Small intestine • Testis • Ureter • Urethra 	<p>Additional 10% of the Original Sum Assured</p> <p>(subject to a maximum per life limit of each organ of HKD160,000/USD20,000 under all SunHealth OmniCare policy(ies) issued by Sun Life for the same insured)</p>

Remarks:

16 This benefit is available for Plan 2 and Plan 3 only. Coverage for the Comprehensive Benign Protector Benefit will be terminated automatically on the earliest of (a) the date on which the total payment amount of this Comprehensive Benign Protector Benefit reaches 25% of the Original Sum Assured; (b) the date on which the Current Sum Assured is reduced to 0; (c) the policy anniversary on or immediately following the insured's 100th birthday; and (d) the date the basic plan terminates.

17 Subject to the prevailing rules of Sun Life.



5. Advanced support with an Early Stage Booster Benefit¹⁸

The best chance of critical illness survival is to receive treatment as early as possible. As such, we have identified the 4 most prevailing Early Stage Critical Illness Conditions and we are offering the Early Stage Booster Benefit which allows you to claim an additional 25% of the Original Sum Assured^{**} up to 2 times from the following 4 Early Stage Critical Illness Conditions. Category 1 and 2 can be claimed twice while category 3 and 4 can be claimed once only.

Category	Covered illnesses
1	Carcinoma-in-situ or Early Malignancy ¹⁹
2	Angioplasty and Other Invasive Treatments for Coronary Artery Disease
3	Insertion of Pacemaker or Defibrillator
4	Angioplasty and Other Surgeries for Carotid Arteries

^{**} Subject to a maximum per life limit of each claim of HKD400,000/USD50,000 under all **SunHealth OmniCare** policy(ies) issued by Sun Life for the same insured.

Remarks:

- 18 The diagnosis of such Early Stage Critical Illness Condition must fall between the insured's 18th and 100th birthdays. Current Sum Assured of this basic plan will remain the same after Early Stage Booster Benefit is paid. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.
- 19 Only specific organs and stages of Carcinoma-in-situ or Early Malignancy are covered. Carcinoma-in-situ means Carcinoma-in-situ of Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary Tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis; Early Malignancy means Early Stage Cancer of the Prostate, Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.



6. Enjoy more protection with the Diabetes Protector Benefit²⁰

One person dies from diabetes-related diseases every 6 seconds globally. In Hong Kong, nearly 10% of the population have diabetes yet almost half of them are unaware of their diabetic conditions²¹. For those of us who are healthy today without diabetes, Type II diabetes can develop at any age and it can be a key contributing factor to many other illnesses.

To support the fight against diabetes, the Diabetes Protector Benefit under **Plan 2** and **Plan 3** pays an additional coverage of 25% of the Original Sum Assured upon diagnosis of one of the following diabetic related illnesses:

Covered Illnesses	Type of Conditions	Benefit amount under Diabetes Protector Benefit
Diabetic Complications	Major Stage Critical Illness Condition	Additional coverage of 25% of the Original Sum Assured ²²
Diabetic Nephropathy	Early Stage Critical Illness Condition	Additional coverage of 25% of the Original Sum Assured
Diabetic Retinopathy	Early Stage Critical Illness Condition	(subject to a maximum per life limit of each claim of HKD400,000/USD50,000 under all SunHealth OmniCare policy(ies) issued by Sun Life for the same insured)
Gestational Diabetes ²³	Early Stage Critical Illness Condition	
Insulin Dependent Diabetes Mellitus ²⁴ (IDDM)	Juvenile Illness Condition	

Remarks:

- 20 Diabetes Protector Benefit is available for Plan 2 and Plan 3 and can be claimed once only and will be terminated afterwards. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.
- 21 Source: <http://www.diabetesrisk.hk/slogan>.
- 22 If Diabetes Protector Benefit is payable due to Diabetic Complications as specified, Major Stage Critical Illness Benefit will also be payable for such Diabetic Complications at the same time.
- 23 Gestational diabetes mellitus (GDM) must be diagnosed with first recognition during pregnancy and developing to Type II Diabetes after 12 months of delivery. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.
- 24 The coverage expires at age 18.

What's more?

On top of the key features, **SunHealth OmniCare** includes the following additional benefits as extra safeguards:

1 Enhanced Benefit 10²⁵ for your extra peace of mind

We understand that your financial burden and protection needs might be higher if you are unfortunately struck by a critical illness during the early years of your policy coverages. To help ease the financial burden on you, the Enhanced Benefit 10 provides an additional 50% of benefit amount for the following benefits claimed within the first 10 policy years, giving you and your family extra financial support when it is most needed:

1. Major Stage Critical Illness Benefit
2. Early Stage Critical Illness Benefit
3. SafetyNet Protector Benefit
4. Death Benefit
5. Early Stage Booster Benefit
6. Diabetes Protector Benefit (if applicable)
7. Comprehensive Benign Protector Benefit (if applicable)

2 Special Bonus and Maturity Bonus offers you savings elements

Special Bonus is a non-guaranteed bonus and is payable upon payment of Death Benefit, Surrender Benefit, Major Stage Critical Illness Benefit, Early Stage Critical Illness Benefit, SafetyNet Protector Benefit or Maturity Benefit of this Policy if the Current Sum Assured is higher than zero. **Plan 2** and **Plan 3** also offer Maturity Bonus which equals to 25% of the Original Sum Assured if the insured is alive at the maturity date.

3 Death Benefit and Additional Death Benefit to counter family's financial burden

In addition to the critical illness coverage, if the insured unfortunately passes away, **SunHealth OmniCare** also provides Death Benefit as follows to ease the financial burden on their family.

For Plan 1:

The higher of:	
Total premiums due and paid for basic plan excluding any extra premium	-
any previous claims paid under the basic plan	or
any other amount left with Sun Life	+ + -
the amount of any loans with interest	

Remark:

25 Enhanced Benefit 10 will not be eligible for Guaranteed Cash Value and Special Bonus, if any, and will be automatically terminated (i) once Death Benefit becomes payable; (ii) on the 10th policy anniversary; and (iii) upon termination of this basic plan, whichever is the earliest. Current Sum Assured will remain the same upon payment of Enhanced Benefit 10. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.

For Plan 2 and Plan 3:

		The higher of:
 Death Benefit	Total premiums due and paid for basic plan excluding any extra premium $\text{Original Sum Assured} \times 0.25 - \text{any previous claims paid under the basic plan}$ $\text{Original Sum Assured} - \text{any other amount left with Sun Life}$ $\text{Original Sum Assured} - \text{the amount of any loans with interest}$	$100\% \text{ of the Current Sum Assured}$ or $\begin{aligned} & \text{Any face values of Special Bonus (if any)} \\ & + \\ & \text{Enhanced Benefit 10 (if applicable)} \end{aligned}$
Additional Death Benefit		 $25\% \text{ of the Original Sum Assured, even if } 100\% \text{ of the Original Sum Assured is paid out}$

4 Premium Waiver Benefit

The premiums for the policy may become a financial burden to the insured upon being diagnosed with a critical illness. To help the insured at this unfortunate time, we will waive all future premiums of **Plan 2 and Plan 3** when the total claims under Major Stage Critical Illness Benefit, SafetyNet Protector Benefit and/or Early Stage Critical Illness Benefit reach 100% of the Original Sum Assured, ensuring the insured remains protected under the policy as they are battling the illness.

5 Guaranteed Insurability Option/Guaranteed Insurability Option for Newborn

Each life stage requires its own set of protection needs. That's why **SunHealth OmniCare** offers the insured the ability to purchase a new standalone critical illness policy²⁶ with guaranteed insurability at a life-changing event for a limit up to HKD500,000/USD 62,500 (or 50% of the Original Sum Assured of the original basic plan, whichever is lower). This means when the insured attains age 18, get married, have children, or have a direct family member (including spouse, parents and children) diagnosed with a Major Stage Critical Illness Condition for the first time, you will be able to increase your level of critical illness coverage without having to answer any medical questions, or undergoing any medical tests or examinations.

What's more, we understand that parents always strive to provide the best protection for their children. Therefore, **SunHealth OmniCare** allows the insured to purchase a new standalone critical illness policy²⁶ with guaranteed insurability for a limit up to HKD500,000/USD 62,500 (or 50% of the Original Sum Assured of the original basic plan, whichever is lower) for their newborn. The insured can ensure his/her beloved one is well protected.

6 Value-added Benefits to support your medical treatment

To enhance your protection, **SunHealth OmniCare** offers the following value-added services²⁷ as extra safeguards.

- Medical Concierge Services
- Local Urgent Care Assistance Administration
- AdvicePro (Face-to-face Second Medical Opinion Services)
- Family Care Benefit
- Cancer and Stroke Family Support Program
- Worldwide Emergency Assistance Benefits

Remarks:

26 Subject to the prevailing rules of Sun Life.

27 The Value-added Benefits are provided by third-party service provider and are not guaranteed to be renewable. Please refer to Quick Guide to Sun Life Value-added Services for more details. Sun Life are not responsible for any act, negligence or failure to act on the part of the designated third-party service provider. Sun Life will not be liable for any loss or damage, costs or other expenses whatsoever and howsoever, directly or indirectly, caused by, arising from or in connection with the services.

Case Studies

Case 1:

Ms. A wants an affordable and simple critical illness protection with coverage on future unknown diseases while she is young and healthy. She enrolls in **SunHealth OmniCare Plan 1** at age 30.

The plan provides Ms. A:

1. Lump sum benefit upon diagnosis of one of the covered illnesses.
2. SafetyNet Protector Benefit when she is required to undergo a Complex Surgical Procedure due to injury or any illness conditions which is not claimable in any other benefits under the policy.



Ms. A
Age 30

Sum Assured of **SunHealth OmniCare Plan 1**:
Premium Payment Term:

HKD500,000
20 years

SunHealth OmniCare Plan 1

Age
30

Ms. A purchases
SunHealth OmniCare Plan 1.

Age
35

A new disease named Virus X is discovered and becomes epidemic in Ms. A's hometown. She is infected with Virus X and is required to undergo "Decompression of trigeminal nerve root", which is a Complex Surgical Procedure.

Entitled Benefit

1. SafetyNet Protector Benefit
HKD500,000
(100% of the Original Sum Assured)

2. Enhanced Benefit 10
HKD250,000
(Additional 50% of the SafetyNet Protector Benefit paid)



Ms. A's illness condition is also covered even her illness condition is not claimable in any other benefits.

All other benefits terminate except for Second Medical Opinion Service.

The above case is for illustrative purpose only.

Case 2:

Mr. B enrolls himself the **SunHealth OmniCare Plan 2** at Age 35. He would like to purchase a whole life critical illness protection for himself. In addition, he also purchases himself the CoverPlus with the Sum Assured the same as the basic plan.

The whole policy provides Mr. B:

1. Additional benefits without affecting his Current Sum Assured.
2. Major Stage Critical Illness Benefit under basic plan and Major 3 Protection Benefit.
3. Additional 100% of the Sum Assured from the CoverPlus.



Mr. B
Age 35

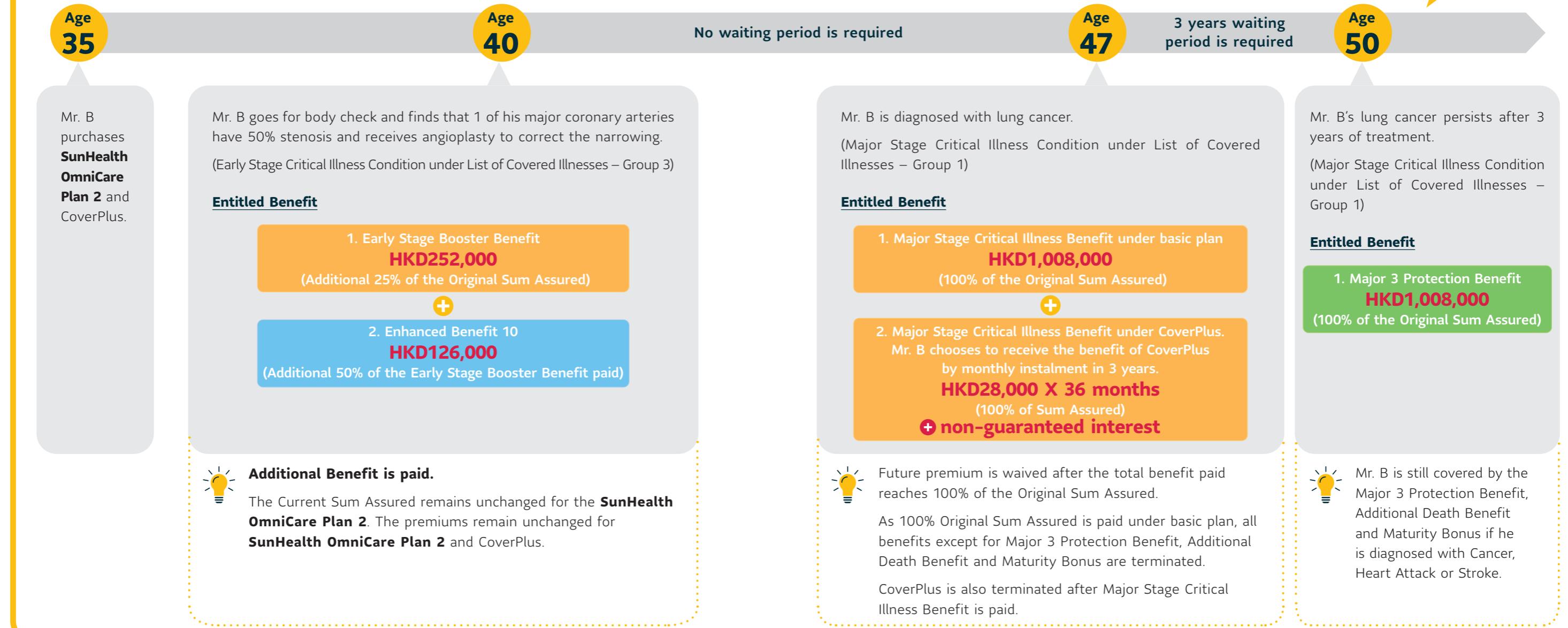
Sum Assured of **SunHealth OmniCare Plan 2**:
Sum Assured of CoverPlus:
Premium Payment Term:

HKD1,008,000
HKD1,008,000
15 years

SunHealth OmniCare Plan 2

Total Benefits Paid:
HKD3,402,000

(237.5% of the Original Sum Assured of basic plan
+ 100% of Sum Assured of CoverPlus)
+ non-guaranteed interest
+ any face value of Special Bonus (non-guaranteed)



The above case is for illustrative purpose only.

Case 3:

Ms. C was diagnosed with adenofibroma of breast (benign condition) when she was 40. She realizes that health is precious and purchases herself a **SunHealth OmniCare Plan 3**.

The plan provides Ms. C:

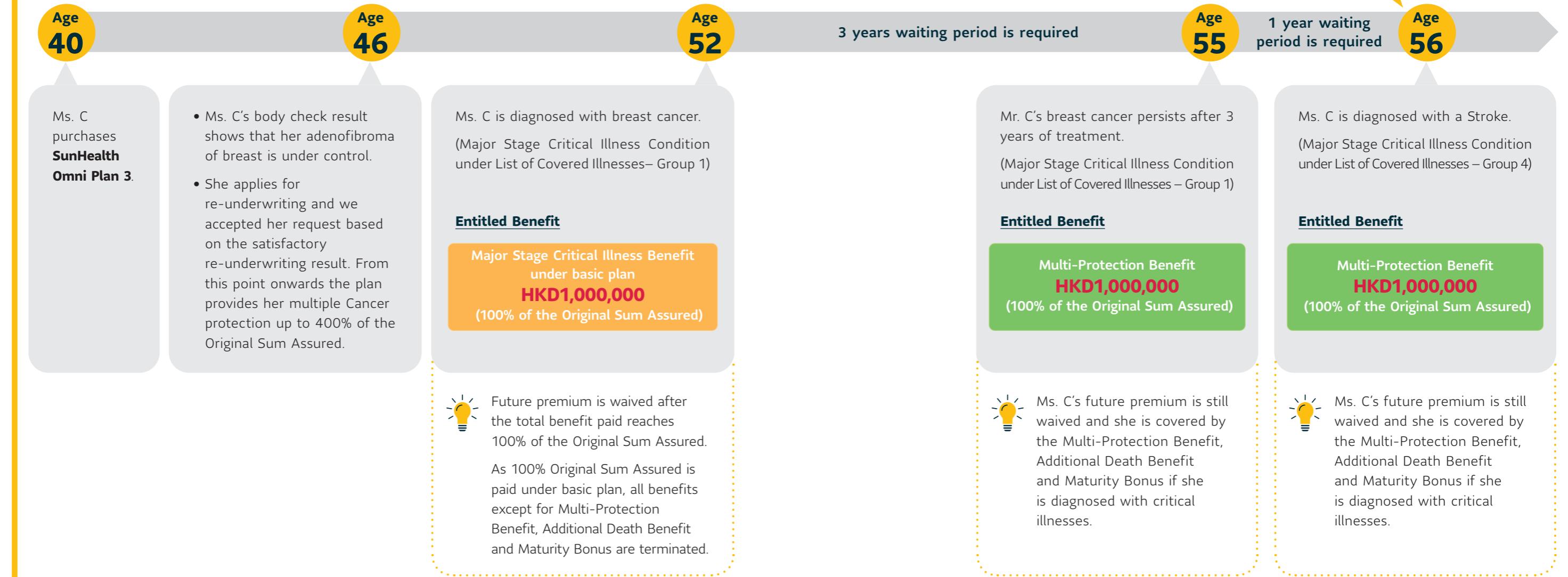
1. Breast cancer protection by Benign Extra Benefit.
2. Multiple cancer protection on the rest of the Cancer sites with up to 400% of the Original Sum Assured.
3. If her adenofibroma of breast (benign condition) is proven to be no worse off or to have shown improvement from 2nd to 6th policy year, the exclusion on breast cancer will be removed upon successful re-underwriting.



Ms. C
Age: 40

Sum Assured of **SunHealth OmniCare Plan 3**: HKD1,000,000
Premium Payment Term: 25 years

SunHealth OmniCare Plan 3



The above case is for illustrative purpose only.

Key Product Information

Plan	SunHealth OmniCare		CoverPlus			
Minimum Sum Assured	HKD200,000/USD25,000		HKD100,000/USD12,500			
Premium Payment Term and Issue Age	Premium Payment Term	Issue Age	Premium Payment Term	Issue Age		
	5 years	Age 0-65	5 years	Age 0-60		
	10 years	Age 0-65	10 years	Age 0-60		
	15 years	Age 0-60	15 years	Age 0-60		
	20 years	Age 0-55	20 years	Age 0-55		
Benefit Term	Up to age 100, except the following: <u>Under Major Stage Critical Illness Conditions:</u> • Loss of Independent Existence: up to age 65		Up to age 100, except the following: <u>Under Major Stage Critical Illness Conditions:</u> • Loss of Independent Existence: up to age 65			
	<u>Under Early Stage Critical Illness Conditions:</u> • All Juvenile Illnesses: up to age 18 • Accidental fracture of Spinal Column: age 65 - 85 • Severe Osteoporosis with Fractures: up to age 70		<u>Under Early Stage Critical Illness Conditions:</u> • All Juvenile Illnesses: up to age 18 • Accidental fracture of Spinal Column: age 65 - 85 • Severe Osteoporosis with Fractures: up to age 70			
	<u>Under Major 3 Protection Benefit/Multi-Protection Benefit:</u> All illnesses: up to age 85		<u>Under Major 3 Protection Benefit/Multi-Protection Benefit:</u> All illnesses: up to age 85			
Premium Payment Mode	Annually/Semi-annually/Monthly					
Currency	HKD/USD					
Premium Structure	Premium amount is determined based on several factors including but not limited to plan, premium payment term, currency, sex, issue age, smoking status and health conditions of the insured. Premium is level and non-guaranteed.					

Benefits Schedule

Type of Coverage/ Benefit ²⁸	Details of Coverage	Benefit as % of Sum Assured In the first 10 policy years ²⁹	From the 11 th policy year onwards
1. Maximum Benefit available for claims under this Policy • Enhanced Benefit 10 will be paid out in the first 10 policy years	Covers 139 illnesses and severe illnesses • 63 Major Stage Critical Illness Conditions • 62 Early Stage Critical Illness Conditions • 14 Juvenile Illness Conditions	For Plan 1 Up to 225% of the Original Sum Assured For Plan 2 Up to 1125% of the Original Sum Assured For Plan 3 Up to 1325% of the Original Sum Assured	For Plan 1 Up to 150% of the Original Sum Assured For Plan 2 Up to 1025% of the Original Sum Assured For Plan 3 Up to 1225% of the Original Sum Assured
2. Major Stage Critical Illness Benefit • Enhanced Benefit 10 will be paid out in the first 10 policy years	Covers 63 Major Stage Critical Illness Conditions	The higher of (i) 150% of the Current Sum Assured \oplus face value of Special Bonus (if any); or For Plan 1 (ii) total premiums due and paid \ominus any benefit paid For Plan 2 & 3 (ii) total premiums due and paid \ominus 25% of the Original Sum Assured \ominus any benefit paid	The higher of (i) 100% of the Current Sum Assured \oplus face value of Special Bonus (if any); or For Plan 1 (ii) total premiums due and paid \ominus any benefit paid For Plan 2 & 3 (ii) total premiums due and paid \ominus 25% of the Original Sum Assured \ominus any benefit paid
3. SafetyNet Protector Benefit • Enhanced Benefit 10 will be paid out in the first 10 policy years	Covers the insured who undergoes a Complex Surgical Procedure due to an injury or an illness condition which is not payable under any other benefit in SunHealth OmniCare	The higher of (i) 150% of the Current Sum Assured \oplus face value of Special Bonus (if any); or For Plan 1 (ii) total premiums due and paid \ominus any benefit paid For Plan 2 & 3 (ii) total premiums due and paid \ominus 25% of the Original Sum Assured \ominus any benefit paid	The higher of (i) 100% of the Current Sum Assured \oplus face value of Special Bonus (if any); or For Plan 1 (ii) total premiums due and paid \ominus any benefit paid For Plan 2 & 3 (ii) total premiums due and paid \ominus 25% of the Original Sum Assured \ominus any benefit paid
4. Early Stage Critical Illness Benefit • Enhanced Benefit 10 will be paid out in the first 10 policy years	• Covers 62 Early Stage Critical Illness Conditions • Covers 14 Juvenile Illness Conditions	37.5% ³⁰ of the Original Sum Assured \oplus proportionate face value of Special Bonus (if any)	25% of the Original Sum Assured \oplus proportionate face value of Special Bonus (if any)

Remarks:

28 Please note that:

- I. With respect to Major Stage Critical Illness Condition, Early Stage Critical Illness Condition, Juvenile Illness Condition and Surgical Excision of Covered Benign Tumour (for Plan 2 and Plan 3),
 - (i) its signs or symptoms of which first occurred must be at least 90 days after the issue date, effective date or last reinstatement date of this basic plan, whichever is the latest (excluding a condition which is directly caused by or resulting from an accident); and
 - (ii) that the insured survives for at least 14 days after the date being diagnosed as suffering from it.
 - II. For Complex Surgical Procedure, when it first occurred, it must be at least 90 days after the issue date, effective date or last reinstatement date of this basic plan, whichever is the latest (excluding a procedure which is directly caused by or resulting from an accident).
 - III. We will not pay any claim directly or indirectly caused by or resulting from pre-existing conditions.
- Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.
- 29 Enhanced Benefit 10 is applicable in the first 10 policy years, equal to 50% of the benefit amount for Death Benefit, Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit (for Plan 2 and Plan 3) or Comprehensive Benign Protector Benefit (for Plan 2 and Plan 3).
- 30 Where 25% of the Original Sum Assured is payable under Early Stage Critical Illness Benefit and 12.5% of the Original Sum Assured (additional) is payable under Enhanced Benefit 10. The Current Sum Assured, Guaranteed Cash Value, Special Bonus (if any) and premiums shall then be reduced on a pro rata basis after the date we approved Early Stage Critical Illness Benefit claim. In the case of the payment of Early Stage Critical Illness Benefit when the Current Sum Assured is less than 25% of the Original Sum Assured, only the Current Sum Assured is payable under Early Stage Critical Illness Benefit, subject to maximum per life limit of the relevant illness condition(s) under all SunHealth OmniCare policy(ies) issued by Sun Life for the same insured.

Type of Coverage/ Benefit	Details of Coverage	Benefit as % of Sum Assured	
		In the first 10 policy years ²⁹	From the 11 th policy year onwards
5.	Early Stage Booster Benefit <ul style="list-style-type: none"> Enhanced Benefit 10 will be paid out in the first 10 policy years 	<ul style="list-style-type: none"> Carcinoma-in-situ or Early Malignancy Angioplasty and Other Invasive Treatments for Coronary Artery Disease Insertion of Pacemaker or Defibrillator Angioplasty and Other Surgeries for Carotid Arteries <p>37.5% of the Original Sum Assured (Additional) (subject to a maximum per life per product limit of each claim of HKD400,000/USD50,000)</p>	25% of the Original Sum Assured (Additional) (subject to a maximum per life per product limit of each claim of HKD400,000/USD50,000)
6.	Comprehensive Benign Protector Benefit (for Plan 2 and Plan 3 only) <ul style="list-style-type: none"> Enhanced Benefit 10 will be paid out in the first 10 policy years 	<p>Benign Extra Benefit: Covers the insured who is diagnosed with a Cancer, which will otherwise be excluded from coverage under this basic plan as specified in the endorsement, will be covered under this benefit, allows a maximum of one claim</p> <p>37.5% of the Original Sum Assured (Additional) – any benefit paid under the Comprehensive Benign Protector Benefit</p>	25% of the Original Sum Assured (Additional) – any benefit paid under the Comprehensive Benign Protector Benefit
		<p>Surgical Excision of Benign Tumour Benefit: Covers if the insured undergoes a surgical excision of covered benign tumour</p> <p>Up to 15% of the Original Sum Assured (Additional) (subject to a maximum per life per product limit of each organ of HKD160,000/USD20,000)</p>	Up to 10% of the Original Sum Assured (Additional) (subject to a maximum per life per product limit of each organ of HKD160,000/USD20,000)
7.	Diabetes Protector Benefit (for Plan 2 and Plan 3 only) <ul style="list-style-type: none"> Enhanced Benefit 10 will be paid out in the first 10 policy years 	<p>Major Stage Critical Illness Condition</p> <ul style="list-style-type: none"> Diabetic Complications <p>Early Stage Critical Illness Conditions</p> <ul style="list-style-type: none"> Diabetic Nephropathy Diabetic Retinopathy Gestational Diabetes <p>Juvenile Illness Condition</p> <ul style="list-style-type: none"> Insulin Dependent Diabetes Mellitus (IDDM) <p>Diabetic Complications: 37.5% of the Original Sum Assured (Additional) + Major Stage Critical Illness Benefit payable</p> <p>Others: 37.5% of the Original Sum Assured (Additional) (subject to a maximum per life per product limit of each claim HKD400,000/USD50,000)</p>	<p>Diabetic Complications: 25% of the Original Sum Assured (Additional) + Major Stage Critical Illness Benefit payable</p> <p>Others: 25% of the Original Sum Assured (Additional) (subject to a maximum per life per product limit of each claim HKD400,000/USD50,000)</p>

	Type of Coverage/ Benefit	Details of Coverage	Benefit as % of Sum Assured	
			In the first 10 policy years²⁹	From the 11th policy year onwards
8.	Major 3 Protection Benefit (for Plan 2 only)	Covers Cancer, Heart Attack or Stroke	Cancer: 400% of the Original Sum Assured Heart attack: 200% of the Original Sum Assured Stroke: 200% of the Original Sum Assured Waiver of Premium	
9.	Multi- Protection Benefit (for Plan 3 only)	Covers 137 critical illnesses <ul style="list-style-type: none"> • 61 Major Stage Critical Illness Conditions (Terminal Illness and Loss of Independent Existence are excluded) • 62 Early Stage Critical Illness Conditions • 14 Juvenile Illness Conditions 	Group 1 – Illnesses related to Cancer: 400% of the Original Sum Assured Group 2 – Illnesses related to Major Organs & Functions: 100% of the Original Sum Assured Group 3 – Illnesses related to the Heart: 200% of the Original Sum Assured Group 4 – Illnesses related to the Nervous System: 200% of the Original Sum Assured Group 5 – Illnesses related to other Major Illnesses: 100% of the Original Sum Assured Waiver of Premium	
10.	Death Benefit <ul style="list-style-type: none">• Enhanced Benefit 10 Will be paid out in the first 10 policy years	Upon the unfortunate event of the death of the insured during the benefit term, the beneficiary(ies) will receive the Death Benefit	The higher of (i) 150% of the Current Sum Assured face value of Special Bonus (if any) or For Plan 1 (ii) total premiums due and paid for basic plan excluding any extra premium any premium claims paid under the basic plan For plan 2 & 3 (ii) total premiums due and paid for basic plan excluding any extra premium 25% of the Original Sum Assured any previous claims paid under the basic plan	The higher of (i) 100% of the Current Sum Assured face value of Special Bonus (if any) or For Plan 1 (ii) total premiums due and paid for basic plan excluding any extra premium any premium claims paid under the basic plan For plan 2 & 3 (ii) total premiums due and paid for basic plan excluding any extra premium 25% of the Original Sum Assured any previous claims paid under the basic plan
11.	Additional Death Benefit (for Plan 2 and Plan 3 only)	Upon the unfortunate event of the death of the insured during the benefit term, the beneficiary(ies) will receive the Additional Death Benefit even if 100% of the Original Sum Assured is paid out		25% of the Original Sum Assured

List of Covered Illnesses

Groups	Major Stage Critical Illness Conditions	Early Stage Critical Illness Conditions	Juvenile Illness Conditions
Group 1:			
Illnesses Related To Cancer	• Cancer	<ul style="list-style-type: none"> • Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary Tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis)* • Early Malignancies (Early Stage Prostate/Early Stage Thyroid/Non-melanoma Skin Cancer)* 	
	• Cerebral Metastasis		
Group 2:			
Illnesses Related To Major Organs & Functions	• Acute Necrohemorrhagic Pancreatitis		
	• Aplastic Anaemia	• Less Severe Aplastic Anaemia	
	• Chronic Relapsing Pancreatitis		
	• End Stage Liver Failure	<ul style="list-style-type: none"> • Liver Surgery • Hepatitis with Cirrhosis* • Chronic Autoimmune Hepatitis* 	• Wilson's disease*
	• End Stage Lung Disease	<ul style="list-style-type: none"> • Interstitial Fibrosis • Surgical Removal of One Lung 	• Severe Asthma*
	• Fulminant Hepatitis	• Biliary Tract Reconstruction Surgery	
	• Kidney Failure	<ul style="list-style-type: none"> • Less Severe Kidney Disease 	• Glomerulonephritis with Nephrotic Syndrome*
	• Major Organ Transplant	• Major Organ Transplantation (on Waiting List)	
	• Medullary Cystic Disease		
	• Severe Crohn's Disease	• Moderately Severe Crohn's Disease	
	• Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis	• Less Severe Systemic Lupus Erythematosus	
	• Systemic Scleroderma	• Early Systemic Scleroderma	
	• Ulcerative Colitis	• Moderately Severe Ulcerative Colitis	

* Subject to a maximum per life limit of HKD400,000/USD50,000 under all **SunHealth OmniCare** policy(ies) issued by Sun Life for the same insured, depending on the currency as stated on the Policy Summary, for each claim.

Groups	Major Stage Critical Illness Conditions	Early Stage Critical Illness Conditions	Juvenile Illness Conditions
Group 3:			
Illnesses Related To The Heart	• Cardiomyopathy	• Early Cardiomyopathy	
	• Dissecting Aortic Aneurysm		
	• Eisenmenger's Syndrome	• Insertion of Vena-cava Filter	
	• Heart Attack	• Pericardectomy • Insertion of Pacemaker or Defibrillator*	
	• Infective Endocarditis	• Less Severe Infective Endocarditis	
	• Primary Pulmonary Arterial Hypertension	• Endovascular Treatment of Peripheral Arterial Disease*	
	• Replacement of Heart Valve	• Less Invasive Treatments of Heart Valve Disease	• Rheumatic Fever with Valvular Impairment*
	• Surgery for Disease of the Aorta	• Endovascular Treatments of Aortic Disease or Aortic Aneurysm*	
Illnesses Related To The Nervous System	• Surgery to Coronary Arteries	• Minimally Invasive Direct Coronary Artery By-pass* • Angioplasty and Other Invasive Treatments for Coronary Artery Disease*	• Kawasaki Disease*
	• Alzheimer's Disease	• Cerebral Aneurysm Requiring Surgery	
	• Amyotrophic Lateral Sclerosis (ALS)	• Early Amyotrophic Lateral Sclerosis (ALS)	
	• Apallic Syndrome	• Surgery for Subdural Haematoma	
	• Bacterial Meningitis	• Less Severe Bacterial Meningitis	
	• Benign Brain Tumour	• Surgical Removal of Pituitary Tumour	
	• Coma	• Less Severe Coma	
	• Creutzfeldt-Jacob Disease		
	• Deafness	• Cochlear Implant Surgery • Loss of Hearing in One Ear	
	• Encephalitis	• Less Severe Encephalitis	
	• Hemiplegia		

Groups	Major Stage Critical Illness Conditions	Early Stage Critical Illness Conditions	Juvenile Illness Conditions
Illnesses Related To The Nervous System	• Major Head Trauma	• Moderately Severe Brain Damage • Cerebral Shunt Insertion	
	• Meningeal Tuberculosis	• Less Severe Meningeal Tuberculosis	
	• Motor Neurone Disease	• Early Motor Neurone Disease	• Type I Juvenile Spinal Amyotrophy*
	• Multiple Sclerosis		
	• Muscular Dystrophy	• Moderately Severe Muscular Dystrophy	
	• Paralysis	• Moderately Severe Paralysis	
	• Parkinson's Disease	• Moderately Severe Parkinson's Disease	
	• Poliomyelitis	• Moderately Severe Poliomyelitis	
	• Progressive Bulbar Palsy (PBP)	• Early Progressive Bulbar Palsy (PBP)	
	• Progressive Supranuclear Palsy	• Early Progressive Supranuclear Palsy	
	• Severe Myasthenia Gravis		
	• Stroke	• Angioplasty and other Surgeries for Carotid Arteries*	
	• Total Blindness	• Loss of Sight in One Eye • Glaucoma Surgical Treatment	
		• Severe Psychiatric Illness	
			• Juvenile Huntington Disease*
			• Intellectual Disability due to Sickness or Injury*
Group 5:			
Other Illnesses	• AIDS due to Blood Transfusion		
	• Chronic Adrenal Insufficiency	• Adrenalectomy for Adrenal Adenoma	
	• Diabetic Complications	• Diabetic Nephropathy* • Diabetic Retinopathy* • Gestational Diabetes*	• Insulin Dependent Diabetes Mellitus (IDDM)*
	• Ebola		
	• Elephantiasis		
	• HIV Acquired due to Assault		
	• Loss of Limbs	• Loss of One Limb	

Groups	Major Stage Critical Illness Conditions	Early Stage Critical Illness Conditions	Juvenile Illness Conditions
Other Illnesses	• Loss of One Limb and One Eye		
	• Loss of Speech	• Loss of Speech due to Vocal Cord Paralysis	
	• Major Burns	• Facial Burns due to Accident • Less Severe Burns to Body due to Accident	
	• Necrotising Fasciitis		
	• Occupational Acquired HIV		
	• Pheochromocytoma		
	• Severe Rheumatoid Arthritis	• Moderately Severe Rheumatoid Arthritis	• Still's Diseases*
		• Accidental Fracture of Spinal Column [#]	
		• Facial Reconstructive Surgery for Injury due to Accident*	
		• Severe Central or Mixed Sleep Apnea	
		• Severe Obstructive Sleep Apnea	
		• Severe Osteoporosis with Fractures [^]	
			• Dengue Haemorrhagic Fever*
			• Hemophilia A and Hemophilia B*
			• Osteogenesis Imperfecta*
			• Severe Autism*
Group 6 **:			
Terminal Illness And Loss Of Independent Existence	• Terminal Illness		
	• Loss of Independent Existence ^{^^}		

Coverage from attained age 65 to 85 only.

[^] Coverage terminates automatically immediately following the insured's 70th birthday and cap of HKD120,000/USD15,000 under all **SunHealth OmniCare** policy(ies) issued by Sun Life for the same insured, depending on the currency as stated on the Policy Summary, applies.

** Illness conditions under Group 6 are not covered under Multi-Protection Benefit.

^{^^} Coverage terminates automatically immediately following the insured's 65th birthday.

Important Information:

Bonus Philosophy

Life insurance involves the transfer of risk from an individual to a life insurer, and the pooling of risks across large groups of policies. With participating insurance, a portion of these risks is borne by the policyholders or shared between the policyholders and the insurer. In return, policyholders may receive policyholder bonuses in the form of reversionary/terminal/special bonuses. These bonuses are not guaranteed and can vary from year to year.

In general, bonuses on these policies reflect the experience, over time, of the group to which they belong. Bonuses will typically vary based on the performance of a number of factors, with the investment return*, including the impact of asset defaults and investment expenses, normally being the main determinant of bonus performance. Other factors^ include, but are not limited to, claims experience, taxes, expenses and policyholder persistency experience.

Favourable and unfavourable experiences may be smoothed out over time to provide more stable bonuses to policyholders. For products with a terminal/special bonus feature, adjustments to terminal/special bonus scales pass through experience normally with less smoothing applied.

The bonus allocation process seeks to achieve reasonable equity among groups of policies and among policies issued at different times, to the extent practicable. Upon declaration of reversionary bonus or pay-out of terminal/special bonus to policyholders, shareholders will also be entitled to a share of the distribution.

At least annually, the Board of Directors of Sun Life Hong Kong Limited determines the amount of bonus to be declared or paid to participating policyholders. This determination is based on the advice of Sun Life Hong Kong Limited's appointed actuary, who applies accepted actuarial principles and practices. Management of participating business is also governed by Sun Life Hong Kong Limited's internal policies, as well as advice by the internal Par Governance Committee.

* Investment return includes investment income and changes in asset value of the backing portfolio. Performance of the investment return is affected by interest earnings and other market risk factors including, but not limited to, interest rate or credit spread movements, credit events, price fluctuations in non-fixed income assets, and foreign exchange fluctuations. Please see the Investment Philosophy for more details on the investment policies, objectives and strategy in relation to the investments of the backing portfolio.

^ Claims experience represents the experience of mortality and morbidity. Persistency experience includes policy lapse/maturity and partial surrender experience; and the corresponding impact on investments. The expense factor includes maintenance expenses only, where it is charged to the participating fund at the level Sun Life Hong Kong Limited expects to be required over the foreseeable future. Policyholders will share the impact of any changes, over time, to the expected level of expenses required for the then foreseeable future. Any deviations on a year to year basis of the expenses actually incurred from the then expected level required, will be absorbed by the shareholders.

Please refer to Sun Life Hong Kong Limited's website (www.sunlife.com.hk/dividendhistory_eng) for bonuses fulfillment ratios details.

Investment Philosophy (Policies, Objectives, and Strategy)

The investment strategy supporting this product is intended to optimize long-term value to the policyholders with a suitable level of risk; and to achieve the main objective of delivering a fair chance of meeting the illustrated non-guaranteed benefits in addition to the guaranteed benefits.

The assets supporting the investment strategy span a diversified range of fixed income assets such as sovereign bonds, corporate bonds and corporate loans; as well as non-fixed income assets which are equity-like investments and may include public equities, private equities and so on. The credit portfolio largely invests in investment grade fixed income instruments. A small quantity of below investment grade assets may be present in the portfolio due to unexpected credit rating downgrades. However, exposure to below investment grade assets is controlled by the credit risk limits and investment policies.

The current long-term target mix for the assets supporting this product is shown below:

Asset Class	Target Asset Mix
Fixed Income Assets	60%-80%
Non-Fixed Income Assets	20%-40%

We invest globally to achieve geographical diversification benefits and intend to have a higher relative allocation in the US and Asia-Pacific. Diversifying between asset classes results in a more stable investment return over the long term. The actual asset mix percentages and geographical allocation may fluctuate depending on market conditions, diversification needs and economic outlook.

We may pool the investment returns with other long term insurance products with similar plan features (excluding investment linked assurance schemes and pension schemes) to optimize the investment performance and the return will subsequently be allocated with reference to the target asset mix of each products.

If the currency of the fixed income assets is not in the same currency as the underlying policies, appropriate hedging instruments (where available) is generally used to minimise impacts from fluctuating foreign exchange rates. For non-fixed income assets, there is greater investment flexibility to invest in those assets that are not denominated in the same currency as the underlying policies thereby providing diversification in risks and markets. Derivatives may be used to hedge against market risks but are not intended to bring the risk profile beyond established risk tolerances.

The investment strategy noted above may be subject to change, subject to a rigorous internal review and approval process. We will notify the policyholders upon any material changes.

Key Product Risks:**SunHealth OmniCare**

1. Premium of this basic plan is not expected to increase with age but may be reviewed and adjusted from time to time, in order to reflect the experience and change in future expectation. We reserve the right to adjust the premium for any group of insureds with similar risk profiles at every policy anniversary during the premium payment term. Factors include but not limited to the following would be considered and reflected during the review:
 - a. claim costs incurred under this basic plan and the expected claim costs in the future;
 - b. expenses directly related to and indirect expenses allocated to the policy;
 - c. investment performance on backing assets of the product;
 - d. surrenders and the corresponding impact on expenses and investment.
2. You need to pay the premium for this basic plan according to the selected premium payment term. If you do not pay a premium on or before the premium due date, a grace period of 31 days from its due date will be allowed for the payment, during which time this policy will continue in effect. Any unpaid premium by the date on which the grace period expires will be paid automatically by a loan from us. If the amount available for a loan under this policy is less than the unpaid premium, the policy will lapse automatically on the due date.
3. Please note that if you terminate this policy early or cease paying premiums early, you may receive an amount significantly less than the total premiums paid towards your policy.
4. For SunHealth OmniCare Plan 1, we have the right to terminate the basic plan upon the earliest of the following:
 - a. accumulated policy loans and interest exceeds the Guaranteed Cash Value;
 - b. neither premium is paid nor loanable by us and the grace period expires;
 - c. the policy anniversary on or immediately following the insured's 100th birthday;
 - d. the date on which the Death Benefit becomes payable by us; or
 - e. the date on which the Current Sum Assured of this basic plan is reduced to 0.

Value-Added Benefit will survive the termination due to (e) and is subject to Value-added Benefit provisions.

For SunHealth OmniCare Plan 2/Plan 3, we have the right to terminate the basic plan upon the earliest of the following:

- a. accumulated policy loans and interest exceeds the Guaranteed Cash Value;
- b. neither premium is paid nor loanable by us and the grace period expires;
- c. the policy anniversary on or immediately following the insured's 100th birthday; or
- d. the date on which the Additional Death Benefit becomes payable by us.
5. Any transaction involving conversion between policy currency and other currencies would be exposed to foreign exchange risks such as the fluctuation in exchange rate against policy currency.
6. The cost of living in the future is likely to be higher than it is today due to inflation, so the benefit may be insufficient to meet your needs even if we meet our contractual obligation. You should hence consider the impact of inflation when you plan the benefit.
7. This basic plan is an insurance policy issued by Sun Life Hong Kong Limited and your benefits are subject to the paying ability of Sun Life Hong Kong Limited. In the event that we become insolvent and unable to meet the contractual obligation under the policy, you may lose all or part of your premiums paid and benefits.

CoverPlus

1. Premium of this rider benefit is not expected to increase with age but may be reviewed and adjusted from time to time, in order to reflect the experience and change in future expectation. We reserve the right to adjust the premium for any group of insureds with similar risk profiles at every policy anniversary during the premium payment term. Factors include but not limited to the following would be considered and reflected during the review:
 - a. claim costs incurred under this rider benefit and the expected claim costs in the future;
 - b. expenses directly related to and indirect expenses allocated to the policy;
 - c. investment performance on backing assets of the product;
 - d. surrenders and the corresponding impact on expenses and investment.
2. You need to pay the premium for this rider benefit according to the selected premium payment term. If you do not pay a premium on or before the premium due date, a grace period of 31 days from its due date will be allowed for the payment, during which time this rider benefit will continue in effect. Any unpaid premium by the date on which the grace period expires will be paid by premium loan from us (if applicable). If the amount available for premium loan under this rider benefit is less than the unpaid premium, this rider benefit will lapse automatically on the due date.
3. We have the right to terminate this rider benefit upon the earliest of the following:
 - a. neither premium is paid nor loanable by us and the grace period expires;
 - b. this rider benefit reaches its maturity;
 - c. the date on which the Death Benefit becomes payable by us;
 - d. the date on which the Major Stage Critical Illness Benefit becomes payable by us;
 - e. the date on which the SafetyNet Protector Benefit becomes payable by us; or
 - f. the date on which the basic plan to which this rider benefit relates is terminated.

4. Any transaction involving conversion between policy currency and other currencies would be exposed to foreign exchange risks such as the fluctuation in exchange rate against policy currency.
5. The cost of living in the future is likely to be higher than it is today due to inflation, so the benefit may be insufficient to meet your needs even if we meet our contractual obligation. You should hence consider the impact of inflation when you plan the benefit.
6. This rider benefit is an insurance policy issued by Sun Life Hong Kong Limited and your benefits are subject to the paying ability of Sun Life Hong Kong Limited. In the event that we become insolvent and unable to meet the contractual obligation under the policy, you may lose all or part of your premiums paid and benefits.

Key Exclusions:

SunHealth OmniCare

We will not pay any claim (other than a claim under the Death Benefit provision or Additional Death Benefit provision (for Plan 2 and Plan 3 only)) directly or indirectly caused by or resulting from any of the following:

- (a) the insured's committing or attempting to commit suicide or self-inflicted injury, while the insured is sane or insane;
- (b) the insured's committing or attempting to commit a criminal offence or participating in any brawl;
- (c) unreasonable failure to seek or follow medical advice;
- (d) the insured's taking or absorbing or being under the influence of, accidentally or otherwise, any alcohol, drug, narcotic, medicine, sedative or poison, except as prescribed by a doctor;
- (e) any human immunodeficiency virus (HIV) and/or any HIV-related illnesses including acquired immune deficiency syndrome (AIDS) and/or any mutations, derivations or variations thereof, except those defined in Major Stage Critical Illness Conditions;
- (f) war (whether declared or undeclared), insurrection, civil war or any warlike operation, whether or not the insured was actively participating in them; or
- (g) atomic explosion, nuclear fission or radioactive gas.

CoverPlus

We will not pay any claim (other than a claim under the Death Benefit provision) directly or indirectly caused by or resulting from any of the following:

- (a) the insured's committing or attempting to commit suicide or self-inflicted injury, while the insured is sane or insane;
- (b) the insured's committing or attempting to commit a criminal offence or participating in any brawl;
- (c) unreasonable failure to seek or follow medical advice;
- (d) the insured's taking or absorbing or being under the influence of, accidentally or otherwise, any alcohol, drug, narcotic, medicine, sedative or poison, except as prescribed by a doctor;
- (e) any human immunodeficiency virus (HIV) and/or any HIV-related illnesses including acquired immune deficiency syndrome (AIDS) and/or any mutations, derivations or variations thereof, except those defined in Major Stage Critical Illness Conditions;
- (f) war (whether declared or undeclared), insurrection, civil war or any warlike operation, whether or not the insured was actively participating in them; or
- (g) atomic explosion, nuclear fission or radioactive gas.

Important Note:

Effective from January 1, 2018, all policy owners are required to pay a levy on their insurance premium for all new and inforce policies collected by the Insurance Authority through insurance company. The applicable levy rate will be determined by reference to the policy date or policy anniversary date. For levy details, please visit our website at www.sunlife.com.hk/levy_eng or Insurance Authority's website at www.ia.org.hk.

This brochure is for reference only. Please refer to a sample Policy Document for details including definitions of capitalized terms, full terms and conditions of coverage, and exclusions.

Cancellation Right:

If you are not fully satisfied with your policy, you have the right to cancel your policy within the cooling-off period.

By giving us a written request, your policy will then be cancelled and any premium and levy paid will be refunded, provided that: (1) your written request for cancellation must be signed by you and received directly by our office (G/F, Cheung Kei Center Tower B, No. 18 Hung Luen Road, Hung Hom, Kowloon) or through email (hk_csd@sunlife.com) within 21 calendar days immediately following the day of delivery of the policy or the cooling-off notice informing you or your representative about the expiry date of the cooling-off period, whichever is earlier, and (2) no refund of any premium and levy paid can be made if any payment from the Company under the policy has been made prior to the request for cancellation.

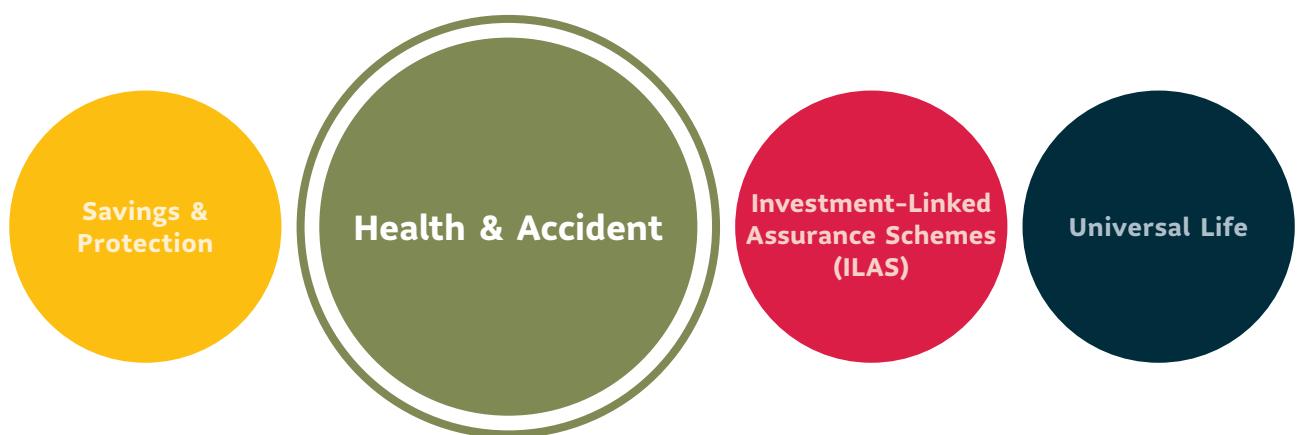
Welcome to the World of Sun Life

Sun Life has been rooted in Hong Kong since 1892, helping the city shine brighter over the course of 130 years by providing excellent products and services.

Sun Life is a leading international financial services organization providing a diverse range of products and services to individuals and corporate clients through our professional and experienced distributors. We provide comprehensive solutions to address your life and health protection, wealth management, and retirement planning needs. Besides offering a wide range of products, we are also an experienced group benefit and third-party administrator in the pension administration business.

We truly understand the needs of your various life stages and offer a wide range of products including Savings & Protection, Health & Accident, Universal Life, and Investment-Linked Assurance Schemes. **SunHealth OmniCare** is part of Sun Life's Health & Accident series, providing effective financial support when you need it.

Sun Life Product Portfolio



**What's next?
You can find out more:**

- ▶ Website: sunlife.com.hk
- ▶ Client Service Hotline: 2103 8928
- ▶ Please contact your Advisor

This brochure is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell or a solicitation to buy or provision of any products of Sun Life Hong Kong Limited outside Hong Kong. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions. If there is any conflict between the Policy Document and this brochure, the Policy Document shall prevail.

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SunHealth OmniCare

Sun Life Hong Kong Limited
(Incorporated in Bermuda with limited liability)



Wouldn't it be great if
**a critical illness coverage provides you
and your family in-depth protection
with flexibility at the same time**

Each life stage brings its own set of rewards and challenges. We may reap the rewards from having a promotion, getting married or retiring but these also require planning and hard work. One thing we cannot plan for, however, is the uncertainty of being struck by a critical illness. Critical illnesses such as cancer, disease of heart and stroke were the leading causes of death in 2017 in Hong Kong¹, and these critical illnesses have been ranked top of the list for over a decade. Some critical illnesses may even recur after treatment. With the rising of medical and living costs today, an extensive protection plan that frees us from worrying about high medical bills and loss of income has become more important than ever.

This is where Sun Life steps in – your trusted partner for life's journey and achieving life's dreams. With a selection of 3 plans to meet your unique protection needs, **SunHealth OmniCare** provides a range of critical illnesses coverage to help you regain control of your life by providing timely financial support, relieving you and your loved ones from worrying so you can focus on the road to recovery.

Remark:

1 Source: Number of Death by Leading Causes of Deaths 2001-2017, Department of Health, Hong Kong Special Administrative Region.

How can SunHealth OmniCare help you?

Being diagnosed with a critical illness puts a huge strain on your family without warning. **SunHealth OmniCare** offers you unique protection solutions on critical illnesses with 3 levels of coverage: **SunHealth OmniCare Plan 1 ("Plan 1")**, **SunHealth OmniCare Plan 2 ("Plan 2")** and **SunHealth OmniCare Plan 3 ("Plan3")** allowing you to choose from essential to comprehensive level of protection with flexible options in Premium Payment Term. You can also leverage the optional CoverPlus to further enhance your own protection level that suits your financial plans.

SunHealth OmniCare covers you with death benefit and the right protection you need against critical illnesses up to the age of 100² by covering up to 139 illnesses (including 63 Major Stage Critical Illness Conditions, 62 Early Stage Critical Illness Conditions and 14 Juvenile Illness Conditions) in form of lump-sum benefit. The innovative SafetyNet Protector Benefit³ is also available to further protect you from suffering illnesses outside of the 139 listed illnesses. What's more, **SunHealth OmniCare** values the importance of protecting you from suffering Early Stage Critical Illness Conditions without affecting your Original Sum Assured, which was designed to cover your financial needs from suffering a Major Stage Critical Illness Condition. Apart from protection, **SunHealth OmniCare** also includes savings element by offering Guaranteed Cash Value, Maturity Bonus⁴ and non-guaranteed Special Bonus⁵.

Key Features

- 1.  Innovative SafetyNet Protector Benefit
- 2.  Major 3 Protection Benefit or Multi-Protection Benefit provides protection when you need it most
- 3.  Tailor-made critical illness coverage with optional CoverPlus
- 4.  Enhanced protection with Comprehensive Benign Protector Benefit
- 5.  Advanced support with an Early Stage Booster Benefit
- 6.  Enjoy more protection with the Diabetes Protector Benefit

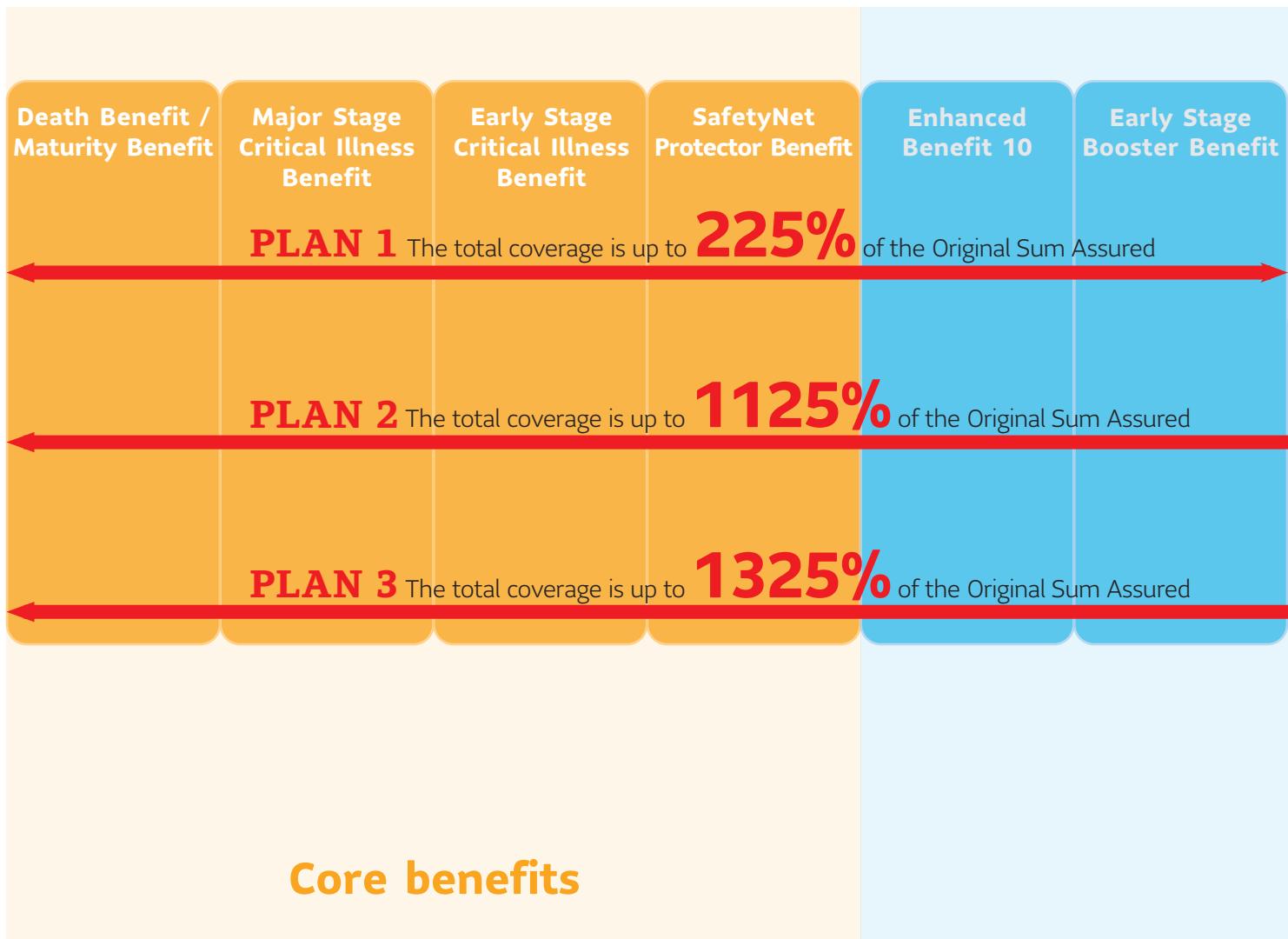
Remarks:

- 2 Please refer policy provision for the cover period of each benefit.
- 3 Once the SafetyNet Protector Benefit becomes payable, coverage for Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Death Benefit, Maturity Benefit, Diabetes Protector Benefit (for Plan 2 and Plan 3 only), Comprehensive Benign Protector Benefit (for Plan 2 and Plan 3 only) and any rider benefit(s) attached to this basic plan will be terminated automatically.
- 4 The Maturity Bonus is available in Plan 2 and Plan 3 only.
- 5 The face value of Special Bonus (if any) will be paid when Sun Life Hong Kong Limited ("Sun Life") is paying the (1) Major Stage Critical Illness Benefit, (2) Early Stage Critical Illness Benefit, (3) SafetyNet Protector Benefit or (4) Death Benefit. The cash value of Special Bonus (if any) will be paid upon the payment of Maturity Benefit or when the policy is surrendered in whole or in part. The cash value of Special Bonus (if any) may not be equal to the face value of Special Bonus. A face value of pro rata portion of Special Bonus (if any) will also be paid upon payment of the Early Stage Critical Illness Benefit, followed by Current Sum Assured¹⁰, Guaranteed Cash Value and Special Bonus (if any) and premiums of the basic plan shall then be reduced on a pro rata basis accordingly. Special Bonus will not be paid after the Current Sum Assured reaches 0. Special Bonus is calculated based on Sun Life's current Special Bonus scales which are not guaranteed and will be subject to change at Sun Life's sole discretion from time to time. The Special Bonus may be different at each subsequent declaration and the actual values paid may change with the values. Sun Life's Special Bonus will typically vary based on the performance of a number of experience factors, with the investment return, including the impact of asset defaults and investment expenses, normally being the main determinant of the Special Bonus performance. Other factors include, but are not limited to, claim experience, policy expenses, taxes, and policy owner termination experience.

Three protection plans to meet different needs

We understand that your protection need is unique, that's why we are committed to providing you with the most suitable protection according to your needs. To honour this commitment, **SunHealth OmniCare** offers 3 different plans.

Plan 1 provides the most basic and essential critical illness coverage. It covers 63 Major Stage Critical Illness Conditions, 62 Early Stage Critical Illness Conditions and 14 Juvenile Illness Conditions. The SafetyNet Protector Benefit further expands the protection to cover the insured who undergoes a Complex Surgical Procedure⁶ in a hospital due to an injury or an illness condition which is not payable under any other benefit in **SunHealth OmniCare**. The total coverage is up to 225% of the Original Sum Assured.

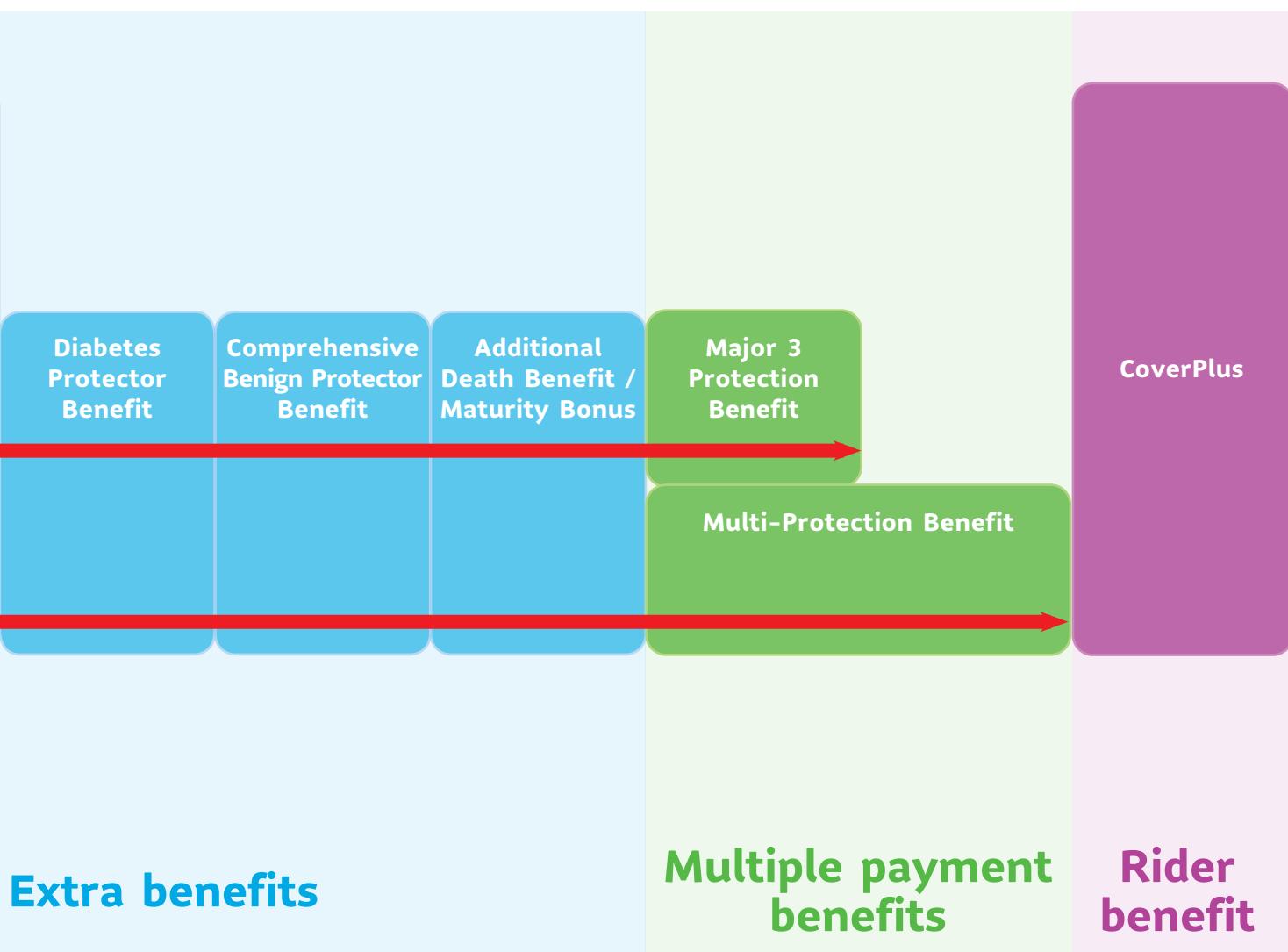


Remark:

6 A Complex Surgical Procedure means a surgical procedure that is listed under the Schedule of Surgical Procedures which is available at www.sunlife.com.hk/ScheduleofSurgicalProcedures_en.

On top of the coverage of **Plan 1**, **Plan 2** includes the Major 3 Protection Benefit which provides multiple coverage on the 3 most common critical illnesses of today – Cancer, Heart Attack and Stroke. The Comprehensive Benign Protector Benefit helps you better prepare for benign conditions, and the Diabetes Protector Benefit provides protection on diabetes, which is affecting 425 million adults in the world in 2017⁷. The total coverage is up to 1125%⁸ of the Original Sum Assured.

Plan 3 provides the most extensive coverage with total coverage up to 1325%⁹ of the Original Sum Assured which includes the all-round Multi-Protection Benefit to better protect you if a critical illness unfortunately strikes more than once.



Remarks:

7 Source: <https://www.idf.org/aboutdiabetes/what-is-diabetes/facts-figures.html>.

8 Assumed the first critical illness claim of the policy is not from Cancer/Heart Attack/Stroke.

9 Assumed the first critical illness claim of the policy is under Group 6. For the critical illness group, please refer to the List of Covered Illnesses in this product brochure.



Key Features

1. Innovative SafetyNet Protector Benefit

Illnesses can come at any unexpected moments and place a huge financial strain on your family. With changing living environment and advancement in medical technology, new severe illness could be found and new medical surgical procedure for treating severe illness could be introduced in the future. At Sun Life, we are committed to ensure your protection is well-planned ahead to minimize any financial impact. That's why we introduce the innovative SafetyNet Protector Benefit. This benefit provides a maximum of 100% of the Current Sum Assured¹⁰ if the insured undergoes a Complex Surgical Procedure in a hospital due to an injury or an illness condition which is not payable under any other benefit in **SunHealth OmniCare**. It will provide you the ease of mind for a better coverage against future uncertainty.

Remark:

¹⁰ Current Sum Assured means the Original Sum Assured, less total amount of Sum Assured paid under Early Stage Critical Illness Benefit. Current Sum Assured will be reduced to zero after the date we approved Death Benefit, Major Stage Critical Illness Benefit or SafetyNet Protector Benefit claim. Guaranteed Cash Value and Special Bonus will be reduced to zero at the same time when Current Sum Assured is reduced to zero under any circumstances.

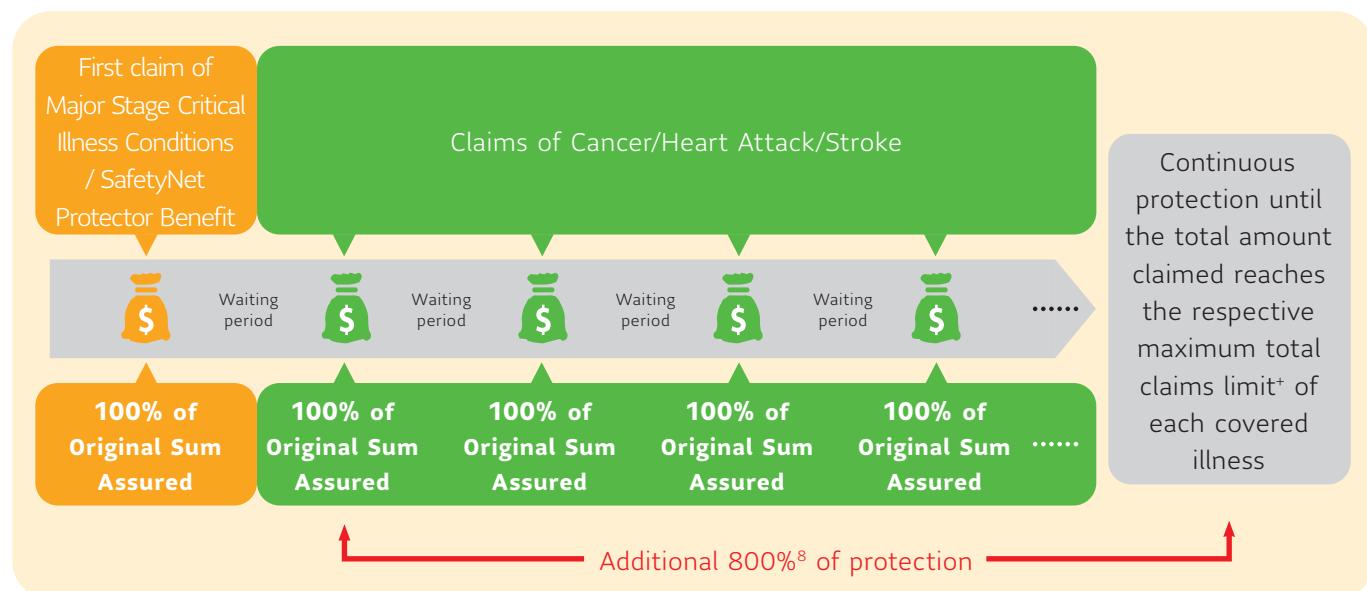


2. Major 3 Protection Benefit¹¹ or Multi-Protection Benefit¹² provides protection when you need it most

It's common for critical illnesses to strike more than once, some illnesses such as Cancer, Heart Attack and Stroke are likely to recur. To regain control over these unfortunate mishaps, **Plan 2** and **Plan 3** provide additional coverage for the insured even after the Major Stage Critical Illness Benefit has been paid. These 2 benefits provide you with timely and critical financial resources so you can focus on your rehabilitation.

Major 3 Protection Benefit

Plan 2 includes the Major 3 Protection Benefit which provides 100% of the Original Sum Assured each time when the insured is diagnosed with Cancer, Heart Attack or Stroke. With Major 3 Protection Benefit, the maximum total claims limit of these 3 illnesses under this policy is up to 800%⁸ of the Original Sum Assured.



Waiting period:

- At least 1 year between the date of diagnosis of any 2 covered Major Stage Critical Illness Conditions or the surgery date of the immediately preceding approved claim for SafetyNet Protector Benefit; or
- At least 3 years if the subsequent Cancer is a continuation or recurrence of the preceding Cancer.

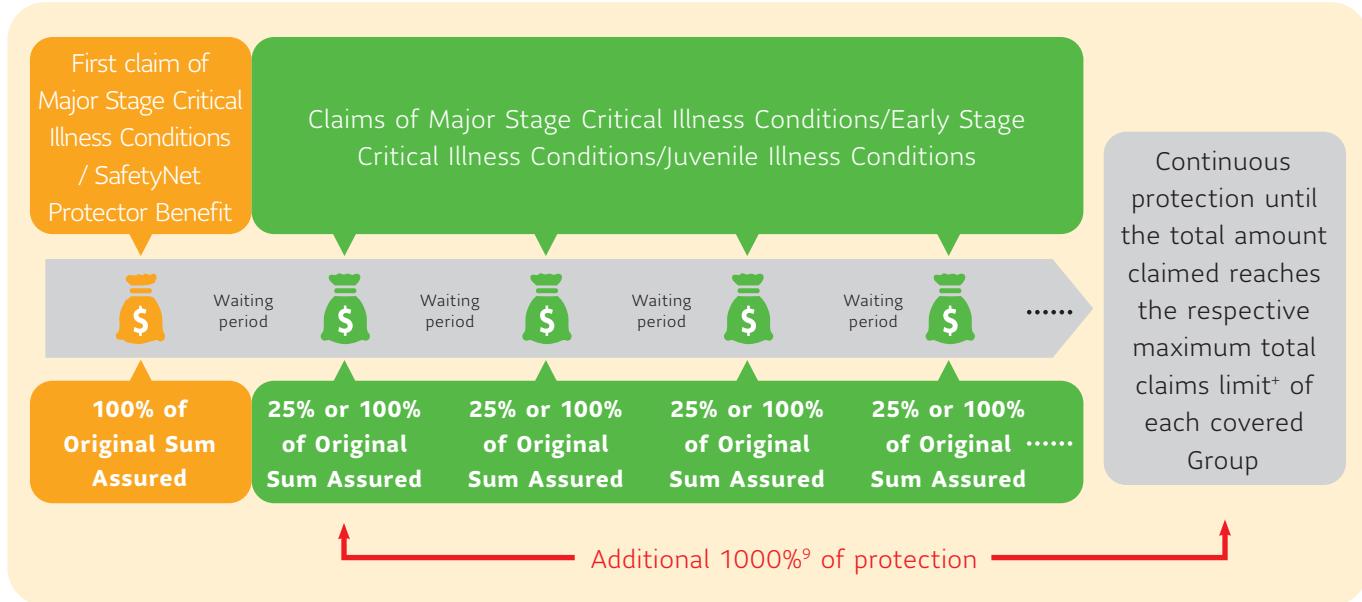
⁺ Please refer to the Benefits Schedule for the details of maximum total claims limit of each covered illness.

Remarks:

- 11 The Major 3 Protection Benefit is available for Plan 2 only and is subject to, including but not limited to the following:
- (1) the date of diagnosis of Cancer, Heart Attack or Stroke of a multiple claim shall be at least 1 year from the surgery date of the immediately preceding approved claim for SafetyNet Protector Benefit, or the date of diagnosis of the Major Stage Critical Illness Condition of the immediately preceding approved claim for Major Stage Critical Illness Benefit or Major 3 Protection Benefit.
 - (2) the insured shall have survived for a period of at least 14 days from the date of diagnosis or surgery date of Cancer, Heart Attack or Stroke. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.
- 12 The Multi-Protection Benefit is available for Plan 3 only and is subject to, including but not limited to the following:
- (1) the date of diagnosis of the Major Stage Critical Illness Condition of a multiple claim shall be at least 1 year from the surgery date of the immediately preceding approved claim for SafetyNet Protector Benefit, or the date of diagnosis of the Major Stage Critical Illness Condition of the immediately preceding approved claim for Major Stage Critical Illness Benefit or Multi-Protection Benefit.
 - (2) a Major Stage Critical Illness Condition under Group 6 is only payable under the Major Stage Critical Illness Benefit.
 - (3) the insured shall have survived for a period of at least 14 days from the date of diagnosis or surgery date of the Major Stage Critical Illness Condition, Early Stage Critical Illness Condition or Juvenile Illness Condition (where applicable).
- Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.

Multi-Protection Benefit

Plan 3 includes the Multi-Protection Benefit which covers not only the 3 major common critical illnesses, i.e. Cancer, Heart Attack and Stroke, it also protects the insured against other Major Stage Critical Illness Conditions, Early Stage Critical Illness Conditions¹³ and Juvenile Illness Conditions¹³ with the overall limit up to 1000%⁹ of the Original Sum Assured.



Waiting period:

- At least 1 year between the date of diagnosis of any 2 covered Major Stage Critical Illness Conditions or the surgery date of the immediately preceding approved claim for SafetyNet Protector Benefit;
- At least 3 years if the subsequent Cancer is a continuation or recurrence of the preceding Cancer; or
- No waiting period is needed for the claims of Early Stage Critical Illness Conditions/Juvenile Illness Conditions or the last claim is Early Stage Critical Illness Conditions/Juvenile Illness Conditions.

* Please refer to see the Benefits Schedule for the details of maximum total claims limit of each covered Group.

3. Tailor-made critical illness coverage with optional CoverPlus¹⁴

To enhance flexibility in the level of protection tailored to your needs and budget, you can leverage the optional CoverPlus to enhance your Death Benefit, Major Stage Critical Illness Benefit and SafetyNet Protector Benefit up to 100% of the Original Sum Assured of your basic plan. The optional CoverPlus provides protection to age 100 of the insured with the same Premium Payment Term with the basic plan and offers a Maturity Benefit¹⁵ upon maturity of this rider benefit at age 100. More importantly, you can choose to have the benefit of the optional CoverPlus paying in a lump-sum or by monthly or annual instalment for 3 years upon submitting the relevant claim to us as an income replacement while you are battling the illness.

Remarks:

13 The benefit will accelerate 25% of the Original Sum Assured of the respective Critical Illness group for each claim due to Early Stage Critical Illness Condition/Juvenile Illness Condition.

14 The CoverPlus will be terminated once its Death Benefit/Major Stage Critical Illness Benefit/SafetyNet Protector Benefit is paid or the basic plan is terminated.

15 The Maturity Benefit is payable only if no claim has been made under the optional CoverPlus and the insured is still alive on the maturity date and the CoverPlus is still inforce.



4. Enhanced protection with Comprehensive Benign Protector Benefit¹⁶

People who have benign conditions may have higher risk in developing Cancer. This is where **Plan 2** and **Plan 3** can help: the Comprehensive Benign Protector Benefit under these plans provides a maximum 25% of the Original Sum Assured by providing (1) Benign Extra Benefit and (2) Surgical Excision of Benign Tumour Benefit to cover the insured.

Under the Benign Extra Benefit, we will pay an additional 25% of the Original Sum Assured to the insured who is diagnosed with a Cancer, which will otherwise be excluded from coverage under this basic plan as specified in the endorsement, such Cancer will be covered under this benefit but only one claim is allowed. Upon successful re-underwriting between the 2nd policy year to the 6th policy year¹⁷, we will remove the exclusion of such Cancer and it will be covered under the Major Stage Critical Illness Benefit and Major 3 Protection Benefit/Multi-Protection Benefit (if applicable).

Sometimes, a tumour condition may not be conclusive without surgical intervention. The Surgical Excision of Benign Tumour Benefit provides an additional coverage up to 10% of the Original Sum Assured if the insured undergoes surgical excision of a covered benign tumour of the following organs:

Organs	Surgical Excision of Benign Tumour Benefit
<ul style="list-style-type: none"> • Breast • Ovary • Penis • Uterus in which only endometrial polyps are covered 	<p style="text-align: center;">Additional 5% of the Original Sum Assured, payable twice (for different organ only)</p> <p style="text-align: center;">(subject to a maximum per life limit of each organ of HKD80,000/USD10,000 under all SunHealth OmniCare policy(ies) issued by Sun Life for the same insured)</p>
<ul style="list-style-type: none"> • Adrenal gland • Bone • Conjunctiva • Heart • Kidney • Liver • Lung • Nerve in cranium or spine • Pancreas • Pericardium • Pituitary gland • Renal Pelvis • Small intestine • Testis • Ureter • Urethra 	<p style="text-align: center;">Additional 10% of the Original Sum Assured</p> <p style="text-align: center;">(subject to a maximum per life limit of each organ of HKD160,000/USD20,000 under all SunHealth OmniCare policy(ies) issued by Sun Life for the same insured)</p>

Remarks:

16 This benefit is available for Plan 2 and Plan 3 only. Coverage for the Comprehensive Benign Protector Benefit will be terminated automatically on the earliest of (a) the date on which the total payment amount of this Comprehensive Benign Protector Benefit reaches 25% of the Original Sum Assured; (b) the date on which the Current Sum Assured is reduced to 0; (c) the policy anniversary on or immediately following the insured's 100th birthday; and (d) the date the basic plan terminates.

17 Subject to the prevailing rules of Sun Life.



5. Advanced support with an Early Stage Booster Benefit¹⁸

The best chance of critical illness survival is to receive treatment as early as possible. As such, we have identified the 4 most prevailing Early Stage Critical Illness Conditions and we are offering the Early Stage Booster Benefit which allows you to claim an additional 25% of the Original Sum Assured^{**} up to 2 times from the following 4 Early Stage Critical Illness Conditions. Category 1 and 2 can be claimed twice while category 3 and 4 can be claimed once only.

Category	Covered illnesses
1	Carcinoma-in-situ or Early Malignancy ¹⁹
2	Angioplasty and Other Invasive Treatments for Coronary Artery Disease
3	Insertion of Pacemaker or Defibrillator
4	Angioplasty and Other Surgeries for Carotid Arteries

^{**} Subject to a maximum per life limit of each claim of HKD400,000/USD50,000 under all **SunHealth OmniCare** policy(ies) issued by Sun Life for the same insured.

Remarks:

- 18 The diagnosis of such Early Stage Critical Illness Condition must fall between the insured's 18th and 100th birthdays. Current Sum Assured of this basic plan will remain the same after Early Stage Booster Benefit is paid. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.
- 19 Only specific organs and stages of Carcinoma-in-situ or Early Malignancy are covered. Carcinoma-in-situ means Carcinoma-in-situ of Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary Tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis; Early Malignancy means Early Stage Cancer of the Prostate, Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.



6. Enjoy more protection with the Diabetes Protector Benefit²⁰

One person dies from diabetes-related diseases every 6 seconds globally. In Hong Kong, nearly 10% of the population have diabetes yet almost half of them are unaware of their diabetic conditions²¹. For those of us who are healthy today without diabetes, Type II diabetes can develop at any age and it can be a key contributing factor to many other illnesses.

To support the fight against diabetes, the Diabetes Protector Benefit under **Plan 2** and **Plan 3** pays an additional coverage of 25% of the Original Sum Assured upon diagnosis of one of the following diabetic related illnesses:

Covered Illnesses	Type of Conditions	Benefit amount under Diabetes Protector Benefit
Diabetic Complications	Major Stage Critical Illness Condition	Additional coverage of 25% of the Original Sum Assured ²²
Diabetic Nephropathy	Early Stage Critical Illness Condition	Additional coverage of 25% of the Original Sum Assured
Diabetic Retinopathy	Early Stage Critical Illness Condition	(subject to a maximum per life limit of each claim of HKD400,000/USD50,000 under all SunHealth OmniCare policy(ies) issued by Sun Life for the same insured)
Gestational Diabetes ²³	Early Stage Critical Illness Condition	
Insulin Dependent Diabetes Mellitus ²⁴ (IDDM)	Juvenile Illness Condition	

Remarks:

- 20 Diabetes Protector Benefit is available for Plan 2 and Plan 3 and can be claimed once only and will be terminated afterwards. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.
- 21 Source: <http://www.diabetesrisk.hk/slogan>.
- 22 If Diabetes Protector Benefit is payable due to Diabetic Complications as specified, Major Stage Critical Illness Benefit will also be payable for such Diabetic Complications at the same time.
- 23 Gestational diabetes mellitus (GDM) must be diagnosed with first recognition during pregnancy and developing to Type II Diabetes after 12 months of delivery. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.
- 24 The coverage expires at age 18.

What's more?

On top of the key features, **SunHealth OmniCare** includes the following additional benefits as extra safeguards:

1 Enhanced Benefit 10²⁵ for your extra peace of mind

We understand that your financial burden and protection needs might be higher if you are unfortunately struck by a critical illness during the early years of your policy coverages. To help ease the financial burden on you, the Enhanced Benefit 10 provides an additional 50% of benefit amount for the following benefits claimed within the first 10 policy years, giving you and your family extra financial support when it is most needed:

1. Major Stage Critical Illness Benefit
2. Early Stage Critical Illness Benefit
3. SafetyNet Protector Benefit
4. Death Benefit
5. Early Stage Booster Benefit
6. Diabetes Protector Benefit (if applicable)
7. Comprehensive Benign Protector Benefit (if applicable)

2 Special Bonus and Maturity Bonus offers you savings elements

Special Bonus is a non-guaranteed bonus and is payable upon payment of Death Benefit, Surrender Benefit, Major Stage Critical Illness Benefit, Early Stage Critical Illness Benefit, SafetyNet Protector Benefit or Maturity Benefit of this Policy if the Current Sum Assured is higher than zero. **Plan 2** and **Plan 3** also offer Maturity Bonus which equals to 25% of the Original Sum Assured if the insured is alive at the maturity date.

3 Death Benefit and Additional Death Benefit to counter family's financial burden

In addition to the critical illness coverage, if the insured unfortunately passes away, **SunHealth OmniCare** also provides Death Benefit as follows to ease the financial burden on their family.

For Plan 1:

The higher of:	
Total premiums due and paid for basic plan excluding any extra premium	-
any previous claims paid under the basic plan	or
any other amount left with Sun Life	+ + -
the amount of any loans with interest	+ +

Remark:

25 Enhanced Benefit 10 will not be eligible for Guaranteed Cash Value and Special Bonus, if any, and will be automatically terminated (i) once Death Benefit becomes payable; (ii) on the 10th policy anniversary; and (iii) upon termination of this basic plan, whichever is the earliest. Current Sum Assured will remain the same upon payment of Enhanced Benefit 10. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.

For Plan 2 and Plan 3:

		The higher of:
 Death Benefit	Total premiums due and paid for basic plan excluding any extra premium $\text{Original Sum Assured} \times 0.25 - \text{any previous claims paid under the basic plan}$ $\text{Original Sum Assured} - \text{any other amount left with Sun Life}$ $\text{Original Sum Assured} - \text{the amount of any loans with interest}$	$100\% \text{ of the Current Sum Assured}$ or $\begin{aligned} & \text{Any face values of Special Bonus (if any)} \\ & + \\ & \text{Enhanced Benefit 10 (if applicable)} \end{aligned}$
Additional Death Benefit	25% of the Original Sum Assured, even if 100% of the Original Sum Assured is paid out	

4 Premium Waiver Benefit

The premiums for the policy may become a financial burden to the insured upon being diagnosed with a critical illness. To help the insured at this unfortunate time, we will waive all future premiums of **Plan 2 and Plan 3** when the total claims under Major Stage Critical Illness Benefit, SafetyNet Protector Benefit and/or Early Stage Critical Illness Benefit reach 100% of the Original Sum Assured, ensuring the insured remains protected under the policy as they are battling the illness.

5 Guaranteed Insurability Option/Guaranteed Insurability Option for Newborn

Each life stage requires its own set of protection needs. That's why **SunHealth OmniCare** offers the insured the ability to purchase a new standalone critical illness policy²⁶ with guaranteed insurability at a life-changing event for a limit up to HKD500,000/USD 62,500 (or 50% of the Original Sum Assured of the original basic plan, whichever is lower). This means when the insured attains age 18, get married, have children, or have a direct family member (including spouse, parents and children) diagnosed with a Major Stage Critical Illness Condition for the first time, you will be able to increase your level of critical illness coverage without having to answer any medical questions, or undergoing any medical tests or examinations.

What's more, we understand that parents always strive to provide the best protection for their children. Therefore, **SunHealth OmniCare** allows the insured to purchase a new standalone critical illness policy²⁶ with guaranteed insurability for a limit up to HKD500,000/USD 62,500 (or 50% of the Original Sum Assured of the original basic plan, whichever is lower) for their newborn. The insured can ensure his/her beloved one is well protected.

6 Value-added Benefits to support your medical treatment

To enhance your protection, **SunHealth OmniCare** offers the following value-added services²⁷ as extra safeguards.

- Medical Concierge Services
- Local Urgent Care Assistance Administration
- AdvicePro (Face-to-face Second Medical Opinion Services)
- Family Care Benefit
- Cancer and Stroke Family Support Program
- Worldwide Emergency Assistance Benefits

Remarks:

26 Subject to the prevailing rules of Sun Life.

27 The Value-added Benefits are provided by third-party service provider and are not guaranteed to be renewable. Please refer to Quick Guide to Sun Life Value-added Services for more details. Sun Life are not responsible for any act, negligence or failure to act on the part of the designated third-party service provider. Sun Life will not be liable for any loss or damage, costs or other expenses whatsoever and howsoever, directly or indirectly, caused by, arising from or in connection with the services.

Case Studies

Case 1:

Ms. A wants an affordable and simple critical illness protection with coverage on future unknown diseases while she is young and healthy. She enrolls in **SunHealth OmniCare Plan 1** at age 30.

The plan provides Ms. A:

1. Lump sum benefit upon diagnosis of one of the covered illnesses.
2. SafetyNet Protector Benefit when she is required to undergo a Complex Surgical Procedure due to injury or any illness conditions which is not claimable in any other benefits under the policy.



Ms. A
Age 30

Sum Assured of **SunHealth OmniCare Plan 1**:
Premium Payment Term:

HKD500,000
20 years

SunHealth OmniCare Plan 1

Age
30

Ms. A purchases
SunHealth OmniCare Plan 1.

Age
35

A new disease named Virus X is discovered and becomes epidemic in Ms. A's hometown. She is infected with Virus X and is required to undergo "Decompression of trigeminal nerve root", which is a Complex Surgical Procedure.

Entitled Benefit

1. SafetyNet Protector Benefit
HKD500,000
(100% of the Original Sum Assured)

2. Enhanced Benefit 10
HKD250,000
(Additional 50% of the SafetyNet Protector Benefit paid)



Ms. A's illness condition is also covered even her illness condition is not claimable in any other benefits.

All other benefits terminate except for Second Medical Opinion Service.

The above case is for illustrative purpose only.

Case 2:

Mr. B enrolls himself the **SunHealth OmniCare Plan 2** at Age 35. He would like to purchase a whole life critical illness protection for himself. In addition, he also purchases himself the CoverPlus with the Sum Assured the same as the basic plan.

The whole policy provides Mr. B:

1. Additional benefits without affecting his Current Sum Assured.
2. Major Stage Critical Illness Benefit under basic plan and Major 3 Protection Benefit.
3. Additional 100% of the Sum Assured from the CoverPlus.



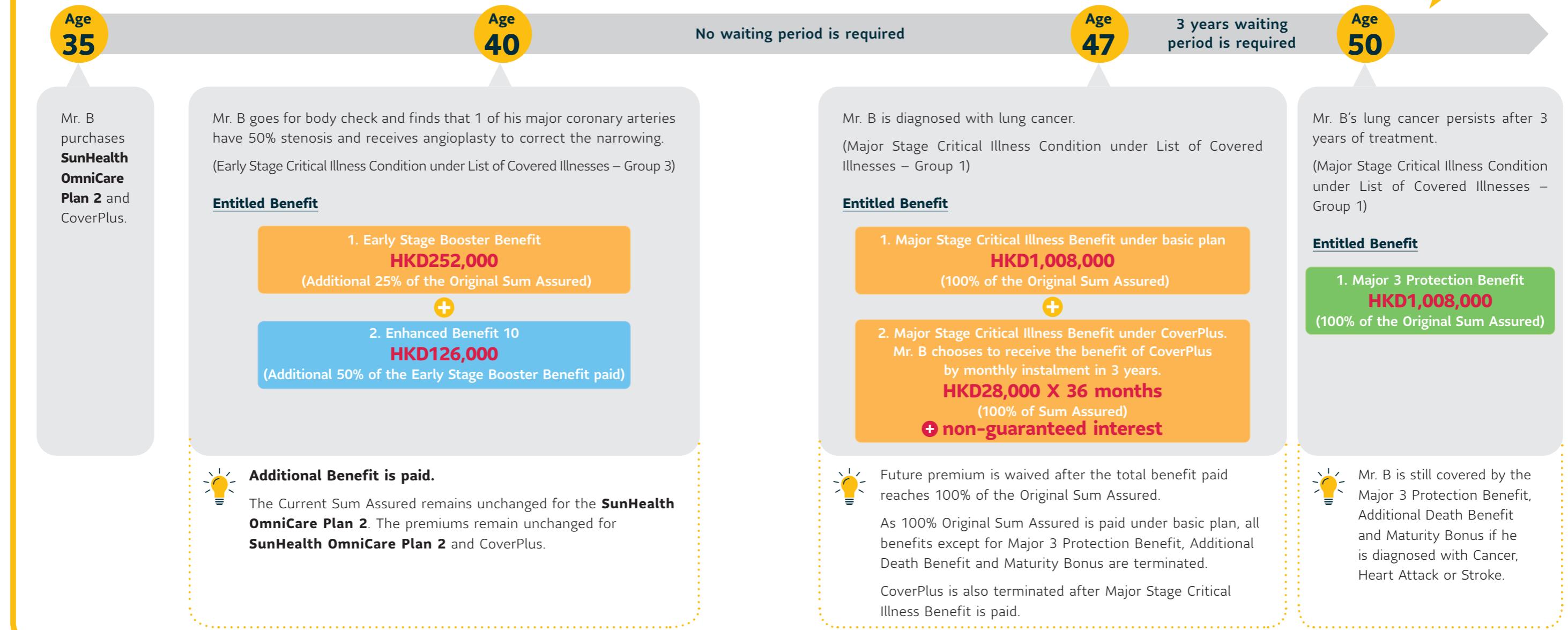
Mr. B
Age 35

Sum Assured of **SunHealth OmniCare Plan 2**:
Sum Assured of CoverPlus:
Premium Payment Term:

HKD1,008,000
HKD1,008,000
15 years

SunHealth OmniCare Plan 2

Total Benefits Paid:
HKD3,402,000
(237.5% of the Original Sum Assured of basic plan
+ 100% of Sum Assured of CoverPlus)
+ non-guaranteed interest
+ any face value of Special Bonus (non-guaranteed)



The above case is for illustrative purpose only.

Case 3:

Ms. C was diagnosed with adenofibroma of breast (benign condition) when she was 40. She realizes that health is precious and purchases herself a **SunHealth OmniCare Plan 3**.

The plan provides Ms. C:

1. Breast cancer protection by Benign Extra Benefit.
2. Multiple cancer protection on the rest of the Cancer sites with up to 400% of the Original Sum Assured.
3. If her adenofibroma of breast (benign condition) is proven to be no worse off or to have shown improvement from 2nd to 6th policy year, the exclusion on breast cancer will be removed upon successful re-underwriting.

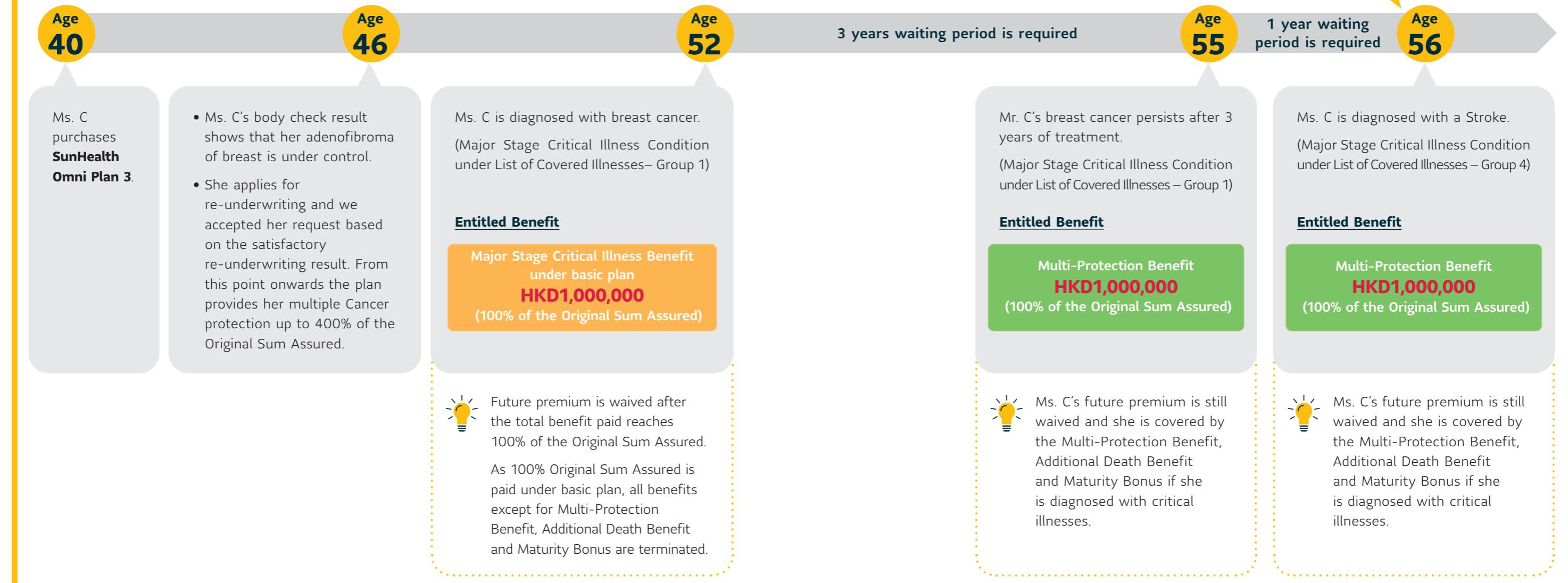


Ms. C
Age: 40

Sum Assured of **SunHealth OmniCare Plan 3**: HKD1,000,000
Premium Payment Term: 25 years

SunHealth OmniCare Plan 3

Total Benefits Paid:
HKD3,000,000
(300% of the Original Sum Assured)
+
Any face value of Special Bonus (non-guaranteed)



The above case is for illustrative purpose only.

Key Product Information

Plan	SunHealth OmniCare		CoverPlus			
Minimum Sum Assured	HKD200,000/USD25,000		HKD100,000/USD12,500			
Premium Payment Term and Issue Age	Premium Payment Term	Issue Age	Premium Payment Term	Issue Age		
	5 years	Age 0-65	5 years	Age 0-60		
	10 years	Age 0-65	10 years	Age 0-60		
	15 years	Age 0-60	15 years	Age 0-60		
	20 years	Age 0-55	20 years	Age 0-55		
Benefit Term	Up to age 100, except the following: <u>Under Major Stage Critical Illness Conditions:</u> • Loss of Independent Existence: up to age 65		Up to age 100, except the following: <u>Under Major Stage Critical Illness Conditions:</u> • Loss of Independent Existence: up to age 65			
	<u>Under Early Stage Critical Illness Conditions:</u> • All Juvenile Illnesses: up to age 18 • Accidental fracture of Spinal Column: age 65 - 85 • Severe Osteoporosis with Fractures: up to age 70		<u>Under Early Stage Critical Illness Conditions:</u> • All Juvenile Illnesses: up to age 18 • Accidental fracture of Spinal Column: age 65 - 85 • Severe Osteoporosis with Fractures: up to age 70			
	<u>Under Major 3 Protection Benefit/Multi-Protection Benefit:</u> All illnesses: up to age 85		<u>Under Major 3 Protection Benefit/Multi-Protection Benefit:</u> All illnesses: up to age 85			
Premium Payment Mode	Annually/Semi-annually/Monthly					
Currency	HKD/USD					
Premium Structure	Premium amount is determined based on several factors including but not limited to plan, premium payment term, currency, sex, issue age, smoking status and health conditions of the insured. Premium is level and non-guaranteed.					

Benefits Schedule

Type of Coverage/ Benefit ²⁸	Details of Coverage	Benefit as % of Sum Assured In the first 10 policy years ²⁹	From the 11 th policy year onwards
1. Maximum Benefit available for claims under this Policy • Enhanced Benefit 10 will be paid out in the first 10 policy years	Covers 139 illnesses and severe illnesses • 63 Major Stage Critical Illness Conditions • 62 Early Stage Critical Illness Conditions • 14 Juvenile Illness Conditions	For Plan 1 Up to 225% of the Original Sum Assured For Plan 2 Up to 1125% of the Original Sum Assured For Plan 3 Up to 1325% of the Original Sum Assured	For Plan 1 Up to 150% of the Original Sum Assured For Plan 2 Up to 1025% of the Original Sum Assured For Plan 3 Up to 1225% of the Original Sum Assured
2. Major Stage Critical Illness Benefit • Enhanced Benefit 10 will be paid out in the first 10 policy years	Covers 63 Major Stage Critical Illness Conditions	The higher of (i) 150% of the Current Sum Assured \oplus face value of Special Bonus (if any); or For Plan 1 (ii) total premiums due and paid \ominus any benefit paid For Plan 2 & 3 (ii) total premiums due and paid \ominus 25% of the Original Sum Assured \ominus any benefit paid	The higher of (i) 100% of the Current Sum Assured \oplus face value of Special Bonus (if any); or For Plan 1 (ii) total premiums due and paid \ominus any benefit paid For Plan 2 & 3 (ii) total premiums due and paid \ominus 25% of the Original Sum Assured \ominus any benefit paid
3. SafetyNet Protector Benefit • Enhanced Benefit 10 will be paid out in the first 10 policy years	Covers the insured who undergoes a Complex Surgical Procedure due to an injury or an illness condition which is not payable under any other benefit in SunHealth OmniCare	The higher of (i) 150% of the Current Sum Assured \oplus face value of Special Bonus (if any); or For Plan 1 (ii) total premiums due and paid \ominus any benefit paid For Plan 2 & 3 (ii) total premiums due and paid \ominus 25% of the Original Sum Assured \ominus any benefit paid	The higher of (i) 100% of the Current Sum Assured \oplus face value of Special Bonus (if any); or For Plan 1 (ii) total premiums due and paid \ominus any benefit paid For Plan 2 & 3 (ii) total premiums due and paid \ominus 25% of the Original Sum Assured \ominus any benefit paid
4. Early Stage Critical Illness Benefit • Enhanced Benefit 10 will be paid out in the first 10 policy years	• Covers 62 Early Stage Critical Illness Conditions • Covers 14 Juvenile Illness Conditions	37.5% ³⁰ of the Original Sum Assured \oplus proportionate face value of Special Bonus (if any)	25% of the Original Sum Assured \oplus proportionate face value of Special Bonus (if any)

Remarks:

28 Please note that:

- I. With respect to Major Stage Critical Illness Condition, Early Stage Critical Illness Condition, Juvenile Illness Condition and Surgical Excision of Covered Benign Tumour (for Plan 2 and Plan 3),
 - (i) its signs or symptoms of which first occurred must be at least 90 days after the issue date, effective date or last reinstatement date of this basic plan, whichever is the latest (excluding a condition which is directly caused by or resulting from an accident); and
 - (ii) that the insured survives for at least 14 days after the date being diagnosed as suffering from it.
 - II. For Complex Surgical Procedure, when it first occurred, it must be at least 90 days after the issue date, effective date or last reinstatement date of this basic plan, whichever is the latest (excluding a procedure which is directly caused by or resulting from an accident).
 - III. We will not pay any claim directly or indirectly caused by or resulting from pre-existing conditions.
- Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions.
- 29 Enhanced Benefit 10 is applicable in the first 10 policy years, equal to 50% of the benefit amount for Death Benefit, Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Diabetes Protector Benefit (for Plan 2 and Plan 3) or Comprehensive Benign Protector Benefit (for Plan 2 and Plan 3).
- 30 Where 25% of the Original Sum Assured is payable under Early Stage Critical Illness Benefit and 12.5% of the Original Sum Assured (additional) is payable under Enhanced Benefit 10. The Current Sum Assured, Guaranteed Cash Value, Special Bonus (if any) and premiums shall then be reduced on a pro rata basis after the date we approved Early Stage Critical Illness Benefit claim. In the case of the payment of Early Stage Critical Illness Benefit when the Current Sum Assured is less than 25% of the Original Sum Assured, only the Current Sum Assured is payable under Early Stage Critical Illness Benefit, subject to maximum per life limit of the relevant illness condition(s) under all SunHealth OmniCare policy(ies) issued by Sun Life for the same insured.

Type of Coverage/ Benefit	Details of Coverage	Benefit as % of Sum Assured	
		In the first 10 policy years ²⁹	From the 11 th policy year onwards
5.	Early Stage Booster Benefit <ul style="list-style-type: none"> Enhanced Benefit 10 will be paid out in the first 10 policy years 	<ul style="list-style-type: none"> Carcinoma-in-situ or Early Malignancy Angioplasty and Other Invasive Treatments for Coronary Artery Disease Insertion of Pacemaker or Defibrillator Angioplasty and Other Surgeries for Carotid Arteries <p>37.5% of the Original Sum Assured (Additional) (subject to a maximum per life per product limit of each claim of HKD400,000/USD50,000)</p>	25% of the Original Sum Assured (Additional) (subject to a maximum per life per product limit of each claim of HKD400,000/USD50,000)
6.	Comprehensive Benign Protector Benefit (for Plan 2 and Plan 3 only) <ul style="list-style-type: none"> Enhanced Benefit 10 will be paid out in the first 10 policy years 	<p>Benign Extra Benefit: Covers the insured who is diagnosed with a Cancer, which will otherwise be excluded from coverage under this basic plan as specified in the endorsement, will be covered under this benefit, allows a maximum of one claim</p> <p>37.5% of the Original Sum Assured (Additional) – any benefit paid under the Comprehensive Benign Protector Benefit</p>	25% of the Original Sum Assured (Additional) – any benefit paid under the Comprehensive Benign Protector Benefit
		<p>Surgical Excision of Benign Tumour Benefit: Covers if the insured undergoes a surgical excision of covered benign tumour</p> <p>Up to 15% of the Original Sum Assured (Additional) (subject to a maximum per life per product limit of each organ of HKD160,000/USD20,000)</p>	Up to 10% of the Original Sum Assured (Additional) (subject to a maximum per life per product limit of each organ of HKD160,000/USD20,000)
7.	Diabetes Protector Benefit (for Plan 2 and Plan 3 only) <ul style="list-style-type: none"> Enhanced Benefit 10 will be paid out in the first 10 policy years 	<p>Major Stage Critical Illness Condition</p> <ul style="list-style-type: none"> Diabetic Complications <p>Early Stage Critical Illness Conditions</p> <ul style="list-style-type: none"> Diabetic Nephropathy Diabetic Retinopathy Gestational Diabetes <p>Juvenile Illness Condition</p> <ul style="list-style-type: none"> Insulin Dependent Diabetes Mellitus (IDDM) <p>Diabetic Complications: 37.5% of the Original Sum Assured (Additional) + Major Stage Critical Illness Benefit payable</p> <p>Others: 37.5% of the Original Sum Assured (Additional) (subject to a maximum per life per product limit of each claim HKD400,000/USD50,000)</p>	<p>Diabetic Complications: 25% of the Original Sum Assured (Additional) + Major Stage Critical Illness Benefit payable</p> <p>Others: 25% of the Original Sum Assured (Additional) (subject to a maximum per life per product limit of each claim HKD400,000/USD50,000)</p>

	Type of Coverage/ Benefit	Details of Coverage	Benefit as % of Sum Assured	
			In the first 10 policy years²⁹	From the 11th policy year onwards
8.	Major 3 Protection Benefit (for Plan 2 only)	Covers Cancer, Heart Attack or Stroke	Cancer: 400% of the Original Sum Assured + Heart attack: 200% of the Original Sum Assured + Stroke: 200% of the Original Sum Assured + Waiver of Premium	
9.	Multi- Protection Benefit (for Plan 3 only)	Covers 137 critical illnesses <ul style="list-style-type: none"> • 61 Major Stage Critical Illness Conditions (Terminal Illness and Loss of Independent Existence are excluded) • 62 Early Stage Critical Illness Conditions • 14 Juvenile Illness Conditions 	Group 1 – Illnesses related to Cancer: 400% of the Original Sum Assured + Group 2 – Illnesses related to Major Organs & Functions: 100% of the Original Sum Assured + Group 3 – Illnesses related to the Heart: 200% of the Original Sum Assured + Group 4 – Illnesses related to the Nervous System: 200% of the Original Sum Assured + Group 5 – Illnesses related to other Major Illnesses: 100% of the Original Sum Assured + Waiver of Premium	
10.	Death Benefit <ul style="list-style-type: none">• Enhanced Benefit 10 Will be paid out in the first 10 policy years	Upon the unfortunate event of the death of the insured during the benefit term, the beneficiary(ies) will receive the Death Benefit	The higher of (i) 150% of the Current Sum Assured face value of Special Bonus (if any) or For Plan 1 (ii) total premiums due and paid for basic plan excluding any extra premium any premium claims paid under the basic plan For plan 2 & 3 (ii) total premiums due and paid for basic plan excluding any extra premium 25% of the Original Sum Assured any previous claims paid under the basic plan	The higher of (i) 100% of the Current Sum Assured face value of Special Bonus (if any) or For Plan 1 (ii) total premiums due and paid for basic plan excluding any extra premium any premium claims paid under the basic plan For plan 2 & 3 (ii) total premiums due and paid for basic plan excluding any extra premium 25% of the Original Sum Assured any previous claims paid under the basic plan
11.	Additional Death Benefit (for Plan 2 and Plan 3 only)	Upon the unfortunate event of the death of the insured during the benefit term, the beneficiary(ies) will receive the Additional Death Benefit even if 100% of the Original Sum Assured is paid out		25% of the Original Sum Assured

List of Covered Illnesses

Groups	Major Stage Critical Illness Conditions	Early Stage Critical Illness Conditions	Juvenile Illness Conditions
Group 1:			
Illnesses Related To Cancer	• Cancer	<ul style="list-style-type: none"> • Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary Tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis)* • Early Malignancies (Early Stage Prostate/Early Stage Thyroid/Non-melanoma Skin Cancer)* 	
	• Cerebral Metastasis		
Group 2:			
Illnesses Related To Major Organs & Functions	• Acute Necrohemorrhagic Pancreatitis		
	• Aplastic Anaemia	• Less Severe Aplastic Anaemia	
	• Chronic Relapsing Pancreatitis		
	• End Stage Liver Failure	<ul style="list-style-type: none"> • Liver Surgery • Hepatitis with Cirrhosis* • Chronic Autoimmune Hepatitis* 	• Wilson's disease*
	• End Stage Lung Disease	<ul style="list-style-type: none"> • Interstitial Fibrosis • Surgical Removal of One Lung 	• Severe Asthma*
	• Fulminant Hepatitis	• Biliary Tract Reconstruction Surgery	
	• Kidney Failure	<ul style="list-style-type: none"> • Less Severe Kidney Disease 	• Glomerulonephritis with Nephrotic Syndrome*
	• Major Organ Transplant	• Major Organ Transplantation (on Waiting List)	
	• Medullary Cystic Disease		
	• Severe Crohn's Disease	• Moderately Severe Crohn's Disease	
	• Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis	• Less Severe Systemic Lupus Erythematosus	
	• Systemic Scleroderma	• Early Systemic Scleroderma	
	• Ulcerative Colitis	• Moderately Severe Ulcerative Colitis	

* Subject to a maximum per life limit of HKD400,000/USD50,000 under all **SunHealth OmniCare** policy(ies) issued by Sun Life for the same insured, depending on the currency as stated on the Policy Summary, for each claim.

Groups	Major Stage Critical Illness Conditions	Early Stage Critical Illness Conditions	Juvenile Illness Conditions
Group 3:			
Illnesses Related To The Heart	• Cardiomyopathy	• Early Cardiomyopathy	
	• Dissecting Aortic Aneurysm		
	• Eisenmenger's Syndrome	• Insertion of Vena-cava Filter	
	• Heart Attack	• Pericardectomy • Insertion of Pacemaker or Defibrillator*	
	• Infective Endocarditis	• Less Severe Infective Endocarditis	
	• Primary Pulmonary Arterial Hypertension	• Endovascular Treatment of Peripheral Arterial Disease*	
	• Replacement of Heart Valve	• Less Invasive Treatments of Heart Valve Disease	• Rheumatic Fever with Valvular Impairment*
	• Surgery for Disease of the Aorta	• Endovascular Treatments of Aortic Disease or Aortic Aneurysm*	
Illnesses Related To The Nervous System	• Surgery to Coronary Arteries	• Minimally Invasive Direct Coronary Artery By-pass* • Angioplasty and Other Invasive Treatments for Coronary Artery Disease*	• Kawasaki Disease*
	• Alzheimer's Disease	• Cerebral Aneurysm Requiring Surgery	
	• Amyotrophic Lateral Sclerosis (ALS)	• Early Amyotrophic Lateral Sclerosis (ALS)	
	• Apallic Syndrome	• Surgery for Subdural Haematoma	
	• Bacterial Meningitis	• Less Severe Bacterial Meningitis	
	• Benign Brain Tumour	• Surgical Removal of Pituitary Tumour	
	• Coma	• Less Severe Coma	
	• Creutzfeldt-Jacob Disease		
	• Deafness	• Cochlear Implant Surgery • Loss of Hearing in One Ear	
	• Encephalitis	• Less Severe Encephalitis	
	• Hemiplegia		

Groups	Major Stage Critical Illness Conditions	Early Stage Critical Illness Conditions	Juvenile Illness Conditions
Illnesses Related To The Nervous System	• Major Head Trauma	• Moderately Severe Brain Damage • Cerebral Shunt Insertion	
	• Meningeal Tuberculosis	• Less Severe Meningeal Tuberculosis	
	• Motor Neurone Disease	• Early Motor Neurone Disease	• Type I Juvenile Spinal Amyotrophy*
	• Multiple Sclerosis		
	• Muscular Dystrophy	• Moderately Severe Muscular Dystrophy	
	• Paralysis	• Moderately Severe Paralysis	
	• Parkinson's Disease	• Moderately Severe Parkinson's Disease	
	• Poliomyelitis	• Moderately Severe Poliomyelitis	
	• Progressive Bulbar Palsy (PBP)	• Early Progressive Bulbar Palsy (PBP)	
	• Progressive Supranuclear Palsy	• Early Progressive Supranuclear Palsy	
	• Severe Myasthenia Gravis		
	• Stroke	• Angioplasty and other Surgeries for Carotid Arteries*	
	• Total Blindness	• Loss of Sight in One Eye • Glaucoma Surgical Treatment	
		• Severe Psychiatric Illness	
			• Juvenile Huntington Disease*
			• Intellectual Disability due to Sickness or Injury*
Group 5:			
Other Illnesses	• AIDS due to Blood Transfusion		
	• Chronic Adrenal Insufficiency	• Adrenalectomy for Adrenal Adenoma	
	• Diabetic Complications	• Diabetic Nephropathy* • Diabetic Retinopathy* • Gestational Diabetes*	• Insulin Dependent Diabetes Mellitus (IDDM)*
	• Ebola		
	• Elephantiasis		
	• HIV Acquired due to Assault		
	• Loss of Limbs	• Loss of One Limb	

Groups	Major Stage Critical Illness Conditions	Early Stage Critical Illness Conditions	Juvenile Illness Conditions
Other Illnesses	• Loss of One Limb and One Eye		
	• Loss of Speech	• Loss of Speech due to Vocal Cord Paralysis	
	• Major Burns	• Facial Burns due to Accident • Less Severe Burns to Body due to Accident	
	• Necrotising Fasciitis		
	• Occupational Acquired HIV		
	• Pheochromocytoma		
	• Severe Rheumatoid Arthritis	• Moderately Severe Rheumatoid Arthritis	• Still's Diseases*
		• Accidental Fracture of Spinal Column [#]	
		• Facial Reconstructive Surgery for Injury due to Accident*	
		• Severe Central or Mixed Sleep Apnea	
		• Severe Obstructive Sleep Apnea	
		• Severe Osteoporosis with Fractures [^]	
			• Dengue Haemorrhagic Fever*
			• Hemophilia A and Hemophilia B*
			• Osteogenesis Imperfecta*
			• Severe Autism*
Group 6 **:			
Terminal Illness And Loss Of Independent Existence	• Terminal Illness		
	• Loss of Independent Existence ^{^^}		

Coverage from attained age 65 to 85 only.

[^] Coverage terminates automatically immediately following the insured's 70th birthday and cap of HKD120,000/USD15,000 under all **SunHealth OmniCare** policy(ies) issued by Sun Life for the same insured, depending on the currency as stated on the Policy Summary, applies.

** Illness conditions under Group 6 are not covered under Multi-Protection Benefit.

^{^^} Coverage terminates automatically immediately following the insured's 65th birthday.

Important Information:

Bonus Philosophy

Life insurance involves the transfer of risk from an individual to a life insurer, and the pooling of risks across large groups of policies. With participating insurance, a portion of these risks is borne by the policyholders or shared between the policyholders and the insurer. In return, policyholders may receive policyholder bonuses in the form of reversionary/terminal/special bonuses. These bonuses are not guaranteed and can vary from year to year.

In general, bonuses on these policies reflect the experience, over time, of the group to which they belong. Bonuses will typically vary based on the performance of a number of factors, with the investment return*, including the impact of asset defaults and investment expenses, normally being the main determinant of bonus performance. Other factors^ include, but are not limited to, claims experience, taxes, expenses and policyholder persistency experience.

Favourable and unfavourable experiences may be smoothed out over time to provide more stable bonuses to policyholders. For products with a terminal/special bonus feature, adjustments to terminal/special bonus scales pass through experience normally with less smoothing applied.

The bonus allocation process seeks to achieve reasonable equity among groups of policies and among policies issued at different times, to the extent practicable. Upon declaration of reversionary bonus or pay-out of terminal/special bonus to policyholders, shareholders will also be entitled to a share of the distribution.

At least annually, the Board of Directors of Sun Life Hong Kong Limited determines the amount of bonus to be declared or paid to participating policyholders. This determination is based on the advice of Sun Life Hong Kong Limited's appointed actuary, who applies accepted actuarial principles and practices. Management of participating business is also governed by Sun Life Hong Kong Limited's internal policies, as well as advice by the internal Par Governance Committee.

* Investment return includes investment income and changes in asset value of the backing portfolio. Performance of the investment return is affected by interest earnings and other market risk factors including, but not limited to, interest rate or credit spread movements, credit events, price fluctuations in non-fixed income assets, and foreign exchange fluctuations. Please see the Investment Philosophy for more details on the investment policies, objectives and strategy in relation to the investments of the backing portfolio.

^ Claims experience represents the experience of mortality and morbidity. Persistency experience includes policy lapse/maturity and partial surrender experience; and the corresponding impact on investments. The expense factor includes maintenance expenses only, where it is charged to the participating fund at the level Sun Life Hong Kong Limited expects to be required over the foreseeable future. Policyholders will share the impact of any changes, over time, to the expected level of expenses required for the then foreseeable future. Any deviations on a year to year basis of the expenses actually incurred from the then expected level required, will be absorbed by the shareholders.

Please refer to Sun Life Hong Kong Limited's website (www.sunlife.com.hk/dividendhistory_eng) for bonuses fulfillment ratios details.

Investment Philosophy (Policies, Objectives, and Strategy)

The investment strategy supporting this product is intended to optimize long-term value to the policyholders with a suitable level of risk; and to achieve the main objective of delivering a fair chance of meeting the illustrated non-guaranteed benefits in addition to the guaranteed benefits.

The assets supporting the investment strategy span a diversified range of fixed income assets such as sovereign bonds, corporate bonds and corporate loans; as well as non-fixed income assets which are equity-like investments and may include public equities, private equities and so on. The credit portfolio largely invests in investment grade fixed income instruments. A small quantity of below investment grade assets may be present in the portfolio due to unexpected credit rating downgrades. However, exposure to below investment grade assets is controlled by the credit risk limits and investment policies.

The current long-term target mix for the assets supporting this product is shown below:

Asset Class	Target Asset Mix
Fixed Income Assets	60%-80%
Non-Fixed Income Assets	20%-40%

We invest globally to achieve geographical diversification benefits and intend to have a higher relative allocation in the US and Asia-Pacific. Diversifying between asset classes results in a more stable investment return over the long term. The actual asset mix percentages and geographical allocation may fluctuate depending on market conditions, diversification needs and economic outlook.

We may pool the investment returns with other long term insurance products with similar plan features (excluding investment linked assurance schemes and pension schemes) to optimize the investment performance and the return will subsequently be allocated with reference to the target asset mix of each products.

If the currency of the fixed income assets is not in the same currency as the underlying policies, appropriate hedging instruments (where available) is generally used to minimise impacts from fluctuating foreign exchange rates. For non-fixed income assets, there is greater investment flexibility to invest in those assets that are not denominated in the same currency as the underlying policies thereby providing diversification in risks and markets. Derivatives may be used to hedge against market risks but are not intended to bring the risk profile beyond established risk tolerances.

The investment strategy noted above may be subject to change, subject to a rigorous internal review and approval process. We will notify the policyholders upon any material changes.

Key Product Risks:**SunHealth OmniCare**

1. Premium of this basic plan is not expected to increase with age but may be reviewed and adjusted from time to time, in order to reflect the experience and change in future expectation. We reserve the right to adjust the premium for any group of insureds with similar risk profiles at every policy anniversary during the premium payment term. Factors include but not limited to the following would be considered and reflected during the review:
 - a. claim costs incurred under this basic plan and the expected claim costs in the future;
 - b. expenses directly related to and indirect expenses allocated to the policy;
 - c. investment performance on backing assets of the product;
 - d. surrenders and the corresponding impact on expenses and investment.
2. You need to pay the premium for this basic plan according to the selected premium payment term. If you do not pay a premium on or before the premium due date, a grace period of 31 days from its due date will be allowed for the payment, during which time this policy will continue in effect. Any unpaid premium by the date on which the grace period expires will be paid automatically by a loan from us. If the amount available for a loan under this policy is less than the unpaid premium, the policy will lapse automatically on the due date.
3. Please note that if you terminate this policy early or cease paying premiums early, you may receive an amount significantly less than the total premiums paid towards your policy.
4. For SunHealth OmniCare Plan 1, we have the right to terminate the basic plan upon the earliest of the following:
 - a. accumulated policy loans and interest exceeds the Guaranteed Cash Value;
 - b. neither premium is paid nor loanable by us and the grace period expires;
 - c. the policy anniversary on or immediately following the insured's 100th birthday;
 - d. the date on which the Death Benefit becomes payable by us; or
 - e. the date on which the Current Sum Assured of this basic plan is reduced to 0.

Value-Added Benefit will survive the termination due to (e) and is subject to Value-added Benefit provisions.

For SunHealth OmniCare Plan 2/Plan 3, we have the right to terminate the basic plan upon the earliest of the following:

- a. accumulated policy loans and interest exceeds the Guaranteed Cash Value;
- b. neither premium is paid nor loanable by us and the grace period expires;
- c. the policy anniversary on or immediately following the insured's 100th birthday; or
- d. the date on which the Additional Death Benefit becomes payable by us.
5. Any transaction involving conversion between policy currency and other currencies would be exposed to foreign exchange risks such as the fluctuation in exchange rate against policy currency.
6. The cost of living in the future is likely to be higher than it is today due to inflation, so the benefit may be insufficient to meet your needs even if we meet our contractual obligation. You should hence consider the impact of inflation when you plan the benefit.
7. This basic plan is an insurance policy issued by Sun Life Hong Kong Limited and your benefits are subject to the paying ability of Sun Life Hong Kong Limited. In the event that we become insolvent and unable to meet the contractual obligation under the policy, you may lose all or part of your premiums paid and benefits.

CoverPlus

1. Premium of this rider benefit is not expected to increase with age but may be reviewed and adjusted from time to time, in order to reflect the experience and change in future expectation. We reserve the right to adjust the premium for any group of insureds with similar risk profiles at every policy anniversary during the premium payment term. Factors include but not limited to the following would be considered and reflected during the review:
 - a. claim costs incurred under this rider benefit and the expected claim costs in the future;
 - b. expenses directly related to and indirect expenses allocated to the policy;
 - c. investment performance on backing assets of the product;
 - d. surrenders and the corresponding impact on expenses and investment.
2. You need to pay the premium for this rider benefit according to the selected premium payment term. If you do not pay a premium on or before the premium due date, a grace period of 31 days from its due date will be allowed for the payment, during which time this rider benefit will continue in effect. Any unpaid premium by the date on which the grace period expires will be paid by premium loan from us (if applicable). If the amount available for premium loan under this rider benefit is less than the unpaid premium, this rider benefit will lapse automatically on the due date.
3. We have the right to terminate this rider benefit upon the earliest of the following:
 - a. neither premium is paid nor loanable by us and the grace period expires;
 - b. this rider benefit reaches its maturity;
 - c. the date on which the Death Benefit becomes payable by us;
 - d. the date on which the Major Stage Critical Illness Benefit becomes payable by us;
 - e. the date on which the SafetyNet Protector Benefit becomes payable by us; or
 - f. the date on which the basic plan to which this rider benefit relates is terminated.

4. Any transaction involving conversion between policy currency and other currencies would be exposed to foreign exchange risks such as the fluctuation in exchange rate against policy currency.
5. The cost of living in the future is likely to be higher than it is today due to inflation, so the benefit may be insufficient to meet your needs even if we meet our contractual obligation. You should hence consider the impact of inflation when you plan the benefit.
6. This rider benefit is an insurance policy issued by Sun Life Hong Kong Limited and your benefits are subject to the paying ability of Sun Life Hong Kong Limited. In the event that we become insolvent and unable to meet the contractual obligation under the policy, you may lose all or part of your premiums paid and benefits.

Key Exclusions:

SunHealth OmniCare

We will not pay any claim (other than a claim under the Death Benefit provision or Additional Death Benefit provision (for Plan 2 and Plan 3 only)) directly or indirectly caused by or resulting from any of the following:

- (a) the insured's committing or attempting to commit suicide or self-inflicted injury, while the insured is sane or insane;
- (b) the insured's committing or attempting to commit a criminal offence or participating in any brawl;
- (c) unreasonable failure to seek or follow medical advice;
- (d) the insured's taking or absorbing or being under the influence of, accidentally or otherwise, any alcohol, drug, narcotic, medicine, sedative or poison, except as prescribed by a doctor;
- (e) any human immunodeficiency virus (HIV) and/or any HIV-related illnesses including acquired immune deficiency syndrome (AIDS) and/or any mutations, derivations or variations thereof, except those defined in Major Stage Critical Illness Conditions;
- (f) war (whether declared or undeclared), insurrection, civil war or any warlike operation, whether or not the insured was actively participating in them; or
- (g) atomic explosion, nuclear fission or radioactive gas.

CoverPlus

We will not pay any claim (other than a claim under the Death Benefit provision) directly or indirectly caused by or resulting from any of the following:

- (a) the insured's committing or attempting to commit suicide or self-inflicted injury, while the insured is sane or insane;
- (b) the insured's committing or attempting to commit a criminal offence or participating in any brawl;
- (c) unreasonable failure to seek or follow medical advice;
- (d) the insured's taking or absorbing or being under the influence of, accidentally or otherwise, any alcohol, drug, narcotic, medicine, sedative or poison, except as prescribed by a doctor;
- (e) any human immunodeficiency virus (HIV) and/or any HIV-related illnesses including acquired immune deficiency syndrome (AIDS) and/or any mutations, derivations or variations thereof, except those defined in Major Stage Critical Illness Conditions;
- (f) war (whether declared or undeclared), insurrection, civil war or any warlike operation, whether or not the insured was actively participating in them; or
- (g) atomic explosion, nuclear fission or radioactive gas.

Important Note:

Effective from January 1, 2018, all policy owners are required to pay a levy on their insurance premium for all new and inforce policies collected by the Insurance Authority through insurance company. The applicable levy rate will be determined by reference to the policy date or policy anniversary date. For levy details, please visit our website at www.sunlife.com.hk/levy_eng or Insurance Authority's website at www.ia.org.hk.

This brochure is for reference only. Please refer to a sample Policy Document for details including definitions of capitalized terms, full terms and conditions of coverage, and exclusions.

Cancellation Right:

If you are not fully satisfied with your policy, you have the right to cancel your policy within the cooling-off period.

By giving us a written request, your policy will then be cancelled and any premium and levy paid will be refunded, provided that: (1) your written request for cancellation must be signed by you and received directly by our office (G/F, Cheung Kei Center Tower B, No. 18 Hung Luen Road, Hung Hom, Kowloon) or through email (hk_csd@sunlife.com) within 21 calendar days immediately following the day of delivery of the policy or the cooling-off notice informing you or your representative about the expiry date of the cooling-off period, whichever is earlier, and (2) no refund of any premium and levy paid can be made if any payment from the Company under the policy has been made prior to the request for cancellation.

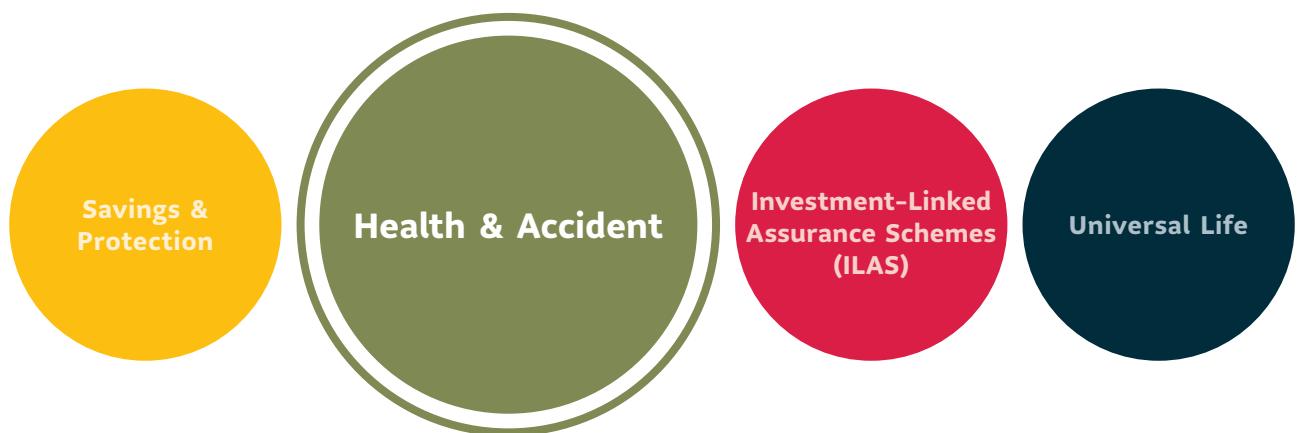
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Sun Life is a leading international financial services organization providing a diverse range of products and services to individuals and corporate clients through our professional and experienced distributors. We provide comprehensive solutions to address your life and health protection, wealth management, and retirement planning needs. Besides offering a wide range of products, we are also an experienced group benefit and third-party administrator in the pension administration business.

We truly understand the needs of your various life stages and offer a wide range of products including Savings & Protection, Health & Accident, Universal Life, and Investment-Linked Assurance Schemes. **SunHealth OmniCare** is part of Sun Life's Health & Accident series, providing effective financial support when you need it.

Sun Life Product Portfolio



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- ▶ Client Service Hotline: 2103 8928
- ▶ Please contact your Advisor

This brochure is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell or a solicitation to buy or provision of any products of Sun Life Hong Kong Limited outside Hong Kong. Please refer to a sample Policy Document, which will be provided upon request, for details including definitions, full terms and conditions, and exclusions. If there is any conflict between the Policy Document and this brochure, the Policy Document shall prevail.

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Your Policy Document

Basic Benefit Provisions - SunHealth OmniCare

DEFINITIONS

In these Basic Benefit provisions:

Activities of Daily Living mean the following activities:

- bathing;
- dressing;
- using the lavatory;
- eating; and
- moving in or out of a bed or a chair.

These conditions must be medically documented by a Doctor for at least three (3) consecutive calendar months.

An **Accident** means a sudden and traumatic event that:

- is caused solely by external, violent and unforeseeable means; and
- occurs while this Basic Plan is in effect and after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest.

A **Complex Surgical Procedure** means a surgical procedure:

- that is listed under the Schedule of Surgical Procedures in these Basic Benefit provisions and on the Company's Website. Such list may be varied, updated and amended from time to time at the Company's discretion; and
- which first occurred while this Basic Plan is in effect and at least ninety (90) days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest.

For any changes to the Schedule of Surgical Procedures, we will notify the Policy Owner in writing at least thirty (30) days prior to the effective date of the new Schedule of Surgical Procedures.

A **Juvenile Illness Condition** means a condition:

- that is listed in these Basic Benefit provisions;
- with the signs or symptoms of which first occurred while this Basic Plan is in effect and at least ninety (90) days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest;
- with the Diagnosis of which falls before the Policy Anniversary on or immediately following the Insured's eighteenth (18th) birthday; and
- that the Insured survives for at least fourteen (14) days after the date being Diagnosed as suffering from it.

A **Major Stage Critical Illness Condition** and an **Early Stage Critical Illness Condition** means a condition:

- that is listed in these Basic Benefit provisions;
- with the signs or symptoms of which first occurred while this Basic Plan is in effect and at least ninety (90) days after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest;
- with the Diagnosis of which falls within the age limit of the relevant illness set out in these Basic Benefit provisions;
- for which the Insured has undergone Surgery, if required; and
- that the Insured survives for at least fourteen (14) days after the date being Diagnosed as suffering from it.

Claimant means the Policy Owner or, if the Policy Owner has died or become incompetent (with a certificate signed by a Doctor to this effect), the beneficiary.

Current Sum Assured means the Original Sum Assured, less total amount of Sum Assured paid under Early Stage Critical Illness Benefit. Current Sum Assured will be reduced to zero (0) after the date we approved Death Benefit, Major Stage Critical Illness Benefit or SafetyNet Protector Benefit claim. Guaranteed Cash Value and Special Bonus (if any) of this Basic Plan will be reduced to zero (0) at the same time when Current Sum Assured is reduced to zero (0) under any circumstances.

Diagnosis means the definitive diagnosis of a Major Stage Critical Illness Condition, an Early Stage Critical Illness Condition or a Juvenile Illness Condition made by a Registered Medical Practitioner acceptable to us, based upon such specific condition(s), as referred to in the definition of the particular illness or Surgery concerned or, in the absence of such specific condition(s), based upon radiological, clinical, histological or laboratory evidence acceptable to us.

In the event of any dispute or disagreement regarding the appropriateness or correctness of the diagnosis, we shall have the right to call for an examination of either the Insured or the evidence used in arriving at such diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by us and the opinion of such expert as to such diagnosis shall be binding on both the Insured and us.

The above definition applies to the term "Diagnose" or "Diagnosed".

Event means (a) an Accident causing bodily injury that results in more than one claimable condition with the date of Diagnosis of such claimable condition being the same; or (b) an illness that results in more than one claimable condition with the date of Diagnosis of such claimable conditions being the same.

Your Policy Document

Basic Benefit Provisions - SunHealth OmniCare

Hospital means a legally constituted establishment that operates pursuant to the laws of the country in which it is based, is registered as a hospital and that:

- provides care and treatment of sick and injured persons on a resident in-patient basis;
- has organised facilities for Diagnosis, treatment and major Surgery;
- provides twenty-four-hour (24-hour) a day nursing services by nurses qualified and authorised to render nursing services in the relevant country;
- is under the supervision of one or more Doctors; and
- is not primarily a clinic, a place for custodial care for the aged, persons with mental disorders, alcoholics or drug addicts, or a nursing, rest or convalescent home, or similar establishment.

Medically Necessary refers to a medical service or treatment that is:

- furnished at the most appropriate level which can be safely and effectively provided to the Insured;
- with respect to a confinement, not furnished primarily for diagnostic scanning purpose, imaging examination or physical therapy;
- in accordance with standards of good and prudent medical practice;
- consistent with the diagnosis and customary medical treatments for the relevant condition at a Reasonable and Customary charge;
- necessary for such a diagnosis or treatment; and
- not furnished primarily for the convenience of the Insured, Doctor, or any other medical service provider,

and the term "Medical Necessity" shall be construed accordingly.

Original Sum Assured means the Sum Assured of this Basic Plan as shown in the Policy Summary, or as amended subsequently at the Policy Owner requests to amend in accordance with the Company's applicable rules and regulations. For the avoidance of doubt, any benefit payments made hereunder will not affect the Original Sum Assured.

Reasonable and Customary means any medical charge that is charged for treatment, supplies or medical services which is Medically Necessary to treat the Insured and does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred, and does not include charges that would not have been incurred if no insurance had been in place.

Specialist means a Doctor who is commonly recognised in the medical profession as a specialist in the medical specialty in respect of the relevant illness of the Insured.

SunHealth OmniCare means SunHealth OmniCare Plan 1, SunHealth OmniCare Plan 2 or SunHealth OmniCare Plan 3.

Surgery means the removal or correction of an illness or disease condition using mechanical instruments such as a knife or scissors, amplified light rays such as a laser, and/or radiologic means such as a gamma knife. Removal of tumour or diseased organ and by-pass grafting are examples of this.

Surgery Date means the first day on which the Insured underwent a Surgery.

Definitions of terms defined in your Policy Document or set out in your Policy Summary will apply to these Basic Benefit provisions. However, if there is any inconsistency between any of the definitions in these Basic Benefit provisions and those in your Policy Document or Policy Summary, the definitions in these Basic Benefit provisions will prevail for the purpose of interpreting these Basic Benefit provisions to the extent of the inconsistency.

PAYMENT OF BENEFIT

Unless otherwise specified in this Basic Plan and except SafetyNet Protector Benefit, in the Event that more than one claimable condition arises from an illness or injury, only one of the benefits listed in these Basic Benefit Provisions with the highest benefit amount will be paid.

DEATH BENEFIT

While this Basic Plan and this Death Benefit are in effect, in the event the Insured dies, we will pay the Death Benefit of this Basic Plan to the beneficiary, provided we receive evidence satisfactory to us at our sole discretion. The amount of Death Benefit is equal to the higher of:

- sum of one hundred percent (100%) of the Current Sum Assured, plus Enhanced Benefit 10, if applicable, plus face value of Special Bonus, if any; and
- total premiums due and paid for this Basic Plan excluding any extra premiums, less the amount of any benefit paid under this Basic Plan; plus any other amounts left with us, less the amount of any loans with interest.

Coverage for this Death Benefit will terminate automatically on the earliest of (a) the date on which the payment of this Death Benefit is made; (b) the date on which the Current Sum Assured is reduced to zero (0); (c) the policy anniversary on or immediately following the Insured's one hundredth (100th) birthday; and (d) the date this Basic Plan terminates.

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Basic Benefit Provisions - SunHealth OmniCare

MAJOR STAGE CRITICAL ILLNESS BENEFIT

While this Basic Plan and this Major Stage Critical Illness Benefit are in effect, if the Insured is Diagnosed as suffering from one of the listed Major Stage Critical Illness Conditions, we will pay Major Stage Critical Illness Benefit of this Basic Plan to the Claimant, provided we receive evidence satisfactory to us at our sole discretion. The amount of Major Stage Critical Illness Benefit is equal to the higher of:

- sum of one hundred percent (100%) of the Current Sum Assured, plus Enhanced Benefit 10, if applicable, plus face value of Special Bonus, if any; and
- total premiums due and paid for this Basic Plan excluding any extra premiums, less the amount of any benefit paid under this Basic Plan; plus any other amounts left with us, less the amount of any loans with interest.

Each Major Stage Critical Illness Condition can be claimed once only.

The Current Sum Assured, Guaranteed Cash Value and Special Bonus (if any) of this Basic Plan will be reduced to zero (0) after the date we approved Major Stage Critical Illness Benefit claim.

Coverage for this Major Stage Critical Illness Benefit will terminate automatically on the earliest of (a) the date on which the payment of this Major Stage Critical Illness Benefit is made; (b) the date on which the Current Sum Assured is reduced to zero (0); (c) the policy anniversary on or immediately following the Insured's one hundredth (100th) birthday; and (d) the date this Basic Plan terminates.

Once this Major Stage Critical Illness Benefit becomes payable, coverage for Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Death Benefit, Maturity Benefit and any Rider Benefit(s) attached to this Basic Plan will terminate automatically.

SAFETYNET PROTECTOR BENEFIT

While this Basic Plan and this SafetyNet Protector Benefit are in effect, if the Insured undergoes a Complex Surgical Procedure in a Hospital due to an injury or an illness condition, and provided that such injury or illness condition is not eligible to be claimed under any benefit in these Basic Benefit provisions, we will pay SafetyNet Protector Benefit of this Basic Plan to the Claimant, provided we receive evidence satisfactory to us at our sole discretion. The amount of SafetyNet Protector Benefit is equal to the higher of:

- sum of one hundred percent (100%) of the Current Sum Assured, plus Enhanced Benefit 10, if applicable, plus face value of Special Bonus, if any; and
- total premiums due and paid for this Basic Plan excluding any extra premiums, less the amount of any benefit paid under this Basic Plan; plus any other amounts left with us, less the amount of any loans with interest.

This SafetyNet Protector Benefit can be claimed once only.

The Current Sum Assured, Guaranteed Cash Value and Special Bonus (if any) of this Basic Plan will be reduced to zero (0) after the date we approved SafetyNet Protector Benefit claim.

Coverage for this SafetyNet Protector Benefit will terminate automatically on the earliest of (a) the date on which the payment of this SafetyNet Protector Benefit is made; (b) date on which the Current Sum Assured is reduced to zero (0); (c) the policy anniversary on or immediately following the Insured's one hundredth (100th) birthday; and (d) the date this Basic Plan terminates.

Once this SafetyNet Protector Benefit becomes payable, coverage for Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Death Benefit, Maturity Benefit and any Rider Benefit(s) attached to this Basic Plan will terminate automatically.

EARLY STAGE CRITICAL ILLNESS BENEFIT

While this Basic Plan and this Early Stage Critical Illness Benefit are in effect, if the Insured is Diagnosed as suffering from one of the listed Early Stage Critical Illness Conditions or Juvenile Illness Conditions, we will pay Early Stage Critical Illness Benefit to the Claimant, provided we receive evidence satisfactory to us at our sole discretion.

The amount of Early Stage Critical Illness Benefit is equal to twenty-five percent (25%) of the Original Sum Assured, plus face value of Special Bonus (if any), which is in proportionate to the advanced Current Sum Assured, less the amount of any loans with interest, subject to maximum per life limit of the relevant illness condition(s) under all SunHealth OmniCare policy(ies) issued by us for the same Insured.

In the case of the payment of Early Stage Critical Illness Benefit when the Current Sum Assured is less than twenty-five percent (25%) of the Original Sum Assured, only the Current Sum Assured is payable under Early Stage Critical Illness Benefit, subject to maximum per life limit of the relevant illness condition(s) under all SunHealth OmniCare policy(ies) issued by us for the same Insured.

Early Stage Critical Illness Benefit can be claimed more than one (1) time, subject to terms and conditions as hereunder, but each Early Stage Critical Illness Condition and Juvenile Illness Condition can be claimed once only, except for the following:

- Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis) and Early Malignancy (Early Stage Cancer of the Prostate/ Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above) which can be claimed up to a maximum of two (2) times in total under both Early Stage Critical Illness Benefit and Early Stage Booster Benefit; and

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS BENEFIT (CONTINUED)

- Angioplasty and Other Invasive Treatments for Coronary Artery Disease which can be claimed up to a maximum of three (3) times under both Early Stage Critical Illness Benefit and Early Stage Booster Benefit. For the avoidance of doubt, the third claims of Angioplasty and Other Invasive Treatments for Coronary Artery Disease under Early Stage Critical Illness Conditions will be eligible only if the first two (2) claims of Angioplasty and Other Invasive Treatments for Coronary Artery Disease have been paid under Early Stage Booster Benefit.

Provided that:

- the second claim or third claim for Angioplasty and Other Invasive Treatments for Coronary Artery Disease has fulfilled the relevant additional condition as set out in the definitions under Early Stage Critical Illness Conditions provision; and
- the two (2) claims of Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis) are of different organs; or the two claims of Early Malignancies (Early Stage Cancer of the Prostate/ Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above) are at different sites.

Upon payment of each Early Stage Critical Illness Benefit claim, Current Sum Assured, Guaranteed Cash Value, Special Bonus (if any) and premiums shall then be reduced on a pro rata basis accordingly.

For the purpose of calculating the Current Sum Assured, the amount of Sum Assured paid in the Early Stage Critical Illness Benefit is the lower of:

- twenty-five percent (25%) of the Original Sum Assured; and
- maximum per life limit of the relevant illness condition(s) under all SunHealth OmniCare policy(ies) issued by us for the same Insured.

Except in the case of the payment of Early Stage Critical Illness Benefit when the Current Sum Assured is less than the lower of (i) twenty-five percent (25%) of the Original Sum Assured; and (ii) maximum per life limit of the relevant illness condition(s) under all SunHealth OmniCare policy(ies) issued by us for the same Insured, the amount of Sum Assured paid in the Early Stage Critical Illness Benefit is equal to Current Sum Assured.

Once the aggregate claim amount under Major Stage Critical Illness Benefit, SafetyNet Protector Benefit and Early Stage Critical Illness Benefit reached one hundred percent (100%) of Original Sum Assured, coverage for Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, Early Stage Booster Benefit, Death Benefit, Maturity Benefit and any Rider Benefit(s) attached to this Basic Plan will terminate automatically.

Coverage for this Early Stage Critical Illness Benefit will terminate automatically on the earliest of (a) the date on which the Current Sum Assured is reduced to zero (0); (b) the policy anniversary on or immediately following the Insured's one hundredth (100th) birthday; and (c) the date this Basic Plan terminates.

ENHANCED BENEFIT 10

While this Basic Plan, this Enhanced Benefit 10 and the relevant benefit(s) are in effect, we will pay to the Claimant an additional benefit of Enhanced Benefit 10 which is equal to fifty percent (50%) of the benefit amount for Death Benefit, Major Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Critical Illness Benefit, or Early Stage Booster Benefit as of the date when one of such benefits is payable under this Basic Plan before the tenth (10th) Policy Anniversary, subject to maximum per life limit of the relevant illness condition(s) under all SunHealth OmniCare policy(ies) issued by us for the same Insured, if applicable.

Current Sum Assured, Guaranteed Cash Value and Special Bonus (if any) and premium of this Basic Plan will remain the same upon payment of Enhanced Benefit 10.

Coverage for this Enhanced Benefit 10 will terminate automatically on the earliest of (a) the date on which the payment of Death Benefit is made; (b) on the tenth (10th) policy anniversary; and (c) the date this Basic Plan terminates.

Any outstanding loans with interest will be reduced from Enhanced Benefit 10 before it is paid.

EARLY STAGE BOOSTER BENEFIT

While this Basic Plan and this Early Stage Booster Benefit are in effect, we will pay to the Claimant an additional benefit of Early Stage Booster Benefit which is equal to twenty-five percent (25%) of the Original Sum Assured subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim provided all of the following conditions are met:

- the Insured is Diagnosed as suffering from one of the following Early Stage Critical Illness Conditions:
 - Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis) or Early Malignancy (Early Stage Cancer of the Prostate/ Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above)
 - Angioplasty and Other Invasive Treatments for Coronary Artery Disease
 - Insertion of Pacemaker or Defibrillator
 - Angioplasty and Other Surgeries for Carotid Arteries
- with the Diagnosis of such Early Stage Critical Illness Condition falls between the Insured's eighteenth (18th) to one hundredth (100th) birthday;
- that the terms of your Policy (including these Basic Benefit provisions) have been satisfied; and
- we receive evidence satisfactory to us at our sole discretion.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE BOOSTER BENEFIT (CONTINUED)

If the Insured has other SunHealth OmniCare policy(ies) issued by us under which:

- the Insured may also bring a claim for the same illness to that claimed by the Insured under this Early Stage Booster Benefit; and
- the Insured is subject to a per life maximum benefit in relation to any such claim under all SunHealth OmniCare policy(ies) issued by us, the maximum per life limit of US\$50,000/HK\$400,000, depending on the currency as stated on the Policy Summary, for each claim will also apply to this Early Stage Booster Benefit and all SunHealth OmniCare policy(ies) issued by us so that the aggregate benefit payable for the same illness i) under this Basic Plan including Enhanced Benefit 10, if applicable, and ii) in relation to all SunHealth OmniCare policies does not exceed US\$50,000/HK\$400,000, depending on the currency as stated on the Policy Summary, for each claim.

The Early Stage Booster Benefit allows a maximum of two (2) claims on the same or different illness condition(s) covered under Early Stage Booster Benefit and is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim for the same illness and the maximum number of claims for each illness, provided that:

- the second claim for Angioplasty and Other Invasive Treatments for Coronary Artery Disease has fulfilled the relevant additional condition as set out in the definitions under Early Stage Critical Illness Conditions provision; and
- the two claims of Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis) are of different organs; or the two claims of Early Malignancies (Early Stage Cancer of the Prostate/ Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above) are at different sites.

Unless otherwise specified, if a claim for an Early Stage Critical Illness Condition is made under Early Stage Booster Benefit, no claims will be payable under Early Stage Critical Illness Benefit for the same Early Stage Critical Illness Condition at the same time, and any subsequent claim for such Early Stage Critical Illness Condition will not be payable under Early Stage Critical Illness Benefit (except for Angioplasty and Other Invasive Treatments for Coronary Artery Disease, Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis) and Early Malignancy (Early Stage Cancer of the Prostate/ Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above)). If no claim is made from the covered illness(es) under this benefit, the relevant covered illness(es) will be eligible to claim for Early Stage Critical Illness Benefit.

Current Sum Assured, Guaranteed Cash Value and Special Bonus (if any) and premium of this Basic Plan will remain the same upon payment of Early Stage Booster Benefit.

Coverage for this Early Stage Booster Benefit will terminate automatically on the earliest of (a) the date on which the second payment of this Early Stage Booster Benefit is made; (b) the date on which the Current Sum Assured is reduced to zero (0); (c) the policy anniversary on or immediately following the Insured's one hundredth (100th) birthday; and (d) the date this Basic Plan terminates.

Any outstanding loans with interest will be reduced from Early Stage Booster Benefit before it is paid.

MATURITY BENEFIT

While this Basic Plan and this Maturity Benefit are in effect, if the Insured is alive on the Maturity Date set out in your Policy Summary, we will pay the Claimant the Maturity Benefit which is equal to one hundred percent (100%) of the Current Sum Assured, plus cash value of Special Bonus, if any, plus any other amounts left with us, less the amount of any loans with interest.

Coverage for this Maturity Benefit will terminate automatically on the earliest of (a) the date on which the payment of this Maturity Benefit is made; (b) the date on which the Current Sum Assured is reduced to zero (0); (c) the Maturity Date; and (d) the date this Basic Plan terminates.

GUARANTEED INSURABILITY OPTION

While this Basic Plan and this Guaranteed Insurability Option are in effect, the Policy Owner may purchase a new critical illness policy for which we will offer this Guaranteed Insurability Option, on the life of the Insured without further evidence of insurability by submitting written notice to us, if:

- this Basic Plan is in effect for at least three (3) consecutive years;
- we receive the new policy application before the Policy Anniversary on or immediately following the Insured's sixty-fifth (65th) birthday and, together with the application, no less than the minimum first premium we would normally require on such new policy;
- the new policy is on the life of the Insured only;
- no claim is currently pending nor has a claim been submitted to us under this Basic Plan;
- the Sum Assured of the new policy is capped at the lower of fifty percent (50%) of the Original Sum Assured and US\$62,500 / HK\$500,000, depending on the currency as stated on the Policy Summary;
- the new policy meets all of our then current administrative rules and our then maximum critical illness coverage per life;
- this Basic Plan is issued without an extra premium; and
- a written notice is received by us within thirty (30) days from the date of any one of the following specified events:
 - the Insured is married;
 - the Insured has a new-born baby;
 - the Insured's one of the direct family members, including parents, children and spouse, is Diagnosed with a Major Stage Critical Illness Condition for the first time; or
 - the Insured attains age eighteen (18).

The new policy will be effective from its approval date. Any premium received for the new policy will be refunded if the Insured dies or is Diagnosed as suffering from one (1) of the listed Major Stage Critical Illness Conditions, Early Stage Critical Illness Conditions and Juvenile Illness Conditions, or undergoes a Complex Surgical Procedure after we receive this premium but before the date of approval.

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Basic Benefit Provisions - SunHealth OmniCare

GUARANTEED INSURABILITY OPTION (CONTINUED)

This Guaranteed Insurability Option terminates automatically on the earliest of the date:

- (a) on which we approved the written notice of the Policy Owner to purchase a new critical illness policy under this Guaranteed Insurability Option;
- (b) the Policy Anniversary on or immediately following the Insured's sixty-fifth (65th) birthday; and
- (c) any claim is submitted to us under this Basic Plan.

GUARANTEED INSURABILITY OPTION FOR NEW-BORN

While this Basic Plan and this Guaranteed Insurability Option For New-Born are in effect, if the Insured gives birth to a child (or if the Insured's spouse gives birth to a child), the Policy Owner may purchase a new critical illness policy for which we will offer this Guaranteed Insurability Option For New-born, on the life of that child ("Covered Child") without further evidence of insurability by submitting written notice to us, if:

- this Basic Plan is in effect for at least one (1) year;
- we receive the new policy application within thirty (30) days from the date of birth of Covered Child and, together with the application, no less than the minimum first premium we would normally require on such new policy;
- the new policy is on the life of Covered Child only;
- no claim is currently pending nor has a claim been submitted to us under this Basic Plan;
- the Sum Assured of the new policy is capped at the lower of fifty percent (50%) of the Original Sum Assured and US\$62,500 / HK\$500,000, depending on the currency as stated on the Policy Summary;
- the new policy meets all of our then current administrative rules and our then maximum critical illness coverage per life;
- this Basic Plan is issued without an extra premium.

The new policy will be effective from its approval date. Any premium received for the new policy will be refunded if Covered Child dies or is Diagnosed as suffering from one (1) of the listed Major Stage Critical Illness Conditions, Early Stage Critical Illness Conditions and Juvenile Illness Conditions, or undergoes a Complex Surgical Procedure after we receive this premium but before the date of approval.

This Guaranteed Insurability Option For New-born terminates automatically on the earliest of the date:

- (a) on which we approved the written notice of the Policy Owner to purchase a new critical illness policy under this Guaranteed Insurability Option For New-born; and
- (b) any claim is submitted to us under this Basic Plan.

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Basic Benefit Provisions - SunHealth OmniCare

VALUE-ADDED BENEFIT

Value-added Benefit provides one of the following services:

- Second Medical Opinion, or
- any other service offered by us from time to time.

Coverage for this Value-added Benefit will terminate automatically one year from the date on which the claim for Major Stage Critical Illness Benefit, Early Stage Critical Illness Benefit, SafetyNet Protector Benefit, Early Stage Booster Benefit (as applicable) is approved by us and the Insured has selected to use the service under this Value-added Benefit provision in respect of such claim.

The Premium payable for this Basic Plan will not be reduced after the termination of this Value-added Benefit.

We are not responsible and will not be liable for any loss or damage, whatsoever and howsoever, directly or indirectly, caused by, arising from or in connection with the service provided under this Value-added Benefit.

We may offer other services under this Value-added Benefit provision from time to time and at our own discretion. Any such service will be set out in the form of an endorsement and will be subject to the terms and conditions therein.

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Basic Benefit Provisions - SunHealth OmniCare

MAJOR STAGE CRITICAL ILLNESS CONDITIONS

1. Acute Necrohemorrhagic Pancreatitis

Acute inflammation and necrosis of pancreas parenchyma, focal enzymic necrosis of pancreatic fat and hemorrhage due to blood vessel necrosis, where all of the following criteria are met:

- (a) The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and
- (b) The Diagnosis is based on histopathological features and confirmed by a Registered Medical Practitioner who is a Specialist.

Pancreatitis due to alcohol or drug abuse is excluded.

2. AIDS due to Blood Transfusion

The event that the Insured becomes infected by any human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS) or other similar or related condition or syndrome, provided all of the following conditions are met:

- (a) the conditions must be life-threatening and there must exist no effective cure;
- (b) the infection is due to a Medically Necessary blood transfusion received in a Hospital in Hong Kong after the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest;
- (c) the Doctor that performed the relevant blood transfusion and the legally certified supplier of blood or blood products that provided the particular blood or blood product for the relevant transfusion certify that the Insured was infected by human immunodeficiency virus or acquired immune deficiency syndrome or similar or related condition or syndrome through blood transfusion; and
- (d) the Insured is not a haemophiliac.

3. Alzheimer's Disease

Progressive and permanent deterioration or loss of intellectual capacity as evidenced by clinical state and accepted standardized questionnaires or tests or abnormal behaviour arising from Alzheimer's disease or irreversible organic degenerative brain disorders resulting in significant reduction in mental and social functioning and requiring the continuous supervision of the Insured and subject to the acceptance of our medical officer. Neurosis and psychotic illnesses are specifically excluded.

4. Amyotrophic Lateral Sclerosis (ALS)

Characterised by muscular weakness and atrophy, evidence of anterior horn cell dysfunction, visible muscle fasciculations, spasticity, hyperactive deep tendon reflexes and extensor plantar reflexes, evidence of corticospinal tract involvement, dysarthric and dysphagia. Diagnosis must be confirmed by electromyography or equivalent.

5. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. The definite Diagnosis must be confirmed by a consultant neurologist acceptable to us. This condition must be medically documented by a Doctor for at least one month.

6. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following:

- (a) marrow stimulating agents;
- (b) immunosuppressive agents; or
- (c) bone marrow transplantation.

7. Bacterial Meningitis

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit persisting for at least six consecutive months, the Diagnosis to be confirmed by a registered consultant neurologist acceptable to us.

8. Benign Brain Tumour

A non-cancerous tumour in the brain, which either requires surgical excision or causes significant permanent neurological deficit persisting for at least six consecutive months. Cysts, granulomas, malformations in, or of, the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are excluded.

9. Cancer

Cancer means:

- (1) Any malignant tumour positively Diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue; or
- (2) Any occurrence of histologically confirmed leukemia, lymphoma or sarcoma.

Irrespective of the above, for purposes of the definition of "Major Stage Critical Illness Condition", Cancer does not include any of the following:

- (i) any cancer which is histologically classified as pre-malignant, non-invasive, or carcinoma in situ, or as having either borderline malignancy or low malignant potential;
- (ii) any tumour of the thyroid histologically classified as T1aN0M0 or a lower stage according to the TNM classification system;
- (iii) any tumour of the prostate histologically classified as T1a, T1b or T1c or a lower stage according to the TNM classification system;
- (iv) chronic lymphocytic leukemia classified as less than RAI Stage III;
- (v) any cancer where HIV Infection is also present; and
- (vi) any skin cancer, other than malignant melanoma.

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Basic Benefit Provisions - SunHealth OmniCare

MAJOR STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

10. Cardiomyopathy

The unequivocal Diagnosis by a consultant cardiologist acceptable to us of cardiomyopathy causing permanent impaired left ventricular function with an ejection fraction of less than thirty percent (30%). This must result in severe physical limitation of activity to the degree of class IV of the New York Heart Classification and this limitation must have persisted for at least six (6) months when stabilised on appropriate therapy. Cardiomyopathy directly related to alcohol or drug misuse is excluded.

Class IV of New York Heart Classification

Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.

11. Cerebral Metastasis

Evidence of metastatic cancer of the brain where the primary lesion cannot be established.

12. Chronic Adrenal Insufficiency

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life-long glucocorticoid and mineralocorticoid replacement therapy. The Diagnosis of Chronic Adrenal Insufficiency (Addison's Disease) must be: i) confirmed by a Registered Medical Practitioner who is an endocrinologist and an independent medical expert; and ii) supported by ACTH stimulation tests.

Only chronic adrenal insufficiency caused by an autoimmune disorder is included. All other causes of adrenal insufficiency are excluded.

13. Chronic Relapsing Pancreatitis

An unequivocal Diagnosis of Chronic Relapsing Pancreatitis, made by a Specialist in gastroenterologist acceptable to us and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

14. Coma

A state of unconsciousness with no reaction to external stimuli or internal needs persisting continuously with the use of life support systems for a period of at least one week and resulting in a neurological deficit, which in our medical officer's opinion is of a permanent nature.

15. Creutzfeldt-Jacob Disease

A neurological disease, fatal spongiform encephalopathy, accompanied by signs and symptoms of:

- (a) uncontrolled muscular spasm, tremor;
- (b) severe progressive dementia;
- (c) cerebellar dysfunction; and
- (d) athetosis.

The Diagnosis must be made by a Specialist in neurology acceptable to us, and must be based on conclusive electroencephalography (EEG) and cerebrospinal fluid (CSF) findings as well as computed tomography (CT) scan and magnetic resonance imaging (MRI).

16. Deafness

Acquired total and irreversible loss of hearing in both ears, which must be established for a continuous period of twelve (12) months, as certified by an otorhinolaryngologist or ear, nose and throat (ENT) Specialist acceptable to us.

17. Diabetic Complications

The occurrence of diabetes mellitus where all of the following conditions are met:

- (a) The Diagnosis is made by a Specialist in diabetology and supported by diagnostic test; and
- (b) The disease is complicated with diabetic neuropathy resulting in the amputation of lower limb at or above the ankle certified to be Medically Necessary by a Specialist in diabetology.

18. Dissecting Aortic Aneurysm

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. Diagnosis must be confirmed by computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) or angiogram and attested by a cardiovascular Specialist acceptable to us.

19. Ebola

Infection with the Ebola virus where the following conditions are met:

- (a) presence of the Ebola virus has been confirmed by laboratory testing;
- (b) there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
- (c) the infection does not result in death.

20. Eisenmenger's Syndrome

Development of severe pulmonary hypertension resulting from primary lung or heart condition leading to hemoptysis and ultimately reversal of blood flow.

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Basic Benefit Provisions - SunHealth OmniCare

MAJOR STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

21. 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, including laboratory confirmation of microfilariae, and be supported by our medical officer.

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

22. Encephalitis

Severe inflammation of brain substance that results in significant and permanent neurological deficit persisting for at least six consecutive months as certified by a registered consultant neurologist acceptable to us.

23. End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- (a) permanent jaundice;
- (b) ascites; and
- (c) encephalopathy.

24. End Stage Lung Disease

End stage lung disease including interstitial lung disease requiring extensive and continuous oxygen therapy as well as FEV1 test result of consistently less than 1L despite bronchodilators.

25. Fulminant Hepatitis

A submassive to massive necrosis of the liver by the hepatitis virus, leading precipitously to liver failure. The Diagnosis in respect of this illness must be based on the meeting of all of the following criteria:

- (a) a rapidly decreasing liver size;
- (b) necrosis involving entire lobules, leaving only a collapsed reticular frame-work;
- (c) rapid deterioration of liver function tests; and
- (d) deepening jaundice.

Evidence of the following must be produced:

- (a) liver function test to show massive parenchymal liver disease; and
- (b) objective signs of portosystemic encephalopathy.

26. Heart Attack

Death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area as a consequence of coronary artery disease. The Diagnosis must be supported by all three (3) of the following criteria and be diagnostic of a new definite acute myocardial infarction:

- (1) Symptoms clinically accepted as consistent with the Diagnosis of an acute myocardial infarction; and
- (2) New characteristic electrocardiographic changes; and
- (3) The characteristic rise above accepted normal values of biochemical cardiac specific markers such as CK-MB or cardiac troponins.

Heart attack occurring during a coronary intervention must have a cardiac troponin level that is at least three (3) times increased above the laboratory reported upper normal value. Angina and all other forms of acute coronary syndromes are not covered.

27. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis caused by illness or Injury, except when such Injury is self-inflicted.

28. HIV Acquired due to Assault

Infection with the human immunodeficiency virus (HIV) where the virus is acquired as a result of a physical assault (that is the assault must have caused the HIV infection) on the Insured in Hong Kong, involving needlestick injury with a sharp instrument or blood-stained body fluid and where sero-conversion to the HIV infection occurs within one hundred and eighty (180) days of the assault. HIV infection resulting from or transmitted by any other means is specifically excluded from this Basic Plan.

Any assault causing a potential claim must have been reported to the police within twenty-four (24) hours and to us within fourteen (14) days of the assault and be supported by a negative HIV anti-body test taken within five (5) days after the documented assault. We must be given access to independently test all the blood samples and to take such added samples as we deem necessary or advisable.

The conditions must be life-threatening and there must exist no effective cure.

29. Infective endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- (a) Positive result of the blood culture proving presence of the infectious organism(s);
- (b) Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis and
- (c) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist.

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Basic Benefit Provisions - SunHealth OmniCare

MAJOR STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

30. **Kidney Failure**
End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either chronic renal dialysis or renal transplant is initiated.
31. **Loss of Limbs**
Complete and irreversible severance of two (2) or more limbs at or above the wrist or ankle joint.
32. **Loss of one limb and one eye**
Total, permanent and irrecoverable loss of sight of one (1) eye and loss by severance of one (1) limb at or above the wrist or ankle as a result of illness or Injury.
33. **Loss of Independent Existence**
Loss of Independent Existence refers to the total / complete inability to perform at least three (3) of the Activities of Daily Living even with the aid of special equipment, requiring the physical assistance of another person throughout the entire activity, for a continuous period of at least six (6) months and leading to a permanent inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Medical Practitioner.

The coverage for Loss of Independent Existence will automatically cease on the Policy Anniversary immediately following the sixtieth (65th) birthday of the Insured.

All psychiatric related causes are excluded.
34. **Loss of Speech**
Acquired total and irrecoverable loss of the ability to speak due to physical damage to the vocal cords, which must be established for a continuous period of twelve (12) months, as certified by a registered consultant neurologist acceptable to us.
35. **Major Burns**
Third degree burns covering at least twenty percent (20%) of the surface of the body as measured by the Lund and Browder Body Surface Chart.
36. **Major Head Trauma**
Major trauma to the head with disturbance of the brain function confirmed by definite Diagnosis by a consultant neurologist acceptable to us. The disturbance must result in a permanent bedridden situation or the inability to perform without assistance three or more Activities of Daily Living.
37. **Major Organ Transplant**
The undergoing of transplant of a heart, liver, lung, kidney, pancreas, or bone marrow as recipient.
38. **Medullary Cystic Disease**
The formation of multiple cysts in the medulla region of both kidneys and involving the collecting ducts as Diagnosed by a Doctor, and agreed to by our medical officer.
39. **Meningeal Tuberculosis**
Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit. Such a Diagnosis must be confirmed by a registered consultant neurologist acceptable to us.
40. **Motor Neurone Disease**
Motor neurone disease Diagnosed by a consultant neurologist acceptable to us as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least three (3) months. The Insured must be unable to perform without assistance three (3) or more of the Activities of Daily Living.
41. **Multiple Sclerosis**
Multiple sclerosis means a definite Diagnosis of having either:
 - (a) two (2) clinically documented episodes; or
 - (b) one (1) episode persisting for at least six (6) months, of well-defined neurological abnormalities with objective evidence of at least two (2) areas of demyelination confirmed by magnetic resonance imaging ("MRI") scanning or imaging techniques.
The Diagnosis must:
 - (a) be made by a neurologist acceptable to us;
 - (b) be confirmed by MRI or modern imaging techniques; and
 - (c) eliminate other potential causes of neurological symptoms.
42. **Muscular Dystrophy**
A hereditary muscular dystrophy confirmed by a registered consultant neurologist acceptable to us, resulting in the inability to perform without assistance three or more Activities of Daily Living.

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Basic Benefit Provisions - SunHealth OmniCare

MAJOR STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

43. Necrotising Fasciitis

The occurrence of necrotising fasciitis where the following conditions are met:

- (a) the usual clinical criteria of necrotising fasciitis are met;
- (b) the bacteria identified is a known cause of necrotising fasciitis; and
- (c) there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

The Diagnosis must be made by a Specialist.

44. Occupational Acquired HIV

Infection with the human immunodeficiency virus (HIV), which results from an Accident occurring while the Insured was carrying out the normal duties of his or her usual occupation in Hong Kong. No payment will be made unless all the following are proven to our satisfaction:

- (a) proof of the Accident giving rise to the infection;
- (b) proof that the Accident involved a definite source of the HIV-infected fluids; and
- (c) proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the Accident. This proof must include a negative HIV anti-body test within five days of the Accident.

HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

Any Accident causing a potential claim must be reported to us within fourteen (14) days of the Accident.

The Major Stage Critical Illness Benefit is only payable when the occupation of the Insured, who must be at least eighteen (18) years of age, is a medical practitioner, nurse, laboratory technician, dentist (surgeon or nurse) or an ambulance paramedical worker in a Hong Kong registered medical centre or a Hong Kong registered dental clinic.

The conditions must be life-threatening and there must exist no effective cure.

45. Paralysis

Complete and permanent loss of use of both arms or both legs, or of one (1) arm and one (1) leg, through paralysis that has been present for at least six (6) consecutive months, as confirmed by a Doctor.

46. Parkinson's Disease

Slowly progressive disease of the central nervous system as a result of loss of pigment containing neurons of the brain. Must be confirmed by an unequivocal Diagnosis by a registered consultant neurologist acceptable to us and agreed to by our medical officer and where the condition:

- (a) cannot be controlled by medication;
- (b) shows signs of progressive impairment; and
- (c) results in the inability to perform without assistance three (3) or more Activities of Daily Living.

Only idiopathic Parkinson's disease is covered. All others including drug induced or toxin caused are excluded.

47. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

The Diagnosis of Pheochromocytoma must be confirmed by Laboratory testing and a Registered Medical Practitioner who is an endocrinologist.

48. Poliomyelitis

Unequivocal Diagnosis by a registered consultant neurologist acceptable to us of infection by 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. Other cases of paralysis are specifically excluded.

49. Primary Pulmonary Arterial Hypertension

Primary pulmonary arterial hypertension as established by clinical and laboratory investigations including cardiac catheterisation and as Diagnosed by a consultant cardiologist acceptable to us.

50. Progressive Bulbar Palsy (PBP)

Characterised by progressive degeneration of the muscle innervated by cranial nerve and corticobulbar tracts leading to difficulty in chewing, swallowing and talking. Diagnosis must be confirmed by electromyography.

51. Progressive Supranuclear Palsy

Confirmed by a consultant neurologist acceptable by us of a definite Diagnosis of progressive supranuclear palsy resulting in the inability to perform without assistance three (3) or more Activities of Daily Living. There must also be permanent lack of control of gait and balance.

52. Replacement of Heart Valve

The replacement of one (1) or more heart valves due to stenosis or incompetence, or a combination of these conditions. Valvotomy is specifically excluded.

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Basic Benefit Provisions - SunHealth OmniCare

MAJOR STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

53. Severe Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the GI tract. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- (1) Stricture formation causing intestinal obstruction requiring admission to hospital, and
- (2) Fistula formation between loops of bowel, and
- (3) At least one (1) bowel segment resection.

The Diagnosis must be made by a Specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

54. 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:

- (a) Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- (b) The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere

Class II: Eye muscle weakness of any severity, mild weakness of other muscles

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

55. Severe Rheumatoid Arthritis

Severe Rheumatoid Arthritis where the following criteria are met:

- (a) the diagnostic criteria of the American College of Rheumatology are met;
- (b) the inability to perform without assistance two or more Activities of Daily Living;
- (c) widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankles, cervical spine or feet; and
- (d) the condition has been present for at least six (6) months.

56. Stroke

Any cerebrovascular incident including infarction of brain tissue, haemorrhage and embolization from an extra-cranial source resulting in any major, permanent neurological deficit that will require physical rehabilitation. Specifically excluded are transient ischaemic attacks and attacks of vertebro-basilar ischaemia.

57. Surgery for Disease of the Aorta

The 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 means the thoracic and abdominal aorta but not its branches. Injury of the aorta resulting from an Accident is excluded.

58. Surgery to Coronary Arteries

The undergoing of open chest Surgery for the correction of two or more coronary arteries that are narrowed or blocked, by coronary artery bypass graft (CABG). The Surgery must have been proven to be necessary by means of coronary angiography. Angioplasty, chelations, other palliative procedures including rotablation and laser application, and all other intra-arterial and non-surgical procedures are excluded from this definition.

59. Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis

Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens.

For purposes of the definition of "Major Stage Critical Illness Condition", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

Class I: Minimal mesangial lupus nephritis

Class II: Mesangial proliferative lupus nephritis

Class III: Focal lupus nephritis

Class IV: Diffuse segmental (IV-S) or global (IV-G) lupus nephritis

Class V: Membranous lupus nephritis

Class VI: Advanced sclerosing lupus nephritis

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Basic Benefit Provisions - SunHealth OmniCare

MAJOR STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

60. Systemic Scleroderma

A systemic connective tissue disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs which reaches systemic proportions such that two (2) of the following criteria are met:

- (a) pulmonary involvement showing carbon monoxide diffusing capacity (DLCO) less than seventy percent (< 70%) of the predicted value, or forced expiratory volume in 1 sec (FEV1), forced vital capacity (FVC) or total lung capacity (TLC) greater than seventy-five percent (< 75%) of the predicted value;
- (b) renal involvement showing glomerular filtration rate (GFR) less than sixty (< 60) ml/min; and/or
- (c) cardiac involvement showing evidence of either congestive heart failure, cardiac arrhythmia requiring medication, or pericarditis with moderate to large pericardial effusion.

The following are excluded:

- (i) Localised scleroderma (linear scleroderma or morphea); and
- (ii) Eosinophilic fascitis; and
- (iii) CREST syndrome.

Unequivocal Diagnosis of Systemic Scleroderma must be confirmed by a Registered Medical Practitioner who is a rheumatologist.

61. Terminal Illness

The Insured must be suffering from a condition that in the opinion of the attending Doctor and our medical officer is highly likely to result in death within six (6) months.

62. Total Blindness

Acquired total permanent and irrecoverable loss of sight in both eyes as certified by an ophthalmologist acceptable to us.

63. 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.

EARLY STAGE CRITICAL ILLNESS CONDITIONS

1. Accidental fracture of Spinal Column

A new spinal fracture caused by an Accident, and requiring hospitalization for open surgical repair, or which results in a permanent neurological deficit in motor function or bladder function. The spinal column is defined as one bone as a whole, and the Diagnosis of the fracture of the spinal column must be based on an examination of an X-ray or any other similar imaging technology acceptable to us by a Specialist orthopaedic surgeon or a radiologist acceptable to us. The Diagnosis of any neurological deficits must be made by a consultant neurologist or attending orthopaedic surgeon acceptable to us.

Coverage for Accidental fracture of Spinal Column is only applicable for the Insured's age last birthday between sixty-five (65) to eighty-five (85).

2. 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.

3. Angioplasty and Other Invasive Treatments for Coronary Artery Disease

The undergoing of balloon angioplasty, atherectomy or laser treatment to correct a narrowing (minimum of fifty percent (50%) stenosis) of one (1) or more major coronary arteries and shows a history of physical activity or exercise limiting symptomatology. Such history shall consist of:

- (a) symptoms which are sufficiently severe to indicate that the Insured's future level of exercise tolerance would be restricted at a minimal level to prevent further episodes of chest pain; and
- (b) a medical opinion from a Specialist acceptable to us which defines the need to limit physical exercise so as to minimize moderate to severe anginal pain.

Medical evidence shall include all of the following:

- (i) full report from attending cardiologist acceptable to us;
- (ii) evidence of significant and relevant ECG changes (ST segment depression of two (2) ml or more); and
- (iii) angiographic evidence to confirm the location and degree of stenosis of one or more major coronary arteries.

To be eligible for a second or third claim under this disease, 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 equal to or greater than 60 percent (60 %) was identified in the medical examination report relating to the first or second claim of this illness, for which benefit has been paid.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

4. Angioplasty and other Surgeries for Carotid Arteries

Angioplasty and Other Surgeries for Carotid Arteries shall mean the treatment of stenosis of fifth percent (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.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

5. Biliary Tract Reconstruction Surgery

The undergoing of biliary tract reconstruction surgery involving choledochoenterostomy 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.

6. Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis)

Pre-cancerous Changes of Breast, Cervix Uteri, Uterus, Ovary, Fallopian Tube or Vagina.

One of:

- (a) Carcinoma-in-situ of breast, cervix uteri, uterus, ovary, fallopian tube or vagina, meaning a new growth of cancer cells, which has not yet penetrated the basement membrane or invaded the stroma. The Diagnosis must be based on an examination of a biopsy specimen by a Specialist pathologist acceptable to us; or
- (b) High-grade Squamous Intraepithelial Lesion (S.I.L.) with Severe Dysplasia, being positively Diagnosed on the basis of microscopic examination of fixed tissue additionally supported by a cone biopsy or colposcopy with cervical biopsy showing high-grade squamous intraepithelial lesion with severe dysplasia (which must be at a grading of not less than cervical intraepithelial neoplasia III and has not yet resulted in the invasion of normal tissues).

Carcinoma in situ of the Colon or Rectum, Liver, Lung, Nasopharynx, Penis, Stomach or Oesophagus, 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) Colon or Rectum;
- (b) Liver;
- (c) Lung;
- (d) Nasopharynx;
- (e) Penis;
- (f) Stomach or Oesophagus; or
- (g) 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 testicles: Carcinoma-in-situ of testicles, meaning a new growth of cancer cells, which has not yet penetrated the basement membrane or invaded the stroma. The Diagnosis must be based on an examination of a biopsy specimen by a Specialist pathologist acceptable to us.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

7. Cerebral Aneurysm Requiring Surgery

The actual undergoing by the Insured of intracranial Surgery via a craniotomy to clip, repair or remove an aneurysm of one (1) or more of the cerebral arteries. Catheter and intravascular technique are specifically excluded from this condition.

8. 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 deemed Medically Necessary by a certified Specialist.

9. Chronic Autoimmune Hepatitis

A chronic necrotic inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The Diagnosis must be supported by all of the following:

- (1) Hypergammaglobulinaemia;
- (2) The presence of at least one (1) of the following auto-antibodies:
 - 2.1 Anti-nuclear antibodies;
 - 2.2 Anti-smooth muscle antibodies;
 - 2.3 Anti-actin antibodies;
 - 2.4 Anti-LKM-1 antibodies;
 - 2.5 Anti- LC1 antibodies; or
 - 2.6 Anti-SLA/LP antibodies
- (3) Liver biopsy confirmation of the Diagnosis of auto-immune hepatitis

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EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

The Diagnosis must be confirmed by a Specialist in gastroenterology or hepatology.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

10. 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 Medically Necessary by a Specialist in the relevant field.

11. Diabetic Nephropathy

Diagnosis of Nephropathy due to Complication from Diabetes ("Diabetic Nephropathy") must be confirmed by a Specialist in accordance with the respective criteria as set out below. To qualify as Diabetic Nephropathy, all of the following criteria must be met:

- (1) Presence of diabetes mellitus at the time of Diagnosis of Diabetic Nephropathy; and
- (2) eGFR less than 30ml/min/1.73m²; and
- (3) Persistent proteinuria greater than 300mg/24 hours; and
- (4) The Diagnosis of Diabetic Nephropathy, the severity of renal impairment (as evidenced by criteria listed above), must be confirmed by a Specialist.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

12. Diabetic Retinopathy

Diagnosis of Retinopathy due to Complication from Diabetes ("Diabetic Retinopathy") must be confirmed by a Specialist in accordance with the respective criteria as set out below. Diabetic Retinopathy refers to conditions where advanced changes to the retinal blood vessels as a consequence of diabetes mellitus. To qualify as Diabetic Retinopathy, all of the following criteria must be met:

- (1) Presence of diabetes mellitus at the time of Diagnosis of Diabetic Retinopathy; and
- (2) Typical changes of diabetic retinopathy are present on fundoscopic examination; and
- (3) Visual acuity of both eyes is 6/18 or worse using Snellen eye chart; and
- (4) Actual undergoing of treatment such as laser treatment to alleviate the visual impairment; and
- (5) The Diagnosis of Diabetic Retinopathy, the severity of visual impairment (as evidenced by criteria listed above), the treatment having been carried out and indications for Medical Necessity of treatment must be confirmed by a Specialist.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

13. Early Amyotrophic Lateral Sclerosis (ALS)

Characterised by muscular weakness and atrophy, evidence of anterior horn cell dysfunction, visible muscle fasciculations, spasticity, hyperactive deep tendon reflexes and exterior plantar reflexes, evidence of corticospinal tract involvement, dysarthric and dysphagia. The Diagnosis must be made by a Specialist with appropriate neuromuscular testing such as Electromyogram (EMG). The disease must result in significant physical impairment (as evidenced by the Insured's permanent inability to perform without assistance at least two (2) of the ADLs)

14. Early Cardiomyopathy

Condition of impaired ventricular function (of variable aetiology) resulting in significant physical impairment of at least Class 3* on the New York Heart Association (NYHA) classification of cardiac impairment. The Diagnosis must be made by a Specialist. Cardiomyopathy includes dilated, hypertrophic and restrictive cardiomyopathy. Cardiomyopathy caused directly or indirectly, wholly or partly, by coronary artery disease or alcohol or drug abuse is excluded.

*NYHA Class 3 cardiomyopathy impairment means that the patient has marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes following symptoms: fatigue, palpitation, or dyspnea and there is evidence of abnormal ventricular function on physical examination and laboratory studies.

The Company reserves the right to change this definition from time to time to reflect the changes in qualitative or quantitative medical categorization of this illness so as to give effect to the original intent of this definition.

15. Early Malignancies (Early Stage Cancer of the Prostate/ Early Stage Papillary Carcinoma of Thyroid and Non-melanoma Skin Cancer of AJCC Stage II or above)

Early Stage Prostate Cancer: A malignant tumour of the prostate classified as or equivalent to T1a, T1b or T1c according to the TNM staging method. Prostatic Intra- epithelial Neoplasia (PIN) is excluded. Diagnosis must be supported by a histopathological report by a pathologist acceptable to us.

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.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

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EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

16. Early Motor Neurone Disease

Motor neurone disease supported by definitive evidence of appropriate and relevant neurological signs that has persisted for at least forty-five (45) days. The Diagnosis must be made by a Specialist as progressive and supported by appropriate investigations.

17. Early Progressive Bulbar Palsy (PBP)

Characterized 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 ninety (90) days with appropriate neuromuscular testing such as Electromyogram (EMG).

18. Early Progressive Supranuclear Palsy

Confirmed by a consultant neurologist acceptable by us of a definite Diagnosis of progressive supranuclear palsy resulting in the inability to perform without assistance two (2) or more Activities of Daily Living. There must also be permanent lack of control of gait and balance.

19. Early Systemic Scleroderma

A rheumatologist must make the definite Diagnosis of systemic sclerosis with CREST syndrome, such that ACR (American College of Rheumatology) definitions are met:

The Insured should fulfill the following major criterion and two (2) of the following minor criteria and with Raynauds phenomenon

Major criterion:

Proximal diffuse (truncal) sclerosis (skin tightness, thickening, non-pitting induration)

Minor criteria:

- (1) Sclerodactyly (only fingers and /or toes);
- (2) Digital pitting scars or loss of substance of the digital finger pads (pulp loss); or
- (3) Bilateral basilar pulmonary fibrosis

This Diagnosis must be unequivocally supported by biopsy and serological evidence. The disease must involve the skin with deposits of calcium (calcinosis), skin thickening of the fingers or toes (sclerodactyly) and also involve the esophagus. There must also be telangiectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea); and
- Eosinophilic fascitis.

20. Endovascular Treatment of Peripheral Arterial Disease

Endovascular Treatment of Peripheral Arterial Disease shall mean the treatment of stenosis of fifty percent (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.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

21. Endovascular Treatments of Aortic Disease or Aortic Aneurysm

Endovascular Treatments of Aortic Disease or Aortic Aneurysm refers to any one (1) of the following:

- (1) 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 or obstruction 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.
- (2) Aortic Aneurysm shall mean a condition where the aorta is enlarged to a diameter of at least fifty-five (55) mm, as evidenced by appropriate imaging technique. The Diagnosis must be confirmed by a Doctor who is a cardiologist or vascular surgeon.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

22. 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.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

23. Facial Reconstructive Surgery for Injury due to Accident

The actual undergoing of plastic or reconstructive surgery (restoration or reconstruction of the shape and appearance of facial structures above the neck which are defective, missing, damaged due to Accident) which, in the opinion of the Company's medical director or Registered Medical Practitioner, is deemed Medically Necessary for the treatment of facial disfigurement due to Injury requiring in-patient treatment and subsequently the performance of such surgery. Surgery solely for cosmetic reasons, isolated dental restorations, isolated nasal fractures or isolated skin wounds are excluded.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

24. Gestational Diabetes

Gestational diabetes mellitus (GDM) must be Diagnosed with first recognition during pregnancy and developing to Type II Diabetes after twelve (12) months of delivery.

The Diagnosis of GDM and Type II Diabetes are made by a Specialist and supported by diagnostic test, and the Diagnosis of Type II Diabetes must be made within twenty-four (24) months after the delivery.

25. Glaucoma Surgical Treatment

The actual undergoing of open surgical procedure 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 procedures not involving open surgery on the globe that are not directly related to the treatment of glaucoma or any laser therapies are excluded.

26. 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 four (4).

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

27. Insertion of Pacemaker or Defibrillator

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 Registered Medical Practitioner who is a cardiologist.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

28. Insertion of Vena-cava filter

The surgical insertion of a vena-cava filter after there has been documented proof of pulmonary emboli. The need for the insertion of a vena-cava filter must be certified to be Medically Necessary by a Specialist in the relevant field.

29. Interstitial Fibrosis

The Diagnosis of interstitial fibrosis requiring at least intermittent oxygen therapy and showing consistent reduction in Total Lung Capacity (TLC) to seventy percent (70%) or less of predicted value under appropriate medication. The reduction in TLC should be present continuously for at least three (3) months.

30. 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.

31. Less Severe Aplastic Anaemia

The benefit pays for bone marrow failure which results in anaemia, neutropenia and thrombocytopenia, is supported by biopsy findings and requires Blood product transfusion.

The Diagnosis must be confirmed by a Registered Medical Practitioner who is a haematologist.

32. 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 Specialist physician and supported with appropriate investigations proving acute bacterial infection of the meninges.

33. Less Severe Burns to Body due to Accident

Less severe burns due to accident shall mean third (3rd) degree (i.e. full thickness skin destruction) burns covering at least ten percent (10%) of the total body surface area directly resulting from an accident.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

34. Less Severe Coma

Less Severe Coma, lasting at least forty-eight (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.

35. 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.

36. Less Severe Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- (1) Positive result of the blood culture proving presence of the infectious organism(s);
- (2) Presence of mild degree heart valve incompetence (meaning regurgitant fraction of ten percent (10%) or above) or mild heart valve stenosis (resulting in heart valve area of fifty percent (50%) or less of normal value) attributable to Infective Endocarditis; and
- (3) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist.

37. 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 m² but greater than 15mL/min/1.73 m² and the condition has lasted for at least ninety (90) days continuously.
- (ii) The Diagnosis of Chronic Kidney Impairment must be confirmed by physician Specialist and deemed Medically Necessary.

(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.

38. Less Severe Meningeal Tuberculosis

Meningitis caused by tubercle bacilli, resulting in hospitalization. Such a Diagnosis must be confirmed by a registered Specialist acceptable to us.

39. Less Severe S.L.E – based on Diagnosis whereas IS is on Diagnosis and severity

Systemic Lupus Erythematosus (S.L.E.) means an autoimmune illness in which tissues and cells are damaged by deposition of pathogenic autoantibodies and immune complexes.

The Diagnosis of S.L.E. will be based on the following conditions:

- (1) Clinically there must be at least 3 out of the following presentations suggested by The American College of Rheumatology:

1.1 Malar rash;

1.2 Discoid rash;

1.3 Photosensitivity;

1.4 Oral ulcers;

1.5 Non-erosive Arthritis;

1.6 Pleuritis or Pericarditis

1.7 Renal disorder;

1.8 Leukopenia (<4,000/ μ L), or Lymphopenia (<1,500/ μ L), or Haemolytic anaemia, or Thrombocytopenia (<100,000/ μ L); or

1.9 Neurological disorder

AND

- (2) 1 or more of the following tests being positive

2.1 Anti-nuclear Antibodies;

2.2 Anti-phospholipid test;

2.3 Anti-DNA; or

2.4 Anti-Sm (Smith IgG Autoantibodies)

AND

- (3) Such Diagnosis must be confirmed by a registered Medical Practitioner who is rheumatologist or immunologist and should be documented for a minimum period of three (3) months.

The Company reserves the right to change this definition from time to time to reflect the changes in qualitative or quantitative medical categorization of this illness so as to give effect to the original intent of this definition.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

40. 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.

41. 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.

42. Loss of One Limb

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

43. Loss of Sight in One Eye

Total and irreversible loss of sight in at least one (1) eye as a result of illness or injury. The blindness must be confirmed by a Doctor who is an ophthalmologist.

44. Loss of Speech due to Vocal Cord Paralysis

Total and irrecoverable loss of the ability to speak due to vocal cords paralysis from any diseases or Injury, which must be established for a continuous period of three (3) months. The Diagnosis must be clinically made by a Specialist.

45. Major Organ Transplantation (on Waiting List)

The Insured is on the Hong Kong Hospital Authority official organ transplant waiting list 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 (1) 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.

46. 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 (1) 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.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

47. Moderately Severe Parkinson's Disease

Diagnosis of Idiopathic Parkinson's Disease by a certified consultant Specialist where the following conditions are all met:

- (1) Symptoms persist despite medication.
- (2) Shows signs of progressive impairments.
- (3) Activities of Daily Living assessment confirms the inability of the Insured to perform at least two (2) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

48. 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.

If claims for both Surgery for Subdural Haematoma and Moderately Severe Brain Damage arise from the same occurrence, only one (1) claim for either Surgery for Subdural Haematoma or Moderately Severe Brain Damage shall be made under this Policy in respect of such occurrence.

49. Moderately Severe Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the gastro intestinal tract. For the purposes of this benefit the Diagnosis of Crohn's disease must be made by a Specialist on the basis of an endoscopy and biopsy which confirms the Diagnosis of Crohn's disease. The condition must require continuous immunosuppressive treatment or continuous treatment with immunomodulating drugs under the direction of a Specialist for a period of at least six (6) months.

50. Moderately Severe Muscular Dystrophy

Hereditary muscular dystrophy resulting independently of all other causes and directly in the Insured's permanent inability to perform without assistance at least two (2) of the ADLs. The Diagnosis must be made by a Specialist. Only Insured Aged above five (5) on first Diagnosis is eligible to receive a benefit under this illness.

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Basic Benefit Provisions - SunHealth OmniCare

EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

51. 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.

52. Moderately Severe Poliomyelitis

Infection with the polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness that has persisted for at least forty-five (45) days and confirmed with lab test. Poliomyelitis not involving paralysis is excluded. Other cases of paralysis are specifically excluded.

53. Moderately Severe Rheumatoid Arthritis

Moderately Severe Rheumatoid Arthritis where all of the following criteria are met:

- (1) The diagnostic criteria of the American College of Rheumatology; and
- (2) Permanent inability to perform without assistance at least two (2) ADLs; and
- (3) Widespread joint destruction and major clinical deformity of two (2) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- (4) The condition has been present for at least three (3) months.

54. Moderately Severe Ulcerative Colitis

Ulcerative Colitis shall mean an inflammation of the lining of the large bowel (colon and rectum) with life threatening electrolyte disturbances usually associated with intestinal distention and a risk of intestinal rupture. There must be biopsy evidence which unequivocally confirms the presence of ulcerative colitis and there must be imaging or endoscopic evidence that the condition involves the entire colon and rectum.

For the purposes of this benefit there must be a requirement for ongoing systemic immunosuppression therapy or immunomodulatory therapy for a period of at least three (3) months supervised by a Specialist in gastroenterology. Other forms of inflammatory colitis are specifically excluded. Ulcerative colitis confined to the rectum is specifically excluded.

55. 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 Medically Necessary by a consultant cardiologist. Surgery for the drainage of pericardial effusions, creation of pericardial windows and pericardial biopsies are excluded.

56. Severe Central or Mixed Sleep Apnea

An unequivocal Diagnosis of Central Sleep Apnea or Mixed Sleep Apnea by a Registered Specialist in the relevant field, provided that such condition has been treated by a Medically Necessary permanent tracheostomy and proof of undergoing permanent tracheostomy can be provided.

57. Severe Obstructive Sleep Apnea

An unequivocal Diagnosis of severe Obstructive Sleep Apnea (OSA) made by a Registered Medical Practitioner who is a Specialist in the relevant field, provided that both of the following criteria are met:

- (a) the Insured is being treated with continuous nocturnal CPAP therapy; and
- (b) there is documented evidence of a sleep study showing an AHI > 30 and nocturnal mean O₂ saturation <85%.

58. Severe 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 with actual undergoing of internal fixation or replacement (arthroplasty) of the fractured bone or two (2) vertebral body fractures with replacement or equivalent surgical treatment (vertebral augmentation) of the fractured bone is required, 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, and is subject to a maximum per life limit of US\$15,000/HK\$120,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

59. Severe Psychiatric Illness

A first definitive Diagnosis of Severe Depression, Schizophrenia or Bipolar Disorder by a Registered Medical Practitioner who is a psychiatrist, which requires in-patient hospitalization for more than twenty-eight (28) consecutive days in the psychiatric unit of a designated hospital for Severe Psychiatric Illness as listed under "List of Designated Hospitals for Severe Psychiatric Illness" on the Company's website. Such list may be varied, updated and amended from time to time at the Company's discretion, and any change shall be deemed effective as of the date of publication on the Company's website (regardless of whether any notice is separately given).

For the avoidance of doubt, hospitalization, must be primarily due to Severe Depression, Schizophrenia or Bipolar Disorder, and hospitalization solely due to any other cause or psychiatric condition is excluded. Further and notwithstanding the foregoing, Severe Depression, Schizophrenia or Bipolar Disorder due, whether in whole or in part, due to drug, alcohol or substance abuse, and hospitalization for drug or alcohol rehabilitation are excluded.

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EARLY STAGE CRITICAL ILLNESS CONDITIONS (CONTINUED)

60. 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.

61. Surgical Removal of One Lung

Surgical Removal of One Lung shall mean complete surgical removal of one (1) lung as a result of an illness or accident of the Insured. Partial removal of a lung is not included in this benefit.

62. Surgical Removal of Pituitary Tumour

The undergoing of surgical removal of pituitary tumour necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour. The presence of the underlying tumour must be confirmed by imaging studies such as computed tomography ("CT") scan or magnetic resonance imaging ("MRI"). Removal of pituitary microadenoma (tumour of size 1cm or below in diameter) is specifically excluded. The Surgery must be considered Medically Necessary by a Specialist.

JUVENILE ILLNESS CONDITIONS

1. Dengue hemorrhagic fever

The severe type of dengue virus infection characterized by high fever, haemorrhagic phenomena, hepatomegaly and circulatory failure.

The Diagnosis of Dengue Hemorrhagic Fever must be confirmed by a Specialist. Non-Hemorrhagic Dengue Fever is excluded.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

2. Glomerulonephritis with Nephrotic Syndrome

The occurrence of Glomerulonephritis with Nephrotic Syndrome for a continuous period of at least six (6) months, where all of the following conditions are met:

- (a) ACR (albumin / creatinine ratio) recorded at a level of 250 mg/mmol or higher, or PCR (protein / creatinine ratio) recorded at a level at a level of 300 mg/mmol or higher;
- (b) Treatment regimen requires the use of steroids or other immunosuppressive drugs; and
- (c) Diagnosis and treatment are confirmed by a qualified Doctor who is a Specialist in the relevant field.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

3. Hemophilia A and Hemophilia B

The Insured must be suffering from severe hemophilia with a clotting factor VIII or factor IX of less than one percent (1%). Diagnosis must be confirmed by a Doctor.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

4. Insulin Dependent Diabetes Mellitus (IDDM)

This is characterised by polydipsia, polyuria, increased appetite, weight loss, low plasma insulin levels, episodic ketoacidosis, and immunemediated destruction of pancreatic beta cells. Insulin therapy and dietary regulation are necessary. Dependence on insulin therapy must persist for not less than six (6) months. Type II Diabetes Mellitus is specifically excluded. Diagnosis must be confirmed by a pediatrician endocrinologist acceptable to us.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

5. Intellectual Disability due to Sickness or Injury

The Insured suffers from sub-average general intellectual functioning, mental handicap, or learning disorder, as determined by a comprehensive pediatric developmental assessment performed by a certified Specialist, 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 seventy (70) and there is evidence of adaptive dysfunction documented by developmental assessment. The Insured must be at age four (4) or above with unequivocal proof that the disability results directly from Accidental Bodily Injury or illness, and that the condition has continued without interruption for a period of at least six (6) consecutive months after Diagnosis.

Intellectual Impairment resulted from congenital illness(es) will be excluded.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

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JUVENILE ILLNESS CONDITIONS (CONTINUED)

6. Juvenile Huntington Disease

Confirmed by a Specialist of a definite 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:

- (a) Bradykinesia, stiffness and rigidity; and
- (b) Impaired voluntary movement; and
- (c) Oromotor dysfunction including speech and swallowing impairment confirmed by registered speech therapist.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

7. Kawasaki Disease

Diagnosis must be based on blood test to detect mild anaemia, a white-blood cell count above normal, and an elevated erythrocyte sedimentation rate which indicates blood vessel inflammation. A sharp rise in the number of platelets must also be detected. The diagnostic test must also reveal the presence of an aneurysm or any other heart or blood vessel abnormality which necessitates surgical treatment. Diagnosis must be confirmed by a Doctor.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

8. Osteogenesis Imperfecta

This is characterised by brittle, osteoporotic, easily fractured bones. The Insured must be Diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions:

- (a) the result of physical examination of the Insured by a Doctor that the Insured suffers from growth retardation and hearing impairment; and
- (b) the result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and
- (c) positive result of skin biopsy or equivalent.
- (d) Diagnosis of Osteogenesis Imperfecta must be confirmed by a qualified pediatrician acceptable to us.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

9. Rheumatic Fever with Valvular Impairment

A confirmed Diagnosis by a qualified pediatrician acceptable to us of acute rheumatic fever according to the revised Jones criteria. There must be involvement of one (1) or more heart valves with at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a qualified cardiologist acceptable to us. The valve incompetence must persist for at least six (6) months.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

10. Severe Asthma

The Insured suffers from severe asthma which is characterized by at least three (3) of the following criteria:

1. History of status asthmaticus within the past two (2) years.
2. Significant and continuous reduction in exercise tolerance.
3. Chest deformities resulting from chronic hyperinflation.
4. The need for intubation with or without artificial mechanical ventilation.
5. Continuous daily use of oral corticosteroids (for a minimum period of at least six (6) months)

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

11. Severe Autism

An unequivocal Diagnosis by a Registered Medical Practitioner who is a pediatric Specialist of a severe form of Autism Spectrum Disorder which is in a child who is age five (5) and above and 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 (based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5) are fulfilled, as certified by the Insured's treating pediatric Specialist:
 - A. 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.
 - B. 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.

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JUVENILE ILLNESS CONDITIONS (CONTINUED)

- C. Symptoms are present in the early developmental period.
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning. Exclude autism. Diagnosed with an underlying medical, genetic, or environmental condition/s including genetic syndromes, metabolic disorders, fetal alcohol syndrome, etc).

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

12. Still's Diseases

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.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

13. Type I Juvenile Spinal Amyotrophy

Degenerative disease of the anterior horn cells in the spinal cord and motor nuclei of the brainstem characterized by profound proximal muscular weakness and wasting, primarily in the legs, followed by distal muscle involvement, where all of the following conditions are met:

- (a) The weakness and damage must result independently of all other causes;
- (b) Onset of the disease directly results in the Insured's permanent inability to perform at least three (3) of the Activities of Daily Living; and
- (c) Diagnosis of Type I Juvenile Spinal Amyotrophy by a Doctor who is a Specialist in the relevant field, confirmed with appropriate neuromuscular testing such as electromyogram (EMG).

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

14. Wilson's disease

A potentially fatal disorder of copper toxicity characterized by progressive liver disease and/or neurologic deterioration due to copper deposit, where all of the following conditions are met:

- (a) Diagnosis of Wilson's Disease by a Doctor who is a Specialist in the relevant field, confirmed with liver biopsy; and
- (b) Treatment of the disorder with a chelating agent which is documented for at least six (6) months.

This illness is subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

NOTICE AND PROOF

We must receive evidence satisfactory to us at our sole discretion including the following before we will be required to pay a claim:

- (a) In the event the Insured dies, written notice and satisfactory proof:
 - of the death of the Insured;
 - of the date of birth of the Insured;
 - of the right of the beneficiary to receive payment;
 - of any other facts that we may consider material to the claim; and
 - that the terms of your Policy (including these Basic Benefit provisions) have been satisfied.
- (b) In the event the Insured is suffering from a Major Stage Critical Illness Condition, Early Stage Critical Illness Condition or Juvenile Illness Condition and, for a Major Stage Critical Illness Condition or Early Stage Critical Illness Condition requiring Surgery, that the Insured has undergone Surgery, written notice and satisfactory proof:
 - that the Insured is diagnosed as suffering from one of the listed Major Stage Critical Illness Conditions, Early Stage Critical Illness Conditions or Juvenile Illness Conditions;
 - of the date of birth of the Insured;
 - of the right of the Claimant to receive payment;
 - of any other facts that we may consider material to the claim; and
 - that the terms of your Policy (including these Basic Benefit provisions) have been satisfied.
- (c) In the event the Insured has undergone a Complex Surgical Procedure, written notice and satisfactory proof:
 - that the Insured has undergone such Complex Surgical Procedure;
 - of the date of birth of the Insured;
 - of the right of the Claimant to receive payment;
 - of any other facts that we may consider material to the claim; and
 - that the terms of your Policy (including these Basic Benefit provisions) have been satisfied.

Unless otherwise provided, this proof must be given to us within ninety (90) days from the date Major Stage Critical Illness Condition, Early Stage Critical Illness Condition or Juvenile Illness Condition was first Diagnosed, or the date the Insured undergoes the surgery, or the date of death of the Insured, as applicable.

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Basic Benefit Provisions - SunHealth OmniCare

For the Guaranteed Insurability Option and the Guaranteed Insurability Option for New-born, the proof we may require for the special events may include marriage certificate of the Insured, birth certificate of the new-born baby of the Insured, medical report of the Insured's direct family member and any other facts that we may consider material to the claim.

It is a condition precedent to any payment under this Basic Plan that satisfactory proof is received by us within the time period stated above and failure to do so will invalidate the claim.

We will have the right to call for a medical examination by one or more Doctors or, in the case of death, a post-mortem examination of the body, as part of the proof. The place of the medical examination is determined at our discretion.

PRE-EXISTING CONDITIONS

We will not pay any claim directly or indirectly caused by or resulting from Pre-existing Conditions. Pre-existing Condition means a condition of the Insured for which the Insured has exhibited signs or symptoms of, or has received from a Doctor medical treatment or surgery, advice for medical treatment, Diagnosis, consultation or prescribed drugs before the Issue Date, effective date or last reinstatement date of this Basic Plan, whichever is the latest.

Notwithstanding the foregoing, we will not contest a Pre-existing Condition under this Basic Plan if:

- (a) the health condition was fully disclosed in the application form or supplementary form for this Basic Plan; and
- (b) we agree not to classify as an exclusion under this Basic Plan,

unless such Pre-existing Condition is excluded under the Exclusions provisions below.

EXCLUSIONS

We will not pay any claim (other than a claim under the Death Benefit provision) directly or indirectly caused by or resulting from any of the following:

- (a) the Insured's committing or attempting to commit suicide or self-inflicted injury, while the Insured is sane or insane;
- (b) the Insured's committing or attempting to commit a criminal offence or participating in any brawl;
- (c) unreasonable failure to seek or follow medical advice;
- (d) the Insured's taking or absorbing or being under the influence of, accidentally or otherwise, any alcohol, drug, narcotic, medicine, sedative or poison, except as prescribed by a Doctor;
- (e) any human immunodeficiency virus (HIV) and/or any HIV-related illnesses including acquired immune deficiency syndrome (AIDS) and/or any mutations, derivations or variations thereof, except those defined in Major Stage Critical Illness Conditions;
- (f) war (whether declared or undeclared), insurrection, civil war or any warlike operation, whether or not the Insured was actively participating in them; or
- (g) atomic explosion, nuclear fission or radioactive gas.

PREMIUM

We reserve the right to adjust the premium of this Basic Plan for any group of Insureds with similar risk profiles at every Policy Anniversary during the premium paying period of this Basic Plan.

AUTOMATIC TERMINATION

This Policy will terminate automatically on the earliest of:

- (a) the Policy Anniversary on or immediately following the Insured's one hundredth (100th) birthday;
- (b) the date on which Death Benefit in these Basic Benefit provisions becomes payable by us as a claim;
- (c) the date on which the Current Sum Assured is reduced to zero (0); and
- (d) the date on which we discontinue this Policy following a written request to terminate the policy from the Policy Owner.

WAITING PERIOD

Notwithstanding other provisions of these Basic Benefit provisions, the ninety (90) days requirement in the definitions of Major Stage Critical Illness Conditions, Early Stage Critical Illness Conditions, Juvenile Illness Conditions, and Complex Surgical Procedure will not apply if such condition or illness is directly caused by or resulting from an Accident.

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TABLE OF MAJOR STAGE CRITICAL ILLNESS CONDITIONS, EARLY STAGE CRITICAL ILLNESS CONDITIONS AND JUVENILE ILLNESS CONDITIONS

GROUPS	MAJOR STAGE CRITICAL ILLNESS CONDITIONS	EARLY STAGE CRITICAL ILLNESS CONDITIONS	JUVENILE ILLNESS CONDITIONS
GROUP 1:			
ILLNESSES RELATED TO CANCER	<ul style="list-style-type: none"> • Cancer • Cerebral Metastasis 	<ul style="list-style-type: none"> • Carcinoma-in-situ of (Colon or Rectum, Liver, Lung, Nasopharynx, Stomach or Oesophagus, Urinary Tract, Breast, Cervix, Uterus, Ovary, Fallopian Tube, Vagina, Testicle or Penis)* • Early Malignancies (Early Stage Prostate/ Early Stage Thyroid/Non-melanoma Skin Cancer)* 	
GROUP 2:			
ILLNESSES RELATED TO MAJOR ORGANS & FUNCTIONS	<ul style="list-style-type: none"> • Acute Necrohemorrhagic Pancreatitis • Aplastic Anaemia • Chronic Relapsing Pancreatitis • End Stage Liver Failure • End Stage Lung Disease • Fulminant Hepatitis • Kidney Failure • Major Organ Transplant • Medullary Cystic Disease • Severe Crohn's Disease • Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis • Systemic Scleroderma • Ulcerative Colitis 	<ul style="list-style-type: none"> • Less Severe Aplastic Anaemia • Liver Surgery • Hepatitis with Cirrhosis* • Chronic Autoimmune Hepatitis* • Interstitial Fibrosis • Surgical Removal of One Lung • Biliary Tract Reconstruction Surgery • Less Severe Kidney Disease • Major Organ Transplantation (on Waiting List) • Moderately Severe Crohn's Disease • Less Severe Systemic Lupus Erythematosus • Early Systemic Scleroderma • Moderately Severe Ulcerative Colitis 	<ul style="list-style-type: none"> • Wilson's disease* • Severe Asthma* • Glomerulonephritis with Nephrotic Syndrome*
GROUP 3:			
ILLNESSES RELATED TO THE HEART	<ul style="list-style-type: none"> • Cardiomyopathy • Dissecting Aortic Aneurysm • Eisenmenger's Syndrome • Heart Attack • Infective Endocarditis • Primary Pulmonary Arterial Hypertension • Replacement of Heart Valve • Surgery for Disease of the Aorta • Surgery to Coronary Arteries 	<ul style="list-style-type: none"> • Early Cardiomyopathy • Insertion of Vena-cava Filter • Pericardectomy • Insertion of Pacemaker or Defibrillator* • Less Severe Infective Endocarditis • Endovascular Treatment of Peripheral Arterial Disease* • Less Invasive Treatments of Heart Valve Disease • Endovascular Treatments of Aortic Disease or Aortic Aneurysm* • Minimally Invasive Direct Coronary Artery By-pass* • Angioplasty and Other Invasive Treatments for Coronary Artery Disease* 	<ul style="list-style-type: none"> • Rheumatic Fever with Valvular Impairment* • Kawasaki Disease*

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Basic Benefit Provisions - SunHealth OmniCare

TABLE OF MAJOR STAGE CRITICAL ILLNESS CONDITIONS, EARLY STAGE CRITICAL ILLNESS CONDITIONS AND JUVENILE ILLNESS CONDITIONS (CONTINUED)

GROUPS	MAJOR STAGE CRITICAL ILLNESS CONDITIONS	EARLY STAGE CRITICAL ILLNESS CONDITIONS	JUVENILE ILLNESS CONDITIONS
GROUP 4:			
ILLNESSES RELATED TO THE NERVOUS SYSTEM	• Alzheimer's Disease	• Cerebral Aneurysm Requiring Surgery	
	• Amyotrophic Lateral Sclerosis (ALS)	• Early Amyotrophic Lateral Sclerosis (ALS)	
	• Apallic Syndrome	• Surgery for Subdural Haematoma	
	• Bacterial Meningitis	• Less Severe Bacterial Meningitis	
	• Benign Brain Tumour	• Surgical Removal of Pituitary Tumour	
	• Coma	• Less Severe Coma	
	• Creutzfeldt-Jacob Disease		
	• Deafness	• Cochlear Implant Surgery	
	•	• Loss of Hearing in One Ear	
	• Encephalitis	• Less Severe Encephalitis	
	• Hemiplegia		
	• Major Head Trauma	• Moderately Severe Brain Damage	
	•	• Cerebral Shunt Insertion	
	• Meningeal Tuberculosis	• Less Severe Meningeal Tuberculosis	
	• Motor Neurone Disease	• Early Motor Neurone Disease	• Type I Juvenile Spinal Amyotrophy*
	• Multiple Sclerosis		
	• Muscular Dystrophy	• Moderately Severe Muscular Dystrophy	
	• Paralysis	• Moderately Severe Paralysis	
	• Parkinson's Disease	• Moderately Severe Parkinson's Disease	
	• Poliomyelitis	• Moderately Severe Poliomyelitis	
	• Progressive Bulbar Palsy (PBP)	• Early Progressive Bulbar Palsy (PBP)	
	• Progressive Supranuclear Palsy	• Early Progressive Supranuclear Palsy	
	• Severe Myasthenia Gravis		
	• Stroke	• Angioplasty and other Surgeries for Carotid Arteries*	
	• Total Blindness	• Loss of Sight in One Eye	
		• Glaucoma Surgical Treatment	
		• Severe Psychiatric Illness	
			• Juvenile Huntington Disease*
			• Intellectual Disability due to Sickness or Injury*
GROUP 5:			
OTHER ILLNESSES	• AIDS due to Blood Transfusion		
	• Chronic Adrenal Insufficiency	• Adrenalectomy for Adrenal Adenoma	
	• Diabetic Complications	• Diabetic Nephropathy*	• Insulin Dependent Diabetes Mellitus (IDDM)*
		• Diabetic Retinopathy*	
		• Gestational Diabetes*	
	• Ebola		
	• Elephantiasis		
	• HIV Acquired due to Assault		
	• Loss of Limbs	• Loss of One Limb	
	• Loss of One Limb and One Eye		
	• Loss of Speech	• Loss of Speech due to Vocal Cord Paralysis	
	• Major Burns	• Facial Burns due to Accident	
		• Less Severe Burns to Body due to Accident	
	• Necrotising Fasciitis		
	• Occupational Acquired HIV		
	• Pheochromocytoma		
	• Severe Rheumatoid Arthritis	• Moderately Severe Rheumatoid Arthritis	• Still's Diseases*

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Basic Benefit Provisions - SunHealth OmniCare

TABLE OF MAJOR STAGE CRITICAL ILLNESS CONDITIONS, EARLY STAGE CRITICAL ILLNESS CONDITIONS AND JUVENILE ILLNESS CONDITIONS (CONTINUED)

GROUPS	MAJOR STAGE CRITICAL ILLNESS CONDITIONS	EARLY STAGE CRITICAL ILLNESS CONDITIONS	JUVENILE ILLNESS CONDITIONS
GROUP 5:			
OTHER ILLNESSES		<ul style="list-style-type: none"> ● Accidental Fracture of Spinal Column[#] 	
		<ul style="list-style-type: none"> ● Facial Reconstructive Surgery for Injury due to Accident* 	
		<ul style="list-style-type: none"> ● Severe Central or Mixed Sleep Apnea 	
		<ul style="list-style-type: none"> ● Severe Obstructive Sleep Apnea 	
		<ul style="list-style-type: none"> ● Severe Osteoporosis with Fractures[^] 	
			<ul style="list-style-type: none"> ● Dengue Haemorrhagic Fever*
			<ul style="list-style-type: none"> ● Hemophilia A and Hemophilia B*
			<ul style="list-style-type: none"> ● Osteogenesis Imperfecta*
GROUP 6:			
TERMINAL ILLNESS AND LOSS OF INDEPENDENT EXISTENCE	<ul style="list-style-type: none"> ● Terminal Illness 		
	<ul style="list-style-type: none"> ● Loss of Independent Existence^{^^} 		

* Subject to a maximum per life limit of US\$50,000/HK\$400,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, for each claim.

Coverage from attained age sixty-five (65) to eighty-five (85) only.

[^] Coverage terminates automatically immediately following the Insured's seventieth (70th) birthday and cap of US\$15,000/HK\$120,000 under all SunHealth OmniCare policy(ies) issued by us for the same Insured, depending on the currency as stated on the Policy Summary, applies.

^{^^} Coverage terminates automatically immediately following the Insured's sixty-fifth (65th) birthday.

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Basic Benefit Provisions - SunHealth OmniCare

Schedule of Surgical Procedures

PROCEDURE / SURGERY	
ABDOMINAL AND DIGESTIVE SYSTEM:	
OESOPHAGEAL/ STOMACH/ DUODENUM	<ul style="list-style-type: none">• Oesophagectomy• Total oesophagectomy and interposition of intestine• Partial gastrectomy with anastomosis to oesophagus• Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition
JEJUNUM, ILEUM AND LARGE INTESTINE	<ul style="list-style-type: none">• Anterior resection of rectum, open or laparoscopic• Abdominoperineal resection, open or laparoscopic• Colectomy, open or laparoscopic• Low anterior resection of rectum, open or laparoscopic
LIVER	<ul style="list-style-type: none">• Liver transplantation• Segmentectomy of liver, open or laparoscopic
PANCREAS	<ul style="list-style-type: none">• Pancreaticoduodenectomy (Whipple's Operation)
BRAIN AND NERVOUS SYSTEM:	
BRAIN	<ul style="list-style-type: none">• Craniectomy• Cranial nerve decompression• Excision of arteriovenous malformation, intracranial• Excision of acoustic neuroma• Excision of brain tumour or brain abscess• Excision of cranial nerve tumour• Decompression of trigeminal nerve root/ open trigeminal rhizotomy• Excision of brain, including lobectomy• Hemispherectomy
SPINE	<ul style="list-style-type: none">• Excision of intraspinal tumour, extradural or intradural
CARDIOVASCULAR SYSTEM:	
HEART	<ul style="list-style-type: none">• Coronary artery bypass graft (CABG)• Cardiac transplantation• Valve replacement
VESSELS	<ul style="list-style-type: none">• Intra-abdominal venous shunt/ spleno-renal shunt / portal-caval shunt• Resection of abdominal vessels with replacement/ anastomosis
ENDOCRINE SYSTEM:	
PINEAL GLAND	<ul style="list-style-type: none">• Total excision of pineal gland
PITUITARY GLAND	<ul style="list-style-type: none">• Operation of pituitary tumour
EAR/ NOSE/ THROAT/ RESPIRATORY SYSTEM:	
EAR	<ul style="list-style-type: none">• Operation on cochlea and / or cochlear implant
RESPIRATORY SYSTEM	<ul style="list-style-type: none">• Laryngectomy +/- radical neck resection
FEMALE GENITAL SYSTEM:	
UTERUS	<ul style="list-style-type: none">• Radical abdominal hysterectomy• Pelvic exenteration
VAGINA	<ul style="list-style-type: none">• Radical vaginectomy
MALE GENITAL SYSTEM:	
PROSTATE	<ul style="list-style-type: none">• Radical prostatectomy, open or laparoscopic
URINARY SYSTEM:	
KIDNEY	<ul style="list-style-type: none">• Nephrectomy, partial/ lower pole• Kidney transplant
BLADDER, URETER AND URETHRA	<ul style="list-style-type: none">• Radical/ total cystectomy, open or laparoscopic• Formation of ileal conduit, including ureteric implantation