

Preferred Choice Terms and Conditions 「智選人生」計劃 條款與規章

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Important information

In these Terms and Conditions, where we can use our discretion or where our Appointed Actuary can use their discretion, make a decision, require information or evidence, use judgement, or reserve the right, it will be done acting reasonably, proportionately, fairly and in accordance with the law and regulations.

We have tried to use plain language in these Terms and Conditions but avoiding all technical terms is difficult. There is a glossary to explain what these words and terms mean, and they are capitalised throughout the document. The exception to this is Condition 27 (Compliance with Laws and Regulations) where we are unable to change the language.

Please keep these Terms and Conditions in a safe place with your product brochure, Policy Schedule and your personalised Illustration document.

重要資料

於本條款與規章，如「本公司」或「我們」的「委任精算師」酌情作出決定、要求資料或憑證、作出判斷或保留權利，「我們」均保持合理、適當、公正的原則，並且遵守法律及規例。

本條款與規章的措詞盡量簡潔易明，並避免了使用任何難明的技術用語，同時加插詞彙表解釋各詞語及專用名詞。詞彙表所列的詞語於文內一律加上括號，唯獨第 27 條（遵守法規）例外，該條的措詞不可更改。

請妥善保存本條款與規章和產品介紹冊、「保單附表」及個人利益說明文件，以便日後參閱。

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1. Glossary of words and terms used in this document

Add-On Benefit	Add-On Benefits can only be chosen on a Policy in conjunction with at least one Core Benefit and each Policy must contain at least one Core Benefit to be valid. Add-On Benefits do not qualify for the multi-benefit discount. The available Add-On Benefits are: <ul style="list-style-type: none"> Accidental Death Benefit; and Waiver of Premium Benefit
Anti-Money Laundering Regulations	A set of procedures, laws or regulations designed to stop the practice of generating money through illegal actions.
Appointed Actuary	A person qualified to calculate commercial risks and probabilities involving uncertain future events, particularly in the context of life insurance policies.
Assignment	A legal transfer of ownership of the Policy.
Beneficiary	A person or company nominated by the Policy Owner to receive the sum payable on death.
Benefit	The different types of protection available within the Policy. The Benefit options chosen by the Policy Owner are shown in the Policy Schedule.
Child	In respect of Children's Life Cover and/or Children's Critical Illness Benefit the biological or legally adopted child of the Life Insured (or any of the Lives Insured for Joint Life Policies) aged between 3 (age next birthday) and 17 (age next birthday) at the time of a claim.
Claim Event	An event that occurs to a Life Insured or where appropriate a Child, that meets the appropriate Benefit definition within these Terms and Conditions and which triggers a claim payment. This could include the death of a Life Insured, the diagnosis of a critical illness or the diagnosis of permanent and/or total disability.
Claimant	A person or company who notifies us of a potential claim.

1. 本文詞彙

「附加保障」	「保單」最少須有一項「核心保障」，才可選擇任何「附加保障」。每份「保單」最少須有一項「核心保障」方始生效。多項保障折扣優惠不適用於「附加保障」。「智選人生」的「附加保障」是： <ul style="list-style-type: none"> 意外死亡保障；及 豁免供款保障。
「防洗黑錢規例」	一系列程序、法律或規例，旨在遏止透過非法活動產生金錢。
「委任精算師」	一名合資格人士，可計算涉及日後不確定事件的商業風險及概率，特別是關乎壽險「保單」的商業風險及概率。
「轉讓」	在法律上轉移「保單」的擁有權。
「受益人」	「保單持有人」提名的個人或公司，可於「受保人」身故時領取賠償。
「保障」	「保單」提供的各類型保障。「保單持有人」自選的「保障」已列明於「保單附表」。
「子女」	就子女壽險及／或子女危疾保障而言指「受保人」(或「聯名壽險」保單之任何一名「受保人」)的親生或領養子女，索償當時年齡必須為三歲(翌年歲)至17歲(翌年歲)。
「索償事件」	「受保人」或其「子女」(如情況適當)遭遇的事件，符合本條款與規章中相關「保障」的釋義，可據此索取賠償。索償事件可包括「受保人」死亡、確診危疾或永久及／或完全傷殘。
「索償人」	通知「本公司」發生可能導致索償事件的人士或公司。

Company	Zurich International Life Limited, also referred to as 'us'.
Company Medical Officer	A registered Western Medical Practitioner appointed by the Company as a medical advisor.
Core Benefit	<p>Core Benefits individually qualify for the multi-Benefit discount and each Policy must contain at least one Core Benefit to be valid. The Core Benefits available are:</p> <ul style="list-style-type: none"> • Whole of Life Level Cover; • Level Term Life Cover; • Decreasing Term Life Cover; • Level Term Life or Earlier Critical Illness Benefit; • Decreasing Term Life or Earlier Critical Illness Benefit; • Level Term Life or Earlier Permanent and Total Disability Benefit; • Decreasing Term Life or Earlier Permanent and Total Disability Benefit; • Level Standalone Critical Illness Benefit; • Standalone Multiple Critical Illness Benefit; • Level Standalone Permanent and Total Disability Benefit; and • Family Income Benefit.
Decreasing Benefit Schedule	Where appropriate, the table in the Policy Schedule showing the Decreasing Sum Insured payable in each Policy year in the event of a Benefit claim.
Hong Kong	Hong Kong Special Administrative Region of the People's Republic of China
Joint Life	When a Policy is taken out as a Joint Life Policy, it means there are two Lives Insured.
Joint Life First Death	When a Policy is taken out under Joint Life First Death, it means there are two Lives Insured. On acceptance by us of a valid death claim on the death of the first of the Lives Insured to die, we will pay the relevant Benefit Sum Insured and the Policy will end.

「本公司」	蘇黎世國際人壽保險或「我們」。
「公司醫務總監」	由「本公司」委任為醫療顧問的「註冊西醫」。
「核心保障」	<p>符合資格享有多項「保障」折扣優惠的「核心保障」。每份「保單」最少須有一項「核心保障」，方始生效。本「保單」提供以下「核心保障」：</p> <ul style="list-style-type: none"> • 終身定額壽險； • 定額定期壽險； • 遞減定期壽險； • 定額定期壽險或提前危疾保障； • 遞減定期壽險或提前危疾保障； • 定額定期壽險或提前永久及完全傷殘保障； • 遞減定期壽險或提前永久及完全傷殘保障； • 定額獨立危疾保障； • 獨立多重危疾保障； • 定額獨立永久及完全傷殘保障；及 • 家庭收入保障。
「遞減保障額附表」	「保單附表」所載的列表（如適用），註明於每個「保單年」因應「保障」索償給付的「遞減保障額」。
「香港」	中華人民共和國香港特別行政區。
「聯名壽險」	聯名投購的「保單」，共有兩名「受保人」。
「聯名壽險（首名受保人身故）」	聯名投購的「保單」，共有兩名「受保人」。當「本公司」接納首先身故「受保人」的有效索償並支付相關「保障額」後，「保單」即告終止。

Joint Life Last Death	When a Policy is taken out under Joint Life Last Death, it means there are two Lives Insured. On acceptance by us of a valid death claim on the death of the last of the Lives Insured to die, we will pay the relevant Benefit Sum Insured and the Policy will end.
Lapse	Lapse occurs when the Policy Owner stops paying Regular Premiums when they are due. If a Regular Premium is not made within 90 days of the Premium Due Date, the Policy will Lapse at the Premium Due Date. Once a Policy has Lapsed, it will end and all Benefits will be terminated.
Life Insured	The person or persons insured under this Policy and whose name appears on your Policy Schedule.
Notification	A document issued by the Company which amends the Policy after the Risk Commencement Date. Notification will be issued where there has been a change to the Policy in accordance with these Terms and Conditions.
Partial Payment	In the event of a valid critical illness claim under Level Term Life or Earlier Critical Illness Benefit and/or Level Standalone Critical Illness Benefit where a Partial Payment is allowed, the amount of the claim is limited to a percentage of the Critical illness Benefit Sum Insured instead of the full Critical Illness Benefit Sum Insured. The percentage payable under a Policy is stated in the product brochure.
Policy	The application form including any supplementary forms, the Policy Schedule, these Terms and Conditions and any Notifications issued by us.
Policy Anniversary	The calendar anniversary of the Risk Commencement Date.
Policy Currency	The currency shown in the Policy Schedule. All Regular Premiums, Benefits and claims will be calculated and paid from the Policy in this currency.

「聯名壽險(最後一名受保人身故)」	聯名投保的「保單」，共有兩名「受保人」。當「本公司」接納最後身故「受保人」的有效索償並支付相關「保障額」後，「保單」即告終止。
「失效」	「保單持有人」停止支付到期的「定期保費」，「保單」便會失效。「定期保費」於「保費到期日」後逾90天尚未繳付，「保單」將於「保費到期日」「失效」。「保單」一旦「失效」，所有「保障」即時終止。
「受保人」	閣下「保單附表」註明為本「保單」承保的人士或人等。
「通知書」	「本公司」發出的文件，說明於「開始承保日」後修訂「保單」。如須依照本條款與規章對「保單」作出任何更改，「我們」即會發出「通知書」。
「部分付款」	如成功索償定額定期壽險或提前危疾保障及／或定額獨立危疾保障的危疾保障而獲「本公司」支付「部分付款」，索償最高限額為危疾保障額的指定比例而非危疾保障額全數。「保單」的付款比例已列明於產品介紹冊。
「保單」	申請表(包括任何補充表格)、「保單附表」、本條款與規章及「我們」發出的任何「通知書」。
「保單周年日」	「開始承保日」每個曆年周年日。
「保單貨幣」	「保單附表」所列的指定貨幣。「保單」所有「定期保費」、「保障」及索償均會以本貨幣計算、扣除和支付。

Policy Owner	The individual or entity that enters into the contract of insurance with the Company and who owns the Policy and has the right to exercise all privileges under the Policy.
Policy Schedule	A document produced by us that provides a summary of your Policy including but not limited to the Policy number, name of Policy Owner and Life Insured, Regular Premium amount, and Benefits chosen.
Premium Due Date	The date on which each Regular Premium is due. Regular Premiums are due on the same day each month commencing from the due date of first premium until the due date of the final premium as shown in the Policy Schedule.
Registered Western Medicine Practitioner	A legally qualified and duly licensed medical physician or surgeon acting within the scope of that licence, with medical qualifications which are relevant to the medical condition which is the subject of the claim and who is registered in the country in which the opinion is sought. This must not be the Life Insured or a close relative of either the Life Insured or their spouse or the Policy Owner or their spouse.
Regular Premiums	Premiums are payable at the frequency shown on your Policy Schedule.
Risk Commencement Date	The date shown on your Policy Schedule on which your Policy starts and from when your selected Benefits commence.
Single Life	When the Policy is taken out under Single Life, it means there is only one Life Insured. On acceptance by us of a valid death claim, we will pay the relevant Benefits Sums Insured and the Policy will end.
Sum Insured	The amount payable by the Company for a Benefit whilst the Policy is in force and the Benefit is provided and payable by us at the time of the Claim Event. The Sum Insured for each selected Benefit is shown in the Policy Schedule.

「保單持有人」	與「本公司」訂立保險合約的人士或法團，亦即「保單」的擁有人，有權行使「保單」所有特權。
「保單附表」	「我們」編製的文件，摘要閣下「保單」的資料，其中包括但不限於「保單」編號、「保單持有人」及「受保人」姓名、「定期保費」金額及自選「保障」。
「保費到期日」	每期「定期保費」的付款日期。「定期保費」於每月同日應繳，由「保單」首期保費到期日開始，直至「保單附表」列明的最後一期保費到期日為止。
「註冊西醫」	擁有合法資格並正式持牌執業的醫生或外科醫生，在其牌照許可的範圍內行醫，擁有與索償疾病相關的醫學資格，並在徵取醫學意見該國註冊行醫。「註冊西醫」不可以是「受保人」，亦不可以是「受保人」、其配偶或「保單持有人」、其配偶的近親。
「定期保費」	保費應按「保單附表」註明的時間表繳付。
「開始承保日」	「保單附表」列明閣下「保單」開始的日期，您的自選「保障」將於該日開始受保。
「個人壽險」	個人投保的壽險「保單」只有一名「受保人」。當「我們」接納「受保人」的有效身故索償並支付相關「保障額」後，「保單」即告終止。
「保障額」	「保單」生效期間「本公司」就有關「保障」及「索償事件」所支付的賠償金。每項自選「保障」的「保障額」已列明於「保單附表」。

2. Policy basis

2.1. The Policy

When your Policy is issued, we will send you your Policy Schedule which confirms all the details about your Policy.

2.2. Policy Owner

The Policy Owner can be either one or two individuals, who must be at least 19 (age next birthday) at the Risk Commencement Date, or they can be trustees of a trust, or they can be a legally incorporated company.

2.3. Life Insured

The maximum number of Lives Insured is two and any Life Insured must be at least 19 (age next birthday) at the Risk Commencement Date.

Where Whole of Life Level Cover is chosen, the maximum age of any Life Insured at the Risk Commencement Date or date of any addition to or change in the Benefit Sum Insured is 75 (age next birthday).

Where Level Term Life Cover, Decreasing Term Life Cover and/or Family Income Benefit are chosen, the maximum age of any Life Insured at the Risk Commencement Date or date of any addition to or change in the Benefit Sum Insured is 65 (age next birthday).

For all other Benefit options, the maximum age of any Life Insured at the Risk Commencement Date or date of any addition to or change in the Benefit Sum Insured is 60 (age next birthday).

2.4. 'Life of Another' Policies

The Policy can be taken out on someone else's life, as long as the Life Insured agrees and the Policy Owner can show they would be financially disadvantaged if the Life Insured were to suffer a Claim Event under the Policy (this is known as 'insurable interest').

2.5. Policy basis

Policies are issued on the following bases:

- **Single Life or**
- **Joint Life First Death or**
- **Joint Life Last Death.**

The Policy basis is shown in the Policy Schedule and cannot be changed once the Policy is issued.

2.6. Policy term

Where Whole of Life Level Cover is chosen, the Policy is a whole of life Policy and has no termination date.

Where Whole of Life Level Cover is not chosen, the Policy will terminate at the end of the term of the last Core Benefit remaining on the Policy.

2. 「保單」形式

2.1. 「保單」

閣下的「保單」簽發後，「我們」即會向您寄發「保單附表」，確認您「保單」的詳細資料。

2.2. 「保單持有人」

「保單持有人」可以是一名或兩名個人，於「開始承保日」的年齡下限為 19 歲（翌年歲），此外亦可以是信託的受託人或合法成立的公司。

2.3. 「受保人」

「保單」最多可以有兩名「受保人」，任何「受保人」於「開始承保日」的年齡下限為 19 歲（翌年歲）。

如選擇終身定額壽險，「受保人」於「開始承保日」又或增加或更改「保障額」當日的年齡上限為 75 歲（翌年歲）。

如選擇定額定期壽險、遞減定期壽險及／或家庭收入保障，「受保人」於「開始承保日」又或增加或更改「保障額」當日的年齡上限為 65 歲（翌年歲）。

如選擇任何其他自選「保障」，「受保人」於「開始承保日」又或增加或更改「保障額」當日的年齡上限為 60 歲（翌年歲）。

2.4. 他人壽險「保單」

只要「受保人」同意而「保單持有人」可證明倘「受保人」遭遇「保單」承保的「索償事件」會對其造成經濟困難（即可保權益），「保單」可以他人作「受保人」。

2.5. 「保單」形式

「保單」可採取以下形式：

- 「個人壽險」；或
- 「聯名壽險（首名受保人身故）」；或
- 「聯名壽險（最後一名受保人身故）」。

「保單」形式已註明於「保單附表」，「保單」簽發後不可更改。

2.6. 「保單」年期

如選擇終身定額壽險，「保單」為終身壽險，不設終止日期。

如並非選擇終身定額壽險，「保單」將在最後一項尚餘的「核心保障」期滿時終止。

2.7. Policy Currency

The Policy Currency is chosen by you in the application form and is shown on your Policy Schedule. All Regular Premiums to and payments from the Policy will be calculated, added and paid in the Policy Currency. The currencies available are shown in the product brochure and application form.

2.8. Regular Premium Currency

All Regular Premiums will be applied to the Policy in the Policy Currency. The Policy Owner may choose to pay Regular Premiums in a currency other than the Policy Currency, however where this is the case the Company will convert each Regular Premium to the Policy Currency at an exchange rate determined by the Company at the time of receipt of the Regular Premium.

3. Benefits

3.1. Benefit Options

A Single Life Policy Owner has the option to select any combination of the following Core Benefits:

- Whole of Life Level Cover
- Level Term Life Cover
- Decreasing Term Life Cover
- Level Term Life or Earlier Critical Illness Benefit
- Decreasing Term Life or Earlier Critical Illness Benefit
- Level Standalone Critical Illness Benefit
- Standalone Multiple Critical Illness Benefit
- Level Term Life or Earlier Permanent and Total Disability Benefit
- Decreasing Term Life or Earlier Permanent and Total Disability Benefit
- Level Standalone Permanent and Total Disability Benefit
- Family Income Benefit

A Single Life Policy Owner has the option to select any of the following Add-On Benefits, which, if chosen, must be in conjunction with at least one Core Benefit:

- Accidental Death Benefit
- Waiver of Premium Benefit

The Joint Life First Death Policy Owners have the option to select any combination of the following Core Benefits:

- Whole of Life Level Cover
- Level Term Life Cover
- Decreasing Term Life Cover
- Level Term Life or Earlier Critical Illness Benefit
- Decreasing Term Life or Earlier Critical Illness Benefit

2.7. 「保單貨幣」

「保單貨幣」由閣下於申請表上指定，並列明於「保單附表」。您的「定期保費」和任何應付保障均以「保單貨幣」計算，增加及繳付。閣下可選擇的貨幣已載於產品介紹冊及申請表。

2.8. 「定期保費」貨幣

「保單」所有「定期保費」均以「保單貨幣」計算。「保單持有人」可選擇以「保單貨幣」以外的其他貨幣繳付「定期保費」，於該情況下「本公司」將在收取每筆「定期保費」時以「我們」當時釐定的匯率兌換為「保單貨幣」。

3. 「保障」

3.1. 自選「保障」

「個人壽險」的「保單持有人」可自選以下任何多項「核心保障」：

- 終身定額壽險
- 定額定期壽險
- 遞減定期壽險
- 定額定期壽險或提前危疾保障
- 遞減定期壽險或提前危疾保障
- 定額獨立危疾保障
- 獨立多重危疾保障
- 定額定期壽險或提前永久及完全傷殘保障
- 遞減定期壽險或提前永久及完全傷殘保障
- 定額獨立永久及完全傷殘保障
- 家庭收入保障

「個人壽險」的「保單持有人」可自選以下任何「附加保障」，投保「附加保障」必須同時最少連同一項「核心保障」：

- 意外死亡保障
- 豁免供款保障

「聯名壽險（首名受保人身故）」的「保單持有人」可自選以下任何多項「核心保障」：

- 終身定額壽險
- 定額定期壽險
- 遞減定期壽險
- 定額定期壽險或提前危疾保障
- 遞減定期壽險或提前危疾保障

- Level Term Life or Earlier Permanent and Total Disability Benefit
- Decreasing Term Life or Earlier Permanent and Total Disability Benefit
- Family Income Benefit

The Joint Life First Death Policy Owners have the option to select only the following Add-On Benefit, which, if chosen, must be in conjunction with at least one Core Benefit:

- Waiver of Premium Benefit

The Joint Life Last Death Policy Owners have the option to select only the following Core Benefit:

- Whole of Life Level Cover

The Joint Life Last Death Policy Owners have the option to select only the following Add-On Benefit, which, if chosen, must be in conjunction with at least one Core Benefit:

- Waiver of Premium Benefit

3.2. Sum Insured

The Sum Insured is the amount we pay for a valid Claim Event. For Decreasing Term Benefits, the Sum Insured reduces in line with the Decreasing Benefit Schedule as shown in the Policy Schedule. For Critical Illness Benefits, the Sum Insured may be reduced by any Partial Payment. For all other Benefits, each Sum Insured remains the same throughout the Benefit term unless you make subsequent changes to the Policy. All Benefits' Sums Insured are expressed in the Policy Currency.

3.3. Free Children's Life Cover

Free Children's Life Cover is a free-of-charge Benefit that is available under all Preferred Choice Policies at the Risk Commencement Date.

Free Children's Life Cover remains in place while the Policy is in force and will end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday), or for Joint Life Policies the Policy Anniversary immediately before each of the Lives Insured reaches 71 (age next birthday). Claims are only possible whilst any relevant children are aged between 3 (age next birthday) and 17 (age next birthday) while the Free Children's Life Cover is still in force.

The amount paid in the event of a valid Free Children's Life Cover claim will be the Free Children's Life Cover Sum Insured. Free Children's Life Cover will end on the second valid Children's Life Cover claim.

Subject to Condition 7 (Claims) the Company will pay a maximum of two separate claims under Free Children's Life Cover if a biological or legally adopted child of the Life Insured (or any one of the Lives Insured for Joint Life Policies) aged between 3 (age next birthday) and 17 (age next birthday) at the time of the claim, dies whilst the Policy is in force.

- 定額定期壽險或提前永久及完全傷殘保障
- 遞減定期壽險或提前永久及完全傷殘保障
- 家庭收入保障

「聯名壽險(首名受保人身故)」的「保單持有人」只可選擇以下一項「附加保障」,投保「附加保障」必須同時最少連同一項「核心保障」:

- 豁免供款保障

「聯名壽險(最後一名受保人身故)」的「保單持有人」只可選擇以下一項「核心保障」:

- 終身定額壽險

「聯名壽險(最後一名受保人身故)」的「保單持有人」只可選擇以下一項「附加保障」,投保「附加保障」必須同時最少連同一項「核心保障」:

- 豁免供款保障

3.2. 「保障額」

「保障額」是「我們」就有效「索償事件」給付的款項。遞減定期保障的「保障額」會按照「保單附表」列明的「遞減保障額附表」減少。危疾保障如已支付「部分付款」,「保障額」將相應扣減。所有其他「保障」的「保障額」於「保障」年期內維持不變,除非閣下其後更改「保單」則例外。所有「保障」的「保障額」均以「保單貨幣」計算。

3.3. 免費子女壽險

所有「智選人生」「保單」均提供免費子女壽險,費用全免,於「開始承保日」起生效。

免費子女壽險於「保單」生效期內一直有效,最遲於緊接「受保人」71歲(翌年歲)前的「保單周年日」或緊接「聯名壽險」「保單」每名「受保人」71歲(翌年歲)前的「保單周年日」終止。相關子女的年齡在子女壽險仍生效時,必須介乎三歲(翌年歲)至17歲(翌年歲),索償方會受理。

閣下成功索償免費子女壽險保障,「本公司」會支付免費子女壽險的「保障額」。閣下第二次成功索償免費子女壽險保障後,本保障即告終止。

遵從第7條(索償)的規定,如「受保人」(或「聯名壽險」「保單」任何一名「受保人」)親生或合法領養而於索償當時年齡為三歲(翌年歲)至17歲(翌年歲)的子女於「保單」生效期內身故,「我們」會支付賠償,但最多只可索償兩次。

The Free Children's Life Cover Sum Insured is shown in the product brochure.

In the event of a second valid claim under Free Children's Life Cover, this free-of-charge Benefit will stop.

A valid Free Children's Life Cover claim has no impact on the Regular Premium or any other Benefit of the Policy.

3.4. Whole of Life Level Cover

1. The Whole of Life Level Cover Sum Insured will be shown in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date). For Joint Life Policies, the Whole of Life Level Cover Sum Insured must always be the same for each Life Insured.
2. Whole of Life Level Cover has no expiry date; the Benefit remains in place for as long as the Policy is in force, or until the Benefit is cancelled by the Policy Owner or the Policy Lapses.
3. Subject to Condition 7 (Claims) the Company will pay the Whole of Life Level Cover Sum Insured if the relevant Life Insured dies while the Policy is in force.
4. The amount paid in the event of a valid Whole of Life Level Cover claim will be the Sum Insured applicable at the time of the Claim Event.
5. A valid Whole of Life Level Cover claim will not automatically invalidate a separate claim for the same Claim Event under any other relevant Benefit selected and available under the Policy.

3.4.1. Single Life Policies

Whole of Life Level Cover is payable once only on the death of the Life Insured. In the event of a valid claim for this Benefit, the Policy ends and all other Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

3.4.2. Joint Life First Death Policies

Whole of Life Level Cover is payable once only, on the death of the first of the Lives Insured to die. In the event of a valid claim for this Benefit, the Policy ends and all other Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

Where it is not possible to determine which of the Lives Insured was the first to die the Company will assume that the older Life Insured was the first to die.

免費子女壽險的「保障額」已載於產品介紹冊。

「我們」接納及支付第二宗免費子女壽險索償後，本免費「保障」即告終止。

成功索償免費子女壽險不會影響「定期保費」或「保單」任何其他「保障」。

3.4. 終身定額壽險

1. 終身定額壽險的「保障額」列明於「保單附表」(如於「開始承保日」後增加或更改「保障」則列明於「通知書」)。「聯名壽險」「保單」每名「受保人」的終身定額壽險「保障額」必須相等。
2. 終身定額壽險不設期滿日；「保障」於「保單」生效期間持續有效，又或一直生效至「保單持有人」取消「保障」或「保單」「失效」。
3. 遵從第7條(索償)的規定，如相關「受保人」於「保單」生效期內身故，「本公司」會支付終身定額壽險「保障額」。
4. 終身定額壽險應給付的賠償金額為 閣下索償當時的「保障額」。
5. 成功索償終身定額壽險後，閣下仍可就同一宗「索償事件」索償您在「保單」自選和設立的任何其他相關「保障」。

3.4.1. 「個人壽險」「保單」

「我們」只會在「受保人」身故時支付終身定額壽險一次。本項「保障」的索償一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

3.4.2. 「聯名壽險(首名受保人身故)」「保單」

「我們」只會在當中首先離世的「受保人」身故時支付終身定額壽險一次。本項「保障」的索償一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

如無法界定兩名「受保人」誰先身故，「本公司」會假設較年長的「受保人」最先身故。

3.4.3. Joint Life Last Death Policies

Whole of Life Level Cover is payable once only, on the death of the Life Insured who dies last. In the event of a valid claim for this Benefit, the Policy ends and all other Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

Where it is not possible to determine which of the Lives Insured was the last to die the Company will assume that the youngest Life Insured was the last to die.

3.5. Level Term Life Cover

The Level Term Life Cover Sum Insured will be shown in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date). For Joint Life Policies, both the Level Term Life Cover Sum Insured and the Benefit term must always be the same for each Life Insured.

Level Term Life Cover Benefit remains in place while the Policy is in force for the chosen Benefit term or until the Benefit is cancelled by the Policy Owner or the Policy Lapses. The Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday), or for Joint Life Policies the Policy Anniversary immediately before the oldest Life Insured reaches 71 (age next birthday).

Subject to Condition 7 (Claims) the Company will pay the Level Term Life Cover Sum Insured if the relevant Life Insured dies while the Policy is in force during the chosen Benefit term.

The amount paid in the event of a valid Level Term Life Cover Benefit claim will be the Sum Insured applicable at the time of the Claim Event.

A valid Level Term Life Cover Benefit claim will not automatically invalidate a separate claim for the same Claim Event under any other relevant Benefit selected and available under the Policy.

3.5.1. Single Life Policies

Level Term Life Cover is payable once only on the death of the Life Insured. In the event of a valid claim for this Benefit, the Policy ends and all other Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

3.5.2. Joint Life First Death Policies

Level Term Life Cover is payable once only, on the death of the first of the Lives Insured to die. In the event of a valid claim for this Benefit, the Policy ends for both Lives Insured and all other Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

Where it is not possible to determine which of the Lives Insured was the first to die the Company will assume that the oldest Life Insured was the first to die.

3.4.3. 「聯名壽險(最後一名受保人身故)」[「保單」]

「我們」只會在最後一名「受保人」身故時支付終身定額壽險一次。本項「保障」的索償一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

如無法界定兩名「受保人」誰最後身故，「本公司」會假設較年輕的「受保人」最後身故。

3.5. 定期定期壽險

定期定期壽險的「保障額」列明於「保單附表」(如於「開始承保日」後增加或更改「保障」則列明於「通知書」)。「聯名壽險」[「保單」]每名「受保人」的定期定期壽險「保障額」必須相等。

定期定期壽險「保障」於「保單」所選「保障」的年期內持續有效，又或一直生效至「保單持有人」取消「保障」或「保單」失效。「保障」年期最遲於緊接「受保人」71歲(翌年歲)前的「保單周年日」或緊接「聯名壽險」[「保單」]較年長「受保人」71歲(翌年歲)前的「保單周年日」終止。

遵從第7條(索償)的規定，如相關「受保人」於「保單」所選「保障」的年期內身故，「本公司」會支付定期定期壽險「保障額」。

定期定期壽險應給付的賠償金額為 閣下索償當時的「保障額」。

成功索償定期定期壽險後， 閣下仍可就同一宗「索償事件」索償您在「保單」自選和設立的任何其他相關「保障」。

3.5.1. 「個人壽險」[「保單」]

「我們」只會在「受保人」身故時支付定期定期壽險一次。本項「保障」的索償一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

3.5.2. 「聯名壽險(首名受保人身故)」[「保單」]

「我們」只會在當中首先離世的「受保人」身故時支付定期定期壽險一次。本項「保障」的索償一經接納，兩名「受保人」的「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

如無法界定兩名「受保人」誰先身故，「本公司」會假設較年長的「受保人」最先身故。

3.5.3. Joint Life Last Death Policies

Level Term Life Cover is not applicable to Joint Life Last Death Policies.

3.6. Decreasing Term Life Cover

The Decreasing Term Life Cover Sum Insured will be shown in the Policy Schedule and it will reduce over the Benefit term in line with the Decreasing Benefit Schedule as shown in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date). For Joint Life Policies, both the Decreasing Term Life Cover Sum Insured and the Benefit term must always be the same for each Life Insured.

Decreasing Term Life Cover remains in place while the Policy is in force for the chosen Benefit term or until the Benefit is cancelled by the Policy Owner or the Policy Lapses. The Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday), or for Joint Life Policies the Policy Anniversary immediately before the oldest Life Insured reaches 71 (age next birthday).

Subject to Condition 7 (Claims) the Company will pay the Decreasing Term Life Cover Sum Insured if the relevant Life Insured dies while the Policy is in force during the chosen Benefit term.

The amount paid in the event of a valid Decreasing Term Life Cover claim will be the Sum Insured applicable at the time of the Claim Event.

A valid Decreasing Term Life Cover claim will not automatically invalidate a separate claim for the same Claim Event under any other relevant Benefit selected and available under the Policy.

3.6.1. Single Life Policies

Decreasing Term Life Cover is payable once only on the death of the Life Insured. In the event of a valid claim for this Benefit, the Policy ends and all other Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

3.6.2. Joint Life First Death Policies

Decreasing Term Life Cover is payable once only, on the death of the first of the Lives Insured to die. In the event of a valid claim for this Benefit, the Policy ends and all other Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

Where it is not possible to determine which of the Lives Insured was the first to die the Company will assume that the oldest Life Insured was the first to die.

3.6.3. Joint Life Last Death Policies

Decreasing Term Life Cover is not applicable to Joint Life Last Death Policies.

3.5.3. 「聯名壽險(最後一名受保人身故)」[「保單」]

定期定額壽險不適用於「聯名壽險(最後一名受保人身故)」[「保單」]。

3.6. 遞減定期壽險

遞減定期壽險的「保障額」列明於「保單附表」，並會於「保障」年期內按照「保單附表」(如於「開始承保日」後增加或更改「保障」則列明於「通知書」)列明的「遞減保障額附表」減少。「聯名壽險」[「保單」]每名「受保人」的遞減定期壽險「保障額」及「保障」年期必須相同。

遞減定期壽險於「保單」所選「保障」的年期內持續有效，又或一直生效至「保單持有人」取消「保障」或「保單」[「失效」]。「保障」年期最遲於緊接「受保人」71歲(翌年歲)前的「保單周年日」或緊接「聯名壽險」[「保單」]較年長的「受保人」71歲(翌年歲)前的「保單周年日」終止。

遵從第7條(索償)的規定，如相關「受保人」於「保單」所選「保障」的年期內身故，「我們」會支付遞減定期壽險「保障額」。

遞減定期壽險應給付的賠償金額為 閣下索償當時的「保障額」。

成功索償遞減定期壽險後，閣下仍可就同一宗「索償事件」索償您在「保單」自選和設立的任何其他相關「保障」。

3.6.1. 「個人壽險」[「保單」]

「我們」只會在「受保人」身故時支付遞減定期壽險一次。本項「保障」的索償一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

3.6.2. 「聯名壽險(首名受保人身故)」[「保單」]

「我們」只會在當中首先離世的「受保人」身故時支付遞減定期壽險一次。本項「保障」的索償一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

如無法界定兩名「受保人」誰先身故，「本公司」會假設較年長的「受保人」最先身故。

3.6.3. 「聯名壽險(最後一名受保人身故)」[「保單」]

遞減定期壽險不適用於「聯名壽險(最後一名受保人身故)」[「保單」]。

3.7. Level Term Life or Earlier Critical Illness Benefit

The Level Term Life or Earlier Critical Illness Benefit Sum Insured will be shown in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date). For Joint Life Policies, both the Level Term Life or Earlier Critical Illness Benefit Sum Insured and the Benefit term must always be the same for each Life Insured.

Level Term Life or Earlier Critical Illness Benefit remains in place while the Policy is in force for the chosen Benefit term or until the Benefit is cancelled by the Policy Owner or the Policy Lapses. The Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday), or for Joint Life Policies the Policy Anniversary immediately before the oldest Life Insured reaches 71 (age next birthday).

Subject to Condition 7 (Claims) the Company will pay the Level Term Life or Earlier Critical Illness Benefit Sum Insured while the Policy is in force during the chosen Benefit term on the first occurrence of either:

- the death of the relevant Life Insured, or
- the relevant Life Insured suffering a critical illness as set out in Condition 29 (Critical Illness definitions) of these Terms and Conditions.

The amount paid in the event of a valid Level Term Life or Earlier Critical Illness Benefit claim will be the Sum Insured applicable at the time of the Claim Event.

Critical illness claims (including children's critical illness claims) will only be accepted where the Claim Event occurs:

- 90 days or more after the Risk Commencement Date for this Benefit, or
- 90 days or more after the Risk Commencement Date of any increase in this Benefit or the addition of this Benefit to the Policy, or
- 90 days or more after any reinstatement of the Policy and/or this Benefit.

A valid Level Term Life or Earlier Critical Illness Benefit claim will not automatically invalidate a separate claim for the same Claim Event under any other relevant Benefit selected and available under the Policy.

3.7. 定額定期壽險或提前危疾保障

定額定期壽險或提前危疾保障的「保障額」列明於「保單附表」(如於「開始承保日」後增加或更改「保障」則列明於「通知書」)。「聯名壽險」「保單」每名「受保人」的定額定期壽險或提前危疾保障「保障額」及「保障」年期必須相同。

定額定期壽險或提前危疾保障於「保單」所選「保障」的年期內持續有效，又或一直生效至「保單持有人」取消「保障」或「保單」失效。「保障」年期最遲於緊接「受保人」71歲(翌年歲)前的「保單周年日」或緊接「聯名壽險」「保單」較年長的「受保人」71歲(翌年歲)前的「保單周年日」終止。

遵從第7條(索償)的規定，「本公司」將於「保單」生效期間及「受保人」所選「保障」年期內，就最先發生的下列事件支付定額定期壽險或提前危疾保障的「保障額」：

- 相關「受保人」身故；或
- 相關「受保人」罹患本條款與規章第29條(危疾釋義)列明的危疾。

定額定期壽險或提前危疾保障應給付的賠償金額為閣下索償當時的「保障額」。

索償危疾保障(包括子女危疾索償)，「索償事件」必須在下列時間發生，方會受理：

- 本項「保障」的「開始承保日」後滿90天；或
- 本項「保障」增額或「保單」增設本項「保障」的「開始承保日」後滿90天；或
- 「保單」及／或本項「保障」復效後滿90天。

成功索償定額定期壽險或提前危疾保障後，閣下仍可就同一宗「索償事件」索償您在「保單」自選和設立的任何其他相關「保障」。

3.7.1. Death claims

i) Single Life Policies

Level Term Life or Earlier Critical Illness Benefit is payable once only on the death of the Life Insured. In the event of a valid death claim for this Benefit, the Policy ends and all Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

ii) Joint Life First Death Policies

Level Term Life or Earlier Critical Illness Benefit is payable once only, on the death of the first of the Lives Insured to die. In the event of a death claim for this Benefit, the Policy ends for both Lives Insured and all Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

Where it is not possible to determine which of the Lives Insured was the first to die the Company will assume that the older Life Insured was the first to die.

iii) Joint Life Last Death Policies

Level Term Life or Earlier Critical Illness Benefit is not applicable to Joint Life Last Death Policies.

3.7.2. Critical Illness claims

i) Single Life Policies

a) Critical Illness Partial Payment

A Partial Payment is payable once only for each applicable critical illness condition. Only those critical illness conditions that are specifically stated to be payable for Partial Payment are available for Partial Payment. On payment of a valid Partial Payment claim, the Level Term Life or Earlier Critical Illness Benefit continues for the remaining critical illness conditions, the Sum Insured is reduced by the amount of the Partial Payment claim and the Regular Premium payable for the Benefit remains unchanged.

b) Children's Critical Illness claims

A single Children's Critical Illness claim is payable for each biological or legally adopted child of the Life Insured aged between 3 (age next birthday) to 17 (age next birthday) at the time of the Claim Event, up to a maximum of 2 separate Children's Critical Illness claims per Policy. On payment of a valid Children's Critical Illness claim, the Level Term Life or Earlier Critical Illness Benefit continues and the Sum Insured and the Regular Premium payable for the Benefit both remain unchanged.

3.7.1. 身故索償

i) 「個人壽險」「保單」

「我們」只會在「受保人」身故時支付定額定期壽險或提前危疾保障一次。因「受保人」身故索償本項「保障」一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

ii) 「聯名壽險（首名受保人身故）」「保單」

「我們」只會在當中首先離世的「受保人」身故時支付定額定期壽險或提前危疾保障一次。因「受保人」身故索償本項「保障」一經接納，兩名「受保人」的「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

如無法界定兩名「受保人」誰先身故，「本公司」會假設較年長的「受保人」最先身故。

iii) 「聯名壽險（最後一名受保人身故）」「保單」

定額定期壽險或提前危疾保障不適用於「聯名壽險（最後一名受保人身故）」「保單」。

3.7.2. 危疾索償

i) 「個人壽險」「保單」

a) 危疾保障「部分付款」

每種適用危疾只可支付「部分付款」一次，而且只有指明可「部分付款」的危疾方可索償「部分付款」。「部分付款」一經接納並支付後，其餘危疾的定額定期壽險或提前危疾保障仍然生效，但「保障額」會扣減「部分付款」金額，而「保障」應繳付的「定期保費」維持不變。

b) 子女危疾索償

「受保人」每名親生或合法領養而於「索償事件」發生時年齡為三歲（翌年歲）至17歲（翌年歲）的子女均可索償一次子女危疾保障，每份「保單」最多可就兩名不同的子女提出索償。索償子女危疾保障獲接納並支付後，定額定期壽險或提前危疾保障仍然生效，「保障額」及「保障」應繳付的「定期保費」金額均維持不變。

c) Critical Illness claims other than Partial Payment and Children's Critical Illness

A Critical Illness claim other than that for a Partial Payment or a Children's Critical Illness is payable once only. On payment of a valid Critical Illness claim other than that for a Partial Payment or a Children's Critical Illness, the Level Term Life or Earlier Critical Illness Benefit stops. If no other Core Benefits remain on the Policy, then the Policy will end. If other Benefits remain on the Policy, the Policy will continue and the Regular Premium payable for the Policy will be reduced by the amount applicable for this Benefit.

ii) Joint Life First Death Policies

a) Critical Illness Partial Payment

A Partial Payment is payable once only for each applicable critical illness condition suffered by either one of the Lives Insured. Only those critical illness conditions that are specifically stated to be payable for Partial Payment are available for Partial Payment. On payment of a valid Partial Payment claim, the Level Term Life or Earlier Critical Illness Benefit continues for both Lives Insured for the remaining critical illness conditions, the Sum Insured is reduced by the amount of the Partial Payment claim and the Regular Premium payable for the Benefit remains unchanged.

b) Children's Critical Illness claims

A single Children's Critical Illness claim is payable for each biological or legally adopted child of the Lives Insured aged between 3 (age next birthday) and 17 (age next birthday) at the time of the Claim Event, up to a maximum of 2 separate Children's Critical Illness claims per Policy. On payment of a valid Children's Critical Illness claim, the Level Term Life or Earlier Critical Illness Benefit continues for both Lives Insured, and the Sum Insured and the Regular Premium payable for the Benefit both remain unchanged.

c) Critical Illness claims other than Partial Payment and Children's Critical Illness

A Critical Illness claim other than that for a Partial Payment or a Children's Critical Illness, is payable once only for either one of the Lives Insured. On payment of a valid Critical Illness claim other than that for a Partial Payment or a Children's Critical Illness, the Level Term Life or Earlier Critical Illness Benefit stops for both Lives Insured. If no other Core Benefits remain on the Policy, then the Policy will end. If other Benefits remain on the Policy, the Policy will continue and the Regular Premium payable for the Policy will be reduced by the amount applicable for this Benefit.

c) 並非「部分付款」及子女危疾的危疾索償

「我們」只會支付一次並非「部分付款」或子女危疾的危疾索償。並非「部分付款」或子女危疾的危疾索償獲接納並支付後，定額定期壽險或提前危疾保障即會終止。如「保單」並無任何其他「核心保障」，「保單」將會終止。如「保單」尚有其他「保障」，「保單」則會繼續生效，「保單」應繳的「定期保費」將相應扣減本項「保障」的金額。

ii) 「聯名壽險（首名受保人身故）」「保單」

a) 危疾保障「部分付款」

任何一名「受保人」罹患的每種適用危疾只可支付「部分付款」一次，而且只有指明可「部分付款」的危疾方可索償「部分付款」。「部分付款」接納並支付後，兩名「受保人」其餘危疾的定額定期壽險或提前危疾保障仍然生效，但「保障額」會扣減「部分付款」金額，而「保障」應繳付的「定期保費」維持不變。

b) 子女危疾索償

「受保人」每名親生或合法領養而於「索償事件」發生時年齡為三歲（翌年歲）至17歲（翌年歲）的子女均可索償一次子女危疾保障，每份「保單」最多可就兩名不同的子女提出索償。索償子女危疾保障獲接納並支付後，兩名「受保人」的定額定期壽險或提前危疾保障仍然生效，「保障額」及「保障」應繳付的「定期保費」金額均維持不變。

c) 並非「部分付款」及子女危疾的危疾索償

「我們」只會支付一次就任何一名「受保人」提出的並非「部分付款」或子女危疾的危疾索償。並非「部分付款」或子女危疾的危疾索償獲接納並支付後，兩名「受保人」的定額定期壽險或提前危疾保障即會終止。如「保單」並無任何其他「核心保障」，「保單」將會終止。如「保單」尚有其他「保障」，「保單」則會繼續生效，「保單」應繳的「定期保費」將相應扣減本項「保障」的金額。

iii) Joint Life Last Death Policies

Level Term Life or Earlier Critical Illness Benefit is not applicable to Joint Life Last Death Policies.

3.8. Decreasing Term Life or Earlier Critical Illness Benefit

The Decreasing Term Life or Earlier Critical Illness Benefit Sum Insured will be shown in the Policy Schedule and it will reduce over the Benefit term in line with the Decreasing Benefit Schedule in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date). For Joint Life Policies, both the Decreasing Term Life or Earlier Critical Illness Benefit Sum Insured and the Benefit term must always be the same for each Life Insured.

Decreasing Term Life or Earlier Critical Illness Benefit remains in place while the Policy is in force for the chosen Benefit term or until the Benefit is cancelled by the Policy Owner or the Policy Lapses. The Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday), or for Joint Life Policies the Policy Anniversary immediately before the oldest Life Insured reaches 71 (age next birthday).

Subject to Condition 7 (Claims) the Company will pay the Decreasing Term Life or Earlier Critical Illness Benefit Sum Insured while the Policy is in force during the chosen Benefit term on the first occurrence of either:

- the death of the relevant Life Insured, or;
- the relevant Life Insured suffering a critical illness as set out in Condition 30 (Critical Illness definitions) of these Terms and Conditions.

The amount paid in the event of a valid Decreasing Term Life or Earlier Critical Illness Benefit claim will be the Sum Insured applicable at the time of the Claim Event.

Critical illness claims (including children's critical illness claims) will only be accepted where the Claim Event occurs:

- 90 days or more after the Risk Commencement Date for this Benefit, or;
- 90 days or more after the Risk Commencement Date of any increase in this Benefit or the addition of this Benefit to the Policy, or;
- 90 days or more after any reinstatement of the Policy and/or this Benefit.

A valid Decreasing Term Life or Earlier Critical Illness Benefit claim will not automatically invalidate a separate claim for the same Claim Event under any other relevant Benefit selected and available under the Policy.

iii) 「聯名壽險(最後一名受保人身故)」 「保單」

定額定期壽險或提前危疾保障不適用於「聯名壽險(最後一名受保人身故)」 「保單」。

3.8. 遞減定期壽險或提前危疾保障

遞減定期壽險或提前危疾保障的「保障額」列明於「保單附表」，並會於「保障」年期內按照「保單附表」(如於「開始承保日」後增加或更改「保障」則列明於「通知書」)列明的「遞減保障額附表」減少。「聯名壽險」「保單」每名「受保人」的遞減定期壽險或提前危疾保障「保障額」及「保障」年期必須相同。

遞減定期壽險或提前危疾保障於「保單」所選「保障」的年期內持續有效，又或一直生效至「保單持有人」取消「保障」或「保單」「失效」。「保障」年期最遲於緊接「受保人」71歲(翌年歲)前的「保單周年日」或緊接「聯名壽險」「保單」較年長的「受保人」71歲(翌年歲)前的「保單周年日」終止。

遵從第7條(索償)的規定，「本公司」將在「保單」生效期間及「受保人」所選「保障」年期內，就最先發生的下列事件支付遞減定期壽險或提前危疾保障「保障額」：

- 相關「受保人」身故；或
- 相關「受保人」罹患本條款與規章第30條(危疾釋義)列明的危疾。

遞減定期壽險或提前危疾保障應給付的賠償金額為 閣下索償當時的「保障額」。

索償危疾保障(包括索償子女危疾保障)，「索償事件」必須在下列時間發生，方會受理：

- 本項「保障」的「開始承保日」後滿90天；或
- 本項「保障」增額或「保單」增設本項「保障」的「開始承保日」後滿90天；或
- 「保單」及／或本項「保障」復效後滿90天。

成功索償遞減定期壽險或提前危疾保障後，閣下仍可就同一宗「索償事件」索償您在「保單」自選和設立的任何其他相關「保障」。

3.8.1. Death claims

i) Single Life Policies

Decreasing Term Life or Earlier Critical Illness Benefit is payable once only on the death of the Life Insured. In the event of a valid death claim for this Benefit, the Policy ends and all Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

ii) Joint Life First Death Policies

Decreasing Term Life or Earlier Critical Illness Benefit is payable once only, on the death of the first of the Lives Insured to die. In the event of a death claim for this Benefit, the Policy ends for both Lives Insured and all Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

Where it is not possible to determine which of the Lives Insured was the first to die the Company will assume that the older Life Insured was the first to die.

iii) Joint Life Last Death Policies

Decreasing Term Life or Earlier Critical Illness Benefit is not applicable to Joint Life Last Death Policies.

3.8.2. Critical Illness claims

i) Single Life Policies

a) Children's Critical Illness claims

A single Children's Critical Illness claim is payable for each biological or legally adopted child of the Life Insured aged between 3 (age next birthday) to 17 (age next birthday) at the time of the Claim Event, up to a maximum of two separate Children's Critical Illness claims per Policy. On payment of a valid Children's Critical Illness claim, the Decreasing Term Life or Earlier Critical Illness Benefit continues and the Sum Insured and the Regular Premium payable for the Benefit both remain unchanged.

b) Critical Illness claims other than Children's Critical Illness claims

A Critical Illness claim other than that for a Children's Critical Illness is payable once only for either one of the Lives Insured. On payment of a valid Critical Illness claim other than that for a Children's Critical Illness, the Decreasing Term Life or Earlier Critical Illness Benefit stops. If no other Core Benefits remain on the Policy, then the Policy will end. If other Benefits remain on the Policy, the Policy will continue and the Regular Premium payable for the Policy will be reduced by the amount applicable for this Benefit.

3.8.1. 身故索償

i) 「個人壽險」「保單」

「我們」只會在「受保人」身故時支付遞減定期壽險或提前危疾保障一次。因「受保人」身故索償本項「保障」一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何「家庭收入保障」索償，「我們」會繼續履行責任分期支付賠償。

ii) 「聯名壽險（首名受保人身故）」「保單」

「我們」只會在當中首先離世的「受保人」身故時支付遞減定期壽險或提前危疾保障一次。因「受保人」身故索償本項「保障」一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

如無法界定兩名「受保人」誰先身故，「本公司」會假設較年長的「受保人」最先身故。

iii) 「聯名壽險（最後一名受保人身故）」「保單」

遞減定期壽險或提前危疾保障不適用於「聯名壽險（最後一名受保人身故）」「保單」。

3.8.2. 危疾索償

i) 「個人壽險」「保單」

a) 子女危疾索償

「受保人」每名親生或合法領養而於「索償事件」發生時年齡為三歲（翌年歲）至17歲（翌年歲）的子女均可索償一次子女危疾保障，每份「保單」最多可就兩名不同的子女提出索償。索償子女危疾保障獲接納並支付後，遞減定期壽險或提前危疾保障仍然生效，「保障額」及「保障」應繳付的「定期保費」金額均維持不變。

b) 並非子女危疾的危疾索償

「我們」只會支付一次由任何一名「受保人」提出而並非子女危疾的危疾索償。並非子女危疾的危疾索償獲接納並支付後，遞減定期壽險或提前危疾保障即會終止。如「保單」並無任何其他「核心保障」，「保單」將會終止。如「保單」尚有其他「保障」，「保單」則會繼續生效，「保單」應繳的「定期保費」將相應扣減本項「保障」的金額。

ii) Joint Life First Death Policies

a) Children's Critical Illness claims

A single Children's Critical Illness claim is payable for each biological or legally adopted child of the Lives Insured aged between 3 (age next birthday) and 17 (age next birthday) at the time of the Claim Event, up to a maximum of two separate Children's Critical Illness claims per Policy. On payment of a valid Children's Critical Illness claim, the Decreasing Term Life or Earlier Critical Illness Benefit continues for both Lives Insured, and the Sum Insured and the Regular Premium payable for the Benefit both remain unchanged.

b) Critical Illness claims other than Children's Critical Illness claims

A Critical Illness claim other than that for a Children's Critical Illness, is payable once only for either one of the Lives Insured. On payment of a valid Critical Illness claim other than that for a Children's Critical Illness, the Decreasing Term Life or Earlier Critical Illness Benefit stops for both Lives Insured. If no other Core Benefits remain on the Policy, then the Policy will end. If Benefits remain on the Policy, the Policy will continue and the Regular Premium payable for the Policy will be reduced by the amount applicable for this Benefit.

iii) Joint Life Last Death Policies

Decreasing Term Life or Earlier Critical Illness Benefit is not applicable to Joint Life Last Death Policies.

3.9. Level Term Life or Earlier Permanent and Total Disability Benefit

The Level Term Life or Earlier Permanent and Total Disability Benefit Sum Insured will be shown in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date). For Joint Life Policies, both the Level Term Life or Earlier Permanent and Total Disability Benefit Sum Insured and the Benefit term must always be the same for each Life Insured.

Level Term Life or Earlier Permanent and Total Disability Benefit remains in place while the Policy is in force for the chosen Benefit term or until the Benefit is cancelled by the Policy Owner or the Policy Lapses. The Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday), or for Joint Life Policies the Policy Anniversary immediately before the oldest Life Insured reaches 71 (age next birthday).

Subject to Condition 7 (Claims) the Company will pay the Level Term Life or Earlier Permanent and Total Disability Benefit Sum Insured while the Policy is in force during the chosen Benefit term on the first occurrence of either:

ii) 「聯名壽險(首名受保人身故)」 「保單」

a) 子女危疾索償

「受保人」每名親生或合法領養而於「索償事件」發生時年齡為三歲(翌年歲)至17歲(翌年歲)的子女均可索償一次子女危疾保障，每份「保單」最多可就兩名不同的子女提出索償。索償子女危疾保障獲接納並支付後，兩名「受保人」的遞減定期壽險或提前危疾保障仍然生效，「保障額」及「保障」應繳付的「定期保費」金額均維持不變。

b) 並非子女危疾的危疾索償

「我們」只會支付一次由任何一名「受保人」提出而並非子女危疾的危疾索償。並非子女危疾的危疾索償獲接納並支付後，兩名「受保人」的遞減定期壽險或提前危疾保障即會終止。如「保單」並無任何其他「核心保障」，「保單」將會終止。如「保單」尚有其他「保障」，「保單」則會繼續生效，「保單」應繳的「定期保費」將相應扣減本項「保障」的金額。

iii) 「聯名壽險(最後一名受保人身故)」 「保單」

遞減定期壽險或提前危疾保障不適用於「聯名壽險(最後一名受保人身故)」 「保單」。

3.9. 定額定期壽險或提前永久及完全傷殘保障

定額定期壽險或提前永久及完全傷殘保障的「保障額」列明於「保單附表」(如於「開始承保日」後增加或更改「保障」則列明於「通知書」)。「聯名壽險」「保單」每名「受保人」的定額定期壽險或提前永久及完全傷殘保障「保障額」及「保障」年期必須相同。

定額定期壽險或提前永久及完全傷殘保障於「保單」所選「保障」的年期內持續有效，又或一直生效至「保單持有人」取消「保障」或「保單」「失效」。「保障」年期最遲於「受保人」71歲(翌年歲)生日前緊接的「保單周年日」之前或「聯名壽險」「保單」較年長「受保人」71歲(翌年歲)生日前緊接的「保單周年日」終止。

遵從第7條(索償)的規定，「本公司」將於「保單」生效期間及「受保人」所選「保障」年期內，就最先發生的下列事件支付定額定期壽險或提前永久及完全傷殘保障「保障額」：

- the death of the relevant Life Insured, or;
- the diagnosis of the relevant Life Insured as being permanently and totally disabled (as defined in these Terms and Conditions) for a continuous period of at least 180 consecutive days.

The amount paid in the event of a valid Level Term Life or Earlier Permanent and Total Disability Benefit claim will be the Sum Insured applicable at the time of the Claim Event.

Permanent and total disability means:

i) Lives Insured aged 71 (age next birthday) or younger in gainful employment:

A Life Insured shall be regarded as having permanent and total disability if he is unlikely to ever work (for reward or otherwise) in his own occupation, profession, business as well as engage in any other occupation to which he is fitted by education, training and experience for the rest of his life, as a result of the disability.

ii) Lives Insured aged 71 (age next birthday) or younger not in gainful employment

A Life Insured shall be regarded as having permanent and total disability if he is unable to perform at least two activities of daily working. The activities of daily working are:

- Walking – the ability to walk more than 200 metres on the flat without stopping or severe discomfort.
- Bending – the ability to get into or out of a standard saloon car, or the ability to bend or kneel to pick up a light object from the floor and straighten up again.
- Communications – the ability to answer the telephone and take a message.
- Reading – having the eyesight required to be able to read a newspaper with corrective aids (if required).
- Writing – having the physical ability to write legibly using a pen or pencil.

A valid Level Term Life or Earlier Permanent and Total Disability Benefit claim will not automatically invalidate a separate claim for the same Claim Event under any other relevant Benefit selected and available under the Policy.

- 相關「受保人」身故；或
- 相關「受保人」確診為永久及完全傷殘（釋義以本條款與規章所訂為準），為期最少連續180天。

定額定期壽險或提前永久及完全傷殘保障應給付的賠償金額為 閣下索償當時的「保障額」。

永久及完全傷殘指：

i) 71歲（翌年歲）或以下從事有酬金工作的「受保人」：

「受保人」如因傷殘而相信從此無法執行其職業、專業或業務（不論有無酬金），並無法從事其教育、培訓及經驗可以勝任的任何其他職業，便被視為永久及完全傷殘。

ii) 71歲（翌年歲）或以下並非從事有酬金工作的「受保人」：

「受保人」如因傷殘而無法進行最少兩種日常活動，便被視為永久及完全傷殘。日常活動包括：

- 步行 — 在平地連續步行超過200米而無須停頓或感到嚴重不適。
- 彎身 — 進出普通汽車，或彎身或跪下從地上拾起輕巧物件，然後起立站直。
- 溝通 — 接聽電話及記下留言。
- 閱讀 — 有良好視力可閱讀報章，如需要者可佩戴矯視眼鏡。
- 書寫 — 可用原子筆或鉛筆書寫能辨讀的字體。

成功索償定額定期壽險或提前永久及完全傷殘保障後， 閣下仍可就同一宗「索償事件」索償您在「保單」自選和設立的任何其他相關「保障」。

3.9.1. Death claims

i) Single Life Policies

Level Term Life or Earlier Permanent and Total Disability Benefit is payable once only on the death of the Life Insured. In the event of a valid death claim for this Benefit, the Policy ends and all Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

ii) Joint Life First Death Policies

Level Term Life or Earlier Permanent and Total Disability Benefit is payable once only, on the death of the first of the Lives Insured to die. In the event of a death claim for this Benefit, the Policy ends for both Lives Insured and all Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

Where it is not possible to determine which of the Lives Insured was the first to die the Company will assume that the older Life Insured was the first to die.

iii) Joint Life Last Death Policies

Level Term Life or Earlier Permanent and Total Disability Benefit is not applicable to Joint Life Last Death Policies.

3.9.2. Permanent and total disability claims

i) Single Life Policies

A permanent and total disability claim is payable once only. On payment of a valid permanent and total disability claim, the Level Term Life or Earlier Permanent and Total Disability Benefit stops. If no other Core Benefits remain on the Policy, then the Policy will end. If other Benefits remain on the Policy, the Policy will continue and the Regular Premium payable for the Policy will be reduced by the amount applicable for this Benefit.

ii) Joint Life First Death Policies

A permanent and total disability claim is payable once only for either one of the Lives Insured. On payment of a valid permanent and total disability claim, the Level Term Life or Earlier Permanent and Total Disability Benefit stops for both Lives Insured. If no other Core Benefits remain on the Policy, then the Policy will end. If other Benefits remain on the Policy, the Policy will continue and the Regular Premium payable for the Policy will be reduced by the amount applicable for this Benefit.

iii) Joint Life Last Death Policies

Level Term Life or Earlier Permanent and Total Disability Benefit is not applicable to Joint Life Last Death Policies.

3.9.1. 身故索償

i) 「個人壽險」「保單」

「我們」只會在「受保人」身故時支付定額定期壽險或提前永久及完全傷殘保障一次。因「受保人」身故索償本項「保障」一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

ii) 「聯名壽險（首名受保人身故）」「保單」

「我們」只會在當中首先離世的「受保人」身故時支付定額定期壽險或提前永久及完全傷殘保障一次。因「受保人」身故索償本項「保障」一經接納，兩名「受保人」的「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

如無法界定兩名「受保人」誰先身故，「本公司」會假設較年長的「受保人」最先身故。

iii) 「聯名壽險（最後一名受保人身故）」「保單」

定額定期壽險或提前永久及完全傷殘保障不適用於「聯名壽險（最後一名受保人身故）保單」。

3.9.2. 永久及完全傷殘索償

i) 「個人壽險」「保單」

「我們」只會支付永久及完全傷殘索償一次。永久及完全傷殘索償一經接納並付款後，定額定期壽險或提前永久及完全傷殘保障即告終止。如「保單」並無任何其他「核心保障」，「保單」將會終止。如「保單」尚有其他「保障」，「保單」則會繼續生效，「保單」應繳的「定期保費」將相應扣減本項「保障」的金額。

ii) 「聯名壽險（首名受保人身故）」「保單」

「我們」只會對其中一名「受保人」支付永久及完全傷殘索償一次。永久及完全傷殘索償一經接納並付款後，兩名「受保人」的定額定期壽險或提前永久及完全傷殘保障即告終止。如「保單」並無任何其他「核心保障」，「保單」將會終止。如「保單」尚有其他「保障」，「保單」則會繼續生效，「保單」應繳的「定期保費」將相應扣減本項「保障」的金額。

iii) 「聯名壽險（最後一名受保人身故）」「保單」

定額定期壽險或提前永久及完全傷殘保障不適用於「聯名壽險（最後一名受保人身故）保單」。

3.10. Decreasing Term Life or Earlier Permanent and Total Disability Benefit

The Decreasing Term Life or Earlier Permanent and Total Disability Benefit Sum Insured will be shown in the Policy Schedule and it will reduce over the Benefit term in line with the Decreasing Benefit Schedule in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date). For joint life Policies, both the Decreasing Term Life or Earlier Permanent and Total Disability Benefit Sum Insured and the Benefit term must always be the same for each Life Insured.

Decreasing Term Life or Earlier Permanent and Total Disability Benefit remains in place while the Policy is in force for the chosen Benefit term or until the Benefit is cancelled by the Policy Owner or the Policy Lapses. The Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday), or for Joint Life Policies the Policy Anniversary immediately before the oldest Life Insured reaches 71 (age next birthday).

Subject to Condition 7 (Claims conditions) the Company will pay the Decreasing Term Life or Earlier Permanent and Total Disability Benefit Sum Insured while the Policy is in force during the chosen Benefit term on the first occurrence of either:

- the death of the relevant Life Insured, or;
- the diagnosis of the relevant Life Insured as being permanently and totally disabled (as defined in these Terms and Conditions) for a continuous period of at least 180 consecutive days.

The amount paid in the event of a valid Decreasing Term Life or Earlier Permanent and Total Disability Benefit claim will be the Sum Insured applicable at the time of the Claim Event.

Permanent and total disability means:

i) **Lives Insured aged 71 (age next birthday) or younger in gainful employment:**

A Life Insured shall be regarded as having permanent and total disability if he is unlikely to ever work (for reward or otherwise) in his own occupation, profession, business as well as engage in any other occupation to which he is fitted by education, training and experience for the rest of his life, as a result of the disability.

ii) **Lives Insured aged 71 (age next birthday) or younger not in gainful employment**

A Life Insured shall be regarded as having permanent and total disability if he is unable to perform at least two activities of daily working. The activities of daily working are:

3.10. 遞減定期壽險或提前永久及完全傷殘保障

遞減定期壽險或提前永久及完全傷殘保障的「保障額」列明於「保單附表」，並會於「保障」年期內按照「保單附表」（如於「開始承保日」後增加或更改「保障」則列明於「通知書」）列明的「遞減保障額附表」減少。「聯名壽險」「保單」每名「受保人」的遞減定期壽險或提前永久及完全傷殘保障「保障額」及「保障」年期必須相同。

遞減定期壽險或提前永久及完全傷殘保障於「保單」所選「保障」的年期內持續有效，又或一直生效至「保單持有人」取消「保障」或「保單」「失效」。「保障」年期最遲於「受保人」71歲（翌年歲）生日前緊接的「保單周年日」或「聯名壽險」「保單」較年長「受保人」71歲（翌年歲）生日前緊接的「保單周年日」終止。

遵從第7條（索償）的規定，「本公司」將於「保單」生效期間及「受保人」所選「保障」年期內，就最先發生的下列事件支付遞減定期壽險或提前永久及完全傷殘保障「保障額」：

- 相關「受保人」身故；或
- 相關「受保人」確診為永久及完全傷殘（釋義以本條款與規章所訂為準），為期最少連續180天。

遞減定期壽險或提前永久及完全傷殘保障應給付的賠償金額為 閣下索償當時的「保障額」。

永久及完全傷殘指：

i) **71歲（翌年歲）或以下從事有酬金工作的「受保人」：**

「受保人」如因傷殘而相信從此無法執行其職業、專業或業務（不論有無酬金），並無法從事其教育、培訓及經驗可以勝任的任何其他職業，便被視為永久及完全傷殘。

ii) **71歲（翌年歲）或以下並非從事有酬金工作的「受保人」：**

「受保人」如因傷殘而無法進行最少兩種日常活動，便被視為永久及完全傷殘。日常活動包括：

- a) Walking – the ability to walk more than 200 metres on the flat without stopping or severe discomfort.
- b) Bending – the ability to get into or out of a standard saloon car, or the ability to bend or kneel to pick up a light object from the floor and straighten up again.
- c) Communications – the ability to answer the telephone and take a message.
- d) Reading – having the eyesight required to be able to read a newspaper with corrective aids (if required).
- e) Writing – having the physical ability to write legibly using a pen or pencil.

A valid Decreasing Term Life or Earlier Permanent and Total Disability Benefit claim will not automatically invalidate a separate claim for the same Claim Event under any other relevant Benefit selected and available under the Policy.

3.10.1. Death claims

i) Single Life Policies

Decreasing Term Life or Earlier Permanent and Total Disability Benefit is payable once only on the death of the Life Insured. In the event of a valid death claim for this Benefit, the Policy ends and all Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

ii) Joint Life First Death Policies

Decreasing Term Life or Earlier Permanent and Total Disability Benefit is payable once only, on the death of the first of the Lives Insured to die. In the event of a death claim for this Benefit, the Policy ends for both Lives Insured and all Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

Where it is not possible to determine which of the Lives Insured was the first to die the Company will assume that the older Life Insured was the first to die.

iii) Joint Life Last Death Policies

Decreasing Term Life or Earlier Permanent and Total Disability Benefit is not applicable to Joint Life Last Death policies.

- a) 步行 — 在平地連續步行超過200米而無須停頓或感到嚴重不適。
- b) 彎身 — 進出普通汽車，或彎身或跪下從地上拾起輕巧物件，然後起立站直。
- c) 溝通 — 接聽電話及記下留言。
- d) 閱讀 — 有良好視力可閱讀報章，如需要者可佩戴矯視眼鏡。
- e) 書寫 — 可用原子筆或鉛筆書寫能辨讀的字體。

成功索償遞減定期壽險或提前永久及完全傷殘保障後，閣下仍可就同一宗「索償事件」索償您在「保單」自選和設立的任何其他相關「保障」。

3.10.1. 身故索償

i) 「個人壽險」「保單」

「我們」只會在「受保人」身故時支付遞減定期壽險或提前永久及完全傷殘保障一次。因「受保人」身故索償本項「保障」一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

ii) 「聯名壽險（首名受保人身故）」「保單」

「我們」只會在當中首先離世的「受保人」身故時支付遞減定期壽險或提前永久及完全傷殘保障一次。因「受保人」身故索償本項「保障」一經接納，兩名「受保人」的「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

如無法界定兩名「受保人」誰先身故，「本公司」會假設較年長的「受保人」最先身故。

iii) 「聯名壽險（最後一名受保人身故）」「保單」

遞減定期壽險或提前永久及完全傷殘保障不適用於「聯名壽險（最後一名受保人身故）」「保單」。

3.10.2. Permanent and total disability claims

i) Single Life Policies

A permanent and total disability claim is payable once only. On payment of a valid permanent and total disability claim, the Decreasing Term Life or Earlier Permanent and Total Disability Benefit stops. If no other Core Benefits remain on the Policy, then the Policy will end. If other Benefits remain on the Policy, the Policy will continue and the Regular Premium payable for the Policy will be reduced by the amount applicable for this Benefit.

ii) Joint Life First Death Policies

A permanent and total disability claim is payable once only for either one of the Lives Insured. On payment of a valid permanent and total disability claim, the Decreasing Term Life or Earlier Permanent and Total Disability Benefit stops for both Lives Insured. If no other Core Benefits remain on the Policy, then the Policy will end. If other Benefits remain on the Policy, the Policy will continue and the Regular Premium payable for the Policy will be reduced by the amount applicable for this Benefit.

iii) Joint Life Last Death Policies

Decreasing Term Life or Earlier Permanent and Total Disability Benefit is not applicable to Joint Life Last Death Policies.

3.11. Level Standalone Critical Illness Benefit

The Level Standalone Critical Illness Benefit Sum Insured will be shown in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date).

Level Standalone Critical Illness Benefit remains in place while the Policy is in force for the chosen Benefit term or until the Benefit is cancelled by the Policy Owner or the Policy Lapses. The Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday).

Subject to Condition 7 (Claims) while the Policy is in force during the chosen Benefit term, in the event that the Life Insured suffers a critical illness as defined in Condition 29 (Critical illness definitions) of these Terms and Conditions and survives for a period of at least 28 days (the 'Survival Period'), we will pay the Level Standalone Critical Illness Benefit Sum Insured applicable at the time of the Claim Event. On payment of a valid claim the Standalone Critical Illness Additional Death Benefit stops.

3.10.2. 永久及完全傷殘索償

i) 「個人壽險」「保單」

「我們」只會支付永久及完全傷殘索償一次。永久及完全傷殘索償一經接納並付款後，遞減定期壽險或提前永久及完全傷殘保障即告終止。如「保單」並無任何其他「核心保障」，「保單」將會終止。如「保單」尚有其他「保障」，「保單」則會繼續生效，「保單」應繳的「定期保費」將相應扣減本項「保障」的金額。

ii) 「聯名壽險（首名受保人身故）」「保單」

「我們」只會對其中一名「受保人」支付永久及完全傷殘索償一次。永久及完全傷殘索償一經接納並付款後，兩名「受保人」的遞減定期壽險或提前永久及完全傷殘保障即告終止。如「保單」並無任何其他「核心保障」，「保單」將會終止。如「保單」尚有其他「保障」，「保單」則會繼續生效，「保單」應繳的「定期保費」將相應扣減本項「保障」的金額。

iii) 「聯名壽險（最後一名受保人身故）」「保單」

遞減定期壽險或提前永久及完全傷殘保障不適用於「聯名壽險（最後一名受保人身故）保單」。

3.11. 定額獨立危疾保障

定額獨立危疾保障的「保障額」列明於「保單附表」（如於「開始承保日」後增加或更改「保障」則列明於「通知書」）。

定額獨立危疾保障於「保單」所選「保障」的年期內持續有效，又或一直生效至「保單持有人」取消「保障」或「保單」「失效」。「保障」年期最遲於「受保人」71歲（翌年歲）生日前緊接的「保單周年日」終止。

遵從第7條（索償）的規定，若於「保單」生效期間及「受保人」所選「保障」年期內，「受保人」患上本條款與規章第29條（危疾釋義）列明的危疾，並於其後最少28天（「生存期」）依然健在，「我們」會支付閣下索償當時的定額獨立危疾保障的「保障額」。索償接納並付款後，定額獨立危疾附加身故賠償即會終止。

Subject to Condition 7 (Claims) while the Policy is in force during the chosen Benefit term, in the event that the Life Insured dies (whether during the Survival Period or not) we will pay the Standalone Critical Illness Additional Death Benefit Sum Insured applicable at the time of the Claim Event. On payment of a valid claim the Level Standalone Critical Illness Benefit stops. The Standalone Critical Illness Additional Death Benefit Sum Insured is the lower of:

- 1% of the Standalone Critical Illness Benefit Sum Insured applicable at the time of the Claim Event, or
- HKD50,000, USD6,250, GBP4,200 or EUR5,000.

Critical illness claims (including children's critical illness claims) will only be accepted where the Claim Event occurs:

- 90 days or more after the Risk Commencement Date for this Benefit, or
- 90 days or more after the Risk Commencement Date of any increase in this Benefit or the addition of this Benefit to the Policy, or
- 90 days or more after any reinstatement of the Policy and/or this Benefit.

A valid Level Standalone Critical Illness Benefit claim will not automatically invalidate a separate claim for the same Claim Event under any other relevant Benefit selected and available the Policy.

3.11.1. Death claims

i) Single Life Policies

The Level Standalone Critical Illness Additional Death Benefit Sum Insured is payable once only on the death of the Life Insured. In the event of a valid death claim, the Policy ends and all Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

ii) Joint Life Policies

Level Standalone Critical Illness Benefit is not applicable to Joint Life First Death or Joint Life Last Death Policies.

遵從第 7 條 (索償) 的規定，如「受保人」在「保單」生效期間及所選「保障」年期內身故 (不論是否在「生存期」內)，「我們」將支付 閣下索償當時的獨立危疾附加身故賠償的「保障額」。索償接納並付款後，定額獨立危疾保障即會終止。獨立危疾附加身故賠償的「保障額」將取下列兩者較低金額：

- 閣下索償當時的獨立危疾保障「保障額」1%；或
- 50,000 港元、6,250 美元、4,200 英鎊或 5,000 歐元。

索償危疾保障 (包括索償子女危疾保障)，「索償事件」必須在下列時間發生，方會受理：

- 本項「保障」的「開始承保日」後滿 90 天；或
- 本項「保障」增額或「保單」增設本項「保障」的「開始承保日」後滿 90 天；或
- 「保單」及／或本項「保障」復效後滿 90 天。

成功索償定額獨立危疾保障後，閣下仍可就同一宗「索償事件」索償您在「保單」自選和設立的任何其他相關「保障」。

3.11.1. 身故索償

i) 「個人壽險」「保單」

「我們」只會在「受保人」身故時支付定額獨立危疾附加身故賠償一次。因「受保人」身故索償本項「保障」一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

ii) 「聯名壽險」「保單」

定額獨立危疾保障不適用於「聯名壽險 (首名受保人身故)」及「聯名壽險 (最後一名受保人身故)」「保單」。

3.11.2. Critical Illness claims

i) Single Life Policies

a) Critical Illness Partial Payment

A Partial Payment is payable once only for each applicable critical illness condition. Only those critical illness conditions that are specifically stated to be payable for Partial Payment are available for Partial Payment. On payment of a valid Partial Payment claim, the Level Standalone Critical Illness Benefit continues for the remaining critical illness conditions, the Sum Insured is reduced by the amount of the Partial Payment claim and the Regular Premium payable for the Benefit remains unchanged. The Level Standalone Critical Illness Additional Death Benefit Sum Insured remains unchanged.

b) Children's Critical Illness claims

A single Children's Critical Illness claim is payable for each biological or legally adopted child of the Life Insured aged between 3 (age next birthday) to 17 (age next birthday) at the time of the Claim Event, up to a maximum of 2 separate Children's Critical Illness claims per Policy. On payment of a valid Children's Critical Illness claim, the Level Standalone Critical Illness Benefit continues and the Sum Insured and the Regular Premium payable for the Benefit both remain unchanged. The Level Standalone Critical Illness Additional Death Benefit Sum Insured remains unchanged.

c) Critical Illness claims other than Partial Payment and Children's Critical Illness

A Critical Illness claim other than that for a Partial Payment or a Children's Critical Illness is payable once only. On payment of a valid Critical Illness claim other than that for a Partial Payment or a Children's Critical Illness, the Level Standalone Critical Illness Benefit and the Level Standalone Critical Illness Additional Death Benefit stop. If no other Core Benefits remain on the Policy, then the Policy will end. If other Benefits remain on the Policy, the Policy will continue and the Regular Premium payable for the Policy will be reduced by the amount applicable for this Benefit.

ii) Joint Life Policies

Level Standalone Critical Illness Benefit is not applicable to Joint Life First Death or Joint Life Last Death Policies.

3.11.2. 危疾索償

i) 「個人壽險」「保單」

a) 危疾保障「部分付款」

每種適用危疾只可支付「部分付款」一次，而且只有指明可「部分付款」的危疾方可索償「部分付款」。「部分付款」接納並支付後，其餘危疾的定額獨立危疾保障仍然生效，但「保障額」會扣減「部分付款」金額，「保障」應繳付的「定期保費」維持不變，定額獨立危疾附加身故賠償「保障額」亦維持不變。

b) 子女危疾索償

「受保人」每名親生或合法領養而於「索償事件」發生時年齡為三歲（翌年歲）至17歲（翌年歲）的子女均可索償一次子女危疾保障，每份「保單」最多可就兩名不同的子女提出索償。索償子女危疾保障獲接納並支付後，定額獨立危疾保障仍然生效，「保障額」及「保障」應繳付的「定期保費」金額均維持不變，定額獨立危疾附加身故賠償「保障額」亦維持不變。

c) 並非「部分付款」及子女危疾的危疾索償

「我們」只會支付一次並非「部分付款」及子女危疾的危疾索償。並非「部分付款」及子女危疾的危疾索償獲接納並支付後，定額獨立危疾保障及定額獨立危疾附加身故賠償均會終止。如「保單」並無任何其他「核心保障」，「保單」將會終止。如「保單」尚有其他「保障」，「保單」則會繼續生效，「保單」應繳的「定期保費」將相應扣減本項「保障」的金額。

ii) 「聯名壽險」「保單」

定額獨立危疾保障不適用於「聯名壽險（首名受保人身故）」或「聯名壽險（最後一名受保人身故）」「保單」。

3.12. Standalone Multiple Critical Illness Benefit

The Standalone Multiple Critical Illness Benefit Sum Insured will be shown in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date).

Standalone Multiple Critical Illness Benefit remains in place while the Policy is in force for the chosen Benefit term or until the Benefit is cancelled by the Policy Owner or the Policy Lapses. The Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday).

Subject to Condition 7 (Claims) while the Policy is in force during the chosen Benefit term, in the event that the Life Insured suffers a critical illness as defined in each of the three separate Groups of Critical Illnesses in Condition 31 (Critical illness definitions) of these Terms and Conditions and survives for a period of at least 28 days (the 'Survival Period'), we will pay the Standalone Multiple Critical Illness Benefit Sum Insured applicable at the time of the Claim Event. A maximum of one valid claim is allowed for each of three Critical Illness Groups A, B & C. On payment of a valid claim the Standalone Multiple Critical Illness Benefit for that Group ends but it remains in place for the remaining Groups.

Subject to Condition 7 (Claims) while the Policy is in force during the chosen Benefit term, in the event that the Life Insured dies (whether during the Survival Period or not) we will pay the Standalone Multiple Critical Illness Additional Death Benefit Sum Insured applicable at the time of the Claim Event. On payment of a valid claim the Standalone Multiple Critical Illness Benefit stops. The Standalone Multiple Critical Illness Additional Death Benefit Sum Insured is the lower of:

- 1% of the Standalone Multiple Critical Illness Benefit Sum Insured applicable at the time of the Claim Event, or
- HKD50,000, USD6,250, GBP4,200 or EUR5,000.

Critical illness claims (including children's critical illness claims) will only be accepted where the Claim Event occurs:

- 90 days or more after the Risk Commencement Date for this Benefit, or
- 90 days or more after the Risk Commencement Date of any increase in this Benefit or the addition of this Benefit to the Policy, or
- 90 days or more after any reinstatement of the Policy and/or this Benefit.

3.12. 獨立多重危疾保障

獨立多重危疾保障的「保障額」列明於「保單附表」(如於「開始承保日」後增加或更改「保障」則列明於「通知書」)。

獨立多重危疾保障於「保單」所選「保障」的年期內持續有效，又或一直生效至「保單持有人」取消「保障」或「保單」「失效」。「保障」年期最遲於「受保人」71歲(翌年歲)前生日緊接的「保單周年日」終止。

遵從第7條(索償)的規定，若於「保單」生效期間及「受保人」所選「保障」年期內，「受保人」患上本條款與規章第31條(危疾釋義)所列三個獨立組別中任何一種危疾，並於其後最少28天(「生存期」)依然健在，「我們」會支付閣下索償當時的獨立多重危疾保障的「保障額」。危疾組別A、B及C最多只可各索償一次。任何一組危疾的索償獲接納並付款後，該組別的獨立多重危疾保障即會終止，但其餘組別的獨立多重危疾保障繼續生效。

遵從第7條(索償)的規定，如「受保人」於「保單」生效期間及所選「保障」年期內身故(不論是否在「生存期」內)，「我們」將支付閣下索償當時的獨立多重危疾附加身故賠償的「保障額」。索償接納並付款後，獨立多重危疾保障即會終止。獨立多重危疾附加身故賠償的「保障額」將取下列兩者較低金額：

- 閣下索償當時的獨立多重危疾保障的「保障額」1%；或
- 50,000港元、6,250美元、4,200英鎊或5,000歐元。

索償危疾保障(包括子女危疾索償)，「索償事件」必須在下列時間發生，方會受理：

- 本項「保障」的「開始承保日」後滿90天；或
- 本項「保障」增額或「保單」增設本項「保障」的「開始承保日」後滿90天；或
- 「保單」及／或本項「保障」復效後滿90天。

Each and any valid Standalone Multiple Critical Illness Benefit Claim Event can only trigger payment from a single Critical Illness Group and the maximum payment from this Benefit for all valid claims cannot exceed three times the Standalone Multiple Critical Illness Benefit Sum Insured.

Partial Payment is not allowed in this Standalone Multiple Critical Illness Benefit.

3.12.1. Death claims

i) Single Life Policies

The Standalone Multiple Critical Illness Additional Death Benefit Sum Insured is payable once only on the death of the Life Insured. In the event of a valid death claim, the Policy ends and all Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

ii) Joint Life Policies

Standalone Multiple Critical Illness Benefit is not applicable to Joint Life First Death or Joint Life Last Death Policies.

3.12.2. Critical Illness claims

i) Single Life Policies

a) Children's Critical Illness claims

A single Children's Critical Illness claim is payable for each biological or legally adopted child of the Life Insured aged between 3 (age next birthday) to 17 (age next birthday) at the time of the Claim Event, up to a maximum of two separate Children's Critical Illness claims per Policy. On payment of a valid Children's Critical Illness claim, the Standalone Multiple Critical Illness Benefit continues and the Sums Insured for each or any of the three Groups A, B & C remaining on the Policy, and the Regular Premium payable for the Benefit remain unchanged. The Standalone Multiple Critical Illness Additional Death Benefit Sum Insured for each of the three Groups A, B & C remains unchanged. Valid claims made by the Life Insured will not reduce the number of Critical Illnesses available to Children's Critical Illness claims (the full list of conditions will be available to Children's Critical Illness claims), unless the Life Insured makes three separate valid claims, in which case the Benefit will stop.

閣下索償任何獨立多重危疾保障，「我們」只會支付個別危疾組別的賠償。本「保障」所有索償的總賠償限額為獨立多重危疾保障的「保障額」三倍。

獨立多重危疾保障不設「部分付款」。

3.12.1. 身故索償

i) 「個人壽險」「保單」

「我們」只會在「受保人」身故時支付獨立多重危疾附加身故賠償一次。因「受保人」身故索償本項「保障」一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

ii) 「聯名壽險」「保單」

獨立多重危疾保障不適用於「聯名壽險（首名受保人身故）」或「聯名壽險（最後一名受保人身故）」「保單」。

3.12.2. 危疾索償

i) 「個人壽險」「保單」

a) 子女危疾索償

「受保人」每名親生或合法領養而於「索償事件」發生時年齡為三歲（翌年歲）至17歲（翌年歲）的子女均可索償一次子女危疾保障，每份「保單」最多可就兩名不同的子女提出索償。索償子女危疾保障獲接納並支付後，獨立多重危疾保障仍然生效，「保單」尚餘任何危疾組別A、B及C的獨立多重危疾保障的「保障額」和「保障」應繳付的「定期保費」金額均維持不變，危疾組別A、B及C各自的獨立多重危疾附加身故賠償的「保障額」亦維持不變。即使「受保人」成功索償，子女危疾保障承保的可索償危疾數目也不會因而減少（「受保人」仍可索償所有受保的子女危疾），除非「受保人」先後提出三次獨立的有效索償則例外，於該情況下本項「保障」將會終止。

b) Group A, B or C Critical Illness claims other than Children's Critical Illness claims

A Critical Illness claim is payable once only for each separate Critical illness Group A, B or C, meaning that it is possible to claim a maximum of three times in total; once for Group A, once for Group B and once for Group C for three separate and unrelated Claim Events. When a valid claim has been paid from a specific Group of critical illness conditions, that Group of critical illness conditions is no longer covered by the Policy. The Regular Premium payable for this benefit remains unchanged after the first or second valid claim. A valid claim can only lead to a single payment from one critical illness Group; it is not possible to claim under more than one Critical Illness Group within this Benefit for the same Claim Event at any time. If, in the opinion of the Chief Medical Officer, there is a causal link between a subsequent claim and a previous Claim Event which resulted in payment of the Standalone Multiple Critical Illness Benefit Sum Insured, then the subsequent claim will be declined. The Company shall retain the absolute discretion in making a final decision. Payment of each valid claim will equal the Standalone Multiple Critical Illness Benefit Sum Insured applicable at the time of the claim, which means that it is possible to claim the Standalone Multiple Critical Illness Benefit Sum Insured up to a maximum of three times. On payment of the third claim, the Standalone Multiple Critical Illness Benefit and the Standalone Multiple Critical Illness Additional Death Benefit stops. If no other Core Benefits remain on the Policy, then the Policy will end. If other Benefits remain on the Policy, the Policy will continue and the Regular Premium payable for the Policy will be reduced by the amount applicable for this Benefit.

ii) Joint Life Policies

Standalone Multiple Critical Illness Benefit is not applicable to Joint Life First Death or Joint Life Last Death Policies

3.13. Level Standalone Permanent and Total Disability Benefit

The Level Standalone Permanent and Total Disability Benefit Sum Insured will be shown in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date).

b) 並非子女危疾的組別 A、B 或 C 危疾索償

「我們」只會分別就危疾組別 A、B 及 C 支付一次賠償，即只可合共索償最多三次：就三宗不相關的「索償事件」分別索償組別 A、組別 B 及組別 C 各一次。「我們」接納個別組別危疾的索償後，「保單」便不再承保該組別的危疾。第一及第二次索償獲接納並付款後，本「保障」應繳付的「定期保費」金額維持不變。「本公司」只會就每個危疾組別支付一次賠償，無論何時 閣下亦不可就同一宗「索償事件」索償本「保障」下多於一個組別的危疾賠償。如「公司醫務總監」認為其後任何索償與之前已支付獨立多重危疾保障的「保障額」之「索償事件」存在因果關係，「我們」不會支付其後的索償。「本公司」保留全權酌情作出最後決定。每次有效索償應給付的金額為索償當時的獨立多重危疾保障的「保障額」，即 閣下最多可索償獨立多重危疾保障的「保障額」三次。「本公司」支付第三次索償後，獨立多重危疾保障及獨立多重危疾附加身故賠償便會終止。如「保單」並無任何其他「核心保障」，「保單」將會終止。如「保單」尚有其他「保障」，「保單」則會繼續生效，「保單」應繳的「定期保費」將相應扣減本項「保障」的金額。

ii) 「聯名壽險」「保單」

獨立多重危疾保障不適用於「聯名壽險（首名受保人身故）」或「聯名壽險（最後一名受保人身故）」「保單」。

3.13. 定額獨立永久及完全傷殘保障

定額獨立永久及完全傷殘保障的「保障額」列明於「保單附表」（如於「開始承保日」後增加或更改「保障」則列明於「通知書」）。

Level Standalone Permanent and Total Disability Benefit remains in place while the Policy is in force for the chosen Benefit term or until the Benefit is cancelled by the Policy Owner or the Policy Lapses. The Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday).

Subject to Condition 7 (Claims) the Company will pay the Level Standalone Permanent and Total Disability Benefit Sum Insured while the Policy is in force during the chosen Benefit term in the event that the Life Insured is diagnosed as being permanently and totally disabled (as defined in these Terms and Conditions) for a continuous period of at least 180 consecutive days. On payment of a valid claim the Level Standalone Permanent and Total Disability Additional Death Benefit stops.

Subject to Condition 7 (Claims) while the Policy is in force during the chosen Benefit term, in the event that the Life Insured dies we will pay the Level Standalone Permanent and Total Disability Additional Death Benefit Sum Insured applicable at the time of the Claim Event. On payment of a valid claim the Level Standalone Permanent and Total Disability Benefit stops. The Level Standalone Permanent and Total Disability Additional Death Benefit Sum Insured is the lower of:

- 1% of the Standalone Permanent and Total Disability Benefit Sum Insured applicable at the time of the Claim Event, or
- HKD50,000, USD6,250, GBP4,200 or EUR5,000.

Permanent and total disability means:

i) Lives Insured aged 71 (age next birthday) or younger in gainful employment:

A Life Insured shall be regarded as having permanent and total disability if he is unlikely to ever work (for reward or otherwise) in his own occupation, profession, business as well as engage in any other occupation to which he is fitted by education, training and experience for the rest of his life, as a result of the disability.

ii) Lives Insured aged 71 (age next birthday) or younger not in gainful employment

A Life Insured shall be regarded as having permanent and total disability if he is unable to perform at least two activities of daily working. The activities of daily working are:

- a) Walking – the ability to walk more than 200 metres on the flat without stopping or severe discomfort.
- b) Bending – the ability to get into or out of a standard saloon car, or the ability to bend or kneel to pick up a light object from the floor and straighten up again.
- c) Communications – the ability to answer the telephone and take a message.

定額獨立永久及完全傷殘保障於「保單」所選「保障」的年期內持續有效，又或一直生效至「保單持有人」取消「保障」或「保單」失效。「保障」年期最遲於「受保人」71歲（翌年歲）生日前緊接的「保單周年日」終止。

遵從第7條（索償）的規定，若於「保單」生效期間及「受保人」所選「保障」年期內，「受保人」確診為永久及完全傷殘（釋義以本條款與規章所訂為準），為期最少連續180天，「我們」將支付定額獨立永久及完全傷殘保障的「保障額」。索償接納並付款後，定額獨立永久及完全傷殘附加身故賠償將會終止。

遵從第7條（索償）的規定，如「受保人」於「保單」生效期間及所選「保障」年期內身故，「我們」將支付 閣下索償當時的定額獨立永久及完全傷殘附加身故賠償的「保障額」。索償接納並付款後，定額獨立永久及完全傷殘保障即會終止。定額獨立永久及完全傷殘附加身故賠償的「保障額」將取下列兩者較低金額：

- 閣下索償當時的獨立永久及完全傷殘保障的「保障額」1%；或
- 50,000 港元、6,250 美元、4,200 英鎊或 5,000 歐元。

永久及完全傷殘指：

i) 71歲（翌年歲）或以下從事有酬金工作的「受保人」：

「受保人」如因傷殘而相信從此無法執行其職業、專業或業務（不論有無酬金），並無法從事其教育、培訓及經驗可以勝任的任何其他職業，便被視為永久及完全傷殘。

ii) 71歲（翌年歲）或以下並非從事有酬金工作的「受保人」：

「受保人」如因傷殘而無法進行最少兩種日常活動，便被視為永久及完全傷殘。日常活動包括：

- a) 步行 — 在平地連續步行超過200米而無須停頓或感到嚴重不適。
- b) 彎身 — 進出普通汽車，或彎身或跪下從地上拾起輕巧物件，然後起立站直。
- c) 溝通 — 接聽電話及記下留言。

- d) Reading – having the eyesight required to be able to read a newspaper with corrective aids (if required).
- e) Writing – having the physical ability to write legibly using a pen or pencil.

A valid Level Standalone Permanent and Total Disability Benefit claim will not automatically invalidate a separate claim for the same Claim Event under any other relevant Benefit selected and available under the Policy.

3.13.1. Death claims

i) Single Life Policies

The Level Standalone Permanent and Total Disability Additional Death Benefit Sum Insured is payable once only on the death of the Life Insured. In the event of a valid death claim, the Policy ends and all Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

ii) Joint Life Policies

Level Standalone Permanent and Total Disability Benefit is not applicable to Joint Life First Death or Joint Life Last Death Policies

3.13.2. Permanent and total disability claims

i) Single Life Policies

A permanent and total disability claim is payable once only. On payment of a valid permanent and total disability claim, the Level Standalone Permanent and Total Disability Benefit stops. If no other Core Benefits remain on the Policy, then the Policy will end. If other Benefits remain on the Policy, the Policy will continue and the Regular Premium payable for the Policy will be reduced by the amount applicable for this Benefit.

ii) Joint Life Policies

Level Standalone Permanent and Total Disability Benefit is not applicable to Joint Life First Death or Joint Life Last Death Policies.

3.14. Family Income Benefit

The Family Income Benefit Sum Insured will be shown in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date). For Joint Life Policies, the Family Income Benefit Sum Insured must always be the same for each Life Insured.

Family Income Benefit remains in place while the Policy is in force for the chosen Benefit term or until the Benefit is cancelled by the Policy Owner or the Policy Lapses. The Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday), or for Joint Life Policies the Policy Anniversary immediately before the oldest Life Insured reaches 71 (age next birthday).

- d) 閱讀 — 有良好視力可閱讀報章，如需要者可佩戴矯視眼鏡。
- e) 書寫 — 可用原子筆或鉛筆書寫能辨讀的字體。

成功索償定額獨立永久及完全傷殘保障後，閣下仍可就同一宗「索償事件」索償您在「保單」自選和設立的任何其他相關「保障」。

3.13.1. 身故索償

i) 「個人壽險」「保單」

「我們」只會在「受保人」身故時支付定額獨立永久及完全傷殘附加身故賠償的「保障額」一次。因「受保人」身故索償本項「保障」一經接納，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

ii) 「聯名壽險」「保單」

定額獨立永久及完全傷殘保障不適用於「聯名壽險（首名受保人身故）」或「聯名壽險（最後一名受保人身故）」「保單」。

3.13.2. 永久及完全傷殘索償

i) 「個人壽險」「保單」

「我們」只會支付一次永久及完全傷殘保障賠償。永久及完全傷殘索償一經接納並付款後，定額獨立永久及完全傷殘保障即告終止。如「保單」並無任何其他「核心保障」，「保單」將會終止。如「保單」尚有其他「保障」，「保單」則會繼續生效，「保單」應繳的「定期保費」將相應扣減本項「保障」的金額。

ii) 「聯名壽險」「保單」

定額獨立永久及完全傷殘保障不適用於「聯名壽險（首名受保人身故）」或「聯名壽險（最後一名受保人身故）」「保單」。

3.14. 家庭收入保障

家庭收入保障的「保障額」列明於「保單附表」（如於「開始承保日」後增加或更改「保障」則列明於「通知書」）。「聯名壽險」「保單」每名「受保人」的家庭收入保障「保障額」必須相同。

家庭收入保障於「保單」所選「保障」的年期內持續有效，又或一直生效至「保單持有人」取消「保障」或「保單」「失效」。「保障」年期最遲於「受保人」71歲（翌年歲）生日前緊接的「保單周年日」終止，或於「聯名壽險」「保單」較年長「受保人」71歲（翌年歲）生日前緊接的「保單周年日」終止。

Subject to Condition 7 (Claims) the Company will pay the Family Income Benefit as a series of regular yearly payments equal to the Family Income Benefit Sum Insured from the date of death of the relevant Life Insured until the end of the specified Benefit term.

The amount paid in the event of a valid Family Income Benefit claim, will be the Family Income Benefit Sum Insured applicable at the time of the Claim Event, paid each year for the remaining term chosen for this Benefit. Unless the Claim Event occurs at a Policy Anniversary, the first annual payment will be reduced in proportion to the number of days remaining in the Policy year from the Claim Event.

The Claimant may request payment as a single sum instead of annual payments. In this event the Company will calculate the single sum to be paid using a discount factor determined by the Company at the time, and pay this to the Claimant as full and final settlement of the claim.

A valid Family Income Benefit claim will not automatically invalidate a separate claim for the same Claim Event under any other relevant Benefit selected and available the Policy.

3.14.1. Single Life Policies

Family Income Benefit is payable once only on the death of the Life Insured during the chosen term for this Benefit. In the event of a valid claim for this Benefit, the Policy ends and all other Benefits stop.

3.14.2. Joint Life First Death Policies

Family Income Benefit is payable once only, on the death of the first of the Lives Insured to die within the chosen term for this Benefit. In the event of a valid claim for this Benefit, the Policy ends for both Lives Insured and all other Benefits stop.

Where it is not possible to ascertain the certain identity of the first of the Lives Insured to die the Company shall assume that the oldest Life Insured was the first to die.

3.14.3. Joint Life Last Death Policies

Family Income Benefit is not applicable to Joint Life Last Death Policies.

3.15. Accidental Death Benefit

The Accidental Death Benefit Sum Insured will be shown in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date).

Accidental Death Benefit is an Add-on Benefit and cannot be the only Benefit on a Policy; it must be chosen in conjunction with at least one Core Benefit at the outset and must end if no Core Benefits remain on the Policy.

遵從第7條(索償)的規定,「我們」將由相關「受保人」身故當日開始,每年定期連續支付家庭收入保障,直至指定「保障」年期結束為止,付款總金額為家庭收入保障的「保障額」。

有效索償家庭收入保障應給付的金額為閣下索償當時的家庭收入保障「保障額」。「我們」將於本「保障」的尚餘指定年內每年付款。除非「索償事件」發生當日為「保單周年日」,否則首期年度付款金額將根據「索償事件」後「保單」年的尚餘日數按比例扣減。

「索償人」可要求領取一筆整付的款項,代替每年付款。於該情況下,「本公司」會按當時自行釐定的折扣率計算一筆整付金額,然後悉數付予「索償人」作為全數賠償。

成功索償家庭收入保障後,閣下仍可就同一宗「索償事件」索償您在「保單」自選和設立的任何其他相關「保障」。

3.14.1. 「個人壽險」「保單」

「我們」只會在「受保人」於本「保障」的指定年內身故時支付家庭收入保障一次。索償一經接納,「保單」將即時終止,所有其他「保障」亦會終止。

3.14.2. 「聯名壽險(首名受保人身故)」「保單」

「我們」只會在當中首先離世的「受保人」於本「保障」的指定年內身故時支付家庭收入保障一次。索償一經接納,兩名「受保人」的「保單」均會終止,所有其他「保障」亦會終止。

如無法界定兩名「受保人」誰先身故,「本公司」會假設較年長的「受保人」最先身故。

3.14.3. 「聯名壽險(最後一名受保人身故)」「保單」

家庭收入保障不適用於「聯名壽險(最後一名受保人身故)」「保單」。

3.15. 意外死亡保障

意外死亡保障的「保障額」列明於「保單附表」(如於「開始承保日」後增加或更改「保障」則列明於「通知書」)。

意外死亡保障是「附加保障」,不可以是「保單」的唯一「保障」,必須在開始時與最少一項「核心保障」一併投保,如「保單」再無任何「核心保障」,意外死亡保障即告終止。

Accidental Death Benefit remains in place while at least one Core Benefit remains on the Policy, and the Policy is in force for the chosen Benefit term, or until the Benefit is cancelled by the Policy Owner or the Policy Lapses. The Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday).

Subject to Condition 7 (Claims) the Company will pay the Accidental Death Benefit Sum Insured while the Policy is in force during the chosen Benefit term in the event that the Life Insured dies as a direct result of an Accidental Bodily Injury, provided that death occurs within 60 days of the Accidental Bodily Injury, and death occurs prior to the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday).

For these purposes, Accidental Bodily Injury is defined as:

- An injury which is incurred as a result of an accident and was or is visible on the exterior of the body or disclosed by an autopsy, or
- the Life Insured's death by accidental drowning.

A valid Accidental Death Benefit claim will not automatically invalidate a separate claim for the same Claim Event under any other relevant Benefit selected and available under the Policy.

3.15.1. Single Life Policies

The Accidental Death Benefit Sum Insured is payable once only on the death of the Life Insured as a result of an accident during the chosen term for this Benefit. Once an Accidental Death Benefit claim is admitted the Policy ends and all other Benefits stop, with the exception of any ongoing obligation to pay the remaining instalments of a valid Family Income Benefit claim.

3.15.2. Joint life Policies

Accidental Death Benefit does not apply to Joint Life First Death and Joint Life Last Death Policies.

3.16. Waiver of Premium Benefit

Waiver of Premium Benefit is an Add-on Benefit and cannot be the only Benefit on a Policy; it must be chosen in conjunction with at least one Core Benefit and must end if no Core Benefits remain on a Policy.

The Waiver of Premium Benefit will be shown in the Policy Schedule (or any subsequent Notification if the Benefit is added or changed after the Risk Commencement Date) and must always be equal to the Regular Premium amount. For Joint Life Policies, the Waiver of Premium Benefit is available to either or both Lives Insured subject to the Policy basis.

只要「保單」仍有最少一項「核心保障」，意外死亡保障便會在「保單」有效期內的「保障」年期持續生效，又或一直生效至「保單持有人」取消「保障」或「保單」「失效」。「保障」年期最遲於「受保人」71歲（翌年歲）生日前緊接的「保單周年日」終止。

遵從第7條（索償）的規定，若於「保單」生效期間及「受保人」所選「保障」年期內，「受保人」因為意外身體受傷直接導致於事後60天內死亡，而身故時間乃在其71歲（翌年歲）生日前緊接的「保單周年日」之前，「我們」會支付意外死亡保障。

就上述事項而言，意外身體受傷的定義是：

- 意外導致受傷，或身體外部可見或驗屍可發現的損傷；或
- 「受保人」意外溺斃。

成功索償意外死亡保障後，閣下仍可就同一宗「索償事件」索償您在「保單」自選和設立的任何其他相關「保障」。

3.15.1. 「個人壽險」「保單」

「我們」只會在「受保人」於本「保障」的指定年期內因意外死亡時支付意外死亡保障一次。意外死亡保障索償一經批核，「保單」將即時終止，所有其他「保障」亦會終止，惟倘已開始支付任何家庭收入保障索償，「我們」會繼續履行責任分期支付賠償。

3.15.2. 「聯名壽險」「保單」

意外死亡保障不適用於「聯名壽險（首名受保人身故）」或「聯名壽險（最後一名受保人身故）」「保單」。

3.16. 豁免供款保障

豁免供款保障是「附加保障」，不可以是「保單」的唯一「保障」，必須在開始時與最少一項「核心保障」一併投保，如「保單」再無任何「核心保障」，豁免供款保障即告終止。

豁免供款保障列明於「保單附表」（如於「開始承保日」後增加或更改「保障」則列明於「通知書」），並且必須相等於「定期保費」金額。「聯名壽險」「保單」將視乎「保單」形式由一名或兩名「受保人」享有豁免供款保障。

Waiver of Premium Benefit remains in place while at least one Core Benefit remains in place, the Policy is in force and Regular Premiums are being paid for the chosen Benefit term, or until the Benefit is cancelled by the Policy Owner or the Policy Lapses.

Where Whole of Life Level Cover has been added to the Policy, and the Regular Premium term has been chosen to 81 (age next birthday), the Waiver of Premium Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 81 (age next birthday), or for Joint Life Policies the Policy Anniversary immediately before the oldest Life Insured reaches 81 (age next birthday).

Where Whole of Life Level Cover has been added to the Policy, and the Regular Premium term has been chosen to age 61 (age next birthday), the Waiver of Premium Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 61 (age next birthday), or for Joint Life Policies the Policy Anniversary immediately before the oldest Life Insured reaches 61 (age next birthday).

Where Whole of Life Level Cover is not applicable to the Policy, the Waiver of Premium Benefit term must end no later than the Policy Anniversary immediately before the Life Insured reaches 71 (age next birthday), or for Joint Life Policies the Policy Anniversary immediately before the oldest Life Insured reaches 71 (age next birthday).

Subject to Condition 7 (Claims) if at any Premium Due Date before the end of the Waiver of Premium Benefit term, the Life Insured is totally disabled as set out in this Condition for a continuous period of at least 26 weeks the Company will thereafter waive the amount of the Regular Premium protected by this Benefit for as long as the disability continues until the earlier of:

- The expiry date of the last remaining Benefit on the Policy;
- the Life Insured's return to gainful employment or recovery from the Claim Event such that the definition of disability no longer applies.

For the purposes of Waiver of Premium the commencement of the disability will be the actual date of disability or six months prior to notification of the disability to the Company, whichever is the later.

A valid Waiver of Premium Benefit claim will not automatically invalidate a separate claim for the same Claim Event under any other relevant Benefit selected and available under the Policy.

Total disability in respect of a Waiver of Premium Benefit claim means:

只要「保單」仍有最少一項「核心保障」，豁免供款保障便會在「保單」有效期內 閣下所選繳付「定期保費」的「保障」年期持續生效，又或一直生效至「保單持有人」取消「保障」或「保單」「失效」。

如「保單」已附加終身定額壽險而 閣下所選的「定期保費」年期為81歲(翌年歲)，豁免供款保障年期最遲於「受保人」81歲(翌年歲)生日之前緊接的「保單周年日」終止，或於「聯名壽險」「保單」較年長「受保人」81歲(翌年歲)生日之前緊接的「保單周年日」終止。

如「保單」已附加終身定額壽險而 閣下所選的「定期保費」年期為61歲(翌年歲)，豁免供款保障年期最遲於「受保人」61歲(翌年歲)生日之前緊接的「保單周年日」終止，或於「聯名壽險」「保單」較年長「受保人」61歲(翌年歲)生日之前緊接的「保單周年日」終止。

如「保單」不設終身定額壽險，豁免供款保障年期最遲於「受保人」71歲(翌年歲)生日之前緊接的「保單周年日」終止，或於「聯名壽險」「保單」較年長「受保人」71歲(翌年歲)生日之前緊接的「保單周年日」終止。

遵從第7條(索償)的規定，若於豁免供款保障年期終結前的任何「保費到期日」，「受保人」出現本條所界定的完全傷殘病況，為期最少連續26周，「本公司」此後會在傷殘病況持續時豁免本項「保障」承保的「定期保費」，直至最早發生以下任何情況為止：

- 「保單」最後一項「保障」期滿日；
- 「受保人」可再從事有酬金工作或從「索償事件」中痊癒，以致不再符合傷殘的定義。

就豁免供款保障而言，傷殘開始日為「受保人」確實傷殘當日或通知「本公司」其傷殘之前六個月，二者取其較遲。

成功索償豁免供款保障後，閣下仍可就同一宗「索償事件」索償您在「保單」自選和設立的任何其他相關「保障」。

就豁免供款保障而言，完全傷殘指：

i) Lives Insured aged 71 (age next birthday) or younger in gainful employment:

A Life Insured shall be regarded as having total disability if he is unable to (for reward or otherwise) engage in his own occupation, profession, business as well as unable to engage in any other occupation to which he is fitted by education, training and experience, as a result of the disability.

ii) Lives Insured aged 71 (age next birthday) or younger not in gainful employment

A Life Insured shall be regarded as having total disability if he is unable to perform at least two activities of daily working. The activities of daily working are:

- a) Walking – the ability to walk more than 200 metres on the flat without stopping or severe discomfort.
- b) Bending – the ability to get into or out of a standard saloon car, or the ability to bend or kneel to pick up a light object from the floor and straighten up again.
- c) Communications – the ability to answer the telephone and take a message.
- d) Reading – having the eyesight required to be able to read a newspaper with corrective aids if required.
- e) Writing – having the physical ability to write legibly using a pen or pencil.

iii) Lives Insured aged 72 (age next birthday) or more

A Life Insured shall be regarded as having total disability if he is unable to perform at least three activities of daily living. The activities of daily living are:

- a) Feeding/eating – cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils.
- b) Dressing – dressing oneself including fastening zips and buttons, getting clothes from wardrobes and drawers.
- c) Bathing/grooming – turning on taps, getting in and out of bath/shower, washing face/hands, etc. drying oneself, combing hair.
- d) Using the toilet – moving into and out of the bathroom, getting on and off the toilet unaided, recognising the need or urge to void bladder or bowel in time to get to the toilet.
- e) Mobility/transfer – getting into and out of bed, transferring from one place to another e.g. chair to bed, chair to standing, chair to chair.

i) 71 歲（翌年歲）或以下從事有酬金工作的「受保人」：

「受保人」如因傷殘而相信從此無法執行其職業、專業或業務（不論有無酬金），並無法從事其教育、培訓及經驗可以勝任的任何其他職業，便被視為完全傷殘。

ii) 71 歲（翌年歲）或以下並非從事有酬金工作的「受保人」：

「受保人」如因傷殘而無法進行最少兩種日常活動，便被視為完全傷殘。日常活動包括：

- a) 步行 — 在平地連續步行超過 200 米而無須停頓或感到嚴重不適。
- b) 彎身 — 進出普通汽車，或彎身或跪下從地上拾起輕巧物件，然後起立站直。
- c) 溝通 — 接聽電話及記下留言。
- d) 閱讀 — 有良好視力可閱讀報章，如需要者可佩戴矯視眼鏡。
- e) 書寫 — 可用原子筆或鉛筆書寫能辨識的字體。

iii) 72 歲（翌年歲）或以上的「受保人」：

「受保人」如因傷殘而無法進行最少三種日常活動，便被視為完全傷殘。日常活動包括：

- a) 進食 — 切肉、在麵包塗牛油，用手指或食具將食物和飲品送到口裡。
- b) 更衣 — 自行更衣，包括拉鏈及扣鈕，從衣櫃及抽屜取出衣服。
- c) 沐浴／梳洗 — 開水龍頭，進出浴缸／淋浴間，洗臉／洗手等，抹乾身體，梳頭。
- d) 如廁 — 進出洗手間，無須他人扶助自行上落廁所，知道大小便急，或有需要如廁時及時上廁所。
- e) 行動／出入 — 上落床，由一處地方行動到其他地方，例如由椅子移至睡床，由椅子站起來，由一張椅子移至另一張椅子坐下。

- f) Walking/using a wheelchair: moving from one location to another – walking or using an unpowered wheelchair propelled by the Life Insured or using a frame.

The Company reserves the right to apply the waived Regular Premium in yearly amounts.

You can request the addition or removal of the Waiver of Premium Benefit subject to these terms and conditions. For an addition of the Waiver of Premium Benefit, further evidence of health and other information may be required and you will be asked to supply this information at your own expense.

3.16.1. Single Life Policies

Only one valid Waiver of Premium Benefit claim can be paid at any one time. In the event of a valid claim for this Benefit, the Policy continues and all other Benefits remain unchanged.

3.16.2. Joint Life First Death and Joint Life Last Death Policies

Only one valid Waiver of Premium Benefit claim can be paid at any one time. In the event of a valid claim for this Benefit, the Policy continues and all other Benefits remain unchanged for both Lives Insured.

3.17. Changing the Benefit Sums Insured

The Company may reduce any of the Benefit Sums Insured under the Policy in accordance with these Terms and Conditions.

From the date of the first Policy Anniversary, the Policy Owner may elect to change any of the Benefit Sums Insured or add or remove any Benefit under the Policy at any Premium Due Date, subject to any minimum or maximum amounts specified by the Company at the time. All Benefit changes and the resulting changes to Regular Premiums will take effect from the next Premium Due Date after the Company has agreed to accept the Benefit change.

If a Benefit is changed, the Company will calculate the new Regular Premium based on the new Benefit Sum Insured and other factors including the age and gender of the Life Insured and whether or not they smoke, their current health, occupation, country of residence, any recreational activities they undertake and, where appropriate, the number of years of the Benefit term remaining.

For increases in Benefit Sum(s) Insured and/or where a new Benefit type is to be added to the Policy, further evidence of health and other information may be requested by the Company at that time. The Company will assess the evidence of health and at their discretion may:

- i) accept the increase in Benefit Sums Insured and/or the new Benefit type(s) at standard rates, or

- f) 步行／使用輪椅 — 「受保人」步行或使用非電動輪椅或助行器往來兩個地方。

「本公司」保留權利每年豁免「定期保費」。

閣下可要求增設或取消豁免供款保障，但須遵從此等條款與規章。增設豁免供款保障或須提交詳細健康證明及其他所需資料，「我們」可能要求閣下自費提供此等資料。

3.16.1. 「個人壽險」「保單」

「我們」於任何時間只會支付一次豁免供款保障。「我們」接納索償後「保單」會繼續生效，所有其他「保障」維持不變。

3.16.2. 「聯名壽險(首名受保人身故)」及「聯名壽險(最後一名受保人身故)」「保單」

「我們」於任何時間只會支付一次豁免供款保障。「我們」接納索償後「保單」會繼續生效，兩名「受保人」所有其他「保障」維持不變。

3.17. 更改「保障額」

「本公司」可依照本條款與規章減低「保單」的任何「保障額」。

由首個「保單周年日」起，「保單持有人」可選擇在任何「保費到期日」更改「保單」的任何「保障額」又或增設或取消任何「保障」，但必須符合「本公司」當時指定的最低或最高金額。所有「保障」更改和由此導致的「定期保費」調整將於「我們」同意接納更改「保障」後下個「保費到期日」生效。

如更改「保障」，「我們」會根據新的「保障額」及其他因素計算新的「定期保費」，包括「受保人」的年齡及性別和吸煙與否、目前健康狀況、職業、原居國、從事的康樂活動及(如適當)「保障」年期的尚餘年數。

增加「保障額」及／或在「保單」增設新的「保障」類型可能需要提供詳細健康證明及「本公司」當時要求的其他資料。「本公司」會評估健康證明資料，並可酌情：

- i) 以標準比率接納增加「保障額」及／或在「保單」增設新的「保障」類型；或

- ii) accept the increase in Benefit Sums Insured and/or the new Benefit type(s) on special terms, or
- iii) decline the increase in Benefit Sums Insured and/or the new Benefit type(s), or
- iv) apply exclusions to the increase in Benefit Sums Insured and/or the new Benefit type(s).

4. Regular Premiums

The first Regular Premium is due on the Risk Commencement Date shown in the Policy Schedule, and subsequent Regular Premiums must be paid on the Premium Due Dates. The Regular Premium amount is shown in the Policy Schedule. The Policy will not commence until the first Regular Premium is received by the Company. If this Regular Premium is not received, the Policy will not become effective and no Benefits will be provided.

Regular Premiums are payable monthly and must be paid within 90 days of the Premium Due Date.

All Regular Premiums must be made by a payment method acceptable to the Company. The Policy Owner will pay any charge imposed by their bank or any other financial institution through which their Regular Premium is paid by the payment method chosen.

The amount of Regular Premium can change if specific Benefits reach the end of their term, if Benefit Sums Insured are changed at the Policy Owner's request, if Benefits are added or removed from the Policy and if the cost of Critical Illness Benefit is increased in the future as a result of a Critical illness Benefit Regular Premium Review at every fifth Policy Anniversary.

The Company reserves the right to refuse to accept Regular Premiums or changes to Regular Premiums to avoid breaching any Anti-Money Laundering Regulations, or other applicable laws and regulations in Hong Kong, the Isle of Man or any other relevant jurisdiction.

A valid death claim will end the Policy and all Regular Premiums and Benefits (apart from any future Family Income Benefit payments) will stop on acceptance of the claim by the Company. A valid claim for any event other than the death of a Life Insured may not end the Policy, and Regular Premiums may continue to be required. The effect of a valid claim on the Policy and Regular Premiums is described in Condition 3 (Benefits).

- ii) 以特別條款接納增加「保障額」及／或在「保單」增設新的「保障」類型；或
- iii) 拒絕接納增加「保障額」及／或在「保單」增設新的「保障」類型；或
- iv) 在增加「保障額」及／或新的「保障」類型附加不承保事項。

4. 「定期保費」

首期「定期保費」於「保單附表」註明的「開始承保日」到期應繳，其後「定期保費」須在「保費到期日」繳付。「定期保費」金額已載於「保單附表」。「我們」收取首期保費後，「保單」方始生效。如閣下不繳付首期「定期保費」，「保單」不會生效，亦不會提供任何「保障」。

「定期保費」應每月繳付，閣下須在「保費到期日」後90天內付款。

所有「定期保費」均須以「本公司」接納的方式支付。如「保單持有人」選擇辦理付款的銀行或財務機構收取任何手續費，一律由「保單持有人」支付。

下列情況或會導致「定期保費」金額調整：個別「保障」年期屆滿時、「保單持有人」要求更改「保障額」、「保單」增設或取消「保障」及日後每隔五個「保單周年日」為危疾保障進行定期保費檢討後調高危疾保障費用。

「本公司」保留權利拒絕接收「定期保費」或接納更改「定期保費」的申請，以免觸犯香港、人島或任何其他相關司法管轄區的任何「防洗黑錢規例」或其他適用法律與規例。

如因「受保人」身故索償，「我們」接納理賠後「保單」即會終止，所有「定期保費」及「保障」（「家庭收入保障」除外）亦會終止。如屬「受保人」身故以外的其他有效索償，「保單」不會終止而閣下須繼續支付「定期保費」。有效索償對「保單」及「定期保費」的影響詳情請參閱第3條（「保障」）。

4.1. Premium Currency

The Premium Currency is the same as the Policy Currency selected in the application form and is shown in the Policy Schedule. All Regular Premium payments will be received and any Benefit claims will be paid from the Policy in this currency, unless the Policy Owner selects to pay Regular Premiums or receive Benefit claims in another currency, in which case the Regular Premiums and/or Benefit claims will be converted to/from the Policy Currency at a prevailing exchange rate reasonably determined by the Company with reference to the market rates on the transaction date.

4.2. Premium calculation

Premiums are calculated:

- i) at the time of your application for the Policy, or
- ii) at the time of a Benefit change or addition, or,
- iii) at time of a Critical Illness Benefit Regular Premium Review, or
- iv) at reinstatement, but only as a result of further underwriting

based on the amount and term of the Benefits included, the age, gender, health, occupation and smoker status of the Life Insured, and any recreational activities. At all times, the Regular Premium amount must meet the minimum Regular Premium requirements as set out in the product brochure.

4.3. Premium payable for Regular Premiums paid by direct debit

Policy Owners who choose to pay Regular Premiums by direct debit will pay the Premium after Direct Debit discount and after any multi-benefit discount, as shown in Policy Schedule for as long as Regular Premiums are received by this payment method. In the event of a change to the method of Regular Premium payment, we reserve the right to adjust the value of any discount applied to a Policy after the Risk Commencement Date to take account of any changes to the method of Regular Premium payment chosen.

4.4. Premium payable for Regular Premiums paid by credit card

Policy Owners who choose to pay Regular Premiums by credit card will pay the Premium after any multiple Benefits discount, as shown in Policy Schedule for as long as Regular Premiums are received by this payment method. In the event of a change to the method of Regular Premium payment, we reserve the right to adjust the value of any discount applied to a Policy after the Risk Commencement Date to take account of any changes to the method of Regular Premium payment chosen.

4.1. 保費貨幣

保費貨幣採用閣下於申請表上指定並列明於「保單附表」的「保單貨幣」。所有「定期保費」和任何應付「保障」均以該貨幣計算，除非「保單持有人」選擇以另一種貨幣繳付「定期保費」或領取「保障」賠償，「定期保費」及／或「保障」賠償會按「我們」參照交易當日現行市場匯率合理釐定的匯率折算為「保單貨幣」。

4.2. 保費計算方式

「我們」將於下列時間計算保費：

- i) 閣下申請「保單」時；或
- ii) 更改或增設「保障」時；或
- iii) 危疾保障定期保費檢討時；或
- iv) 「保單」復效時（只限於額外核保後復效）；

保費是根據「保障」金額及年期和「受保人」的年齡、性別、健康狀況、職業、吸煙狀況及康樂活動習慣計算。於任何情況下，「定期保費」金額均須符合產品介紹冊列明的「定期保費」最低限額。

4.3. 以自動轉賬繳付「定期保費」的保費付款金額

「保單持有人」若選擇以自動轉賬方式支付「定期保費」，「定期保費」金額將扣減自動轉賬折扣及「保單附表」註明的多項保障折扣。「保單持有人」採用自動轉賬付款期間可一直享有上述優惠。如日後更改付款方式，「我們」保留權利因應「定期保費」付款方式的變動，於「開始承保日」後調整「保單」適用折扣的價值。

4.4. 以信用卡繳付「定期保費」的保費付款金額

「保單持有人」若選擇以信用卡方式支付「定期保費」，保費金額將扣減「保單附表」註明的多項「保障」折扣。「保單持有人」採用信用卡付款期間可一直享有上述優惠。如日後更改付款方式，「我們」保留權利因應「定期保費」付款方式的變動，於「開始承保日」後調整「保單」可享有折扣的價值。

4.5. Premium Discount for multiple Benefits

Policy Owners are entitled to a discount where multiple Benefits are chosen from the list of Core Benefits. The effect of any applicable multiple Benefits discount on the Regular Premium amount will be shown in the Premium Details section of the Policy Schedule.

We reserve the right to adjust the value of any Regular Premium discount applied to a Policy after the Risk Commencement Date to take account of any changes to the number of Benefits chosen.

4.6. Non reviewable Benefit rates

Subject to Condition 6 (Changes to Regular Premiums and charges), Regular Premiums in respect of Whole of Life Level Cover, Level Term Life Cover, Decreasing Term Life Cover Level Term Life or Earlier Permanent and Total Disability Benefit, Decreasing Term Life or Earlier Permanent and Total Disability Benefit, Level Standalone Permanent and Total Disability Benefit, Accidental Death Benefit and/or Waiver of Premium Benefit (unless the Waiver of Premium Benefit increases as a result of an increase in a Critical Illness Benefit Regular Premium Review as described in Condition 5.4 (Reviewable Benefit rates), will remain unchanged, unless any Benefit Sums Insured are changed, or Benefits are added or removed, in which case the new Regular Premium will be advised to the Policy Owner in the Notification at the time.

4.7. Reviewable Benefit rates

Subject to Condition 6 (Changes to Regular Premiums and charges), Regular Premiums in respect of Level Term Life or Earlier Critical Illness Benefit, Decreasing Term Life or Earlier Critical Illness Benefit, Level Standalone Critical Illness Benefit, and/or Standalone Multiple Critical illness Benefit, if selected, will remain unchanged for five years from the Risk Commencement Date.

Prior to the fifth Policy Anniversary date the Regular Premium amount will be reviewed and then further Regular Premium reviews will occur every five years thereafter for the lifetime of the Policy.

The criteria used by the Company to determine whether an increase in reviewable benefit rates is necessary are outlined in Condition 6 (Changes to Regular Premiums and charges).

Each reviewable benefit rate review will result in either no change to the Regular Premium or an increase to the Regular Premium.

Where the Company wishes to increase the Regular Premium as a result of a reviewable benefit rate review, the Policy Owner will be asked to choose one of the following options no later than 90 days before the following Policy Anniversary:

4.5. 多項「保障」保費折扣優惠

「保單持有人」投保「核心保障」清單中多項「保障」可享有折扣優惠。「定期保費」應有的多項「保障」折扣載於「保單附表」中「保費詳情」一節。

如「保障」的數目有所增減，「我們」保留權利於「開始承保日」後調整「保單」可享有「定期保費」折扣的價值。

4.6. 不可更改的「保障」保費率

遵從第6條（調整「定期保費」及收費）規定，終身定額壽險、定額定期壽險、遞減定期壽險、定額定期壽險或提前永久及完全傷殘保障、遞減定期壽險或提前永久及完全傷殘保障、定額獨立永久及完全傷殘保障、意外死亡保障及／或豁免供款保障（除非因為進行第5.4條（可更改的「保障」保費率）所載的危疾保障定期保費檢討而增加豁免供款保障金額）將維持不變，除非任何「保障額」有所更改，或新增或取消任何「保障」，「我們」會在當時發予「保單持有人」的「通知書」中說明新的「定期保費」。

4.7. 可更改的「保障」保費率

遵從第6條（調整「定期保費」及收費）規定，定額定期壽險或提前危疾保障、遞減定期壽險或提前危疾保障、定額獨立危疾保障及／或獨立多重危疾保障（如有選擇投保）的「定期保費」將於「開始承保日」後五年不變。

「我們」將於第五個「保單周年日」之前檢討「定期保費」金額，其後在「保單」生效期內每隔五年檢討一次。

如有需要，「本公司」將根據第6條（調整「定期保費」及收費）列明的準則決定是否調高任何可更改的保障保費率。

每次檢討可更改保障保費率後，「我們」會決定維持「定期保費」不變或調高金額。

如檢討後「我們」就可更改保障保費率擬調高「定期保費」，「我們」會請「保單持有人」在翌個「保單周年日」之前90天內於以下方案任選其一：

- i) The Regular Premium amount for Critical Illness Benefit(s) will be increased by an amount specified by the Company and the applicable Critical Illness Benefit Sum Insured remains unchanged. This option will apply as a default option in the event that the Company does not receive a response from the Policy Owner prior to the fifth or subsequent fifth Policy Anniversary;
- ii) The Regular Premium remains unchanged and the applicable Critical Illness Benefit Sum Insured will be reduced by an amount specified by the Company; or
- iii) The applicable Critical Illness Benefit(s) will be removed from the Policy and the Regular Premium will be reduced by an amount specified by the Company.

The option chosen by the Policy Owner will be applied to the Policy with effect from each five year review date.

If for whatever reason the Company does not receive a response from the Policy Owner, option (i) above will be the default option applied to the Policy.

4.8. Non-Payment of Regular Premiums

All Regular Premiums must be paid within 90 days of the Premium Due Dates.

Part payment of Regular Premiums is not allowed. If an amount less than the Regular Premium due is received by the Company, that amount will be returned to the Policy Owner and the Regular Premium due will be regarded as unpaid.

For Policies with Whole of Life Level Cover where all the Regular Premiums due for Whole of Life Level Cover have not been paid, or where Whole of Life Level Cover does not apply, if a Regular Premium is not made within 90 days from a Premium Due Date the Policy will Lapse and all Benefits will stop from the Premium Due Date.

For Policies with Whole of Life Level Cover where all the Regular Premiums due for Whole of Life Level Cover have been paid, and other Benefits also apply where Regular Premiums continue to be payable for the other Benefits, if a Regular Premium for the other Benefits is not made within 90 days from a Premium Due Date, the Policy will continue but all Benefits except Whole of Life Level Cover will stop from the Premium Due Date.

If the Company accepts a claim which occurs during the 90 day grace period, the Company reserves the right to deduct any unpaid Regular Premiums from the amount of the claim.

- i) 危疾保障「定期保費」調高至「我們」指定的金額，有關的危疾保障「保障額」維持不變。如「保單持有人」不在第五個「保單周年日」或其後每第五個「保單周年日」之前回覆指示，「本公司」將以此為預選方案；
- ii) 「定期保費」維持不變，有關的危疾保障「保障額」則調低至「本公司」指定的金額；或
- iii) 「保單」取消相關的危疾保障，「定期保費」金額調低至「本公司」指定的金額。

「保單持有人」自選的方案將於每次五年檢討當日開始生效。

如因任何理由「本公司」並無接獲「保單持有人」的回覆，「我們」將以上述(i)項作為「保單」的預選方案。

4.8. 欠繳「定期保費」

所有「定期保費」必須在「保費到期日」後90天內繳付。

「定期保費」不可部分付款。如「本公司」只收到部分「定期保費」，款項會退回「保單持有人」，該期「定期保費」將視作尚未繳付。

終身定額壽險「保單」如所有到期的終身定額壽險「定期保費」均欠繳，或如不涉及終身定額壽險但「保單持有人」於「保費到期日」後逾90天尚未繳付「定期保費」，「保單」將會「失效」，所有「保障」將於「保費到期日」終止。

終身定額壽險「保單」如所有到期「定期保費」均已繳付，而「保單」尚有其他有效「保障」而此等「保障」必須繼續繳付「定期保費」，若「保單持有人」於「保費到期日」後逾90天尚未繳付「定期保費」，「保單」將會繼續生效，但除終身定額壽險之外所有其他「保障」將於「保費到期日」終止。

如我們接納關於90天寬限期內發生事件的索償，我們保留權利在應給付的賠償金額扣減任何尚欠的「定期保費」。

4.9. Reinstatement of a Lapsed Policy

If the Policy Lapses or if a Benefit stops due to non payment of Regular Premiums, the Policy Owner can ask the Company to reinstate the Policy provided all of the following requirements are received by the Company within 12 months of the due date of the first unpaid Regular Premium:

- i) a reinstatement application from the Policy Owner(s) and,
- ii) payment of all the outstanding Regular Premiums;
- iii) any underwriting evidence required by the Company; and
- iv) where necessary, the agreement of the Policy Owner to any increase in Regular Premiums as a result of further underwriting.

Further evidence of health and other information may be requested by the Company at that time. The Policy Owner will be required to supply this information at their expense. The Company will assess the evidence of health and at their sole discretion, may reinstate the Benefits on standard rates, special terms, decline specific Benefits or apply exclusions to specific Benefits.

Upon acceptance by the Company, the Policy Owner may restart the payment of Regular Premiums.

A Policy cannot be reinstated from Lapse more than once.

5. Policy charges

5.1. Regular Premium

The Company will calculate the cost of providing any Benefit, using premium rates determined by the Company to be fair, and to reflect the necessary mortality, morbidity and other relevant factors (including, when appropriate, the gender, occupation and smoker status of the Life Insured). The Regular Premium amount includes all the relevant Benefit costs applicable to the Policy.

6. Changes to Regular Premiums and charges

We reserve the right to increase the Regular Premiums, or introduce new charges, to the extent reasonably required to cover:

- i) increases in administration and other costs, which we reasonably incur; and/or
- ii) the cost of additional charges, levies or taxes which apply to the Policy or to us as a whole; and/or
- iii) any additional costs associated with changes to legislative or regulatory requirements.

4.9. 「失效」「保單」復效

如因欠繳「定期保障」導致「保單」「失效」或「保障」終止，「保單持有人」可要求「本公司」將「保單」復效。申請「保單」復效必須在第一期欠繳「定期保費」的到期日後 12 個月內向「本公司」提交所有下列文件：

- i) 「保單持有人」的復效申請書；及
- ii) 所有欠繳「定期保費」的付款；
- iii) 「本公司」要求的核保證明；及
- iv) 如有需要並須提交「保單持有人」的協議書，說明同意因額外核保調高「定期保費」。

「我們」或會在評估復效申請時要求「保單持有人」提交其他健康證明及資料，「保單持有人」須自費提供此等資料。「本公司」評估健康證明後可全權酌情以標準條款、特別條款將「保單」復效，亦可拒絕提供個別「保障」或附加不承保事項。

「本公司」接納復效申請後，「保單持有人」可重新開始支付「定期保費」。

每份「保單」「失效」後只可復效一次。

5. 「保單」收費

5.1. 「定期保費」

「本公司」會按照「我們」視為公平且恰當反映必要死亡率、病患率及其他相關因素（如情況適當包括「受保人」的性別、職業及吸煙習慣）的保費率，計算任何「保障」的保險費。「保單」所有相關「保障」的保險費已計入「定期保費」內。

6. 調整「定期保費」及收費

「我們」保留權利合理地增加「定期保費」或開徵新收費，以彌補下列支出：

- i) 「我們」合理招致的行政及其他成本上漲；及／或
- ii) 「保單」或「本公司」整體須繳付額外收費、徵費或稅項；及／或
- iii) 法例或監管規定修訂造成的額外費用。

With specific respect to Level Term Life or Earlier Critical Illness Benefit, Decreasing Term Life or Earlier Critical Illness Benefit, Level Standalone Critical Illness Benefit, and/or Standalone Multiple Critical Illness Benefit, at each and every fifth Policy Anniversary we reserve the right to increase the Regular Premiums, to the extent reasonably required to cover:

- i) changes in long term critical illness claims experience;
- ii) increases in any underlying expenses, including reinsurance charges; and/or
- iii) the impact of medical advances in the treatment and/or cure of applicable mortality and morbidity risks.

7. Claims

7.1. When a claim will not be paid

These are circumstances that will result in a claim not being paid, including exclusion clauses. Any exclusion clause removes the Company's obligation to pay any claim caused by the circumstances described in the clause.

7.2. Exclusions applicable to all Benefits

The Company will not pay a claim if the Policy has Lapsed prior to the Claim Event.

The Company must be notified of all claims within 180 days of the Claim Event, unless there are mitigating circumstances that make this impossible. Failure to meet this deadline will not automatically invalidate a claim, but it may limit our ability to sufficiently investigate the claim circumstances. Where we are unable to obtain and/or verify all the information we require to assess a claim, we reserve the right to decline to pay a claim.

The Company will not pay a claim if it is directly or indirectly attributable to:

- i) The Policy Owner failing to make all Regular Premium payments that were due.
- ii) The Life Insured knowingly or recklessly failing to disclose or deliberately misrepresenting any fact when they apply for a Policy, or an increase to the Policy, or when restarting Regular Premiums for a reinstatement of the Policy. The nondisclosure or misrepresentation is such that it would cause the company either to:
 - a) totally decline the Benefit; or
 - b) provide the Benefit in whole or in part with an additional Regular Premium payable and/or an exclusion clause on certain Benefits; or
 - c) provide Life Cover on some terms but to decline one or more additional Benefits.

就定額定期壽險或提前危疾保障、遞減定期壽險或提前危疾保障、定額獨立危疾保障及／或獨立多重危疾保障而言，「我們」保留權利每隔五個「保單周年日」合理地調高「定期保障」，以彌補下列支出：

- i) 長期危疾索償趨勢的變化；
- ii) 任何基本開支上升，包括再保險收費；及／或
- iii) 醫學新發現對治療及／或治癒相關死亡率及病患率風險的影響。

7. 索償

7.1. 不賠償事項

於某些情況下，「本公司」不會支付賠償，其中包括執行不承保事項條款。根據不承保事項條款，「本公司」並無責任就本條所載情況導致的索償支付保障賠償。

7.2. 適用於所有「保障」的不承保事項

如「保單」在「索償事件」發生之前已「失效」，「本公司」不會支付賠償。

除非礙於情有可原的情況不可能及時通知，否則索償人必須在「索償事件」發生後 180 天內通知「本公司」。逾期通知不會自動導致索償無效，但會妨礙「我們」徹底調查索償事況。如「我們」無法取得及／或核實評估所需的所有資料，「我們」保留權利拒絕支付賠償。

「本公司」不會支付以下事故直接或間接引起的索償：

- i) 「保單持有人」並無繳付所有到期「定期保費」。
- ii) 「受保人」申請「保單」、「保單」增額或恢復繳付「定期保費」申請「保單」復效時知情或魯莽地不披露或蓄意虛報任何事實。此等不披露或虛報可導致「本公司」：
 - a) 完全拒絕接受您的「保障」申請；或
 - b) 完全或部分接受「保障」申請但在某些「保障」附加額外「定期保費」及／或不承保事項條款；或
 - c) 以指定條件提供壽險但拒絕一項或多項附加「保障」。

The Life Insured must disclose all matters which he is aware of, or would reasonably be expected to be aware of, are relevant to the acceptance of the risk by the Company.

The Company will not pay a claim if it arises directly or indirectly as a result of:

- i) The Life Insured or relevant Child's active involvement in:
 - a) war or warlike operations (whether war is declared or not);
 - b) invasion, hostilities, mutiny, riot, civil commotion, civil war, rebellion, insurrection or the usurping of government power;
 - c) an act committed by a foreign enemy; or
 - d) any activity (military or otherwise) or conspiracy that causes or leads to the proclamation of martial law or a state of siege.
- ii) The Life Insured or relevant Child's active involvement in terrorism or conspiracy to commit terrorism includes any activity that jeopardises the continuance of human life or causes damage to property.
- iii) A criminal act perpetrated by the Life Insured or relevant Child, or a criminal act perpetrated by the Policy Owner or any Beneficiary against the Life Insured, or a criminal act perpetrated by the Policy Owner, Life Insured or any Beneficiary against the relevant Child.

Further exclusion clauses may be listed in the Policy Schedule where applicable.

7.3. Exclusions applicable to any death claim

The Company will not pay a death claim if it directly or indirectly is attributable to the Life Insured committing suicide (whether sane or insane) within

- i) 12 months of the Risk Commencement Date of the Policy;
- ii) 12 months of the date of re-instatement of the Policy;
- iii) 12 months of an increase in any Benefit Sum Insured; or
- iv) 12 months of the addition of any Benefit to the Policy.

7.4. Exclusions applicable to Free Children's Life Cover

The Company will not pay a Free Children's Life Cover claim if it directly or indirectly is attributable to:

- i) congenital illnesses or conditions;
- ii) illnesses or conditions contracted before 3 (age next birthday) or after 17 (age next birthday);

「受保人」必須披露所有知悉或理應知悉而關乎「本公司」接受承險的所有事項。

「本公司」不會支付下列事故直接或間接引致的索償：

- i) 「受保人」或相關「子女」積極參與：
 - a) 戰爭或交戰事件（不論正式宣戰與否）；
 - b) 侵略、外敵行動、政變、暴亂、內亂、內戰、叛亂、革命或篡奪政府權力行動；
 - c) 外敵行為；或
 - d) 導致或引致宣布軍法統治或戒嚴的活動（軍事或其他）或陰謀。
- ii) 「受保人」或相關「子女」積極參與恐怖活動或密謀進行恐怖活動，包括危害人類生命或造成財物損失的活動。
- iii) 「受保人」或相關「子女」干犯刑事罪行，或「保單持有人」或「受保人」之任何「受益人」干犯刑事罪行，或「保單持有人」、「受保人」或相關「子女」的「受益人」干犯刑事罪行。

「保單附表」或載有其他不承保事項條款。

7.3. 適用於任何身故索償的不承保事項

如「受保人」於下列時期自殺（不論是否神智清醒）而直接或間接導致死亡，「本公司」不會支付身故索償：

- i) 「保單」「開始承保日」後 12 個月內；
- ii) 「保單」復效日後 12 個月內；
- iii) 任何「保障」增加「保障額」後 12 個月內；或
- iv) 「保單」增設任何「保障」後 12 個月內。

7.4. 適用於免費子女壽險的不承保事項

「本公司」不會支付下列事故直接或間接引致的免費子女壽險索償：

- i) 先天性疾病或病症；
- ii) 三歲（翌年歲）前或 17 歲（翌年歲）後患上的疾病或病症；

- iii) the relevant Child committing suicide (whether sane or insane) within:
 - a) 12 months of the Risk Commencement Date of the Policy, or
 - b) within 12 months of the date of re-instatement of the Policy.

7.5. Exclusions applicable to any Critical Illness Benefits (including Children's Critical illness)

The Company will not pay a Critical Illness Benefit claim if it is directly or indirectly attributable to:

- i) A medical condition, medical or surgical procedure or injuries caused by an accident that is not included in the list of defined critical illnesses applicable to the Policy, as set out in Conditions 29, 30 or 31 (Critical illness definitions);
- ii) A medical condition/medical procedure/illness suffered that is included in the list of defined critical illnesses applicable to the Policy, but that does not exactly meet the definition set out in Conditions 29, 30 or 31 (Critical illness definitions);
- iii) Intentional self-inflicted injury or attempted suicide whilst sane or insane; or
- iv) Any medical condition which originated prior to the later of 90 days from:
 - a) the date on which Critical Illness Benefit was most recently added to the Policy,
 - b) the Risk Commencement Date stated in the Policy Schedule,
 - c) the date of any Policy reinstatement, or
 - d) for an increase in Critical Illness Benefit, the date of increase,

unless the medical condition was disclosed to, underwritten and accepted by the Company as part of the application, or an increase or in any reinstatement process.

7.6. Exclusions applicable to any Permanent and Total Disability Benefits

The Company will not pay a Permanent and Total Disability Benefit claim if it is directly or indirectly attributable to:

- i) A diagnosis of Permanent and Total Disability that does not exactly meet the definition set out in Condition 3 (Benefits);
- ii) Addiction to, abuse or misuse of alcohol, or the addiction to, or misuse of non-prescribed drugs;
- iii) Mental, nervous or psychiatric disorders, without demonstrable brain disease;
- iv) The Life Insured being found to be infected by any Human Immunodeficiency Virus (HIV) or to be carrying any antibodies to such a virus;

- iii) 相關「子女」於下列時期自殺死亡（不論是否神智清醒）：

- a) 「保單」「開始承保日」後 12 個月內；或
- b) 「保單」復效日後 12 個月內。

7.5. 適用於任何危疾保障（包括子女危疾）的不承保事項

「本公司」不會支付下列事故直接或間接引致的危疾保障索償：

- i) 並非第 29、30 或 31 條（危疾釋義）所載本「保單」適用危疾清單上的病症、醫療程序或外科手術或意外受傷；
- ii) 屬於本「保單」適用危疾清單上的病症／醫療程序／病患但不絕對符合第 29、30 或 31 條（危疾釋義）所載的定義；
- iii) 蓄意自我傷害或企圖自殺（不論是否神智清醒）；或
- iv) 任何於下列日期未滿 90 天始發的疾病（取其最遲者）：
 - a) 最近於「保單」附加危疾保障的日期；
 - b) 「保單附表」註明的「開始承保日」；
 - c) 「保單」復效日；或
 - d) 如屬保障增額則指增額日期，

除非申請「保單」、增額或復效時已披露有關疾病，並已核保及獲「本公司」接受。

7.6. 適用於任何永久及完全傷殘保障的不承保事項

「本公司」不會支付下列事故直接或間接引致的永久及完全傷殘保障索償：

- i) 不完全符合第 3 條（「保障」）所載定義的永久及完全傷殘診斷；
- ii) 酗酒、濫用或錯誤使用酒精，或錯誤使用非處方藥物或成癮；
- iii) 精神、神經或心理失調，但無明顯腦疾病；
- iv) 「受保人」被發現感染愛滋病或帶有愛滋病抗體；

- v) Intentional self-inflicted injury or attempted suicide whilst sane or insane; or
- vi) Any medical condition which originated prior to the later of:
 - a) the date on which Permanent and Total Disability Benefit was most recently added to the Policy,
 - b) the Risk Commencement Date stated in the Policy Schedule,
 - c) the date of any Policy reinstatement, or
 - d) for an increase in Benefit, the date of increase,

unless the medical condition was disclosed to, underwritten and accepted by the Company as part of the application, or an increase or in any reinstatement process.

7.7. Exclusions applicable to Waiver of Premium Benefit

The Company will not pay a Waiver of Premium Benefit claim if it is directly or indirectly attributable to:

- i) A diagnosis of Total Disability that does not exactly meet the definition set out in Condition 3 (Benefits);
- ii) Addiction to, abuse or misuse of alcohol, or the addiction to, or misuse of non-prescribed drugs;
- iii) Mental, nervous or psychiatric disorders, without demonstrable brain disease;
- iv) The Life Insured being found to be infected by any Human Immunodeficiency Virus (HIV) or to be carrying any antibodies to such a virus;
- v) Intentional self-inflicted injury or attempted suicide whilst sane or insane;
- vi) Any medical condition which originated prior to the later of:
 - a) the date on which Waiver of Premium Benefit was most recently added to the Policy,
 - b) the Risk Commencement Date stated in the Policy Schedule,
 - c) the date of any Policy reinstatement, or
 - d) for an increase in Waiver of Premium Benefit, the date of increase,

unless the medical condition was disclosed to, underwritten and accepted by the Company as part of the application, or an increase or in any reinstatement process.

- v) 蓄意自我傷害或企圖自殺（不論是否神智清醒）；或
 - vi) 任何於下列日期前始發的疾病（取其最遲者）：
 - a) 最近於「保單」附加永久及完全傷殘保障的日期；
 - b) 「保單附表」註明的「開始承保日」；
 - c) 「保單」復效日；或
 - d) 如屬「保障」增額則指增額日期，
- 除非申請「保單」、增額或復效時已披露有關疾病，並已核保及獲「本公司」接受。

7.7. 適用於豁免供款保障的不承保事項

「本公司」不會支付下列事故直接或間接引致的豁免供款保障索償：

- i) 不完全符合第3條（「保障」）所載定義的完全傷殘診斷；
 - ii) 酗酒、濫用或錯誤使用酒精，或錯誤使用非處方藥物或成癮；
 - iii) 精神、神經或心理失調，但無明顯腦疾病；
 - iv) 「受保人」被發現感染愛滋病或帶有愛滋病抗體；
 - v) 蓄意自我傷害或企圖自殺（不論是否神智清醒）；
 - vi) 任何於下列日期前始發的疾病（取其最遲者）：
 - a) 最近於「保單」附加豁免供款保障的日期；
 - b) 「保單附表」註明的「開始承保日」；
 - c) 「保單」復效日；或
 - d) 如屬豁免供款保障增額則指增額日期，
- 除非申請「保單」、增額或復效時已披露有關疾病，並已核保及獲「本公司」接受。

7.8. Claim conditions

In the event of a claim under the Policy, the Claimant should immediately contact their financial professional or the Company.

The Company must be notified of all claims within 180 days of the Claim Event, unless there are mitigating circumstances that make this impossible. Failure to meet this deadline will not automatically invalidate a claim, but it may limit our ability to sufficiently investigate the claim circumstances. Where we are unable to obtain and/or verify all the information we require to assess a claim, we reserve the right to decline to pay a claim.

The Company will provide the Claimant with a claim form and any other requirements which must be completed and returned to the Company before the claim will be processed.

The Company may request (but is not limited to) the following before processing a claim:

- a completed claim form;
- death certificate of the Life Insured or relevant Child (where applicable);
- information from the treating doctor, a Registered Western Medicine Practitioner or other appropriate third party to be provided at the Claimant's expense;
- the Life Insured or relevant Child to attend a medical examination at the Company's expense, where a Critical Illness Benefit, Permanent and Total Disability Benefit, or Waiver of Premium Benefit claim is being made;
- the relevant Child to attend a medical examination at the Company's expense, where a Child's Critical Illness Benefit claim is being made;
- proof of identity of the Policy Owner;
- proof of the age of the Life Insured;
- for Children's Life Cover or Children's Critical illness Benefit claims, proof of age of the relevant Child and proof of the relationship to a Life Insured;
- proof of the identity of the Claimant (if different from the Policy Owner).

The Company reserves the right to require that any documents are legally attested. The Company will advise when this is required.

Other than for death claims that end the Policy, whilst a claim is being assessed we still expect the Regular Premium payments to be paid when due, otherwise the Policy may Lapse.

7.8. 索償條款

如根據「保單」申請索償，「索償人」應立即聯絡其理財顧問或「本公司」。

除非礙於情有可原的情況不可能及時通知，否則索償人必須在「索償事件」發生後 180 天內通知「本公司」。逾期通知不會自動導致索償無效，但會妨礙「我們」徹底調查索償事況。如「我們」無法取得及／或核實評估所需的所有資料，「我們」保留權利拒絕支付賠償。

「本公司」會向「索償人」提供索償表格及說明其他申請索償的要求，「索償人」必須填妥並提交「本公司」，「我們」方可辦理索償。

開始辦理索償之前，「本公司」或會要求「索償人」提供（但不限於）以下文件：

- 填妥的索償表格；
- 「受保人」或相關「子女」的死亡證（如適用者）；
- 主診醫生、「註冊西醫」或其他適當第三方的資料，由「索償人」自費提供；
- 如索償危疾保障、永久及完全傷殘保障或豁免供款保障，「受保人」或相關「子女」須接受由「本公司」付費的身體檢查；
- 如索償子女危疾保障，相關「子女」須接受由「本公司」付費的身體檢查；
- 「保單持有人」的身份證明文件；
- 「受保人」的已屆年齡證明文件；
- 如索償子女壽險保障或子女危疾保障，須提交相關「子女」的年齡證明文件及與「受保人」關係的證明文件；
- 「索償人」身份證明文件（如非「保單持有人」）。

「本公司」保留權利要求提供經法律核證的文件，如有此需要「本公司」會通知閣下。

「我們」評估索償期間，閣下應繼續繳付「定期保費」，以免「保單」「失效」，惟索償身故賠償例外，「本公司」支付賠償後「保單」即告終止。

7.9. Claiming for any Benefit payable in the event of the death of a Life Insured or relevant Child

Where it is reasonable to be able to do so, the Policy Owner or their representatives should notify the Company in writing within 180 days of the date of death of the Life Insured or relevant Child, where appropriate. Upon receipt of the completed claim form, the Company will confirm the evidence required before the claim payment will be made. For all valid Children's Life Cover claims, payment will be made to the Life Insured, being the parent or legal guardian of the child and such payment will discharge all obligations of the Company in respect of the death Benefit under the Policy.

7.10. Claiming for Critical Illness Benefit

Where it is reasonable to be able to do so, the Policy Owner or their representatives should notify the Company in writing within 180 days of the Life Insured or relevant Child, if appropriate, being diagnosed with a critical illness. Upon receipt of the completed claim form, the Company will confirm the evidence required before the claim can be considered. In order for the Company to pay a Critical Illness Benefit claim, a Registered Western Medicine Practitioner and our Company Medical Officer must both agree that the criteria for that condition have been fully met, and the Company shall retain the sole discretion in making a final decision. In the case of a surgical condition, confirmation that the Life Insured or relevant Child, where appropriate, is on a waiting list for surgery (where applicable) and/or that surgery has been performed will be required from the treating doctor. For all valid children's critical illness claims, payment will be made to the Life Insured, being the parent or legal guardian of the child and such payment will discharge all obligations of the Company in respect of the children's critical illness claim under the Policy.

7.11. Claiming for Permanent and Total Disability Benefit

Where it is reasonable to be able to do so, the Policy Owner or their representatives should notify the Company in writing within 180 days of the Life Insured becoming permanently and totally disabled. Upon receipt of the completed claim form, the Company will confirm the evidence required before the claim can be considered. In order for the Company to pay a Permanent and Total Disability Benefit claim, a Registered Western Medicine Practitioner and the Company Medical Officer must both agree that the criteria for Permanent and Total Disability Benefit have been fully met, and the Company shall retain the sole discretion in making a final decision. The Company reserves the right to ask for independent confirmation that any medical treatment is necessary and appropriate and for an opinion on the level of disability.

7.9. 索償「受保人」或相關「子女」身故的「保障」賠償

「保單持有人」或其代表應在可行情況下於「受保人」或相關「子女」（視乎情況適當）身故當日後 180 天內通知「本公司」。「本公司」接獲填妥的索償表格後，便會確定「索償人」需要提交的證明文件及資料，以便辦理索償付款。所有有效的子女壽險賠償均會付予身為子女父母或合法監護人的「受保人」。「本公司」付款後，「保單」所有身故「保障」責任即會解除。

7.10. 索償危疾保障

「保單持有人」或其代表應在可行情況下於「受保人」或相關「子女」（視乎情況適當）確診患上危疾後 180 天內通知「本公司」。「本公司」接獲填妥的索償表格後，便會確定「索償人」需要提交的證明文件及資料以便評估索償。危疾必須經過適當的「註冊西醫」與「我們」的「公司醫務總監」同意完全符合該種疾病的準則，「我們」方會支付危疾保障賠償，而「本公司」保留酌情權作出最後決定。如屬外科手術，主診醫生必須確認「受保人」或相關「子女」（視乎情況適當）正輪候接受手術（如適用者）及／或手術已完成。所有有效的子女危疾賠償均會付予身為子女父母或合法監護人的「受保人」。「本公司」付款後，「保單」所有子女危疾賠償責任即會解除。

7.11. 索償永久及完全傷殘保障

「保單持有人」或其代表應在可行情況下於「受保人」永久及完全傷殘後 180 天內通知「本公司」。「本公司」接獲填妥的索償表格後，便會確定「索償人」需要提交的證明文件及資料以便評估索償。永久及完全傷殘保障賠償必須經過適當的「註冊西醫」與「我們」的「公司醫務總監」同意完全符合永久及完全傷殘保障的準則，「我們」方會支付永久及完全傷殘保障賠償，而「本公司」保留酌情權作出最後決定。「我們」保留權利要求獨立確認任何醫療乃必須及適切，以及就傷殘程度諮詢獨立意見。

7.12. Claiming for Waiver of Premium Benefit

Where it is reasonable to be able to do so, the Policy Owner or their representatives should notify the Company in writing within 180 days of the Life Insured becoming totally disabled. Upon receipt of the completed claim form, the Company will confirm what evidence is required before the claim can be considered. In order for the Company to waive Regular Premiums under the Waiver of Premium Benefit, a Registered Western Medicine Practitioner and the Company Medical Officer must both agree that the criteria for total disability have been fully met, and the Company shall retain the sole discretion in making a final decision.

The Company reserves the right at any time to request evidence to support the ongoing disability of the Life Insured and at the Company's discretion, the Life Insured shall, when requested by the Company supply documents, medical evidence, reports signed by a Registered Western Medicine Practitioner approved or appointed by the Company, and shall submit themselves to be examined by a Registered Western Medicine Practitioner approved or appointed by the Company. The Life Insured must take every reasonable action, including having any appropriate medical or surgical procedure and without limitation take every reasonable step to lessen the disability in order that the Life Insured no longer meets the criteria for total disability applicable to their circumstances at the time.

The Company reserves the right to ask for independent confirmation that any medical treatment is necessary and appropriate and on the level of total disablement.

8. Termination of the Policy

The Policy will end on the earliest of one of the following events:

- i) the Policy Owner fails to pay the Regular Premiums and/or fails to increase Regular Premiums when advised to do so by the Company and the Policy Lapses;
- ii) the Policy Owner requests in writing to end the Policy;
- iii) at the end of the last remaining Core Benefit term; or
- iv) upon payment of a Benefit which ends the Policy in the event of a valid claim.

9. Context

Throughout the Policy where the context allows, words in the singular shall include the plural, the masculine gender shall include the feminine, and vice versa.

7.12. 索償豁免供款保障

「保單持有人」或其代表應在可行情況下於「受保人」完全傷殘後 180 天內通知「本公司」。「本公司」接獲填妥的索償表格後，便會確定「索償人」需要提交的證明文件及資料以便評估索償。申請豁免供款保障必須經過適當的「註冊西醫」與我們的「公司醫務總監」同意「受保人」完全符合完全傷殘的準則，「我們」方會根據豁免供款保障豁免「定期保費」，而「本公司」保留酌情權作出最後決定。

「本公司」保留權利隨時要求提供憑證，以證明「受保人」持續傷殘。如「我們」酌情作出決定，「受保人」應按「我們」要求提供文件、醫療證明，以及「本公司」認可或委任「註冊西醫」簽發的報告。「受保人」並須接受「本公司」認可或委任的「註冊西醫」檢查。「受保人」須採取所有合理措施，包括接受適當的醫療或外科程序，以及儘其所能採取所有合理措施減輕傷殘，以致「受保人」不再符合當時其情況適用的完全傷殘準則。

「本公司」保留權利要求獨立確認任何醫療乃必須及適當，以及就完全傷殘程度諮詢獨立意見。

8. 「保單」終止

閣下的「保單」將在以下最早發生的情況終止：

- i) 「保單持有人」未在「本公司」通知時支付「定期保費」及／或增付「定期保費」，以致「保單」「失效」；
- ii) 「保單持有人」以書面申請終止「保單」；
- iii) 「保單」最後僅餘的「核心保障」年期終結；或
- iv) 「本公司」接納並支付任何「保障」的有效賠償。

9. 上下文意

於本「保單」，如上下文意允許，但凡指單數之詞語包括眾數，但凡指男性之詞語包括女性，反之亦然。

10. Beneficiary Nomination

For either Single Life Policies or Joint Life Last Death Policies, the Policy Owner may nominate a Beneficiary to receive any Benefit payable as a result of the death of a Relevant Life Insured. The Policy Owner may revoke the nomination of a Beneficiary or may nominate a replacement Beneficiary (subject to the terms and conditions of the nomination) at any time prior to the death of the Life Insured.

Beneficiary nomination is not available to Joint Life First Death Policies.

The nomination of a Beneficiary shall not affect the rights and obligations of the Policy Owner or the Company in respect of the Policy or these Terms and Conditions.

Any Assignment or other transfer of the Policy to a third party shall automatically revoke any existing Beneficiary nomination.

Any payment to a Beneficiary is subject to the Company's consent.

In the event of a valid claim for any variant of Critical Illness Benefit and Permanent and Total Disability Benefit, subject to the Terms and Conditions the claim shall be paid to the Policy Owner and not the nominated Beneficiary. In the event of a valid claim for Free Children's Life Cover, subject to the Terms and Conditions the claim shall be paid to the Life Insured and not the nominated Beneficiary. In the event of a valid claim for Waiver of Premium Benefit, Regular Premiums are waived by the Company and no payment is made to the Policy Owner or Beneficiary.

On the death of a Beneficiary prior to the death of the Life Insured the nomination in respect of that Beneficiary will be void.

11. Assignments

To assign the Policy, the Policy Owner must send the Company an Assignment request and provide any information and evidence the Company reasonably requests to confirm the identity of the Policy Owner and the assignee. Any Assignment of the Policy to a person resident in a different country to that of the Policy Owner may be subject to provisions under Condition 27 (Compliance to Laws and Regulation).

No Assignment will be processed unless and until it is agreed by the Company in writing.

12. Trusts

The Policy Owner may assign the Policy to trustees or request the Company to issue the Policy to trustees.

10. 指定「受益人」

「個人壽險」或「聯名壽險（最後一名受保人身故）」「保單」的「保單持有人」可指定一位於相關「受保人」身故時領取任何「賠償」的「受益人」。指定「受益人」日後可撤銷，「保單持有人」並可在「受保人」身故之前隨時更改「受益人」（按照指定「受益人」條款與規章規定）。

「聯名壽險（首名受保人身故）」「保單」不可指定「受益人」。

指定「受益人」並不影響「保單持有人」或「本公司」就「保單」或本條款與規章擁有的權利及責任。

「保單」「轉讓」或轉戶予第三者後，現時指定的「受益人」將自動撤銷。

任何付款予「受益人」必須徵取「本公司」同意。

如成功索償任何一種危疾保障或永久及完全傷殘保障，只要符合「保單」的條款與規章，賠償可付予「保單持有人」而非指定「受益人」。如成功索償免費子女壽險，只要符合「保單」的條款與規章，賠償可付予「保單持有人」而非指定「受益人」。如成功索償豁免供款保障，「本公司」會豁免「定期保費」而不會向「保單持有人」或「受益人」支付任何款項。

如任何「受益人」早於「受保人」離世，該名「受益人」的任命將會失效。

11. 「轉讓」

如欲轉讓「保單」，「保單持有人」應向「本公司」提交書面「轉讓」要求並提供「我們」合理要求的資料和證明，以確認新「保單持有人」及受讓人的身份。「保單」受讓人的居留國家若與「保單持有人」不同，必須遵從第 27 條（遵守法規）的規定。

「轉讓」必須獲得「本公司」書面批准，方可進行。

12. 信託

「保單持有人」可將「保單」轉讓予受託人或要求「本公司」將「保單」發予受託人。

13. Change of citizenship and residency

You must advise us of any change to your citizenship and/or residency during the term of the Policy prior to such change becoming effective.

Any change in name or contact details should be made known to us as soon as possible to prevent confidential information about you or the Policy being sent to your old address. If you do change address, we may require documentary evidence to prove the new address.

Your Policy has been designed to meet legal and regulatory requirements for customers resident in Hong Kong. Should you or the Life Insured move to another country during the term of the Policy, it may no longer be suitable. Laws and regulations in a different country may affect our ability to continue to service the Policy in accordance with these terms and conditions and we may no longer be able to provide any of the Benefits under the Policy.

In these circumstances, and subject to your consent, we may provide your contact details to another company within the Zurich Insurance Group in order to check whether there is an alternative product suited to your new situation and country of residence.

We do not offer tax or financial advice and recommend that independent advice is obtained in respect of any tax or financial consequences which may arise from a change in country of residence.

14. Notices to the Company

The Company will not effect any notice, Assignment, nomination, exercise of any right or request relating to the Policy unless such request has been received by the Company in writing.

15. Incorrect date of birth of a Life Insured

If the date of birth of a Life Insured stated in the Policy Schedule is not correct due to information provided on the application form or any other supporting documentation, an adjustment may be made by the Company to the amount of any Benefit payable or Regular Premium charged.

If we would not have offered terms for a Benefit based on the correct age, we will cancel the Benefit from the Policy from outset and refund any proportion of Regular Premiums for the Benefit paid without interest. The Company has no obligation to pay any claim for such cancelled Benefit.

If we would have offered a Benefit based on the correct age, we will alter either the Benefit Sum Insured or the Regular Premium chargeable for the correct age from the start of the Policy. Where the Regular Premiums is adjusted, if this results in a refund of any proportion of Regular Premiums already paid, this will be paid without interest.

13. 更改國籍和居留國

如閣下的國籍及／或居留國於「保單」年期內有所更改，必須在生效前通知「我們」。

姓名或聯絡資料如有更改應儘快通知「我們」，以免閣下或「保單」的機密資料寄往舊地址。閣下更改地址或須提供新地址的證明文件。

閣下的「保單」是遵從「香港」居民適用的法律及監管要求，若您或「受保人」於「保單」年期內移居外國，本「保單」有可能不再適用。其他國家的法律及規例或會妨礙「我們」繼續按照此等條款與規章實施「保單」，「我們」可能無法再提供「保單」的任何「保障」。

於該情況下，如閣下同意，「我們」可向蘇黎世保險集團旗下另一間公司提供您的聯絡資料，以便查詢是否有替代產品適合您的新狀況及居留國。

「我們」恕不提供稅務或財務顧問意見，並建議閣下就更改居留國可能引致的任何稅務或財務影響諮詢獨立專業意見。

14. 發予「本公司」的通知

除非「本公司」已接獲閣下發出的書面通知，否則有關於「保單」的任何通知、「轉讓」、指定「受益人」、權利的行使或要求一律對「本公司」無效。

15. 「受保人」誤報出生日期

如因申請表或任何其他支持文件資料不正確導致「保單附表」所示的「受保人」出生日期錯誤，「本公司」可調整本「保單」應給付的「保障」金額或「定期保費」。

若按照正確年齡「我們」不會提供個別「保障」，有關「保障」將由「保單」開始生效日起取消，並會按比例向閣下退還已付款「定期保費」，但不計任何利息。「本公司」並無責任就此等取消「保障」支付任何賠償。

若按照正確年齡「我們」會提供個別「保障」，「我們」將由「保單」開始生效日起調整「保障額」或根據正確年齡「我們」應收取的「定期保費」金額。如調整「定期保費」後「我們」須按比例退還任何已付款「定期保費」，退款不會計付任何利息。

16. Delayed payment of the Benefit

Except under the exceptional circumstances described in Condition 20 (Force Majeure), if the payment of a claim is delayed for more than 10 working days from the date we received all the required documentation and satisfactory proof of the claim, we will pay interest on the amount payable at a rate we decide at our discretion with reference to the prevailing market interest rate, for the period from the date on which your claim is admitted by us until the actual payment date.

17. Anti-Money Laundering Regulations and sanctions

You must supply us with any such information or documents that we request in order to comply with the Anti-Money Laundering Regulations in Hong Kong, the Isle of Man or any other relevant jurisdiction.

Your Policy will only commence or pay the proceeds of a claim when you or your representative have provided all the information required by us that complies with the Anti-Money Laundering Regulations. Failure to provide such information will delay or prohibit the allocation of Regular Premiums or the payment of any Benefit.

All Benefit claims payments will be subject to any applicable trade or economic sanctions.

18. Non Disclosure of Material Facts

We may terminate the Policy unilaterally if the Policy Owner or Life Insured fails to disclose any material fact. In this instance, a material fact is one which may influence the Company's assessment or acceptance of the application for insurance.

Such termination of the Policy may result in the loss of Benefits, reduced/non-payment of any claims, and/or the retention by us of any Regular Premiums paid.

Such right of unilateral termination of the Policy is permitted by the applicable laws and regulations. We will act fairly, in good faith and on reasonable grounds when exercising such right.

19. Changes to the Terms and Conditions

To the extent that any change is proportionate and reasonably required, we may alter these Terms and Conditions to take into account a decision by a court, governmental body, ombudsman, regulator, industry body or other similar body or to take account of changes to law, taxation, official guidance, or applicable codes of practice.

We will give notice in writing to you of any changes to these Terms and Conditions, three months before the change takes place where it is possible to do so. Where this is not possible, we will give notice in writing to you as soon as we reasonably can.

16. 延遲支付「保障」

除非發生第 20 條（不可抗力事件）所載的特殊情況，否則「我們」接獲所有必要文件及滿意的索償證明後，如「我們」延遲支付賠償超過十個工作天，「我們」會由閣下的索償獲接受當日起至實際付款當日支付賠償款項的利息，息率由「我們」參照現行市場利率酌情釐定。

17. 「防洗黑錢規例」及制裁

閣下必須提供「我們」要求的任何資料或文件，以遵守「香港」、人島或任何其他相關司法管轄區的「防止洗黑錢規例」。

您或您的代表必須按「我們」要求遵照「防止洗黑錢規例」提交所有相關資料，您的「保單」才會生效，或「我們」才會支付索償。閣下若不提交上述資料，分配「定期保費」和支付「保障」賠償將出現延誤或阻延。

所有索償付款均受制於相關的貿易或經濟制裁措施。

18. 拒絕披露重大事實

如「保單持有人」或「受保人」未有披露任何可能影響「本公司」評估或接納保險申請的重要事實，「我們」或會單方面終止本「保單」。

「保單」終止可能導致閣下損失「保障」或任何已提出索償的金額減少／不予支付，及／或「我們」保留任何已繳「定期保費」。

「我們」單方面終止「保單」乃適用法律及規例所允許。「我們」行使本權利時定會公平合理地本着誠信行事。

19. 修訂條款與規章

「我們」可按需要，因應法院、政府機構、申訴專員、監管者、業界組織或其他同類組織的決定或因應法律、稅制、官方指引或相關守則而恰當和合理地修訂本條款與規章。

本條款與規章如須修訂，倘情況許可「我們」會在修訂生效前三個月向閣下發出通知書，否則將在最早的可行時間通知閣下。

20. Force majeure

No liability shall arise if we are prevented from fulfilling our obligations under the Policy by reason of any circumstances beyond our reasonable control which could be construed as a force majeure event. These include (but are not limited to) an act of God, war, national emergency, fire, flood, earthquake, strike or industrial action, change of law or regulation, or other events of a similar or different kind.

On the occurrence of a force majeure event, we shall be excused for a period equal to the delay resulting from the force majeure event and such additional period as may be reasonably necessary to allow us to resume performance.

21. Rights of third parties

Any Beneficiary who becomes entitled to payment of the Life Cover Benefit shall have the right to enforce the terms of the Policy as a third party in accordance with the Isle of Man Contracts (Rights of Third Parties) Act 2001. The terms of the Policy may be amended or varied between you and us without the Beneficiary's consent.

22. The Isle of Man Policy Owner protection

The Policy Owner is protected under the Isle of Man (Compensation of Policyholders) Regulations 1991.

If the Company becomes insolvent, the Isle of Man Insurance and Pensions Authority will levy contributions from all participating insurers and these contributions will be held in a Policy Owners' Compensation Fund from which Policy Owners are entitled to claim compensation of up to 90% of the liability of the Company under their Policy. In the event that this fund is insufficient to sustain all claims made, the Insurance and Pensions Authority may defer, reduce or extinguish any compensation amounts payable.

Full details of the regulations can be found on the Isle of Man Government's website at www.gov.im. We fully adhere to anti-money laundering laws and directives.

23. Right to cancel (cooling-off)

The cooling-off period is a period during which life insurance Policy Owners may cancel their Policies and get back their original investments.

If you are not fully satisfied with this Policy, you have the right to change your mind, you should:

- return the Policy Schedule; and
- attach a letter, signed by you, requesting cancellation.

20. 不可抗力事件

「本公司」如受任何超出我們合理控制範圍的不可抗力事件影響以致不能履行「保單」的責任，概無須就此承擔責任。不可抗力事件包括（但不限於）天災、戰爭、國家緊急狀態、火災、水災、地震、罷工或工業行動、法律或規例修改或其他同類或不同類事件。

發生不可抗力事件時，「我們」可在不可抗力事件持續期間和事後一段合理時間延遲執行「保單」，而無須就此承擔責任。

21. 第三方權利

任何有權領取壽險「保障」的「受益人」均有權以第三方身份按照《人島合同（第三方權利）法例 2001》執行「保單」的條款。閣下可與「本公司」協定修訂或更改「保單」的條款，無須「受益人」同意。

22. 人島「保單持有人」的保障

「保單持有人」受《人島壽險（保單持有人賠償）規例 1991》保障。

倘若「本公司」無法償債，人島保險及退休基金管理局會向所有參與的保險公司徵收供款，然後存入保單擁有人彌償基金。「我們」的「保單持有人」最高可索取相等於「保單」責任 90% 的賠償。如基金的資金不敷支付任何索償，保險及退休基金管理局可延遲、減免或取消任何應付作賠償金的款項。

有關上述規例的詳情，可瀏覽人島政府網站（www.gov.im）。「我們」嚴格遵守所有反洗黑錢的法律及指令。

23. 有權取消（冷靜期）

「保單持有人」可於冷靜期取消「保單」並取回原有的投資。

如您對本「保單」不盡滿意，您有權改變主意。您應：

- 將「保單附表」退回「本公司」；及
- 附上由您簽署要求取消保單的函件。

The Policy will then be cancelled and the Regular Premium(s) paid will be refunded. The deducted amount will not include any allowance for expenses or commissions in connection with the issuance of the contract.


These cancellation rights have the following conditions:


- Your request to cancel must be signed by you and received directly by us, 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong within 21 days after the delivery of the Policy Schedule, or issue of a notice (informing the availability of the Policy and the expiry date of the cooling-off period) to the Policy Owner or the Policy Owner's representative, whichever is the earlier.
- No refund can be given if a claim payment has been made.

24. Complaints


If you ever need to complain about your Policy, please contact us in the first instance, using the address or contact number in the 'How to contact us' section. Details of our complaint handling process are available on request.

You also have the option to refer your complaint to the Isle of Man dispute resolution service, the Isle of Man Financial Services Ombudsman Scheme ("FSOS") to formally review your case. The FSOS contact details are:

 The Financial Services Ombudsman Scheme,
Isle of Man Office of Fair Trading,
Government Building,
Lord Street,
Douglas,
Isle of Man,
IM1 1LE,
British Isles.

 Telephone: +44 1624 686500

 Email: ombudsman@iomoft.gov.im

 Website: www.gov.im/oft

Complaining to the Ombudsman will not affect your legal rights. You should note that companies and trusts are not eligible to refer a complaint to the Ombudsman.

「我們」會取消本「保單」並退還已繳付的「定期保費」。扣除的金額並不包括簽發合約時支出的任何費用或佣金。


如欲行使取消「保單」權益，必須符合以下條件：


- 您必須簽署要求取消「保單」的函件，並確保在「保單附表」發出或向「保單持有人」或其代表發出通知書（說明「保單」已備妥及列明冷靜期的屆滿日期）之後（二者取其較早）21天內送達香港港島東華蘭路18號港島東中心25-26樓「本公司」辦事處。
- 如曾支付任何索償，恕不退款。

24. 投訴

如您對「保單」有任何不滿需要投訴，請即根據「聯絡我們」一節列明的地址或號碼與「我們」聯絡。歡迎向「我們」查詢「本公司」處理投訴的程序。

您亦可將投訴轉交人島金融服務申訴專員計劃的人島爭議解決平台正式審理。人島金融服務申訴專員計劃的聯絡資料如下：

 The Financial Services Ombudsman Scheme
Isle of Man Office of Fair Trading,
Government Building,
Lord Street,
Douglas,
Isle of Man,
IM1 1LE,
British Isles

 電話：+44 1624 686500

 電郵：ombudsman@iomoft.gov.im

 網站：www.gov.im/oft

閣下向申訴專員提出投訴並不會影響您享有的法律權利。請注意，公司及信託並不符合資格向申訴專員提出投訴。

25. How to contact us

If you need to contact us you can phone us, send a fax, email, or write to us at:



Zurich International Life Limited
Customer Care Team
25-26/F, One Island East,
18 Westlands Road,
Island East,
Hong Kong.



Phone: +852 3405 7150



Fax: +852 3405 7268



Email: helppoint.hk@zurich.com

26. Data Protection and Disclosure Information

The personal information (including health information) that is supplied may be held and used by Zurich International Life Limited (the Company) in the following ways:

- to process, evaluate and administer the contracts/policies/claims;
- to prevent and detect fraud and financial crime;
- to perform accounting, statistical and research activities.

In order to carry out the above the Company may need to pass the information to:

- any Zurich Insurance Group companies, re-insurers, reference agencies, third parties who provide relevant services to the Company and relevant financial professionals;
- countries outside the Isle of Man that may not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained;
- public bodies including the police, or insurers' database;
- any relevant tax authority or governmental, regulatory or other bodies as required by law, regulation, codes or guidelines and/or pursuant to any order of a court of competent jurisdiction and the information may be transmitted by any usual means including the internet.

Where more than one form of contact details have been provided, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.

Telephone calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

25. 聯絡「我們」

歡迎閣下透過電話、傳真、電郵或信件與「我們」聯絡。聯絡資料如下：



香港港島東華蘭路18號
港島東中心25-26樓
蘇黎世國際人壽保險有限公司
客戶服務部



電話：+852 3405 7150



傳真：+852 3405 7268



電郵：helppoint.hk@zurich.com

26. 保護個人資料及披露

蘇黎世國際人壽保險有限公司（「本公司」）可記存及使用個人資料（包括健康資料）作下列用途：

- 辦理、評估及管理合約／保單／索償；
- 防止及偵破詐騙及金融罪行；
- 進行會計、統計及研究活動。

為執行上述事項，「本公司」亦可將資料轉交：

- 蘇黎世保險集團屬下任何公司、再保險公司、信貸資料服務機構、向「本公司」提供相關服務的第三方及相關理財顧問；
- 資料保障法規可能與人島不同的其他國家，但「本公司」會負責確保所有資料得到等同人島的保障水平；
- 公共機構，包括警方或保險業數據庫；
- 遵從法律、規例、守則或指引及／或具司法管轄權法院頒布的命令轉交任何相關稅務或政府、監管或其他機關，並可透過正常傳送渠道發送資料，包括互聯網。

如記錄中有多於一項聯絡資料，「我們」將視乎資料的緊急及敏感程度選用最適當的通訊方法。

所有電話對話均會錄音或監察，藉此加強保安、解決投訴及輔助培訓、行政管理及提升服務質素。

Individuals are entitled to receive (from the Company's Data Protection Officer) a copy of their personal data held by the Company (and may be charged the statutory fee for this) and to have any errors corrected.

27. Compliance with laws and regulations

The Policy is governed by, and shall be construed in accordance with the laws of the Isle of Man.

If you are a resident in Hong Kong, then we will submit to the jurisdiction of any competent legal authority in Hong Kong in respect of any litigation arising out of the Policy.

In the event of any changes in laws, regulations, practices or customs in a jurisdiction where we have a branch where such changes affect our ability to perform in accordance with this Policy, then we may (on the advice of our Appointed Actuary), adjust the Policy to the limited extent necessitated by the changes.

We may also have legal obligations ("legal obligations") now or in the future in relation to this Policy:

- i) imposed on us by foreign or local law or regulation;
- ii) arising from agreements and registrations we make with foreign or local governmental, regulatory and taxation agencies.

Legal obligations can, directly or indirectly, affect a range of individuals or entities (an "affected person") including an individual or entity that at any time in the past, present or future is or was:

- i) the Life Insured;
- ii) the Policy Owner;
- iii) a Beneficiary of the Policy;
- iv) entitled to access the Policy's cash value (where applicable) or change a Beneficiary of the Policy; and
- v) connected or associated with, or capable of exercising effective control over, any of the above who is not an individual (such as a company, a partnership, an association or a trustee, settler or Beneficiary of a trust).

Legal obligations relating to this Policy derive from the laws of various countries addressing a range of matters including, but not limited to, taxation, social security, anti-money laundering and counter-terrorism measures, and which change over time. To comply with legal obligations, we may need to:

- identify and obtain information about an affected person's status under foreign and local law, e.g., its taxpayer status;
- supply information about affected persons, the Policy and its value to local or foreign governmental, regulatory and taxation agencies;
- obtain a data privacy law waiver from affected persons;

個人客戶有權索取「本公司」所記存其個人資料的副本（請聯絡「本公司」資料保障主任，本服務或會收取費用），以及要求修正任何錯漏。

27. 遵守法規

本「保單」受人島法律管轄，並按人島法律詮釋。

如閣下是「香港」居民，倘「保單」引起任何訴訟，「我們」會將訴訟提交到「香港」任何具管轄權司法機構。

如「我們」經營業務的個別司法管轄區修改法律、規例、實務守則或成規，以致影響「我們」按照本「保單」履行責任，「我們」可（聽從「委任精算師」的意見）按這些修改恰當地更改「保單」條款。

現時或日後，「我們」或須就本「保單」履行以下法律責任（「法律責任」）：

- i) 外國或本地法律或規例訂明的責任；
- ii) 「我們」與外國或本地政府、監管機構及稅務部門所訂協議及在該處註冊所產生的責任。

「法律責任」可能對各類個人或法團（「受影響人士」）有直接或間接影響，包括於過去、現在或將來任何時間擁有下列身份或權利的人士或法團：

- i) 「受保人」；
- ii) 「保單持有人」；
- iii) 「保單」的「受益人」；
- iv) 有權取得「保單」現金價值（如適當）或更改「保單」「受益人」；及
- v) 與上述任何人士關聯或相關或可以有效控制上述任何人士的非個人實體（例如公司、合夥公司、信託人的聯繫機構、信託委託人或「受益人」）。

本「保單」的相關「法律責任」衍生自不同國家的法律，分別關乎多種事項，包括但不限於稅務、社會保障、防洗黑錢及反恐措施，並且會不時更改。為履行「法律責任」，「我們」可能需要：

- 界定及取得關於受影響人士外國及本地法律地位（例如其納稅人地位）的資料；
- 向本地或外國政府、監管機構及稅務部門提供關於受影響人士、「保單」及其價值的資料；
- 向受影響人士取得個人資料私隱法律的豁免權；

- withhold or deduct amounts from the value of the Policy and amounts to be credited to it, such as on account of foreign taxation;
- refuse requests to process transfers of ownership of the Policy;
- refuse to perform some of our obligations specified elsewhere in the Policy contract, including to the point that we may no longer be able to provide some or all of its Benefits;
- modify the Terms and Conditions without your consent to comply with future legal obligations or future changes to current legal obligations;
- terminate the Policy; or
- take (or not take) any other action in relation to the Policy.

Our legal obligations can apply in respect of any affected person who is a past, current or future resident, citizen, or tax payer as defined by the law of your country of residence or that of another country. A place of birth outside your country of residence, or that of an affected person advising us of a new or changed mailing address (including postal or 'in care of'), residential address, telephone or other contact details, standing funds transfer instruction, or the appointment of an attorney or agent are some of the other factors that can cause the legal obligations to apply.

It is a condition of this Policy that:

- you must reside at the address provided on the Policy application form at the date the Policy is issued;
- you must provide all information we ask for in relation to an affected person completely and correctly and within the timeframes we specify;
- you must notify us before an affected person becomes a resident or citizen of another country and upon any alteration to their taxation status;
- we have the right to charge you any amounts withheld as required to comply with any legal obligation and any associated costs; and
- we have the right and authority to take (or not take) any action that we consider necessary to comply with all legal obligations (as amended from time to time) that we consider affect this Policy.

We do not provide any tax or legal advice. Please consult with your own tax or legal adviser if you have any questions or wish to receive additional information about how you may be affected by the above.

- 從「保單」價值或應入賬「保單」的賬款預扣或扣除款項，例如作外國預扣稅；
- 拒絕辦理「保單」擁有權的轉戶交易；
- 拒絕執行「保單」合約其他部分訂明的某些責任，包括及至「我們」可能無法再提供部分或所有「保障」；
- 無須您同意即可修訂條款與規章，以遵從日後的法律責任或現行法律責任日後的修訂；
- 終止「保單」；或
- 採取（或不採取）任何其他關乎「保單」的行動。

「我們」的法律責任所適用的受影響人士涵蓋過去、現時或將來根據其原居國或其他國家法律界定為居民、公民或納稅人。除前述者外，其他情況亦可能牽涉「我們」的法律責任，包括閣下並非在原居國出生、受影響人士通知「我們」新地址或更改通訊地址（包括郵寄或轉交地址）、住址、電話號碼或其他聯絡資料或資金轉賬長期指示、委任授權代表或代理等。

本「保單」的條款訂明：

- 「保單」簽發當日 閣下必須居於「保單」申請表上註明的地址；
- 閣下必須按「我們」要求，在指定期限內提供個別受影響人士的完整及正確資料；
- 如任何受影響人士成為其他國家居民或公民，以及稅務地位變更，閣下必須通知「我們」；
- 「我們」有權向閣下收取遵從任何法律責任而預扣的款項，以及任何相關費用；及
- 「我們」擁有權利及權力採取（或不採取）「我們」視為必要的行動，以履行「我們」認為會影響本「保單」的所有法律責任（以及不時修訂的法律責任）。

「我們」恕不提供稅務或法律意見。閣下如有任何疑問或希望了解更多關於您是否受上述事項影響的詳情，請諮詢您的稅務或法律顧問。

28. Borrowing power

This Policy has no borrowing power.

29. Critical Illness definitions for Level Term Life or Earlier Critical Illness Benefit and Level Standalone Critical Illness Benefit

'Critical Illness' means any one of the following:

1) **Alzheimer's disease before your 65th birthday - resulting in permanent symptoms**

A definite diagnosis before your 65th birthday of Alzheimer's disease by a consultant neurologist.

The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity including the ability to:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas that results in a requirement for continual supervision to protect the Life Insured or others.

For the above definition, the following is not covered:

- Other forms of dementia

2) **Amyotrophic Lateral Sclerosis**

A definite diagnosis of Amyotrophic Lateral Sclerosis by a consultant neurologist. There must be permanent clinical impairment of motor function and definitive evidence of appropriate and relevant clinical examination findings (e.g. electromyography, electro neurography, nerve conduction velocity).

3) **Angioplasty (Partial Payment of the lower of 10% of the Critical Illness Sum Insured or HKD200,000)**

First treatment to correct the narrowing of a minimum of 60% stenosis, of two or more major coronary arteries as shown by angiographic evidence by a balloon angioplasty, Percutaneous Transluminal Coronary Angioplasty (PTCA) or similar intra arterial catheter procedure in a specified country* (for the list of countries please refer to the specified country list at the end of this Condition 29). The Angioplasty must be considered medically necessary by a consultant cardiologist, and there must be angiographic evidence of significant coronary artery disease.

28. 借貸能力

本「保單」並無借貸能力。

29. 定額定期壽險或提前危疾保障及定額獨立危疾保障之危疾釋義

「危疾」指以下任何一種疾病：

1) **65歲生日前亞爾茨海默氏病—導致永久性病徵**

65歲生日前由神經專科顧問醫生確診亞爾茨海默氏病。

診斷必須確認腦部功能出現永久性不可復原衰竭，導致無其他可辨別原因造成的嚴重認知損傷。嚴重認知損傷指智力退化或喪失智力，包括以下能力：

- 記憶；
- 推理；及
- 意識、理解、表達和實行意念，以致需要長期監管以保障「投保人」或其他人。

本定義並不包括：

- 其他類別痴呆症。

2) **肌萎縮性脊髓側索硬化症**

由神經專科顧問醫生確診肌萎縮性脊髓側索硬化症，患者必須為運動功能永久性臨床損傷，並有適當相關的臨床檢驗結果作確證（例如肌電圖、神經電圖及神經傳導速度檢查）。

3) **冠狀動脈成形手術（「部分付款」金額為危疾保障額10%或200,000港元，二者取其較低）**

在指定國家*（指定國家名單請參閱本第29條最後部分的指定國家名單）利用氣球血管成形手術、經皮層透視冠狀動脈成形手術或同類動脈內導管手術，初次治療兩條或多條經血管造影顯示最少收窄60%的冠狀大動脈。冠狀動脈成形手術必須由心臟專科顧問醫生認為乃醫學必需，並可出示嚴重冠狀動脈疾病的血管造影證據。

For this condition the maximum payment is limited to the lower of 10% of the Critical Illness Sum Insured shown in the Policy Schedule (or any subsequent Notification), or HKD200,000, USD25,000, GBP16,700 or EUR20,000 and the Critical Illness Sum Insured and Life Cover will be reduced by the amount of the payment. A Partial Payment amount under this condition will only be paid once. The remaining portion of the critical illness Sum Insured will be paid on diagnosis of any subsequent qualifying critical illness.

For the above definition, the following is not covered:

- Diagnostic angiography.

4) **Apallic syndrome**

Universal necrosis of the brain cortex with the brain stem intact. The diagnosis must be confirmed by a consultant neurologist. The condition has to be medically documented for at least one month.

For the above definition, the following is not covered:

- Apallic syndrome secondary to alcohol, drug or chemical abuse.

5) **Aplastic anaemia**

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

For the above definition the following are not covered:

- Other forms of anaemia.

6) **Bacterial meningitis - resulting in permanent symptoms**

The unequivocal diagnosis of bacterial meningitis resulting in permanent neurological deficit with persisting clinical symptoms or physical deficit.

For the above definition, the following are not covered:

- Other forms of meningitis, including viral meningitis.

本疾病的最高賠償限額為「保單附表」(或任何其後發出的「通知書」)所載危疾保障額 10% 或 200,000 港元／25,000 美元／16,700 英鎊／20,000 歐元，二者取其金額較低。「我們」支付賠償後，危疾保障額及壽險金額均會扣減付款金額。本危疾只限索償一次「部分付款」，如「受保人」其後確診任何合格危疾，「本公司」會支付其餘危疾保障額。

本定義並不包括：

- 診斷性血管造影

4) **植物人**

腦皮質全壞死而腦幹健全。本症必須由神經專科顧問醫生診斷，並由醫生記錄最少一個月。

本定義並不包括：

- 濫用酒精、藥物或化學品繼發的植物人。

5) **障礙性貧血**

因骨髓慢性持續衰竭而導致貧血、中性白血球減少症及血小板減少症，而必須接受最少以下一種治療：

- 輸血；
- 骨髓刺激素；
- 免疫抑制劑；或
- 骨髓移植手術。

本症的診斷必須由血液科醫生鑑定。

本定義並不包括：

- 其他類型貧血病。

6) **細菌性腦膜炎—導致永久性病徵**

經明確診斷為細菌性腦膜炎，導致永久性神經機能缺陷，持續出現臨床病徵或生理阻滯。

本定義並不包括：

- 其他類型腦膜炎，包括病毒性腦膜炎。

7) Benign brain tumour - resulting in permanent symptoms

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms. The requirement for permanent neurological deficit with persisting clinical symptoms will be waived if the benign brain tumour is surgically removed.

For the above definition, the following are not covered:

- Tumours in the pituitary gland;
- Angiomas;
- Accoustic neuromas;
- Vestibular schwannomas.

8) Blindness - permanent and irreversible

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner;
- Intentional self-inflicted injury.

9) Brain damage - resulting in permanent symptoms

Permanent neurological impairment or loss of intellectual capacity as a result of brain damage sustained through accident or injury. Permanent neurological impairment must be confirmed by a consultant neurologist.

10) Brain surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed.

Keyhole surgery is included however brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a Registered Western Medicine Practitioner.

11) Cancer - excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:

7) 良性腦部腫瘤—導致永久性病徵

腦內或頭骨內的顱神經或腦脊膜非惡性腫瘤或囊腫，導致永久性神經機能缺陷及持續臨床症狀。如接受手術切除良性腦部腫瘤，則可豁免永久性神經機能缺陷及持續臨床症狀的規定。

本定義並不包括：

- 腦下垂體腫瘤；
- 血管瘤；
- 聽神經瘤；
- 前庭神經鞘膜瘤。

8) 失明—永久性及不可復原

永久性及不可復原地喪失視力，即使配戴助視器進行檢驗，較好的一隻眼視力亦只達到斯力倫氏視力表的3/60級或更差。

本定義並不包括：

- 「保單持有人」蓄意令「受保人」受傷；
- 蓄意自我傷害。

9) 腦部受損—導致永久性病徵

腦部因意外或受傷持續受損，導致永久性神經機能缺陷或喪失智力。永久性神經機能缺陷必須由神經專科顧問醫生鑑定。

10) 腦部手術

在全身麻醉下進行腦部手術，期間同時進行顱骨切開手術。

包括微創手術，但意外引致的腦部手術並不在保障範圍之內。手術必須是「註冊西醫」認為乃醫學必需。

11) 癌症—不包括早期癌症

經組織化驗確診的惡性腫瘤，惡性細胞不受控制地生長，入侵組織。惡性腫瘤包括白血病、惡性肉瘤及淋巴瘤，但皮膚淋巴瘤除外（只局限於皮膚的淋巴瘤）。

本定義並不包括：

- 所有經組織化驗列為以下的癌症：

- pre-malignant;
- non-invasive;
- cancer in situ;
- having either borderline malignancy; or having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than six or having progressed to at least clinical TNM classification T2N0M0.
- All tumours in the presence of HIV infection.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

12) Cardiomyopathy

Condition of impaired ventricular function (of variable aetiology) resulting in significant physical impairment of at least Class 4 on the New York Heart Association classification of cardiac impairment**. The diagnosis of cardiomyopathy must be confirmed by a consulting cardiologist. Cardiomyopathy includes dilated hypertrophic and restrictive cardiomyopathy.

For the above definition, the following are not covered:

- Cardiomyopathy secondary to alcohol abuse or drug abuse.
- All other forms of heart disease, heart enlargement or myocarditis.

** NYHA Class 4 cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.

13) Children's Critical Illness

The biological or legally adopted children of the Life Insured aged between 3 (age next birthday) and 17 (age next birthday) at the time of the Claim Event are covered for the conditions listed below, subject to the following limitations:

- The amount payable for each and any valid Children's Critical Illness claim is limited to the lower of:
 - 10% of the Level Term Life or Earlier Critical Illness Benefit Sum Insured or Level Standalone Critical Illness Critical Illness Benefit Sum Insured, or
 - HKD200,000, USD25,000, GBP16,700 or EUR20,000.

- 癌前病變；
- 非入侵性癌症；
- 原位癌；
- 交界性癌症；或低度潛在癌症。
- 所有前列腺腫瘤，除非經組織化驗證實格里森積分高於六或生長至最少達到臨床TNM分類T2N0M0級則例外。
- 愛滋病毒感染引致的所有腫瘤。
- 慢性淋巴性白血病，除非經組織化驗證實已達到最少Binet Stage A則例外。
- 任何皮膚癌（包括皮膚淋巴瘤），除非經組織化驗列為入侵到表皮（最外層皮膚）以下組織的惡性黑色素瘤除外。

12) 心肌病

心室機能損傷症狀（可變病原學）導致紐約心臟協會心臟損傷分類中最少第四級**的嚴重身體損傷。心肌病的診斷必須由心臟專科顧問醫生鑑定。

心肌病包括擴張型肥厚性及限制型心肌病。

本定義並不包括：

- 因濫用酒精或藥物繼發的心肌病。
- 所有其他類型的心臟病、心臟腫大或心肌炎。

** 紐約心臟協會（NYHA）第四級心肌病損傷指病人接受藥物治療及飲食調節後，進行一般日常活動仍然出現症狀，並且經身體檢查及化驗結果鑑定為心室功能不正常。

13) 子女危疾

於「索償事件」發生當時年齡為三歲（翌年歲）至17歲（翌年歲）的「受保人」親生或合法領養子女可享有下列疾病的保障，但須遵從以下限制規定：

- 每宗子女危疾有效索償的最高賠償限額取下列兩者中較低金額：
 - 遞減定期壽險或提前危疾保障的危疾保障額10%；或
 - 200,000 港元／25,000 美元／16,700 英鎊／20,000 歐元。

- No more than two valid claims for separate children are allowed per Preferred Choice Policy. On payment of a second valid Children's Critical Illness claim, Children's Critical Illness Benefit will cease.
- Congenital illnesses or conditions are excluded.

The conditions covered under Children's Critical Illness Benefit are as follows and are defined as in Condition 29 (Critical Illness definitions), unless specified differently:

- Aplastic anaemia
- Bacterial meningitis - resulting in permanent symptoms
- Benign brain tumour - resulting in permanent symptoms
- Cancer - excluding less advanced cases
- Chronic/end stage liver failure
- Coronary artery by-pass grafts – with surgery to divide the breastbone
- Creutzfeldt-Jakob disease
- Heart attack – of specified severity
- Heart valve replacement or repair – with surgery to divide the breastbone
- HIV infection – caught in a specified country from a blood transfusion, a physical assault or work in an eligible occupation
- Kidney failure - requiring dialysis or transplantation
- Major organ transplant
- Motor neurone disease – resulting in permanent symptoms
- Multiple sclerosis – with persisting symptoms
- Paralysis of limbs – total, permanent and irreversible
- Primary pulmonary arterial hypertension – resulting in permanent symptoms
- Stroke – with permanent symptoms
- Surgery to aorta
- Terminal illness

14) Chronic/end stage liver failure

End stage liver disease or cirrhosis means chronic end-stage liver failure that causes at least one of the following:

- Uncontrollable ascites;
- Permanent jaundice;
- Oesophageal or gastric varices; or
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is not covered.

- 不論子女數目，每份「智選人生」「保單」最多只可申請兩次有效索償。「我們」支付第二宗有效的子女危疾索償後，子女危疾保障即告終止。
- 先天性疾病或病症不在保障範圍之內。

子女危疾保障適用的疾病如下，除非另行說明，否則每種疾病的定義以第 29 條（危疾釋義）所載為準：

- 障礙性貧血
- 細菌性腦膜炎 — 導致永久性病徵
- 良性腦部腫瘤 — 導致永久性病徵
- 癌症 — 不包括早期癌症
- 慢性／末期肝衰竭
- 冠狀動脈繞道手術 — 以手術分隔胸骨
- 克雅二氏症（瘋牛病）
- 心臟病 — 指定嚴重程度
- 心瓣置換或修復手術 — 進行手術分隔胸骨
- 愛滋病病毒感染 — 在指定國家因輸血、身體受襲擊致傷或全職合格工作感染
- 腎衰竭 — 需要洗腎或移植
- 主要器官移植
- 運動神經原疾病 — 導致永久性病徵
- 多發性硬化症 — 呈現持續病徵
- 癱瘓（手或足）— 完全、永久性及不可復原
- 原發性肺動脈高血壓 — 導致永久性病徵
- 中風 — 呈現永久性病徵
- 主動脈手術
- 末期疾病

14) 慢性／末期肝衰竭

末期肝病或肝硬化指導致以下最少一種情況的慢性末期肝衰竭：

- 無法控制腹水；
- 持續性黃疸；
- 食管或胃靜脈曲張；或
- 肝性腦病。

因濫用酒精或藥物繼發之肝病並不在保障範圍之內。

15) Chronic/end stage lung disease - of specified severity

Confirmation by a consultant physician of severe lung disease which is evidenced by all of the following:

- the need for continuous daily oxygen therapy on a permanent basis;
- evidence that oxygen therapy has been required for a minimum period of six months;
- FEV1 being less than 40 percent of normal;
- vital capacity less than 50 percent of normal; and
- dyspnea at rest.

16) Chronic organic brain disease before your 65th birthday

Chronic organic brain disease diagnosed before your 65th birthday by a consultant neurologist or neuropsychiatrist, with the use of appropriate examination and investigation or imaging techniques, which results in an impaired short term and long term memory (unable to retain and retrieve information); and being disorientated in time, person and place; and impairment of the ability to make appropriate decisions and manage their affairs. The illness must affect the Life Insured to the extent that they will need care and supervision from another person to wash, dress and partake of meals; and will require medication for the rest of their life, irrespective of when the Benefit ends. Without medication there would be significant health and/or safety concerns.

17) Chronic relapsing pancreatitis

The definite diagnosis of chronic relapsing pancreatitis by a consultant physician or consultant surgeon. There must be progressive destruction of the pancreas by repeated attacks of proven acute interstitial pancreatitis. The diagnosis of chronic relapsing pancreatitis must be based on clinical evidence and modern imaging techniques.

For the above definition, the following is not covered:

- Chronic relapsing pancreatitis secondary to alcohol, drug or chemical abuse.

18) Coma - resulting in permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems for a continuous period of at least 96 hours; and
- confirmation by a consultant neurologist of permanent neurological deficit with persisting clinical symptoms; and
- is not an artificial (medically induced) coma for therapeutic reasons.

15) 慢性／末期肺病—指定嚴重程度

經嚴重胸肺疾病顧問醫生確認的慢性／末期肺病，並出現以下所有情況：

- 持續需要接受永久補給氧氣治療；
- 經證實需要補給氧氣治療最少六個月；
- FEV1 測試結果少於正常水平 40%；
- 肺活量低於正常水平 50%；及
- 休息時呼吸困難。

16) 65 歲生日前慢性器質性腦疾病

65 歲生日前由神經專科顧問醫生或神經精神病學專科醫生透過恰當檢測及調查或造影技術，診斷患上慢性器質性腦疾病，導致短期及長期記憶受損（無法記住和回憶資訊）；混淆時間、人物和地點；以及喪失作出適當決定和管理個人事務的能力。「受保人」患病的程度必須嚴重至需要他人照顧協助梳洗、更衣及進食，並須終身服藥，儘管「保障」終止亦然，否則會出現嚴重健康及／或安全問題。

17) 慢性復發性胰臟炎

經顧問醫生或顧問外科醫生確診的慢性復發性胰臟炎。病人的胰臟炎必須反復發作並加重，曾經多次經驗證患間質性胰臟炎，導致逐步破壞胰臟。慢性復發性胰臟炎的診斷必須有臨床證據和現代造影技術作依據。

本定義並不包括：

- 因濫用酒精、藥物或化學品繼發的慢性復發性胰臟炎。

18) 昏迷—導致永久性病徵

處於無意識狀態及對所有外界刺激或體內需要均沒有反應，需要：

- 持續不斷地使用維持生命系統最少 96 小時；及
- 由神經專科顧問醫生證實為永久性神經機能缺陷，持續出現臨床病徵；及
- 並非因治療進行的人工昏迷（醫藥引致昏迷）。

For the above definition the following are not covered:

- Coma secondary to alcohol, drug or chemical abuse.

19) Coronary artery by-pass grafts – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

If you are included on an official waiting list in a specified country* (for the list of countries please refer to the specified country list at the end of this Condition 29), solely for coronary artery by-pass surgery, up to 20% of the Critical Illness Benefit Sum Insured can be paid first to enable the surgery to be performed. If you are included on an official waiting list in China solely for coronary artery by-pass surgery, the lower of 20% of the Critical Illness Benefit Sum Insured or HKD112,500 (or currency equivalent determined by the Company) can be paid first to enable the surgery to be performed. Where an accelerated payment has been made, the remaining portion of the Critical Illness Sum Insured is payable on completion of the procedure.

20) Creutzfeldt-Jakob disease

The unequivocal diagnosis of Creutzfeldt-Jakob disease, made by a consultant neurologist, evidenced by a significant reduction in mental and social functioning such that requiring continuous assistance, or supervision by a third party is required. The diagnosis must be confirmed by a Registered Western Medicine Practitioner.

21) Deafness – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

22) Dementia before your 65th birthday - resulting in permanent symptoms

A definite diagnosis before your 65th birthday of Dementia by a consultant neurologist.

The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity including the ability to:

本定義並不包括：

- 因濫用酒精、藥物或化學品繼發引致的昏迷。

19) 冠狀動脈繞道手術—以手術分隔胸骨

遵照心臟專科顧問醫生建議進行胸骨正中切口手術（將胸骨分隔），利用繞道搭橋糾正一條或多條狹窄或梗塞的冠狀動脈。

如閣下已在指定國家*（指定國家名單請參閱本第29條最後部分的指定國家名單）的正式輪候冊登記，等候接受以冠狀動脈繞道手術為限的一宗手術，「本公司」最多可先支付危疾保障額20%手術費用。如閣下已在中國的正式輪候冊登記，等候接受以冠狀動脈繞道手術為限的一宗手術，「本公司」最多可先支付危疾保障額20%或112,500港元（或「本公司」釐定的其他貨幣等值金額），二者取其金額較低，以支付手術費用。如「我們」已提前付款，危疾保障額餘額將在手術完成後支付。

20) 克雅二氏症（瘋牛病）

由神經專科顧問醫生確診為克雅二氏症，證據為精神及社交功能顯著下降，長期需要他人協助或監管。本症必須由「註冊西醫」診斷。

21) 失聰—永久性及其不可復原

永久性及其不可復原地喪失聽力，使用純音聽力圖檢驗時，聽力較好的一隻耳所有頻率失聰超過95分貝。

本定義並不包括：

- 「保單持有人」蓄意令「受保人」受傷。
- 蓄意自我傷害。

22) 65歲生日前痴呆症—導致永久性病徵

由神經專科顧問醫生在「受保人」65歲生日前診斷為痴呆症。

診斷必須確認腦部功能出現永久不可復原的衰竭，導致無其他可辨別原因造成的嚴重認知損傷。嚴重認知損傷指智力退化或喪失智力，包括以下能力：

- remember;
- reason; and
- perceive, understand, express and give effect to Ideas that results in a requirement for continual supervision to protect the Life Insured or others.

For the above definition, the following is not covered:

- Dementia relating to alcohol, drug abuse or AIDS.
- Alzheimer's disease.

23) Dissecting aortic aneurysm

A definite diagnosis of dissecting aortic aneurysm causing tearing of the inner lining of the aorta (intima layer) such that blood enters the wall of the aorta and separates its layers.

Diagnosis must be made by a consultant physician, cardiologist or vascular surgeon and meet both of the following criteria:

- symptoms consistent with dissecting aortic aneurysm are present; and
- diagnosis is confirmed by computer tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) or angiogram.

Preventative surgery for replacement of the aortic root or valve preserving aortic root reconstruction is excluded.

24) Ductal carcinoma in situ of the breast- with specific treatment (Partial Payment of the lower of 10% of the Critical Illness Sum Insured or HKD200,000)

The Company will pay the lower of 10% of the Critical Illness Sum Insured shown in the Policy Schedule (or any subsequent Notification), or HKD200,000, USD25,000, GBP16,700 or EUR20,000, if the Life Insured is diagnosed with a ductal carcinoma in situ (DCIS) of the breast, which is histologically confirmed, and as a result requires total mastectomy, segmentectomy or lumpectomy. The need for the procedure must be confirmed by an oncologist or a breast surgeon.

DCIS of the breast treated by other methods and lobular carcinoma in situ of the breast are specifically excluded.

This Benefit is only payable once in the Policy lifetime and after payment, the Critical Illness Benefit Sum Insured and/or the Life Cover Sum Insured will be reduced by the amount of the payment.

- 記憶；
- 推理；及
- 意識、理解、表達及實行意念，以致需要長期監管以保障「受保人」或其他人。

本定義並不包括：

- 與濫用酒精、藥物或愛滋病有關的痴呆症。
- 亞爾茨海默氏病。

23) 主動脈夾層動脈瘤

確診主動脈夾層動脈瘤，導致主動脈內層（內膜）撕裂，使血液流入主動脈內壁令各膜層分隔。

本症必須由顧問醫生、心臟專科醫生或血管外科醫生診斷，並且符合以下條件：

- 呈現主動脈夾層動脈瘤的病徵；及
- 診斷經電腦斷層掃描（CT）、磁力共振掃描（MRI）、磁力共振血管造影（MRA）或血管造影鑑定。

置換主動脈根部的預防性外科手術或保留主動脈瓣的主動脈根部再造手術並非承保範圍。

24) 乳腺導管原位癌—指定治療（部分賠償金額為危疾保障額 10% 或 200,000 港元，二者取其較低）

如「受保人」經組織化驗確診乳腺導管原位癌，以致需要完全切除乳房、環節切除乳房或切除乳房腫塊，「本公司」會支付「保單附表」（或任何其後發出的「通知書」）所載危疾保障額 10% 或 200,000 港元／25,000 美元／16,700 英鎊／20,000 歐元，二者取其金額較低。手術必須是腫瘤專科醫生或乳房外科醫生確認為必需。

現聲明以其他方法治療的乳腺導管原位癌及葉狀原位乳癌均不在承保範圍。

整個「保單」年期內本「保障」只可索償一次，「我們」支付賠償後危疾保障額及／或壽險保障額將扣減賠償金額。

25) Ebola – with haemorrhagic fever (Partial Payment of the lower of 10% of the Critical Illness Sum Insured or HKD200,000)

The definite diagnosis of infection with the ebola virus causing haemorrhagic fever. The diagnosis must be made by a Consultant Physician specialising in infectious diseases and be confirmed by laboratory testing.

For this condition the maximum payment is limited to the lower of 10% of the Critical Illness Sum Insured shown in the Policy Schedule (or any subsequent Notification), or HKD200,000, USD25,000, GBP16,700 or EUR20,000 and the Critical Illness Benefit Sum Insured and/or the Life Cover Sum Insured will be reduced by the amount of the payment. A Partial Payment amount under this condition will only be paid once. The remaining portion of the critical illness Sum Insured will be paid on diagnosis of any subsequent qualifying critical illness.

26) Elephantiasis

A definite diagnosis of elephantiasis which results in inflammation and obstruction of the lymphatic system and hypertrophy of the skin and subcutaneous tissues. The diagnosis must be confirmed by a Registered Western Medicine Practitioner.

27) Encephalitis - resulting in permanent symptoms

A definite diagnosis of encephalitis by a consultant neurologist resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

- Chronic fatigue syndrome and myalgic encephalomyelitis.

28) Fulminant viral hepatitis

A sub massive 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 the following criteria:

- development of encephalopathy;
- necrosis of liver tissue involving entire lobules (if pathology is available); and
- rapid deterioration of liver function tests;

The diagnosis must be confirmed by a consultant hepatologist or gastroenterologist and supported by appropriate clinical evidence.

Liver failure due to alcohol, drug or chemical abuse or following ingestion of poisons or toxins (including but not limited to suicide attempts) are not covered.

25) 伊波拉病毒出血熱 (部分賠償金額為危疾保障額 10% 或 200,000 港元，二者取其較低)

確診受伊波拉病毒感染導致出血熱。本症必須由專門治理傳染疾病的顧問醫生診斷，並以化驗結果鑑定。

本症的最高賠償限額為「保單附表」(或任何其後發出的「通知書」)所載危疾保障額 10% 或 200,000 港元／25,000 美元／16,700 英鎊／20,000 歐元，二者取其金額較低。「我們」支付賠償後危疾保障額及／或壽險保障額將扣減賠償金額。本症只限索償一次「部分付款」，危疾保障額餘額將在「受保人」其後經診斷患上任何受保危疾時支付。

26) 象皮病

確診象皮病，導致淋巴系統發炎梗阻和皮膚及皮下組織肥厚。診斷必須由「註冊西醫」鑑定。

27) 腦炎—導致永久性病徵

由神經專科顧問醫生確診腦炎，導致永久性神經機能缺陷，持續出現臨床病徵。

本定義並不包括：

- 慢性疲勞綜合症及肌痛性腦脊髓炎。

28) 爆發性病毒性肝炎

由肝炎病毒引致肝臟大面積或次大面積壞死而迅速導致肝臟衰竭。診斷必須符合下列所有條件：

- 出現腦病；
- 整個肝小葉的肝組織壞死 (如有病理學結果)；及
- 肝功能測試迅速轉差。

診斷必須由肝臟專科顧問醫生或腸胃專科醫生鑑定，並有適當的臨床檢驗結果作確證。

濫用酒精、藥物、化學品或進食有毒或毒性物質 (包括但不限於企圖自殺) 引致的肝衰竭不屬保障範圍。

29) Heart attack – of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- Typical clinical symptoms (for example, characteristic chest pain).
- New characteristic electrocardiographic changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
 - Troponin T > 200 ng/L (0.2 ng/ml or 0.2 ug/L)
 - Troponin I > 500 ng/L (0.5 ng/ml or 0.5 ug/L)

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes angina without myocardial infarction

30) Heart valve replacement or repair – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to replace or repair one or more heart valves.

31) HIV infection – caught in a specified country* from a blood transfusion, a physical assault or work in an eligible occupation

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment;
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment from the eligible occupations listed below after the Risk Commencement Date of the Policy and satisfying all of the following:
 - The incident must have been reported to appropriate government and professional authorities and have been investigated in accordance with the established procedures.
 - Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV.
 - Antibody test taken within ten days of the incident.

29) 心臟病—指定嚴重程度

因血供應量不足導致心肌壞死，呈現下列所有急性心肌梗塞的證據：

- 典型臨床病徵（例如胸痛）。
- 心電圖突現新變化。
- 心臟酵素或肌鈣蛋白提高，並錄得以下或更高水平：
 - 肌鈣蛋白 T > 200ng/L (0.2ng/ml 或 0.2ug/L)
 - 肌鈣蛋白 I > 500ng/L (0.5ng/ml 或 0.5ug/L)

必須有證據顯示確診為急性心肌梗塞。

本定義並不包括：

- 其他急性冠狀動脈綜合症。非心肌梗塞的心絞痛。

30) 心臟植置或修復手術—進行手術分隔胸骨

遵照心臟專科顧問醫生建議進行胸骨正中切口手術（將胸骨分隔），以置換或修補一片或多片心瓣。

31) 愛滋病病毒感染—在指定國家*因輸血、身體受襲擊致傷或全職合格工作感染

因以下情況感染愛滋病：

- 在醫療過程中輸血；
- 被襲擊受傷；或
- 「保單」「開始承保日」後從事下列合資格工作而在執行普通職責過程中意外感染愛滋病毒，並且符合以下所有條件：
 - 必須已向相關政府及職業監管當局通報意外事件，並按照既有程序展開調查。
 - 如因被襲擊受傷或在執行普通職責過程中意外感染愛滋病，必須進行陰性愛滋病毒抗體測試結果作證實。
 - 愛滋病毒抗體測試結果必須在事後十天內提交。

- There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.
- The incident causing infection must in a specified country* (for the list of countries please refer to the specified country list at the end of this Condition 29).

For the above definition, the following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

The eligible occupations are:

- a member of the medical or dental professions;
- a police, prison or fire officer;
- a pharmacist, laboratory assistant or an employee in a medical facility.

32) **Impairment of daily activities – through permanent disability before your 65th birthday**

A Life Insured will satisfy the permanent disability assessment criteria if before your 65th birthday they are diagnosed as permanently and irreversibly unable, because of illness or accidental injury, to perform at least two activities of daily working. The activities of daily working are:

- Walking – the ability to walk more than 200 metres on the flat without stopping or severe discomfort.
- Bending – the ability to get into or out of a standard saloon car, or the ability to bend or kneel to pick up a light object from the floor and straighten up again.
- Communications – the ability to answer the telephone and take a message.
- Reading – having the eyesight required to be able to read a newspaper with corrective aids (if required).
- Writing – having the physical ability to write legibly using a pen or pencil.

33) **Kidney failure - requiring dialysis or transplantation**

End stage kidney disease presenting as chronic irreversible failure of both kidneys to function. This must be evidenced by the undergoing of regular renal dialysis or requiring a renal transplant.

34) **Loss of independent existence – resulting in permanent symptoms**

A condition which means that the Life Insured is, as a result of a disease, illness or accident, permanently, totally and irreversibly unable to perform at least three of the following activities of daily living:

- 其後 12 個月內再次進行愛滋病毒抗體測試，確認感染愛滋病或有病毒抗體。
- 有關的意外事件必須在指定國家 * 發生（指定國家名單請參閱本第 29 條最後部分的指定國家名單）。

本定義並不包括：

- 透過任何其他途徑感染的愛滋病，包括性行為或濫藥。

合資格工作包括：

- 醫護或牙科護理人員；
- 警員、懲教人員或消防員；
- 藥劑師、化驗室助理或醫療設施僱員。

32) **65 歲生日前日常活動障礙—永久傷殘所致**

「受保人」如在 65 歲生日前確診因疾病或意外損傷導致永久喪失從事最少兩種日常活動的能力，且不可復原，便符合永久傷殘的評估準則。日常活動包括：

- 步行— 在平地連續步行超過 200 米而毋須停頓或感到嚴重不適。
- 彎身— 進出普通汽車，或彎身或跪下從地上拾起輕巧物件，然後起立站直。
- 溝通— 接聽電話及記下留言。
- 閱讀— 有良好視力，可閱讀報章（如有需要可配戴矯視眼鏡）。
- 書寫— 可用原子筆或鉛筆書寫能辨讀的字體。

33) **腎衰竭—需要洗腎或移植**

慢性及末期階段腎病，兩個腎臟出現不可復原的功能衰竭，需定期洗腎或移植腎臟。

34) **喪失獨立生活能力—導致永久性病徵**

「受保人」因疾病、傷病或意外而永久性、完全及不可復原地喪失從事最少下列三種日常活動的能力：

- i) Feeding/eating – cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils.
- ii) Dressing – dressing oneself including fastening zips and buttons, getting clothes from wardrobes and drawers.
- iii) Bathing/grooming – turning on taps, getting in and out of bath/shower, washing face/hands, etc. drying oneself, combing hair.
- iv) Using the toilet– moving into and out of the bathroom, getting on and off the toilet unaided, recognising the need or urge to void bladder or bowel in time to get to the toilet.
- v) Mobility/transfer – getting into and out of bed, transferring from one place to another e.g. chair to bed, chair to standing, chair to chair.
- vi) Walking/using a wheelchair: moving from one location to another – walking or using an unpowered wheelchair propelled by the Life Insured or using a frame.

35) Loss of speech – total, permanent and irreversible

Total and irrecoverable loss of the ability to speak which must be established for a continuous period of 12 months. Medical evidence is to be supplied by an appropriate Ear, Nose and Throat specialist and to confirm injury or disease to the vocal chords. All psychiatric related causes are excluded. The condition must not be able to be corrected by medical procedure.

36) Major organ transplant

The undergoing as a recipient of a transplant, to replace a diseased or damaged organ, of bone marrow including human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation, or of one of the following complete human organs: heart, kidney, liver, lung or pancreas or inclusion on an official waiting list in a specified country* (for the list of countries please refer to the specified country list at the end of this Condition 29), solely for such a procedure.

For the above definition, the following is not covered:

- Stem cell transplants.
- Transplant of parts of organs, tissues or cells or any other organs.

37) Medullary cystic disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis. Clinical manifestations of the condition including anaemia, polyuria and renal loss of sodium, or progression to chronic renal failure must be demonstrated. Diagnosis must be supported by renal biopsy and confirmed by a nephrologist.

- i) 進食 — 一切肉、在麵包塗牛油，用手指或食具將食物和飲品送到口裡。
- ii) 更衣 — 自行更衣，包括拉鏈及扣鈕，從衣櫃及抽屜取出衣服。
- iii) 沐浴／梳洗 — 開水龍頭，進出浴缸／淋浴間，洗臉／洗手等，抹乾身體，梳頭。
- iv) 如廁 — 進出洗手間，無須他人扶助自行上落廁所，知道大小便急，或有需要如廁時及時上廁所。
- v) 行動／出入 — 上落床，由一處地方行動到其他地方，例如由椅子移至睡床，由椅子站起來，由一張椅子移至另一張椅子坐下。
- vi) 步行／使用輪椅 — 「受保人」步行或使用非電動輪椅或助行器往來兩個地方。

35) 喪失語言能力 — 完全、永久性及不可復原

完全及不可復原地喪失說話能力，但必須持續 12 個月，並由適當的耳鼻喉專科醫生提供醫療證明，確定聲帶受損或疾病。所有與精神科相關的病症均不在保障範圍之內。「受保人」喪失語言能力必須是醫療手術也不能糾正。

36) 主要器官移植

接受骨髓移植，包括進行全骨髓消融後利用造血幹細胞移植人體骨髓，或接受移植以下任何整個人體器官：心臟、腎臟、肝臟、肺或胰臟，以置換有病患或受損的器官，或純粹為主要器官移植而於指定國家*（指定國家名單請參閱本第 29 條最後部分的指定國家名單）的正式輪候冊登記。

本定義並不包括：

- 幹細胞移植。
- 器官部分、組織或細胞或任何其他器官移植。

37) 腎髓質囊腫病

漸進性遺傳腎病，主要病徵為腎髓質囊腫、腎小管腔萎縮及間質性纖維化。臨床顯示症狀為貧血、多尿及腎性失鈉，漸漸發展為慢性腎衰竭。診斷必須以腎臟活細胞檢查作為依據，並由腎臟專科醫生鑑定。

38) Motor neurone disease – resulting in permanent symptoms

A definite diagnosis of motor neurone disease by a consultant neurologist. There must be permanent clinical impairment of motor function and definitive evidence of appropriate and relevant clinical examination findings (e.g. electromyography, electroneurography, nerve conduction velocity).

39) Multiple sclerosis – with persisting symptoms

A definite diagnosis of multiple sclerosis by a consultant neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.

40) Muscular dystrophy

The diagnosis of muscular dystrophy confirmed by a consulting neurologist, and based on a combination of ALL of the following:

- Clinical presentation including sensory disturbance, abnormal cerebro-spinal fluid and mild tendon reflex reduction;
- Characteristic electromyogram; and
- Clinical suspicion confirmed by muscle biopsy.

41) Myasthenia gravis – resulting in permanent symptoms

An autoimmune disorder characterised by chronic weakness of voluntary muscles which is confirmed by a consultant neurologist and proven by tensilon test, positive anticholinergic receptor antibodies and electromyogram (EMG). The consultant neurologist must report that the disease is generalised, causing permanent functional impairment and disability despite optimal therapy with surgery or medications.

For the above definition, the following are not covered:

- Ocular myasthenia gravis.
- Medication induced myasthenia gravis.
- Myasthenia gravis in remission.

42) Necrotic Pancreatitis (Acute)

A condition due to autolysis of pancreatic tissue caused by escape of enzymes, resulting in hemorrhage into the parenchyma and surrounding tissues. The diagnosis must be confirmed by a Registered Western Medicine Practitioner.

43) Necrotising fasciitis

A definite diagnosis of life threatening necrotising fasciitis which may result in one or more of:

- kidney failure;
- extensive tissue damage or loss; or
- amputation of a limb or limbs.

The diagnosis of necrotising fasciitis must be confirmed by a consultant physician in infectious diseases.

38) 運動神經原疾病—導致永久性病徵

由神經專科顧問醫生確診為運動神經原疾病，病人的運動功能必須為永久性臨床受損，並從適當相關的臨床檢測結果取得確切證據（例如肌電圖、神經電圖、神經傳導速度檢查）。

39) 多發性硬化症—呈現持續病徵

由神經專科顧問醫生確診為多發性硬化。病人必須最少連續六個月出現運動或感覺功能臨床障礙。

40) 肌肉萎縮症

診斷須由神經專科顧問醫生綜合以下所有因素鑑定：

- 臨床顯示包括知覺障礙、異常腦脊髓液及腱反應輕微減退；
- 特性肌電圖；及
- 經肌肉活組織檢查鑑定臨床疑診正確。

41) 重肌無力症—導致永久性病徵

自身免疫力失調，徵狀為隨意肌慢性鬆弛，由神經專科顧問醫生確診，並已進行騰喜龍測試（Tensilon Test）、陽性抗膽鹼能受體抗體及肌電圖檢測。神經專科顧問醫生的報告必須指出患者的重肌無力症即使透過手術或藥物作最佳治療，整體亦會造成永久性功能受損及傷殘。

本定義並不包括：

- 眼肌型重肌無力症；
- 醫藥引致的重肌無力症；
- 緩解期重肌無力症。

42) 壞死性胰臟炎（急性）

因酵素流失造成胰臟組織自體溶解，導致軟組織及周圍組織出血。診斷必須由「註冊西醫」鑑定。

43) 壞死性筋膜炎

確診致命的壞死性筋膜炎，可能導致以下一種或多種病況：

- 腎衰竭；
- 組織大面積受損或流失；或
- 截肢。

壞死性筋膜炎的診斷必須由傳染病專科顧問醫生鑑定。

44) Open heart surgery – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist, to correct a structural abnormality of the heart.

45) Paralysis of limbs – total, permanent and irreversible

Total, permanent and irreversible loss of muscle function to the whole of any two limbs as a result of physical injury or disease. For the above definition, the following is not covered:

- Loss of function arising from a psychiatric or psychological disorder.

46) Parkinson plus syndrome – resulting in permanent symptoms

Unequivocal diagnosis of Parkinson plus syndrome by a consulting neurologist, based on definitive signs of progressive and permanent neurological impairment, where the Life Insured has permanent inability to perform at least four of the six following Activities of Daily Living, in spite of being on optimal medication:

- i) Personal hygiene – washing or bathing to the extent needed to maintain personal cleanliness.
- ii) Dressing – putting on and taking off all necessary clothes.
- iii) Mobility – moving from one room to another or getting in and out of a bed or chair.
- iv) Eating and drinking – eating and drinking once food and drink has been prepared and made available.
- v) Using the lavatory – getting on and off the lavatory and maintaining personal hygiene.
- vi) Continence – controlling bowel and bladder functions.

Drug induced or toxic causes of Parkinson plus syndrome are not covered.

47) Parkinson's disease before your 65th birthday – resulting in permanent symptoms

A definite diagnosis of Parkinson's disease before your 65th birthday by a consultant neurologist.

There must be permanent clinical impairment of motor function with associated tremor, and muscle rigidity.

For the above definition, the following are not covered:

- Parkinson's disease secondary to drug, alcohol or chemical abuse.
- Other Parkinsonian syndromes (not including Parkinsons' Plus).

44) 切開心臟手術—以手術分隔胸骨

聽從心臟專科顧問醫生建議接受需要在胸骨正中切口的手術(以手術分隔胸骨),以糾正心臟結構異常情況。

45) 癱瘓(手或足)—完全、永久性及不可復原

任何兩肢因身體損傷或疾病導致完全、永久性及不可復原地喪失整體肌肉功能。本定義並不包括:

- 精神或心理障礙導致喪失功能。

46) 帕金森症非典型額外症候群—導致永久性病徵

由神經專科顧問醫生依據漸進及永久神經損傷的明確徵狀,確診為帕金森症非典型額外症候群,而「受保人」接受最佳藥物治療後仍然永久無法從事以下六種日常活動中最少四種:

- i) 個人衛生—洗滌或沐浴以保持個人衛生。
- ii) 更衣—穿上及脫下所有必需衣物。
- iii) 行動—在不同房間之間來往走動或上落床或椅子。
- v) 飲食—自行將已烹調奉上的飲食放入口。
- v) 如廁—自行上廁所及保持個人衛生。
- vi) 控制大小便—可控制大小便。

藥物誘發或有毒物質引致的帕金森症非典型額外症候群並不在保障範圍之內。

47) 65歲生日前帕金森症—導致永久性病徵

65歲生日前由神經專科顧問醫生確診帕金森症。

「受保人」必須為永久臨床運動功能受損,以致震顫及肌肉僵硬。

本定義並不包括:

- 濫用藥物、酒精或化學品引致的帕金森症。
- 其他帕金森症候群(不包括帕金森症非典型額外症候群)。

48) Poliomyelitis

Unequivocal diagnosis by a consultant neurologist of infection by the Poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. This condition has to be medically documented for at least 90 days. Cases not involving paralysis will not be eligible for this. Other causes of paralysis are specifically excluded.

49) Primary pulmonary arterial hypertension – resulting in permanent symptoms

Primary pulmonary arterial hypertension associated with right ventricular enlargement established by investigations including catheterisation resulting in significant permanent physical impairment to the degree of Class 4 of the New York Heart Association classification of cardiac impairment.

NYHA Class 4 cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.

50) Progressive supra nuclear palsy – with permanent symptoms

The definite diagnosis of progressive supra nuclear palsy by a consultant neurologist. There must be permanent clinical impairment of eye movements and motor function.

51) Severance of limbs

Permanent physical severance of any combination of two or more hands or feet at or above the wrist or ankle joints.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

52) Severe rheumatoid arthritis – of specified severity

Widespread joint destruction with major clinical deformity of three or more of the following joint areas: hands, wrists, elbows, cervical spine, knees, ankles, metatarsophalangeal joints in the feet. The condition should be such that it results in a permanent inability to perform at least three of the following activities of daily living:

- i) Feeding/eating – cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils.
- ii) Dressing – dressing oneself including fastening zips and buttons, getting clothes from wardrobes and drawers.
- iii) Bathing/grooming – turning on taps, getting in and out of bath/shower, washing face/hands, etc. drying oneself, combing hair.

48) 小兒麻痺症

由神經專科顧問醫生確診感染脊髓灰質炎病毒導致麻痺症，徵狀為運動功能受損或呼吸無力。小兒麻痺症須有最少 90 天的醫生記錄，如不涉及麻痺症則不符合承保條件。麻痺症的其他成因均不受保。

49) 原發性肺動脈高血壓—導致永久性病徵

由包括導管在內的各類檢查確定為與右心室肥大有關的原發性肺動脈高血壓，導致心臟損傷，永久身體嚴重受損的程度為紐約心臟協會級別第四級。

紐約心臟協會 (NYHA) 第四級心臟受損指病人接受藥物治療及飲食調節後，進行一般日常活動仍然出現症狀，並且經身體檢查及化驗結果鑑定為心室功能不正常。

50) 進行性核上麻痺—呈現永久性病徵

由神經專科顧問醫生確診進行性核上麻痺。患者必須為眼部移動及運動功能永久受損。

51) 斷肢

永久失去兩隻或以上的手、足或手腕或足踝以上肢體。

本定義並不包括：

- 「保單持有人」蓄意令「受保人」受傷。
- 蓄意自我傷害。

52) 嚴重類風濕關節炎—指定嚴重程度

關節受到廣泛破壞，以下三個或以上的關節部位出現嚴重變形：手部、手腕、肘部、頸椎、膝、踝、足部的蹠趾關節。此症狀必須導致「受保人」永久無法從事以下最少三種日常活動：

- i) 進食—切肉、在麵包塗牛油，用手指或食具將食物和飲品送到口裡。
- ii) 更衣—自行更衣，包括拉鏈及扣鈕，從衣櫃及抽屜取出衣服。
- iii) 沐浴／梳洗—開水龍頭，進出浴缸／淋浴間，洗臉／洗手等，抹乾身體，梳頭。

- iv) Using the toilet– moving into and out of the bathroom, getting on and off the toilet unaided, recognising the need or urge to void bladder or bowel in time to get to the toilet.
- v) Mobility/transfer – getting into and out of bed, transferring from one place to another e.g. chair to bed, chair to standing, chair to chair.
- vi) Walking/using a wheelchair: moving from one location to another – walking or using an unpowered wheelchair propelled by the Life Insured or using a frame.
- iv) 如廁 — 進出洗手間，無須他人扶助自行上落廁所，知道大小便急，或有需要如廁時及時上廁所。
- v) 行動／出入 — 上落床，由一處地方行動到其他地方，例如由椅子移至睡床，由椅子站起來，由一張椅子移至另一張椅子坐下。
- vi) 步行／使用輪椅 — 「受保人」步行或使用非電動輪椅或助行器往來兩個地方。

53) Stroke – with permanent symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis has to be confirmed by a consultant neurologist with the evidence of new changes on a CT or MRI scan or other reliable imaging techniques.

For the above definition, the following is not covered:

- Traumatic injury to brain tissue or blood vessels.
- Cerebral symptoms due to transient ischaemic attacks, reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, disturbances of vision or balance due to disease of the eye, nerve or vestibular apparatus of the ear.

54) Surgery to aorta

Major surgery of the thoracic or abdominal aorta for life threatening vascular disease. This includes coarctation repair, surgical grafts for aortic aneurysms or aortic dissections but minimally invasive stent grafting is excluded. Surgery on the branches of the aorta is not covered.

55) Systemic lupus erythematosus – of specified severity

A definite diagnosis of systemic lupus erythematosus (SLE) by a consultant rheumatologist where either of the following is also present:

- Severe kidney involvement with SLE as evidenced by:
 - i) permanent impaired renal function with a glomerular filtration rate (GFR) below 30 ml/min/1.73m²; and
 - ii) abnormal urinalysis showing proteinuria or haematuria,
- or
- Severe Central Nervous System (CNS) involvement with SLE as evidenced by permanent deficit of the neurological system as evidenced by at least any one of the following symptoms, which must be present on clinical examination and expected to last for the remainder of the Life Insured's life:

53) 中風 — 呈現永久性病徵

因顱部血供應量不足或出血導致腦組織死亡引致永久神經阻滯，持續出現臨床病徵。診斷必須由神經專科顧問醫生透過電腦斷層掃描 (CT)、磁力共振掃描 (MRI) 或其他可靠造影技術鑑定。

本定義並不包括：

- 腦組織或血管創傷。
- 短暫性腦缺血發作導致腦部病徵、可恢復的神經阻滯、偏頭痛、創傷或缺氧造成腦部受傷，或眼、神經或耳前庭器官疾病引致視力或平衡力障礙。

54) 主動脈手術

因致命血管疾病進行的胸或腹主動脈大手術，包括窄縮修補、主動脈瘤或主動脈夾層移植手術，惟輕微的侵入性移植手術並不在保障範圍之內。主動脈支脈的手術亦不承保。

55) 系統性紅斑狼瘡 — 指定嚴重程度

由風濕病專科顧問醫生確診的系統性紅斑狼瘡，並顯現以下其中一種情況：

- 系統性紅斑狼瘡嚴重損及腎臟，呈現以下徵狀：
 - i) 腎功能永久受損，腎小球濾過率 (GFR) 低於 30 ml/min/1.73m²；及
 - ii) 驗尿結果異常，顯示蛋白尿或血尿，
- 或
- 系統性紅斑狼瘡嚴重損及中樞神經系統 (CNS)，神經系統永久阻滯，出現以下最少一種徵狀，並且在臨床檢查時可見，估計「受保人」終身也不會好轉：

- paralysis
- localised weakness
- dysarthria (difficulty with speech)
- aphasia (inability to speak)
- dysphagia (difficulty in swallowing)
- difficulty in walking, lack of coordination
- severe dementia where the Life Insured needs constant supervision
- permanent coma.

For the purposes of this definition:

- seizures, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin will not be accepted as evidence of permanent deficit of the neurological system.

To avoid doubt, all other forms of SLE are specifically excluded from the Benefit provided by this Policy.

56) Terminal illness

A definite diagnosis by an appropriate medical specialist of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of the appropriate medical specialist, the illness is expected to lead to death within 12 months.

57) Third-degree burns – covering 20% of the body's surface area or 50% of the face's surface area

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or covering 50% of the face's surface area.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

58) Traumatic head injury – with permanent symptoms

Death of brain tissue due to traumatic injury caused by external means resulting in permanent neurological deficit with persisting clinical symptoms, assessed and confirmed by a consultant neurologist with the evidence of new changes on a CT or MRI scan or other reliable imaging techniques no later than six weeks from the date of the traumatic injury.

- 癱瘓
- 局部衰弱
- 發音障礙(說話能力障礙)
- 失語症(不能說話)
- 吞嚥困難症(吞嚥困難)
- 行動困難，缺乏協調能力
- 「受保人」嚴重痴呆，需要長期監管
- 永久昏迷。

於本定義：

- 驚厥、頭痛、疲勞、昏睡或任何精神或心理徵狀均不可成立為神經系統永久阻滯。

為免存疑，現聲明所有其他類型的系統性紅斑狼瘡均不屬於「保單」的「保障」範圍。

56) 末期疾病

經相關專科醫生確診符合下列兩項條件的疾病：

- 現今醫學不能治癒或已惡化至不能醫治的疾病；及
- 相關專科醫生認為患者的壽命不會超過 12 個月。

57) 三級燒傷—傷及身體表面 20% 面積或面部表面 50% 面積

皮膚遭燒傷深入損及深層組織，達到身體表面最少 20% 面積或面部表面 50% 面積。

本定義並不包括：

- 「保單持有人」蓄意令「受保人」受傷。
- 蓄意自我傷害。

58) 顱腦損傷—呈現永久性病徵

腦部組織因受外力創傷受損壞死，導致永久神經阻滯及呈現持續臨床病徵，並於創傷當日後六星期內由神經專科顧問醫生透過電腦斷層掃描(CT)、磁力共振掃描(MRI)或其他可靠造影技術發現的最新變化評估鑑定。

59) Ulcerative Colitis – of specified severity

Ulcerative Colitis means 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 diarrhoea. Diagnosis must be based on histopathological features and surgery in the form of colectomy and ileostomy should form part of the treatment.

*Specified country list:

Andorra, Australia, Austria, Bahrain, Belgium, Bulgaria, Canada, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Isle of Man, Iceland, Italy, Japan, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau, Malaysia, Malta, Monaco, Netherlands, New Zealand, Norway, Oman, Poland, Portugal, Qatar, Republic of Ireland, Republic of Macedonia, Romania, San Marino, Saudi Arabia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Turkey, UAE, United Kingdom, United States of America.

30. Critical Illness definitions for Decreasing Term Life or Earlier Critical Illness Benefit

‘Critical Illness’ means any one of the following:

1) Alzheimer’s disease before your 65th birthday - resulting in permanent symptoms

A definite diagnosis before your 65th birthday of Alzheimer’s disease by a consultant neurologist.

The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity including the ability to:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas that results in a requirement for continual supervision to protect the Life Insured or others.

For the above definition, the following is not covered:

- Other forms of dementia.

2) Amyotrophic Lateral Sclerosis

A definite diagnosis of Amyotrophic Lateral Sclerosis by a consultant neurologist. There must be permanent clinical impairment of motor function and definitive evidence of appropriate and relevant clinical examination findings (eg. electro myography, electro neurography, nerve conduction velocity).

59) 潰瘍性大腸炎—指定嚴重程度

潰瘍性大腸炎指突發性大腸炎，出現可致命的電解質紊亂，一般因為腸鼓脹並有腸斷裂風險，影響整條結腸，並有嚴重血性腹瀉。診斷必須以病理特徵作依據，治療應包括切除結腸及進行迴腸造口手術。

* 指定國家名單：

安道爾、澳洲、奧地利、巴林、比利時、保加利亞、加拿大、海峽群島、克羅地亞、塞浦路斯、捷克共和國、丹麥、愛沙尼亞、芬蘭、法國、德國、直布羅陀、希臘、香港、匈牙利、人島、冰島、意大利、日本、科威特、拉脫維亞、列支敦士登、立陶宛、盧森堡、澳門、馬來西亞、馬爾他、摩納哥、荷蘭、新西蘭、挪威、阿曼、波蘭、葡萄牙、卡塔爾、愛爾蘭共和國、馬其頓共和國、羅馬尼亞、聖馬力諾、沙特阿拉伯、新加坡、斯洛伐克、斯洛文尼亞、南非、西班牙、瑞典、瑞士、土耳其、阿聯酋、英國、美國。

30. 遞減定期壽險或提前危疾保障之危疾釋義

危疾指以下任何一種疾病：

1) 65歲生日前亞爾茨海默氏病—導致永久性病徵

65歲生日前由神經專科顧問醫生確診亞爾茨海默氏病。

診斷必須確認腦部功能出現永久性不可復原衰竭，導致無其他可辨別原因造成的嚴重認知損傷。嚴重認知損傷指智力退化或喪失智力，包括以下能力：

- 記憶；
- 推理；及
- 意識、理解、表達和實行意念，以致需要長期監管以保障「受保人」或其他人。

本定義並不包括：

- 其他類別痴呆症。

2) 肌萎縮性脊髓側索硬化症

由神經專科顧問醫生確診肌萎縮性脊髓側索硬化症，患者必須為運動功能永久性臨床損傷，並有適當相關的臨床檢驗結果作確證（例如肌電圖、神經電圖及神經傳導速度檢查）。

3) **Apallic syndrome**

Universal necrosis of the brain cortex with the brain stem intact. The diagnosis must be confirmed by a consultant neurologist. The condition has to be medically documented for at least one month.

For the above definition, the following is not covered:

- Apallic syndrome secondary to alcohol, drug or chemical abuse.

4) **Aplastic anaemia**

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents;
- Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

For the above definition the following are not covered:

- Other forms of anaemia.

5) **Bacterial meningitis - resulting in permanent symptoms**

The unequivocal diagnosis of bacterial meningitis resulting in permanent neurological deficit with persisting clinical symptoms or physical deficit.

For the above definition, the following are not covered:

- Other forms of meningitis, including viral meningitis.

6) **Benign brain tumour - resulting in permanent symptoms**

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms. The requirement for permanent neurological deficit with persisting clinical symptoms will be waived if the benign brain tumour is surgically removed.

For the above definition, the following are not covered:

- Tumours in the pituitary gland;
- Angiomas;
- Acoustic neuromas;
- Vestibular schwannomas.

3) **植物人**

腦皮質全壞死而腦幹健全。本症必須由神經專科顧問醫生診斷，並由醫生記錄最少一個月。

本定義並不包括：

- 濫用酒精、藥物或化學品繼發的植物人。

4) **障礙性貧血**

因骨髓慢性持續衰竭而導致貧血、中性白血球減少症及血小板減少症，而必須接受最少以下一種治療：

- 輸血；
- 骨髓刺激素；
- 免疫抑制劑；
- 骨髓移植手術。

本症的診斷必須由血液科醫生鑑定。

本定義並不包括：

- 其他類型貧血病。

5) **細菌性腦膜炎—導致永久性病徵**

經明確診斷為細菌性腦膜炎，導致永久性神經機能缺陷，持續出現臨床病徵或生理阻滯。

本定義並不包括：

- 其他類型腦膜炎，包括病毒性腦膜炎。

6) **良性腦部腫瘤—導致永久性病徵**

腦內或頭骨內的顱神經或腦脊膜非惡性腫瘤或囊腫，導致永久性神經機能缺陷及持續臨床症狀。如接受手術切除良性腦部腫瘤，則可豁免永久性神經機能缺陷及持續臨床症狀的規定。

本定義並不包括：

- 腦下垂體腫瘤；
- 血管瘤；
- 聽神經瘤；
- 前庭神經鞘膜瘤。

7) Blindness - permanent and irreversible

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

8) Brain damage - resulting in permanent symptoms

Permanent neurological impairment or loss of intellectual capacity as a result of brain damage sustained through accident or injury. Permanent neurological impairment must be confirmed by a consultant neurologist.

9) Brain surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed.

Keyhole surgery is included however brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a Registered Western Medicine Practitioner.

10) Cancer - excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - cancer in situ;
 - having either borderline malignancy; or having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than six or having progressed to at least clinical TNM classification T2N0M0.
- All tumours in the presence of HIV infection.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.

7) 失明—永久性及不可復原

永久性及不可復原地喪失視力，即使配戴助視器進行檢驗，較好的一隻眼視力亦只達到斯力倫氏視力表的 3/60 級或更差。

本定義並不包括：

- 「保單持有人」蓄意令「受保人」受傷。
- 蓄意自我傷害。

8) 腦部受損—導致永久性病徵

腦部因意外或受傷持續受損，導致永久性神經機能缺陷或喪失智力。永久性神經機能缺陷必須由神經專科顧問醫生鑑定。

9) 腦部手術

在全身麻醉下進行腦部手術，期間同時進行顱骨切開手術。

包括微創手術，但意外引致的腦部手術並不在保障範圍之內。手術必須是「註冊西醫」認為乃醫學必需。

10) 癌症—不包括早期癌症

經組織化驗確診的惡性腫瘤，惡性細胞不受控制地生長，入侵組織。惡性腫瘤包括白血病、惡性肉瘤及淋巴瘤，但皮膚淋巴瘤除外（只局限於皮膚的淋巴瘤）。

本定義並不包括：

- 所有經組織化驗列為以下的癌症：
 - 癌前病變；
 - 非入侵性癌症；
 - 原位癌；
 - 交界性癌症；或低度潛在癌症。
- 所有前列腺腫瘤，除非經組織化驗證實格里森積分高於六或生長至最少達到臨床 TNM 分類 T2N0M0 級則例外。
- 愛滋病病毒感染引致的所有腫瘤。
- 慢性淋巴性白血病，除非經組織化驗證實已達到最少 Binet Stage A 則例外。

- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

11) Cardiomyopathy

Condition of impaired ventricular function (of variable aetiology) resulting in significant physical impairment of at least Class 4 on the New York Heart Association classification of cardiac impairment**. The diagnosis of cardiomyopathy must be confirmed by a consulting cardiologist. Cardiomyopathy includes dilated hypertrophic and restrictive cardiomyopathy.

For the above definition, the following are not covered:

- Cardiomyopathy secondary to alcohol abuse or drug abuse.
- All other forms of heart disease, heart enlargement or myocarditis.

** NYHA Class 4 cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.

12) Children's Critical Illness

The biological or legally adopted children of the Life Insured aged between 3 (age next birthday) and 17 (age next birthday) at the time of the Claim Event are covered for the conditions listed below, subject to the following limitations:

- The amount payable for each and any valid Children's Critical Illness claim is limited to the lower of:
 - 10% of the Decreasing Term Life or Earlier Critical Illness Benefit Sum Insured, or
 - HKD200,000, USD25,000, GBP16,700 or EUR20,000.
- No more than two valid claims for separate children are allowed per Preferred Choice Policy. On payment of a second valid Children's Critical Illness claim Children's Critical Illness Benefit will cease.
- Congenital illnesses or conditions are excluded.

The conditions covered under Children's Critical Illness Benefit are as follows and are defined as in Condition 30 (Critical Illness definitions), unless specified differently:

- Aplastic anaemia
- Bacterial meningitis - resulting in permanent symptoms
- Benign brain tumour - resulting in permanent symptoms

- 任何皮膚癌（包括皮膚淋巴瘤），除非經組織化驗列為入侵到表皮（最外層皮膚）以下組織的惡性黑色素瘤除外。

11) 心肌病

心室機能損傷症狀（可變病原學）導致紐約心臟協會心臟損傷分類中最少第四級**的嚴重身體損傷。心肌病的診斷必須由心臟專科顧問醫生鑑定。

心肌病包括擴張型肥厚性及限制型心肌病。

本定義並不包括：

- 因濫用酒精或藥物繼發的心肌病。
- 所有其他類型的心臟病、心臟腫大或心肌炎。

** 紐約心臟協會（NYHA）第四級心病損傷指病人接受藥物治療及飲食調節後，進行一般日常活動仍然出現症狀，並且經身體檢查及化驗結果鑑定為心室功能不正常。

12) 子女危疾

於「索償事件」發生當時年齡為三歲（翌年歲）至17歲（翌年歲）的「受保人」親生或合法領養子女可享有下列疾病的保障，但須遵從以下限制規定：

- 每宗子女危疾有效索償的最高賠償限額取下列兩者中較低金額：
 - 遞減定期壽險或提前危疾保障的危疾保障額10%；或
 - 200,000 港元／25,000 美元／16,700 英鎊／20,000 歐元。
- 不論子女數目，每份「智選人生」保單最多只可申請兩次有效索償。「我們」支付第二宗有效的子女危疾索償後，子女危疾保障即告終止。
- 先天性疾病或病症不在保障範圍之內。

子女危疾保障適用的疾病如下，除非另行說明，否則每種疾病的定義以第30條（危疾釋義）所載為準：

- 障礙性貧血
- 細菌性腦膜炎 — 導致永久性病徵
- 良性腦部腫瘤 — 導致永久性病徵

- Cancer - excluding less advanced cases
- Chronic/end stage liver failure
- Coronary artery by-pass grafts – with surgery to divide the breastbone
- Creutzfeldt-Jakob disease
- Heart attack – of specified severity
- Heart valve replacement or repair – with surgery to divide the breastbone
- HIV infection – caught in a specified country from a blood transfusion, a physical assault or work in an eligible occupation
- Kidney failure - requiring dialysis or transplantation
- Major organ transplant
- Motor neurone disease – resulting in permanent symptoms
- Multiple sclerosis – with persisting symptoms
- Paralysis of limbs – total, permanent and irreversible
- Primary pulmonary arterial hypertension – resulting in permanent symptoms
- Stroke – with permanent symptoms
- Surgery to aorta
- Terminal illness

13) Chronic/end stage liver failure

End stage liver disease or cirrhosis means chronic end-stage liver failure that causes at least one of the following:

- Uncontrollable ascites;
- Permanent jaundice;
- Oesophageal or gastric varices;
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is not covered.

14) Chronic/end stage lung disease - of specified severity

Confirmation by a consultant physician of severe lung disease which is evidenced by all of the following:

- the need for continuous daily oxygen therapy on a permanent basis;
- evidence that oxygen therapy has been required for a minimum period of six months;
- FEV1 being less than 40 percent of normal;
- vital capacity less than 50 percent of normal; and
- dyspnea at rest.

- 癌症 — 不包括早期癌症
- 慢性／末期肝衰竭
- 冠狀動脈繞道手術 — 以手術分隔胸骨
- 克雅二氏症（瘋牛病）
- 心臟病 — 指定嚴重程度
- 心瓣置換或修復手術 — 進行手術分隔胸骨
- 愛滋病病毒感染 — 在指定國家因輸血、身體受襲擊致傷或全職合格工作感染
- 腎衰竭 — 需要洗腎或移植
- 主要器官移植
- 運動神經原疾病 — 導致永久性病徵
- 多發性硬化症 — 呈現持續病徵
- 癱瘓（手或足）— 完全、永久性及不可復原
- 原發性肺動脈高血壓 — 導致永久性病徵
- 中風 — 呈現永久性病徵
- 主動脈手術
- 末期疾病

13) 慢性／末期肝衰竭

末期肝病或肝硬化指導致以下最少一種情況的慢性末期肝衰竭：

- 無法控制腹水；
- 持續性黃疸；
- 食管或胃靜脈曲張；
- 肝性腦病。

因濫用酒精或藥物繼發之肝病並不在保障範圍之內。

14) 慢性／末期肺病 — 指定嚴重程度

經嚴重胸肺疾病顧問醫生確認的慢性／末期肺病，並出現以下所有情況：

- 持續需要接受永久補給氧氣治療；
- 經證實需要補給氧氣治療最少六個月；
- FEV1 測試結果少於正常水平 40%；
- 肺活量低於正常水平 50%；及
- 休息時呼吸困難。

15) Chronic organic brain disease before your 65th birthday

Chronic organic brain disease diagnosed before your 65th birthday by a consultant neurologist or neuropsychiatrist, with the use of appropriate examination and investigation or imaging techniques, which results in an impaired short term and long term memory (unable to retain and retrieve information); and being disorientated in time, person and place; and impairment of the ability to make appropriate decisions and manage their affairs. The illness must affect the Life Insured to the extent that they will need care and supervision from another person to wash, dress and partake of meals; and will require medication for the rest of their life, irrespective of when the Benefit ends. Without medication there would be significant health and/or safety concerns.

16) Chronic relapsing pancreatitis

The definite diagnosis of chronic relapsing pancreatitis by a consultant physician or consultant surgeon. There must be progressive destruction of the pancreas by repeated attacks of proven acute interstitial pancreatitis. The diagnosis of chronic relapsing pancreatitis must be based on clinical evidence and modern imaging techniques.

For the above definition, the following is not covered:

- Chronic relapsing pancreatitis secondary to alcohol, drug or chemical abuse.

17) Coma - resulting in permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems for a continuous period of at least 96 hours; and
- confirmation by a consultant neurologist of permanent neurological deficit with persisting clinical symptoms; and
- is not an artificial (medically induced) coma for therapeutic reasons.

For the above definition the following are not covered:

- Coma secondary to alcohol, drug or chemical abuse.

15) 65歲生日前慢性器質性腦疾病

65歲生日前由神經專科顧問醫生或神經精神病学專科醫生透過恰當檢測及調查或造影技術，診斷患上慢性器質性腦疾病，導致短期及長期記憶受損（無法記住和回憶資訊）；混淆時間、人物和地點；以及喪失作出適當決定和管理個人事務的能力。「受保人」患病的程度必須嚴重至需要他人照顧協助梳洗、更衣及進食，並須終身服藥，儘管「保障」終止亦然，否則會出現嚴重健康及／或安全問題。

16) 慢性復發性胰臟炎

經顧問醫生或顧問外科醫生確診的慢性復發性胰臟炎。病人的胰臟炎必須反復發作並加重，曾經多次經驗證患間質性胰臟炎，導致逐步破壞胰臟。慢性復發性胰臟炎的診斷必須有臨床證據和現代造影技術作依據。

本定義並不包括：

- 因濫用酒精、藥物或化學品繼發的慢性復發性胰臟炎。

17) 昏迷—導致永久性病徵

處於無意識狀態及對所有外界刺激或體內需要均沒有反應，需要：

- 持續不斷地使用維持生命系統最少96小時；及
- 由神經專科顧問醫生證實為永久性神經機能缺陷，持續出現臨床病徵；及
- 並非因治療進行的人工昏迷（醫藥引致昏迷）。

本定義並不包括：

- 因濫用酒精、藥物或化學品繼發引致的昏迷。

18) Coronary artery by-pass grafts – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

If you are included on an official waiting list in a specified country* (for the list of countries please refer to the specified country list at the end of this Condition 30), solely for coronary artery by-pass surgery, up to 20% of the Critical Illness Benefit Sum Insured can be paid first to enable the surgery to be performed. If you are included on an official waiting list in China solely for coronary artery by-pass surgery, the lower of 20% of the Critical Illness Benefit Sum Insured or HKD112,500 (or currency equivalent determined by the Company) can be paid first to enable the surgery to be performed. Where an accelerated payment has been made, the remaining portion of the Critical Illness Benefit Sum Insured is payable on completion of the procedure.

19) Creutzfeldt-Jakob disease

The unequivocal diagnosis of Creutzfeldt-Jakob disease, made by a consultant neurologist, evidenced by a significant reduction in mental and social functioning such that requiring continuous assistance, or supervision by a third party is required. The diagnosis must be confirmed by an Appropriate Medical Specialist.

20) Deafness – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

21) Dementia before your 65th birthday - resulting in permanent symptoms

A definite diagnosis before your 65th birthday of Dementia by a consultant neurologist.

The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity including the ability to:

- remember;
- reason; and
- perceive, understand, express and give effect to Ideas that results in a requirement for continual supervision to protect the Life Insured or others.

18) 冠狀動脈繞道手術—以手術分隔胸骨

遵照心臟專科顧問醫生建議進行胸骨正中切口手術（將胸骨分隔），利用繞道搭橋糾正一條或多條狹窄或梗塞的冠狀動脈。

如閣下已在指定國家*（指定國家名單請參閱本第30條最後部分的指定國家名單）的正式輪候冊登記，等候接受以冠狀動脈繞道手術為限的一宗手術，「本公司」最多可先支付危疾保障額20%手術費用。如閣下已在中國的正式輪候冊登記，等候接受以冠狀動脈繞道手術為限的一宗手術，「本公司」最多可先支付危疾保障額20%或112,500港元（或「本公司」釐定的其他貨幣等值金額），二者取其金額較低，以支付手術費用。如「我們」已提前付款，危疾保障額餘額將在手術完成後支付。

19) 克雅二氏症（瘋牛病）

由神經專科顧問醫生確診為克雅二氏症，證據為精神及社交功能顯著下降，長期需要他人協助或監管。本症必須由「相關專科醫生」診斷。

20) 失聰—永久性及不可復原

永久性及不可復原地喪失聽力，使用純音聽力圖檢驗時，聽力較好的一隻耳所有頻率失聰超過95分貝。

本定義並不包括：

- 「保單持有人」蓄意令「受保人」受傷。
- 蓄意自我傷害。

21) 65歲生日前痴呆症—導致永久性病徵

由神經專科顧問醫生在「受保人」65歲生日前診斷為痴呆症。

診斷必須確認腦部功能出現永久不可復原的衰竭，導致無其他可辨別原因造成的嚴重認知損傷。嚴重認知損傷指智力退化或喪失智力，包括以下能力：

- 記憶；
- 推理；及
- 意識、理解、表達及實行意念，以致需要長期監管以保障「受保人」或其他人。

For the above definition, the following is not covered:

- Dementia relating to alcohol, drug abuse or AIDS.
- Alzheimer's disease.

22) Dissecting aortic aneurysm

A definite diagnosis of dissecting aortic aneurysm causing tearing of the inner lining of the aorta (intima layer) such that blood enters the wall of the aorta and separates its layers.

Diagnosis must be made by a consultant physician, cardiologist or vascular surgeon and meet both of the following criteria:

- symptoms consistent with dissecting aortic aneurysm are present; and
- diagnosis is confirmed by computer tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) or angiogram.

Preventative surgery for replacement of the aortic root or valve preserving aortic root reconstruction is excluded.

23) Elephantiasis

A definite diagnosis of elephantiasis which results in inflammation and obstruction of the lymphatic system and hypertrophy of the skin and subcutaneous tissues. The diagnosis must be confirmed by a Registered Western Medicine Practitioner.

24) Encephalitis - resulting in permanent symptoms

A definite diagnosis of encephalitis by a consultant neurologist resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

- Chronic fatigue syndrome and myalgic encephalomyelitis.

25) Fulminant viral hepatitis

A sub massive 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 the following criteria:

- development of encephalopathy;
- necrosis of liver tissue involving entire lobules (if pathology is available); and
- rapid deterioration of liver function tests;

The diagnosis must be confirmed by a consultant hepatologist or gastroenterologist and supported by appropriate clinical evidence.

Liver failure due to alcohol, drug or chemical abuse or following ingestion of poisons or toxins (including but not limited to suicide attempts) are not covered.

本定義並不包括：

- 與濫用酒精、藥物或愛滋病有關的痴呆症。
- 亞爾茨海默氏病。

22) 主動脈夾層動脈瘤

確診主動脈夾層動脈瘤，導致主動脈內層（內膜）撕裂，使血液流入主動脈內壁令各膜層分隔。

本症必須由顧問醫生、心臟專科醫生或血管外科醫生診斷，並且符合以下條件：

- 呈現主動脈夾層動脈瘤的病徵；及
- 診斷經電腦斷層掃描（CT）、磁力共振掃描（MRI）、磁力共振血管造影（MRA）或血管造影鑑定。

置換主動脈根部的預防性外科手術或保留主動脈瓣的主動脈根部再造手術並非承保範圍。

23) 象皮病

確診象皮病，導致淋巴系統發炎梗阻和皮膚及皮下組織肥厚。診斷必須由「註冊西醫」鑑定。

24) 腦炎—導致永久性病徵

由神經專科顧問醫生確診腦炎，導致永久性神經機能缺陷，持續出現臨床病徵。

本定義並不包括：

- 慢性疲勞綜合症及肌痛性腦脊髓炎。

25) 爆發性病毒性肝炎

由肝炎病毒引致肝臟大面積或次大面積壞死而迅速導致肝臟衰竭。診斷必須符合下列所有條件：

- 出現腦病；
- 整個肝小葉的肝組織壞死（如有病理學結果）；及
- 肝功能測試迅速轉差。

診斷必須由肝臟專科顧問醫生或腸胃專科醫生鑑定，並有適當的臨床檢驗結果作確證。

濫用酒精、藥物、化學品或進食有毒或毒性物質（包括但不限於企圖自殺）引致的肝衰竭不屬保障範圍。

26) Heart attack – of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- Typical clinical symptoms (for example, characteristic chest pain).
- New characteristic electrocardiographic changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
 - Troponin T > 200 ng/L (0.2 ng/ml or 0.2 ug/L)
 - Troponin I > 500 ng/L (0.5 ng/ml or 0.5 ug/L)

The evidence must show a definite acute myocardial infarction.

For the above definition, the following is not covered:

- Other acute coronary syndromes angina without myocardial infarction.

27) Heart valve replacement or repair – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to replace or repair one or more heart valves.

28) HIV infection – caught in a specified country* from a blood transfusion, a physical assault or work in an eligible occupation

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment;
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment from the eligible occupations listed below after the Risk Commencement Date of the Policy and satisfying all of the following:
 - The incident must have been reported to appropriate government and professional authorities and have been investigated in accordance with the established procedures.
 - Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV.
 - Antibody test taken within ten days of the incident.

26) 心臟病—指定嚴重程度

因血供應量不足導致心肌壞死，呈現下列所有急性心肌梗塞的證據：

- 典型臨床病徵（例如胸痛）。
- 心電圖突現新變化。
- 心臟酵素或肌鈣蛋白提高，並錄得以下或更高水平：
 - 肌鈣蛋白 T > 200ng/L (0.2ng/ml 或 0.2ug/L)
 - 肌鈣蛋白 I > 500ng/L (0.5ng/ml 或 0.5ug/L)

必須有證據顯示確診為急性心肌梗塞。

本定義並不包括：

- 其他急性冠狀動脈綜合症，包括非心肌梗塞的心絞痛。

27) 心臟植置或修復手術—進行手術分隔胸骨

遵照心臟專科顧問醫生建議進行胸骨正中切口手術（將胸骨分隔），以置換或修補一片或多片心瓣。

28) 愛滋病病毒感染—在指定國家*因輸血、身體受襲擊致傷或全職合格工作感染

因以下情況感染愛滋病：

- 在醫療過程中輸血；
- 被襲擊受傷；或
- 「保單」「開始承保日」後從事下列合資格工作而在執行普通職責過程中意外感染愛滋病毒，並且符合以下所有條件：
 - 必須已向相關政府及職業監管當局通報意外事件，並按照既有程序展開調查。
 - 如因被襲擊受傷或在執行普通職責過程中意外感染愛滋病，必須進行陰性愛滋病毒抗體測試結果作證實。
 - 愛滋病毒抗體測試結果必須在事後十天內提交。

- There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.
- The incident causing infection must have occurred in a specified country* (for the list of countries please refer to the specified country list at the end of this Condition 30).

For the above definition, the following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

The eligible occupations are:

- a member of the medical or dental professions;
- a police, prison or fire officer;
- a pharmacist, laboratory assistant or an employee in a medical facility.

29) **Impairment of daily activities – through permanent disability before your 65th birthday**

A Life Insured will satisfy the permanent disability assessment criteria if before your 65th birthday they are diagnosed as permanently and irreversibly unable, because of illness or accidental injury, to perform at least two activities of daily working. The activities of daily working are:

- Walking – the ability to walk more than 200 metres on the flat without stopping or severe discomfort.
- Bending – the ability to get into or out of a standard saloon car, or the ability to bend or kneel to pick up a light object from the floor and straighten up again.
- Communications – the ability to answer the telephone and take a message.
- Reading – having the eyesight required to be able to read a newspaper with corrective aids (if required).
- Writing – having the physical ability to write legibly using a pen or pencil.

30) **Kidney failure - requiring dialysis or transplantation**

End stage kidney disease presenting as chronic irreversible failure of both kidneys to function. This must be evidenced by the undergoing of regular renal dialysis or requiring a renal transplant.

31) **Loss of independent existence – resulting in permanent symptoms**

A condition which means that the Life Insured is, as a result of a disease, illness or accident, permanently, totally and irreversibly unable to perform at least three of the following activities of daily living:

- 其後 12 個月內再次進行愛滋病毒抗體測試，確認感染愛滋病或有病毒抗體。
- 有關的意外事件必須在指定國家 * 發生（指定國家名單請參閱本第 30 條最後部分的指定國家名單）。

本定義並不包括：

- 透過任何其他途徑感染的愛滋病，包括性行為或濫藥。

合資格工作包括：

- 醫護或牙科護理人員；
- 警員、懲教人員或消防員；
- 藥劑師、化驗室助理或醫療設施僱員。

29) **日常活動障礙—65歲生日前永久傷殘所致**

「受保人」如在 65 歲生日前確診因疾病或意外損傷導致永久喪失從事最少兩種日常活動的能力，且不可復原，便符合永久傷殘的評估準則。日常活動包括：

- 步行— 在平地連續步行超過 200 米而毋須停頓或感到嚴重不適。
- 彎身— 進出普通汽車，或彎身或跪下從地上拾起輕巧物件，然後起立站直。
- 溝通— 接聽電話及記下留言。
- 閱讀— 有良好視力，可閱讀報章（如有需要可配戴矯視眼鏡）。
- 書寫— 可用原子筆或鉛筆書寫能辨讀的字體。

30) **腎衰竭—需要洗腎或移植**

慢性及末期階段腎病，兩個腎臟出現不可復原的功能衰竭，需定期洗腎或移植腎臟。

31) **喪失獨立生活能力—導致永久性病徵**

「受保人」因疾病、傷病或意外而永久性、完全及不可復原地喪失從事最少下列三種日常活動的能力：

- i) Feeding/eating – cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils.
- ii) Dressing – dressing oneself including fastening zips and buttons, getting clothes from wardrobes and drawers.
- iii) Bathing/grooming – turning on taps, getting in and out of bath/shower, washing face/hands, etc. drying oneself, combing hair.
- iv) Using the toilet– moving into and out of the bathroom, getting on and off the toilet unaided, recognising the need or urge to void bladder or bowel in time to get to the toilet.
- v) Mobility/transfer – getting into and out of bed, transferring from one place to another e.g. chair to bed, chair to standing, chair to chair.
- vi) Walking/using a wheelchair: moving from one location to another – walking or using an unpowered wheelchair propelled by the Life Insured or using a frame.

32) **Loss of speech – total, permanent and irreversible**

Total and irrecoverable loss of the ability to speak which must be established for a continuous period of 12 months. Medical evidence is to be supplied by an appropriate Ear, Nose and Throat specialist and to confirm injury or disease to the vocal chords. All psychiatric related causes are excluded. The condition must not be able to be corrected by medical procedure.

33) **Major organ transplant**

The undergoing as a recipient of a transplant, to replace a diseased or damaged organ, of bone marrow including human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation, or of one of the following complete human organs: heart, kidney, liver, lung or pancreas or inclusion on an official waiting list in a specified country* (for the list of countries please refer to the specified country list at the end of this Condition 30), solely for such a procedure.

For the above definition, the following are not covered:

- Stem cell transplants.
- Transplant of parts of organs, tissues or cells or any other organs.

34) **Medullary cystic disease**

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis. Clinical manifestations of the condition including anaemia, polyuria and renal loss of sodium, or progression to chronic renal failure must be demonstrated. Diagnosis must be supported by renal biopsy and confirmed by a nephrologist.

- i) 進食 — 一切肉、在麵包塗牛油，用手指或食具將食物和飲品送到口裡。
- ii) 更衣 — 自行更衣，包括拉鏈及扣鈕，從衣櫃及抽屜取出衣服。
- iii) 沐浴／梳洗 — 開水龍頭，進出浴缸／淋浴間，洗臉／洗手等，抹乾身體，梳頭。
- iv) 如廁 — 進出洗手間，無須他人扶助自行上落廁所，知道大小便急，或有需要如廁時及時上廁所。
- v) 行動／出入 — 上落床，由一處地方行動到其他地方，例如由椅子移至睡床，由椅子站起來，由一張椅子移至另一張椅子坐下。
- vi) 步行／使用輪椅 — 「受保人」步行或使用非電動輪椅或助行器往來兩個地方。

32) **喪失語言能力 — 完全、永久性不可復原**

完全及不可復原地喪失說話能力，但必須持續12個月，並由適當的耳鼻喉專科醫生提供醫療證明，確定聲帶受損或疾病。所有與精神科相關的病症均不在保障範圍之內。「受保人」喪失語言能力必須是醫療手術也不能糾正。

33) **主要器官移植**

接受骨髓移植，包括進行全骨髓消融後利用造血幹細胞移植人體骨髓，或接受移植以下任何整個人體器官：心臟、腎臟、肝臟、肺或胰臟，以置換有病患或受損的器官，或純粹為主要器官移植而於指定國家*（指定國家名單請參閱本第30條最後部分的指定國家名單）的正式輪候冊登記。

本定義並不包括：

- 幹細胞移植。
- 器官部分、組織或細胞或任何其他器官移植。

34) **腎髓質囊腫病**

漸進性遺傳腎病，主要病徵為腎髓質囊腫、腎小管腔萎縮及間質性纖維化。臨床顯示症狀為貧血、多尿及腎性失鈉，漸漸發展為慢性腎衰竭。診斷必須以腎臟活細胞檢查作為依據，並由腎臟專科醫生鑑定。

35) Motor neurone disease – resulting in permanent symptoms

A definite diagnosis of motor neurone disease by a consultant neurologist. There must be permanent clinical impairment of motor function and definitive evidence of appropriate and relevant clinical examination findings (eg. electromyography, electroneurography, nerve conduction velocity).

36) Multiple sclerosis – with persisting symptoms

A definite diagnosis of multiple sclerosis by a consultant neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.

37) Muscular dystrophy

The diagnosis of muscular dystrophy confirmed by a consulting neurologist, and based on a combination of ALL of the following:

- Clinical presentation including sensory disturbance, abnormal cerebro-spinal fluid and mild tendon reflex reduction;
- Characteristic electromyogram; and
- Clinical suspicion confirmed by muscle biopsy.

38) Myasthenia gravis – resulting in permanent symptoms

An autoimmune disorder characterised by chronic weakness of voluntary muscles which is confirmed by a consultant neurologist and proven by tensilon test, positive anticholinergic receptor antibodies and electromyogram (EMG). The consultant neurologist must report that the disease is generalised, causing permanent functional impairment and disability despite optimal therapy with surgery or medications.

For the above definition, the following are not covered:

- Ocular myasthenia gravis.
- Medication induced myasthenia gravis.
- Myasthenia gravis in remission.

39) Necrotic Pancreatitis (Acute)

A condition due to autolysis of pancreatic tissue caused by escape of enzymes, resulting in hemorrhage into the parenchyma and surrounding tissues. The diagnosis must be confirmed by a Registered Western Medicine Practitioner.

40) Necrotising fasciitis

A definite diagnosis of life threatening necrotising fasciitis which may result in one or more of:

- kidney failure;
- extensive tissue damage or loss; or
- amputation of a limb or limbs.

35) 運動神經原疾病—導致永久性病徵

由神經專科顧問醫生確診為運動神經原疾病，病人的運動功能必須為永久性臨床受損，並從適當相關的臨床檢測結果取得確切證據（例如肌電圖、神經電圖、神經傳導速度檢查）。

36) 多發性硬化症—呈現持續病徵

由神經專科顧問醫生確診為多發性硬化。病人必須最少連續六個月出現運動或感覺功能臨床障礙。

37) 肌肉萎縮症

診斷須由神經專科顧問醫生綜合以下所有因素鑑定：

- 臨床顯示包括知覺障礙、異常腦脊髓液及腱反應輕微減退；
- 特性肌電圖；及
- 經肌肉活組織檢查鑑定臨床疑診正確。

38) 重肌無力症—導致永久性病徵

自身免疫力失調，徵狀為隨意肌慢性鬆弛，由神經專科顧問醫生確診，並已進行騰喜龍測試（Tensilon Test）、陽性抗膽鹼能受體抗體及肌電圖檢測。神經專科顧問醫生的報告必須指出患者的重肌無力症即使透過手術或藥物作最佳治療，整體亦會造成永久性功能受損及傷殘。

本定義並不包括：

- 眼肌型重肌無力症；
- 醫藥引致的重肌無力症；
- 緩解期重肌無力症。

39) 壞死性胰臟炎（急性）

因酵素流失造成胰臟組織自體溶解，導致軟組織及周圍組織出血。診斷必須由「註冊西醫」鑑定。

40) 壞死性筋膜炎

確診致命的壞死性筋膜炎，可能導致以下一種或多種病況：

- 腎衰竭；
- 組織大面積受損或流失；或
- 截肢。

The diagnosis of necrotising fasciitis must be confirmed by a consultant physician in infectious diseases.

41) Open heart surgery – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist, to correct a structural abnormality of the heart.

42) Paralysis of limbs – total, permanent and irreversible

Total, permanent and irreversible loss of muscle function to the whole of any two limbs as a result of physical injury or disease. For the above definition, the following is not covered:

- Loss of function arising from a psychiatric or psychological disorder.

43) Parkinson plus syndrome – resulting in permanent symptoms

Unequivocal diagnosis of Parkinson plus syndrome by a consulting neurologist, based on definitive signs of progressive and permanent neurological impairment, where the Life Insured has permanent inability to perform at least four of the six following Activities of Daily Living, in spite of being on optimal medication:

- i) Personal hygiene – washing or bathing to the extent needed to maintain personal cleanliness.
- ii) Dressing – putting on and taking off all necessary clothes.
- iii) Mobility – moving from one room to another or getting in and out of a bed or chair.
- iv) Eating and drinking – eating and drinking once food and drink has been prepared and made available.
- v) Using the lavatory – getting on and off the lavatory and maintaining personal hygiene.
- vi) Continence – controlling bowel and bladder functions.

Drug induced or toxic causes of Parkinson plus syndrome are not covered.

44) Parkinson's disease before your 65th birthday – resulting in permanent symptoms

A definite diagnosis of Parkinson's disease before your 65th birthday by a consultant neurologist.

There must be permanent clinical impairment of motor function with associated tremor, and muscle rigidity.

For the above definition, the following are not covered:

- Parkinson's disease secondary to drug, alcohol or chemical abuse.

壞死性筋膜炎的診斷必須由傳染病專科顧問醫生鑑定。

41) 切開心臟手術—以手術分隔胸骨

聽從心臟專科顧問醫生建議接受需要在胸骨正中切口的手術(以手術分隔胸骨),以糾正心臟結構異常情況。

42) 癱瘓(手或足)—完全、永久性及不可復原

任何兩肢因身體損傷或疾病導致完全、永久性及不可復原地喪失整體肌肉功能。本定義並不包括:

- 精神或心理障礙導致喪失功能。

43) 柏金遜症非典型額外症候群—導致永久性病徵

由神經專科顧問醫生依據漸進及永久神經損傷的明確徵狀,確診為柏金遜症非典型額外症候群,而「受保人」接受最佳藥物治療後仍然永久無法從事以下六種日常活動中最少四種:

- i) 個人衛生—洗滌或沐浴以保持個人衛生。
- ii) 更衣—穿上及脫下所有必需衣物。
- iii) 行動—在不同房間之間來往走動或上落床或椅子。
- iv) 飲食—自行將已烹調奉上的飲食放入口。
- v) 如廁—自行上廁所及保持個人衛生。
- vi) 控制大小便—可控制大小便。

藥物誘發或有毒物質引致的柏金遜症非典型額外症候群並不在保障範圍之內。

44) 65歲生日前柏金遜症—導致永久性病徵

65歲生日前由神經專科顧問醫生確診柏金遜症。「受保人」必須為永久臨床運動功能受損,以致震顫及肌肉僵硬。

本定義並不包括:

- 濫用藥物、酒精或化學品引致的柏金遜症。

- Other Parkinsonian syndromes (not including Parkinsons' Plus).

45) Poliomyelitis

Unequivocal diagnosis by a consultant neurologist of infection by the Poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. This condition has to be medically documented for at least 90 days. Cases not involving paralysis will not be eligible for this. Other causes of paralysis are specifically excluded.

46) Primary pulmonary arterial hypertension – resulting in permanent symptoms

Primary pulmonary arterial hypertension associated with right ventricular enlargement established by investigations including catheterisation resulting in significant permanent physical impairment to the degree of Class 4 of the New York Heart Association classification of cardiac impairment.

NYHA Class 4 cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.

47) Progressive supra nuclear palsy – with permanent symptoms

The definite diagnosis of progressive supra nuclear palsy by a consultant neurologist. There must be permanent clinical impairment of eye movements and motor function.

48) Severance of limbs

Permanent physical severance of any combination of two or more hands or feet at or above the wrist or ankle joints.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

49) Severe rheumatoid arthritis – of specified severity

Widespread joint destruction with major clinical deformity of three or more of the following joint areas: hands, wrists, elbows, cervical spine, knees, ankles, metatarsophalangeal joints in the feet. The condition should be such that it results in a permanent inability to perform at least three of the following activities of daily living:

- Feeding/eating – cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils.
- Dressing – dressing oneself including fastening zips and buttons, getting clothes from wardrobes and drawers.

- 其他柏金遜症候群（不包括柏金遜症非典型額外症候群）。

45) 小兒麻痺症

由神經專科顧問醫生確診感染脊髓灰質炎病毒導致麻痺症，徵狀為運動功能受損或呼吸無力。小兒麻痺症須有最少90天的醫生記錄，如不涉及麻痺症則不符合承保條件。麻痺症的其他成因均不受保。

46) 原發性肺動脈高血壓—導致永久性病徵

由包括導管在內的各類檢查確定為與右心室肥大有關的原發性肺動脈高血壓，導致心臟損傷，永久身體嚴重受損的程度為紐約心臟協會級別第四級。

紐約心臟協會（NYHA）第四級心臟受損指病人接受藥物治療及飲食調節後，進行一般日常活動仍然出現症狀，並且經身體檢查及化驗結果鑑定為心室功能不正常。

47) 進行性核上麻痺—呈現永久性病徵

由神經專科顧問醫生確診進行性核上麻痺。患者必須為眼部移動及運動功能永久受損。

48) 斷肢

永久失去兩隻或以上的手、足或手腕或足踝以上肢體。

本定義並不包括：

- 「保單持有人」蓄意令「受保人」受傷。
- 蓄意自我傷害。

49) 嚴重類風濕關節炎—指定嚴重程度

關節受到廣泛破壞，以下三個或以上的關節部位出現嚴重變形：手部、手腕、肘部、頸椎、膝、踝、足部的蹠趾關節。此症狀必須導致「受保人」永久無法從事以下最少三種日常活動：

- 進食—切肉、在麵包塗牛油，用手指或食具將食物和飲品送到口裡。
- 更衣—自行更衣，包括拉鏈及扣鈕，從衣櫃及抽屜取出衣服。

- iii) Bathing/grooming – turning on taps, getting in and out of bath/shower, washing face/hands, etc. drying oneself, combing hair.
- iv) Using the toilet– moving into and out of the bathroom, getting on and off the toilet unaided, recognising the need or urge to void bladder or bowel in time to get to the toilet.
- v) Mobility/transfer – getting into and out of bed, transferring from one place to another e.g. chair to bed, chair to standing, chair to chair.
- vi) Walking/using a wheelchair: moving from one location to another – walking or using an unpowered wheelchair propelled by the Life Insured or using a frame.

50) **Stroke – with permanent symptoms**

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis has to be confirmed by a consultant neurologist with the evidence of new changes on a CT or MRI scan or other reliable imaging techniques.

For the above definition, the following is not covered:

- Traumatic injury to brain tissue or blood vessels.
- Cerebral symptoms due to transient ischaemic attacks, reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, disturbances of vision or balance due to disease of the eye, nerve or vestibular apparatus of the ear.

51) **Surgery to aorta**

Major surgery of the thoracic or abdominal aorta for life threatening vascular disease. This includes coarctation repair, surgical grafts for aortic aneurysms or aortic dissections but minimally invasive stent grafting is excluded.

Surgery on the branches of the aorta is not covered.

52) **Systemic lupus erythematosus – of specified severity**

A definite diagnosis of systemic lupus erythematosus (SLE) by a consultant rheumatologist where either of the following is also present:

- Severe kidney involvement with SLE as evidenced by:
 - i) permanent impaired renal function with a glomerular filtration rate (GFR) below 30 ml/min/1.73m²; and
 - ii) abnormal urinalysis showing proteinuria or haematuria,

or

- iii) 沐浴／梳洗 — 開水龍頭，進出浴缸／淋浴間，洗臉／洗手等，抹乾身體，梳頭。
- iv) 如廁 — 進出洗手間，無須他人扶助自行上落廁所，知道大小便急，或有需要如廁時及時上廁所。
- v) 行動／出入 — 上落床，由一處地方行動到其他地方，例如由椅子移至睡床，由椅子站起來，由一張椅子移至另一張椅子坐下。
- vi) 步行／使用輪椅 — 「受保人」步行或使用非電動輪椅或助行器往來兩個地方。

50) **中風 — 呈現永久性病徵**

因顱部血供應量不足或出血導致腦組織死亡引致永久神經阻滯，持續出現臨床病徵。診斷必須由神經專科顧問醫生透過電腦斷層掃描 (CT)、磁力共振掃描 (MRI) 或其他可靠造影技術鑑定。

本定義並不包括：

- 腦組織或血管創傷。
- 短暫性腦缺血發作導致腦部病徵、可恢復的神經阻滯、偏頭痛、創傷或缺氧造成腦部受傷，或眼、神經或耳前庭器官疾病引致視力或平衡力障礙。

51) **主動脈手術**

因致命血管疾病進行的胸或腹主動脈大手術，包括窄縮修補、主動脈瘤或主動脈夾層移植手術，惟輕微的侵入性移植手術並不在保障範圍之內。

主動脈支脈的手術亦不承保。

52) **系統性紅斑狼瘡 — 指定嚴重程度**

由風濕病專科顧問醫生確診的系統性紅斑狼瘡，並顯現以下其中一種情況：

- 系統性紅斑狼瘡嚴重損及腎臟，呈現以下徵狀：
 - i) 腎功能永久受損，腎小球濾過率 (GFR) 低於 30 ml/min/1.73m²；及
 - ii) 驗尿結果異常，顯示蛋白尿或血尿，
- 或**

- Severe Central Nervous System (CNS) involvement with SLE as evidenced by permanent deficit of the neurological system as evidenced by at least any one of the following symptoms, which must be present on clinical examination and expected to last for the remainder of the Life Insured's life:
 - paralysis
 - localised weakness
 - dysarthria (difficulty with speech)
 - aphasia (inability to speak)
 - dysphagia (difficulty in swallowing)
 - difficulty in walking, lack of coordination
 - severe dementia where the Life Insured needs constant supervision
 - permanent coma.

For the purposes of this definition:

- seizures, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin will not be accepted as evidence of permanent deficit of the neurological system.

To avoid doubt, all other forms of SLE are specifically excluded from the Benefit provided by this Policy.

53) Terminal illness

A definite diagnosis by an appropriate medical specialist of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of the appropriate medical specialist, the illness is expected to lead to death within 12 months.

54) Third-degree burns – covering 20% of the body's surface area or 50% of the face's surface area

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or covering 50% of the face's surface area.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

- 系統性紅斑狼瘡嚴重損及中樞神經系統 (CNS)，神經系統永久阻滯，出現以下最少一種徵狀，並且在臨床檢查時可見，估計「受保人」終身也不會好轉：
 - 癱瘓；
 - 局部衰弱；
 - 發音障礙（說話能力障礙）；
 - 失語症（不能說話）；
 - 吞嚥困難症（吞嚥困難）；
 - 行動困難，缺乏協調能力；
 - 「受保人」嚴重痴呆，需要長期監管；
 - 永久昏迷。

於本定義：

- 驚厥、頭痛、疲勞、昏睡或任何精神或心理徵狀均不可成立為神經系統永久阻滯。

為免存疑，現聲明所有其他類型的系統性紅斑狼瘡均不屬於「保單」的「保障」範圍。

53) 末期疾病

經相關專科醫生確診符合下列兩項條件的疾病：

- 現今醫學不能治癒或已惡化至不能醫治的疾病；及
- 相關專科醫生認為患者的壽命不會超過 12 個月。

54) 三級燒傷—傷及身體表面 20% 面積或面部表面 50% 面積

皮膚遭燒傷深入損及深層組織，達到身體表面最少 20% 面積或面部表面 50% 面積。

本定義並不包括：

- 「保單持有人」蓄意令「受保人」受傷。
- 蓄意自我傷害。

55) Traumatic head injury – with permanent symptoms

Death of brain tissue due to traumatic injury caused by external means resulting in permanent neurological deficit with persisting clinical symptoms, assessed and confirmed by a Consultant Neurologist with the evidence of new changes on a CT or MRI scan or other reliable imaging techniques no later than six weeks from the date of the traumatic injury.

56) Ulcerative Colitis – of specified severity

Ulcerative Colitis means 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 diarrhoea. Diagnosis must be based on histopathological features and surgery in the form of colectomy and ileostomy should form part of the treatment.

*Specified country list:

Andorra, Australia, Austria, Bahrain, Belgium, Bulgaria, Canada, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Isle of Man, Iceland, Italy, Japan, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau, Malaysia, Malta, Monaco, Netherlands, New Zealand, Norway, Oman, Poland, Portugal, Qatar, Republic of Ireland, Republic of Macedonia, Romania, San Marino, Saudi Arabia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Turkey, UAE, United Kingdom, United States of America.

31. Critical Illness definitions for Standalone Multiple Critical Illness Benefit

‘Critical Illness’ means any one of the following:

Childrens Critical Illness

The biological or legally adopted children of the Life Insured aged between 3 (age next birthday) and 17 (age next birthday) at the time of the Claim Event are covered for the conditions listed below, subject to the following limitations:

- The amount payable for each and any valid Children’s Critical Illness claim is limited to the lower of:
 - 10% of the Standalone Multiple Critical Illness Benefit Sum Insured, or
 - HKD200,000, USD25,000, GBP16,700 or EUR20,000.
- No more than two valid claims for separate children are allowed per Preferred Choice Policy. On payment of a second valid Children’s Critical Illness claim Children’s Critical Illness Benefit will cease.

55) 顱腦損傷—呈現永久性病徵

腦部組織因受外力創傷受損壞死，導致永久神經阻滯及呈現持續臨床病徵，並於創傷當日後六星期內由神經專科顧問醫生透過電腦斷層掃描（CT）、磁力共振掃描（MRI）或其他可靠造影技術發現的最新變化評估鑑定。

56) 潰瘍性大腸炎—指定嚴重程度

潰瘍性大腸炎指突發性大腸炎，出現可致命的電解質紊亂，一般成因為腸鼓脹並有腸斷裂風險，影響整條結腸，並有嚴重血性腹瀉。診斷必須以病理特徵作依據，治療應包括切除結腸及進行迴腸造口手術。

* 指定國家名單：

安道爾、澳洲、奧地利、巴林、比利時、保加利亞、加拿大、海峽群島、克羅地亞、塞浦路斯、捷克共和國、丹麥、愛沙尼亞、芬蘭、法國、德國、直布羅陀、希臘、香港、匈牙利、人島、冰島、意大利、日本、科威特、拉脫維亞、列支敦士登、立陶宛、盧森堡、澳門、馬來西亞、馬爾他、摩納哥、荷蘭、新西蘭、挪威、阿曼、波蘭、葡萄牙、卡塔爾、愛爾蘭共和國、馬其頓共和國、羅馬尼亞、聖馬力諾、沙特阿拉伯、新加坡、斯洛伐克、斯洛文尼亞、南非、西班牙、瑞典、瑞士、土耳其、阿聯酋、英國、美國。

31. 獨立多重危疾保障之危疾釋義

危疾指以下任何一種疾病：

32. 子女危疾

於「索償事件」發生當時年齡為三歲（翌年歲）至17歲（翌年歲）的「受保人」親生或合法領養子女可享有下列疾病的保障，但須遵從以下限制規定：

- 每宗子女危疾有效索償的最高賠償限額取下列兩者中較低金額：
 - 獨立多重危疾保障的危疾保障額 10%；或
 - 200,000 港元／25,000 美元／16,700 英鎊／20,000 歐元。
- 不論子女數目，每份「智選人生」保單最多只可申請兩次有效索償。「我們」支付第二宗有效的子女危疾索償後，子女危疾保障即告終止。

- Congenital illnesses or conditions are excluded.

The conditions covered under Children's Critical Illness Benefit are as follows and are defined as in Condition 31 (Critical Illness definitions), unless specified differently:

- Aplastic anaemia
- Bacterial meningitis - resulting in permanent symptoms
- Benign brain tumour - resulting in permanent symptoms
- Cancer - excluding less advanced cases
- Chronic/end stage liver failure
- Coronary artery by-pass grafts – with surgery to divide the breastbone
- Creutzfeldt-Jakob disease
- Heart attack – of specified severity
- Heart valve replacement or repair – with surgery to divide the breastbone
- HIV infection – caught in a specified country from a blood transfusion, a physical assault or work in an eligible occupation
- Kidney failure - requiring dialysis or transplantation
- Major organ transplant
- Motor neurone disease – resulting in permanent symptoms
- Multiple sclerosis – with persisting symptoms
- Paralysis of limbs – total, permanent and irreversible
- Primary pulmonary arterial hypertension – resulting in permanent symptoms
- Stroke – with permanent symptoms
- Surgery to aorta
- Terminal illness – as defined in Condition 29 Critical Illness definitions

GROUP A

1) Cancer - excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
 - pre-malignant;

- 先天性疾病或病症不在保障範圍之內。

子女危疾保障適用的疾病如下，除非另行說明，否則每種疾病的定義以第31條（危疾釋義）所載為準：

- 障礙性貧血
- 細菌性腦膜炎 — 導致永久性病徵
- 良性腦部腫瘤 — 導致永久性病徵
- 癌症 — 不包括早期癌症
- 慢性／末期肝衰竭
- 冠狀動脈繞道手術 — 以手術分隔胸骨
- 克雅二氏症（瘋牛病）
- 心臟病 — 指定嚴重程度
- 心瓣置換或修復手術 — 進行手術分隔胸骨
- 愛滋病病毒感染 — 在指定國家因輸血、身體受襲擊致傷或全職合格工作感染
- 腎衰竭 — 需要洗腎或移植
- 主要器官移植
- 運動神經原疾病 — 導致永久性病徵
- 多發性硬化症 — 呈現持續病徵
- 癱瘓（手或足）— 完全、永久性及不可復原
- 原發性肺動脈高血壓 — 導致永久性病徵
- 中風 — 呈現永久性病徵
- 主動脈手術
- 末期疾病 — 以第29條訂明的危疾釋義為準

組別 A

1) 癌症 — 不包括早期癌症

經組織化驗確診的惡性腫瘤，惡性細胞不受控制地生長，入侵組織。惡性腫瘤包括白血病、惡性肉瘤及淋巴瘤，但皮膚淋巴瘤除外（只局限於皮膚的淋巴瘤）。

本定義並不包括：

- 所有經組織化驗列為以下的癌症：
 - 癌前病變；

- non-invasive;
- cancer in situ; or
- having either borderline malignancy; or having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than six or having progressed to at least clinical TNM classification T2N0M0.
- All tumours in the presence of HIV infection
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion.

2) Benign brain tumour - resulting in permanent symptoms

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms. The requirement for permanent neurological deficit with persisting clinical symptoms will be waived if the benign brain tumour is surgically removed.

For the above definition, the following are not covered:

- Tumours in the pituitary gland;
- Angiomas;
- Acoustic neuromas;
- Vestibular schwannomas.

GROUP B

1) Aplastic anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents;
- Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

For the above definition the following are not covered:

- Other forms of anaemia.

- 非入侵性癌症；
- 原位癌；
- 交界性癌症；或低度潛在癌症。

- 所有前列腺腫瘤，除非經組織化驗證實格里森積分高於六或生長至最少達到臨床 TNM 分類 T2N0M0 級則例外。
- 愛滋病毒病毒感染引致的所有腫瘤。
- 慢性淋巴性白血病，除非經組織化驗證實已達到最少 Binet Stage A 則例外。
- 任何皮膚癌（包括皮膚淋巴瘤），除非經組織化驗列為入侵到表皮（最外層皮膚）以下組織的惡性黑色素瘤除外。

2) 良性腦部腫瘤—導致永久性病徵

腦內或頭骨內的顱神經或腦脊膜非惡性腫瘤或囊腫，導致永久性神經機能缺陷及持續臨床症狀。如接受手術切除良性腦部腫瘤，則可豁免永久性神經機能缺陷及持續臨床症狀的規定。

本定義並不包括：

- 腦下垂體腫瘤；
- 血管瘤；
- 聽神經瘤；
- 前庭神經鞘膜瘤。

組別 B

1) 障礙性貧血

因骨髓慢性持續衰竭而導致貧血、中性白血球減少症及血小板減少症，而必須接受最少以下一種治療：

- 輸血；
- 骨髓刺激素；
- 免疫抑制劑；
- 骨髓移植手術。

本症的診斷必須由血液科醫生鑑定。

本定義並不包括：

- 其他類型貧血病。

2) **Cardiomyopathy**

Condition of impaired ventricular function (of variable aetiology) resulting in significant physical impairment of at least Class 4 on the New York Heart Association classification of cardiac impairment**. The diagnosis of cardiomyopathy must be confirmed by a consulting cardiologist.

Cardiomyopathy includes dilated hypertrophic and restrictive cardiomyopathy.

For the above definition, the following are not covered:

- Cardiomyopathy secondary to alcohol abuse or drug abuse.
- All other forms of heart disease, heart enlargement or myocarditis.

** NYHA Class 4 cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.

3) **Chronic/end stage liver failure**

End stage liver disease or cirrhosis means chronic end-stage liver failure that causes at least one of the following:

- Uncontrollable ascites;
- Permanent jaundice;
- Oesophageal or gastric varices; or
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is not covered.

4) **Chronic/end stage lung disease - of specified severity**

Confirmation by a consultant physician of severe lung disease which is evidenced by all of the following:

- the need for continuous daily oxygen therapy on a permanent basis;
- evidence that oxygen therapy has been required for a minimum period of six months;
- FEV1 being less than 40 percent of normal;
- vital capacity less than 50 percent of normal; and
- dyspnea at rest.

5) **Chronic relapsing pancreatitis**

The definite diagnosis of chronic relapsing pancreatitis by a consultant physician or consultant surgeon. There must be progressive destruction of the pancreas by repeated attacks of proven acute interstitial pancreatitis. The diagnosis of chronic relapsing pancreatitis must be based on clinical evidence and modern imaging techniques.

2) **心肌病**

心室機能損傷症狀(可變病原學)導致紐約心臟協會心臟損傷分類中最少第四級**的嚴重身體損傷。心肌病的診斷必須由心臟專科顧問醫生鑑定。

心肌病包括擴張型肥厚性及限制型心肌病。

本定義並不包括：

- 因濫用酒精或藥物繼發的心肌病。
- 所有其他類型的心臟病、心臟腫大或心肌炎。

** 紐約心臟協會(NYHA)第四級心肌病損傷指病人接受藥物治療及飲食調節後，進行一般日常活動仍然出現症狀，並且經身體檢查及化驗結果鑑定為心室功能不正常。

3) **慢性／末期肝衰竭**

末期肝病或肝硬化指導致以下最少一種情況的慢性末期肝衰竭：

- 無法控制腹水；
- 持續性黃疸；
- 食管或胃靜脈曲張；或
- 肝性腦病。

因濫用酒精或藥物繼發之肝病並不在保障範圍之內。

4) **慢性／末期肺病—指定嚴重程度**

經嚴重胸肺疾病顧問醫生確認的慢性／末期肺病，並出現以下所有情況：

- 持續需要接受永久補給氧氣治療；
- 經證實需要補給氧氣治療最少六個月；
- FEV1 測試結果少於正常水平 40%；
- 肺活量低於正常水平 50%；及
- 休息時呼吸困難。

5) **慢性復發性胰臟炎**

經顧問醫生或顧問外科醫生確診的慢性復發性胰臟炎。病人的胰臟炎必須反覆發作並加重，曾經多次經驗證患間質性胰臟炎，導致逐步破壞胰臟。慢性復發性胰臟炎的診斷必須有臨床證據和現代造影技術作依據。

For the above definition, the following is not covered:

- chronic relapsing pancreatitis secondary to alcohol, drug or chemical abuse.

6) Coronary artery by-pass grafts – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

If you are included on an official waiting list in a specified country* (for the list of countries please refer to the specified country list at the end of this Condition 31), solely for coronary artery by-pass surgery, up to 20% of the Critical Illness Benefit Sum Insured can be paid first to enable the surgery to be performed. If you are included on an official waiting list in China solely for coronary artery by-pass surgery, the lower of 20% of the Critical Illness Benefit Sum Insured or HKD112,500 (or currency equivalent determined by the Company) can be paid first to enable the surgery to be performed. Where an accelerated payment has been made, the remaining portion of the Critical Illness Benefit Sum Insured is payable on completion of the procedure.

7) Dissecting aortic aneurysm

A definite diagnosis of dissecting aortic aneurysm causing tearing of the inner lining of the aorta (intima layer) such that blood enters the wall of the aorta and separates its layers.

Diagnosis must be made by a consultant physician, cardiologist or vascular surgeon and meet both of the following criteria:

- symptoms consistent with dissecting aortic aneurysm are present; and
- diagnosis is confirmed by computer tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) or angiogram.

Preventative surgery for replacement of the aortic root or valve preserving aortic root reconstruction is excluded.

8) Fulminant viral hepatitis

A sub massive 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 the following criteria:

- development of encephalopathy;
- necrosis of liver tissue involving entire lobules (if pathology is available); and
- rapid deterioration of liver function tests.

The diagnosis must be confirmed by a consultant hepatologist or gastroenterologist and supported by appropriate clinical evidence.

本定義並不包括：

- 因濫用酒精、藥物或化學品繼發的慢性復發性胰臟炎。

6) 冠狀動脈繞道手術—以手術分隔胸骨

遵照心臟專科顧問醫生建議進行胸骨正中切口手術（將胸骨分隔），利用繞道搭橋糾正一條或多條狹窄或梗塞的冠狀動脈。

如閣下已在指定國家*（指定國家名單請參閱本第31條最後部分的指定國家名單）的正式輪候冊登記，等候接受以冠狀動脈繞道手術為限的一宗手術，「本公司」最多可先支付危疾保障額20%手術費用。如閣下已在中國的正式輪候冊登記，等候接受以冠狀動脈繞道手術為限的一宗手術，「本公司」最多可先支付危疾保障額20%或112,500港元（或「本公司」釐定的其他貨幣等值金額），二者取其金額較低，以支付手術費用。如「我們」已提前付款，危疾保障額餘額將在手術完成後支付。

7) 主動脈夾層動脈瘤

確診主動脈夾層動脈瘤，導致主動脈內層（內膜）撕裂，使血液流入主動脈內壁令各膜層分隔。

本症必須由顧問醫生、心臟專科醫生或血管外科醫生診斷，並且符合以下條件：

- 呈現主動脈夾層動脈瘤的病徵；及
- 診斷經電腦斷層掃描（CT）、磁力共振掃描（MRI）、磁力共振血管造影（MRA）或血管造影鑑定。

置換主動脈根部的預防性外科手術或保留主動脈瓣的主動脈根部再造手術並非承保範圍。

8) 爆發性病毒性肝炎

由肝炎病毒引致肝臟大面積或次大面積壞死而迅速導致肝臟衰竭。診斷必須符合下列所有條件：

- 出現腦病；
- 整個肝小葉的肝組織壞死（如有病理學結果）；及
- 肝功能測試迅速轉差。

診斷必須由肝臟專科顧問醫生或腸胃專科醫生鑑定，並有適當的臨床檢驗結果作確證。

Liver failure due to alcohol, drug or chemical abuse or following ingestion of poisons or toxins (including but not limited to suicide attempts) are not covered.

9) Heart attack – of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- Typical clinical symptoms (for example, characteristic chest pain).
- New characteristic electrocardiographic changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
 - Troponin T > 200 ng/L (0.2 ng/ml or 0.2 ug/L)
 - Troponin I > 500 ng/L (0.5 ng/ml or 0.5 ug/L)

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes;
- Angina without myocardial infarction.

10) Heart valve replacement or repair – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to replace or repair one or more heart valves.

11) Kidney failure - requiring dialysis or transplantation

End stage kidney disease presenting as chronic irreversible failure of both kidneys to function. This must be evidenced by the undergoing of regular renal dialysis or requiring a renal transplant.

12) Major organ transplant

The undergoing as a recipient of a transplant, to replace a diseased or damaged organ, of bone marrow including human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation, or of one of the following complete human organs: heart, kidney, liver, lung or pancreas or inclusion on an official waiting list in a specified country* (for the list of countries please refer to the specified country list at the end of this Condition 31), solely for such a procedure.

For the above definition, the following is not covered:

- Other than the above, stem cell transplants are excluded.
- Transplant of parts of organs, tissues or cells or any other organs.

濫用酒精、藥物、化學品或進食有毒或毒性物質 (包括但不限於企圖自殺) 引致的肝衰竭不屬保障範圍。

9) 心臟病—指定嚴重程度

因血供應量不足導致心肌壞死，呈現下列所有急性心肌梗塞的證據：

- 典型臨床病徵 (例如胸痛)。
- 心電圖突現新變化。
- 心臟酵素或肌鈣蛋白提高，並錄得以下或更高水平：
 - 肌鈣蛋白 T > 200ng/L (0.2ng/ml 或 0.2ug/L)
 - 肌鈣蛋白 I > 500ng/L (0.5ng/ml 或 0.5ug/L)

必須有證據顯示確診為急性心肌梗塞。

本定義並不包括：

- 其他急性冠狀動脈綜合症；
- 非心肌梗塞的心絞痛。

10) 心瓣植置或修復手術—進行手術分隔胸骨

遵照心臟專科顧問醫生建議進行胸骨正中切口手術 (將胸骨分隔)，以置換或修補一片或多片心瓣。

11) 腎衰竭—需要洗腎或移植

慢性及末期階段腎病，兩個腎臟出現不可復原的功能衰竭，需定期洗腎或移植腎臟。

12) 主要器官移植

接受骨髓移植，包括進行全骨髓消融後利用造血幹細胞移植人體骨髓，或接受移植以下任何整個人體器官：心臟、腎臟、肝臟、肺或胰臟，以置換有病患或受損的器官，或純粹為主要器官移植而於指定國家* (指定國家名單請參閱本第31條最後部分的指定國家名單) 的正式輪候冊登記。

本定義並不包括：

- 幹細胞移植。
- 器官部分、組織或細胞或任何其他器官移植。

13) Medullary cystic disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis.

Clinical manifestations of the condition including anaemia, polyuria and renal loss of sodium, or progression to chronic renal failure must be demonstrated. Diagnosis must be supported by renal biopsy and confirmed by a nephrologist.

14) Necrotic Pancreatitis (Acute)

A condition due to autolysis of pancreatic tissue caused by escape of enzymes, resulting in hemorrhage into the parenchyma and surrounding tissues. The diagnosis must be confirmed by a Registered Western Medicine Practitioner.

15) Open heart surgery – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist, to correct a structural abnormality of the heart.

16) Primary pulmonary arterial hypertension – resulting in permanent symptoms

Primary pulmonary arterial hypertension associated with right ventricular enlargement established by investigations including catheterisation resulting in significant permanent physical impairment to the degree of Class 4 of the New York Heart Association classification of cardiac impairment.

NYHA Class 4 cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.

17) Stroke – with permanent symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis has to be confirmed by a consultant neurologist with the evidence of new changes on a CT or MRI scan or other reliable imaging techniques.

For the above definition, the following is not covered:

- Traumatic injury to brain tissue or blood vessels.
- Cerebral symptoms due to transient ischaemic attacks, reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, disturbances of vision or balance due to disease of the eye, nerve or vestibular apparatus of the ear.

13) 腎髓質囊腫病

漸進性遺傳腎病，主要病徵為腎髓質囊腫、腎小管腔萎縮及間質性纖維化。

臨床顯示症狀為貧血、多尿及腎性失鈉，漸漸發展為慢性腎衰竭。診斷必須以腎臟活細胞檢查作為依據，並由腎臟專科醫生鑑定。

14) 壞死性胰臟炎（急性）

因酵素流失造成胰臟組織自體溶解，導致軟組織及周圍組織出血。診斷必須由「註冊西醫」鑑定。

15) 切開心臟手術—以手術分隔胸骨

聽從心臟專科顧問醫生建議接受需要在胸骨正中切口的手術（以手術分隔胸骨），以糾正心臟結構異常情況。

16) 原發性肺動脈高血壓—導致永久性病徵

由包括導管在內的各類檢查確定為與右心室肥大有關的原發性肺動脈高血壓，導致心臟損傷，永久身體嚴重受損的程度為紐約心臟協會級別第四級。

紐約心臟協會（NYHA）第四級心臟受損指病人接受藥物治療及飲食調節後，進行一般日常活動仍然出現症狀，並且經身體檢查及化驗結果鑑定為心室功能不正常。

17) 中風—呈現永久性病徵

因顱部血供應量不足或出血導致腦組織死亡引致永久神經阻滯，持續出現臨床病徵。診斷必須由神經專科顧問醫生透過電腦斷層掃描（CT）、磁力共振掃描（MRI）或其他可靠造影技術鑑定。

本定義並不包括：

- 腦組織或血管創傷。
- 短暫性腦缺血發作導致腦部病徵、可恢復的神經阻滯、偏頭痛、創傷或缺氧造成腦部受傷，或眼、神經或耳前庭器官疾病引致視力或平衡力障礙。

18) Surgery to aorta

Major surgery of the thoracic or abdominal aorta for life threatening vascular disease. This includes coarctation repair, surgical grafts for aortic aneurysms or aortic dissections but minimally invasive stent grafting is excluded.

Surgery on the branches of the aorta is not covered.

GROUP C

1) Alzheimer's disease before your 65th birthday – resulting in permanent symptoms

A definite diagnosis before your 65th birthday of Alzheimer's disease by a consultant neurologist.

The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity including the ability to:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas that results in a requirement for continual supervision to protect the Life Insured or others.

For the above definition, the following is not covered:

- Other forms of dementia.

2) Amyotrophic Lateral Sclerosis

A definite diagnosis of Amyotrophic Lateral Sclerosis by a consultant neurologist. There must be permanent clinical impairment of motor function and definitive evidence of appropriate and relevant clinical examination findings (eg electro myography, electro neurography, nerve conduction velocity).

3) Apallic syndrome

Universal necrosis of the brain cortex with the brain stem intact. The diagnosis must be confirmed by a consultant neurologist. The condition has to be medically documented for at least one month.

For the above definition, the following is not covered:

- Apallic syndrome secondary to alcohol, drug or chemical abuse.

4) Bacterial meningitis - resulting in permanent symptoms

The unequivocal diagnosis of bacterial meningitis resulting in permanent neurological deficit with persisting clinical symptoms or physical deficit.

For the above definition, the following are not covered:

- Other forms of meningitis, including viral meningitis.

18) 主動脈手術

因致命血管疾病進行的胸或腹主動脈大手術，包括窄縮修補、主動脈瘤或主動脈夾層移植手術，惟輕微的侵入性移植手術並不在保障範圍之內。

主動脈支脈的手術亦不承保。

組別 C

1) 65歲生日前亞爾茨海默氏病—導致永久性病徵

65歲生日前由神經專科顧問醫生確診亞爾茨海默氏病。

診斷必須確認腦部功能出現永久性不可復原衰竭，導致無其他可辨別原因造成的嚴重認知損傷。嚴重認知損傷指智力退化或喪失智力，包括以下能力：

- 記憶；
- 推理；及
- 意識、理解、表達和實行意念，以致需要長期監管以保障「受保人」或其他人。

本定義並不包括：

- 其他類別痴呆症。

2) 肌萎縮性脊髓側索硬化症

由神經專科顧問醫生確診肌萎縮性脊髓側索硬化症，患者必須為運動功能永久性臨床損傷，並有適當相關的臨床檢驗結果作確證（例如肌電圖、神經電圖及神經傳導速度檢查）。

3) 植物人

腦皮質全壞死而腦幹健全。本症必須由神經專科顧問醫生診斷，並由醫生記錄最少一個月。

本定義並不包括：

- 濫用酒精、藥物或化學品繼發的植物人。

4) 細菌性腦膜炎—導致永久性病徵

經明確診斷為細菌性腦膜炎，導致永久性神經機能缺陷，持續出現臨床病徵或生理阻滯。

本定義並不包括：

- 其他類型腦膜炎，包括病毒性腦膜炎。

5) Blindness - permanent and irreversible

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

6) Brain damage - resulting in permanent symptoms

Permanent neurological impairment or loss of intellectual capacity as a result of brain damage sustained through accident or injury. Permanent neurological impairment must be confirmed by a consultant neurologist.

7) Brain surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed.

Keyhole surgery is included however brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a Registered Western Medicine Practitioner.

8) Chronic organic brain disease before your 65th birthday

Chronic organic brain disease diagnosed before your 65th birthday by a consultant neurologist or neuropsychiatrist, with the use of appropriate examination and investigation or imaging techniques, which results in an impaired short term and long term memory (unable to retain and retrieve information); and being disorientated in time, person and place; and impairment of the ability to make appropriate decisions and manage their affairs. The illness must affect the Life Insured to the extent that they will need care and supervision from another person to wash, dress and partake of meals; and will require medication for the rest of their life, irrespective of when the Benefit ends. Without medication there would be significant health and/or safety concerns.

9) Coma - resulting in permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems for a continuous period of at least 96 hours; and
- confirmation by a consultant neurologist of permanent neurological deficit with persisting clinical symptoms; and
- is not an artificial (medically induced) coma for therapeutic reasons.

5) 失明—永久性及不可復原

永久性及不可復原地喪失視力，即使配戴助視器進行檢驗，較好的一隻眼視力亦只達到斯力倫氏視力表的 3/60 級或更差。

本定義並不包括：

- 「保單持有人」蓄意令「受保人」受傷；
- 蓄意自我傷害。

6) 腦部受損—導致永久性病徵

腦部因意外或受傷持續受損，導致永久性神經機能缺陷或喪失智力。永久性神經機能缺陷必須由神經專科顧問醫生鑑定。

7) 腦部手術

在全身麻醉下進行腦部手術，期間同時進行顱骨切開手術。

包括微創手術，但意外引致的腦部手術並不在保障範圍之內。手術必須是「註冊西醫」認為乃醫學必需。

8) 65 歲生日前慢性器質性腦疾病

65 歲生日前由神經專科顧問醫生或神經精神醫學專科醫生透過恰當檢測及調查或造影技術，診斷患上慢性器質性腦疾病，導致短期及長期記憶受損（無法記住和回憶資訊）；混淆時間、人物和地點；以及喪失作出適當決定和管理個人事務的能力。「受保人」患病的程度必須嚴重至需要他人照顧協助梳洗、更衣及進食，並須終身服藥，儘管「保障」終止亦然，否則會出現嚴重健康及／或安全問題。

9) 昏迷—導致永久性病徵

處於無意識狀態及對所有外界刺激或體內需要均沒有反應，需要：

- 持續不斷地使用維持生命系統最少 96 小時；及
- 由神經專科顧問醫生證實為永久性神經機能缺陷，持續出現臨床病徵；及
- 並非因治療進行的人工昏迷（醫藥引致昏迷）。

For the above definition the following are not covered:

- Coma secondary to alcohol, drug or chemical abuse.

10) Creutzfeldt-Jakob disease

The unequivocal diagnosis of Creutzfeldt-Jakob disease, made by a consultant neurologist, evidenced by a significant reduction in mental and social functioning such that requiring continuous assistance, or supervision by a third party is required. The diagnosis must be confirmed by a Registered Western Medicine Practitioner.

11) Deafness – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

12) Dementia before your 65th birthday - resulting in permanent symptoms

A definite diagnosis before your 65th birthday of Dementia by a consultant neurologist.

The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity including the ability to:

- remember;
- reason; and
- perceive, understand, express and give effect to Ideas that results in a requirement for continual supervision to protect the Life Insured or others.

For the above definition, the following is not covered:

- Dementia relating to alcohol, drug abuse or AIDS.
- Alzheimer's disease.

13) Elephantiasis

A definite diagnosis of elephantiasis which results in inflammation and obstruction of the lymphatic system and hypertrophy of the skin and subcutaneous tissues. The diagnosis must be confirmed by a Registered Western Medicine Practitioner.

本定義並不包括：

- 因濫用酒精、藥物或化學品繼發引致的昏迷。

10) 克雅二氏症(瘋牛病)

由神經專科顧問醫生確診為克雅二氏症，證據為精神及社交功能顯著下降，長期需要他人協助或監管。本症必須由「註冊西醫」診斷。

11) 失聰—永久性及其不可復原

永久性及其不可復原地喪失聽力，使用純音聽力圖檢驗時，聽力較好的一隻耳所有頻率失聰超過 95 分貝。

本定義並不包括：

- 「保單持有人」蓄意令「受保人」受傷。
- 蓄意自我傷害。

12) 65歲生日前痴呆症—導致永久性病徵

由神經專科顧問醫生在「受保人」65歲生日前診斷為痴呆症。

診斷必須確認腦部功能出現永久不可復原的衰竭，導致無其他可辨別原因造成的嚴重認知損傷。嚴重認知損傷指智力退化或喪失智力，包括以下能力：

- 記憶；
- 推理；及
- 意識、理解、表達及實行意念，以致需要長期監管以保障「受保人」或其他人。

本定義並不包括：

- 與濫用酒精、藥物或愛滋病有關的痴呆症。
- 亞爾茨海默氏病。

13) 象皮病

確診象皮病，導致淋巴系統發炎梗阻和皮膚及皮下組織肥厚。診斷必須由「註冊西醫」鑑定。

14) Encephalitis - resulting in permanent symptoms

A definite diagnosis of encephalitis by a consultant neurologist resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

- Chronic fatigue syndrome and myalgic encephalomyelitis.

15) HIV infection – caught in a specified country* from a blood transfusion, a physical assault or work in an eligible occupation

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment;
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment from the eligible occupations listed below after the Risk Commencement Date of the Policy and satisfying all of the following:
 - The incident must have been reported to appropriate government and professional authorities and have been investigated in accordance with the established procedures.
 - Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV.
 - Antibody test taken within ten days of the incident.
 - There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.
 - The incident causing infection must have occurred in a specified country* (for the list of countries please refer to the specified country list at the end of this Condition 31).

For the above definition, the following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

The eligible occupations are:

- a member of the medical or dental professions;
- a police, prison or fire officer;
- a pharmacist, laboratory assistant or an employee in a medical facility.

14) 腦炎—導致永久性病徵

由神經專科顧問醫生確診腦炎，導致永久性神經機能缺陷，持續出現臨床病徵。

本定義並不包括：

- 慢性疲勞綜合症及肌痛性腦脊髓炎。

15) 愛滋病病毒感染—在指定國家*因輸血、身體受襲擊致傷或全職合格工作感染

因以下情況感染愛滋病：

- 在醫療過程中輸血；
- 被襲擊受傷；或
- 「保單」「開始承保日」後從事下列合資格工作而在執行普通職責過程中意外感染愛滋病毒，並且符合以下所有條件：
 - 必須已向相關政府及職業監管當局通報意外事件，並按照既有程序展開調查。
 - 如因被襲擊受傷或在執行普通職責過程中意外感染愛滋病，必須進行陰性愛滋病毒抗體測試結果作證實。
 - 愛滋病毒抗體測試結果必須在事後十天內提交。
 - 其後 12 個月內再次進行愛滋病毒抗體測試，確認感染愛滋病或有病毒抗體。
 - 有關的意外事件必須在指定國家*發生（指定國家名單請參閱本第 31 條最後部分的指定國家名單）。

本定義並不包括：

- 透過任何其他途徑感染的愛滋病，包括性行為或濫藥。

合資格工作包括：

- 醫護或牙科護理人員；
- 警員、懲教人員或消防員；
- 藥劑師、化驗室助理或醫療設施僱員。

16) Impairment of daily activities – through permanent disability before your 65th birthday

A Life Insured will satisfy the permanent disability assessment criteria if before their 65th birthday they are diagnosed as permanently and irreversibly unable, because of illness or accidental injury, to perform at least two activities of daily working. The activities of daily working are:

- i) Walking – the ability to walk more than 200 metres on the flat without stopping or severe discomfort.
- ii) Bending – the ability to get into or out of a standard saloon car, or the ability to bend or kneel to pick up a light object from the floor and straighten up again.
- iii) Communications – the ability to answer the telephone and take a message.
- iv) Reading – having the eyesight required to be able to read a newspaper with corrective aids (if required).
- v) Writing – having the physical ability to write legibly using a pen or pencil.

17) Loss of independent existence – resulting in permanent symptoms

A condition which means that the Life Insured is, as a result of a disease, illness or accident, permanently, totally and irreversibly unable to perform at least three of the following activities of daily living:

- i) Feeding/eating – cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils.
- ii) Dressing – dressing oneself including fastening zips and buttons, getting clothes from wardrobes and drawers.
- iii) Bathing/grooming – turning on taps, getting in and out of bath/shower, washing face/hands, etc. drying oneself, combing hair.
- iv) Using the toilet – moving into and out of the bathroom, getting on and off the toilet unaided, recognising the need or urge to void bladder or bowel in time to get to the toilet.
- v) Mobility/transfer – getting into and out of bed, transferring from one place to another e.g. chair to bed, chair to standing, chair to chair.
- vi) Walking/using a wheelchair: moving from one location to another – walking or using an unpowered wheelchair propelled by the Life Insured or using a frame.

16) 日常活動障礙—65歲生日前永久傷殘所致

「受保人」如在65歲生日前確診因疾病或意外損傷導致永久喪失從事最少兩種日常活動的能力，且不可復原，便符合永久傷殘的評估準則。日常活動包括：

- i) 步行— 在平地連續步行超過200米而毋須停頓或感到嚴重不適。
- ii) 彎身— 進出普通汽車，或彎身或跪下從地上拾起輕巧物件，然後起立站直。
- iii) 溝通— 接聽電話及記下留言。
- iv) 閱讀— 有良好視力，可閱讀報章（如有需要可配戴矯視眼鏡）。
- v) 書寫— 可用原子筆或鉛筆書寫能辨讀的字體。

17) 喪失獨立生活能力—導致永久性病徵

「受保人」因疾病、傷病或意外而永久性、完全及不可復原地喪失從事最少下列三種日常活動的能力：

- i) 進食— 切肉、在麵包塗牛油，用手指或食具將食物和飲品送到口裡。
- ii) 更衣— 自行更衣，包括拉鏈及扣鈕，從衣櫃及抽屜取出衣服。
- iii) 沐浴／梳洗— 開水龍頭，進出浴缸／淋浴間，洗臉／洗手等，抹乾身體，梳頭。
- iv) 如廁— 進出洗手間，無須他人扶助自行上落廁所，知道大小便急，或有需要如廁時及時上廁所。
- v) 行動／出入— 上落床，由一處地方行動到其他地方，例如由椅子移至睡床，由椅子站起來，由一張椅子移至另一張椅子坐下。
- vi) 步行／使用輪椅— 「受保人」步行或使用非電動輪椅或助行器往來兩個地方。

18) Loss of speech – total, permanent and irreversible

Total and irrecoverable loss of the ability to speak which must be established for a continuous period of 12 months. Medical evidence is to be supplied by an appropriate Ear, Nose and Throat specialist and to confirm injury or disease to the vocal chords.

All psychiatric related causes are excluded. The condition must not be able to be corrected by medical procedure.

19) Motor neurone disease – resulting in permanent symptoms

A definite diagnosis of motor neurone disease by a consultant neurologist. There must be permanent clinical impairment of motor function and definitive evidence of appropriate and relevant clinical examination findings (e.g. electromyography, electroneurography, nerve conduction velocity).

20) Multiple sclerosis – with persisting symptoms

A definite diagnosis of multiple sclerosis by a consultant neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.

21) Muscular dystrophy

The diagnosis of muscular dystrophy confirmed by a consulting neurologist, and based on a combination of ALL of the following:

- Clinical presentation including sensory disturbance, abnormal cerebro-spinal fluid and mild tendon reflex reduction;
- Characteristic electromyogram; and
- Clinical suspicion confirmed by muscle biopsy.

22) Myasthenia gravis – resulting in permanent symptoms

An autoimmune disorder characterised by chronic weakness of voluntary muscles which is confirmed by a consultant neurologist and proven by tensilon test, positive anticholinergic receptor antibodies and electromyogram (EMG). The consultant neurologist must report that the disease is generalised, causing permanent functional impairment and disability despite optimal therapy with surgery or medications.

For the above definition, the following are not covered:

- Ocular myasthenia gravis.
- Medication induced myasthenia gravis.
- Myasthenia gravis in remission.

18) 喪失語言能力—完全、永久性及不可復原

完全及不可復原地喪失說話能力，但必須持續12個月，並由適當的耳鼻喉專科醫生提供醫療證明，確定並無聲帶受損或疾病。

所有與精神科相關的病症均不在保障範圍之內。「受保人」喪失語言能力必須是醫療手術也不能糾正。

19) 運動神經原疾病—導致永久性病徵

由神經專科顧問醫生確診為運動神經原疾病，病人的運動功能必須為永久性臨床受損，並從適當相關的臨床檢測結果取得確切證據（例如肌電圖、神經電圖、神經傳導速度檢查）。

20) 多發性硬化症—呈現持續病徵

由神經專科顧問醫生確診為多發性硬化。病人必須最少連續六個月出現運動或感覺功能臨床障礙。

21) 肌肉萎縮症

診斷須由神經專科顧問醫生綜合以下所有因素鑑定：

- 臨床顯示包括知覺障礙、異常腦脊髓液及腱反應輕微減退；
- 特性肌電圖；及
- 經肌肉活組織檢查鑑定臨床疑診正確。

22) 重肌無力症—導致永久性病徵

自身免疫力失調，徵狀為隨意肌慢性鬆弛，由神經專科顧問醫生確診，並已進行騰喜龍測試（Tensilon Test）、陽性抗膽鹼能受體抗體及肌電圖檢測。神經專科顧問醫生的報告必須指出患者的重肌無力症即使透過手術或藥物作最佳治療，整體亦會造成永久性功能受損及傷殘。

本定義並不包括：

- 眼肌型重肌無力症。
- 醫藥引致的重肌無力症。
- 緩解期重肌無力症。

23) Necrotising fasciitis

A definite diagnosis of life threatening necrotising fasciitis which may result in one or more of:

- kidney failure;
- extensive tissue damage or loss; or
- amputation of a limb or limbs.

The diagnosis of Necrotising fasciitis must be confirmed by a consultant physician in infectious diseases.

24) Paralysis of limbs – total, permanent and irreversible

Total, permanent and irreversible loss of muscle function to the whole of any two limbs as a result of physical injury or disease.

For the above definition, the following is not covered:

- Loss of function arising from a psychiatric or psychological disorder.

25) Parkinson plus syndrome – resulting in permanent symptoms

Unequivocal diagnosis of Parkinson plus syndrome by a consulting neurologist, based on definitive signs of progressive and permanent neurological impairment, where the Life Insured has permanent inability to perform at least four of the six following Activities of Daily Living, in spite of being on optimal medication:

- i) Personal hygiene – washing or bathing to the extent needed to maintain personal cleanliness.
- ii) Dressing – putting on and taking off all necessary clothes.
- iii) Mobility – moving from one room to another or getting in and out of a bed or chair.
- iv) Eating and drinking – eating and drinking once food and drink has been prepared and made available.
- v) Using the lavatory – getting on and off the lavatory and maintaining personal hygiene.
- vi) Continence – controlling bowel and bladder functions.

Drug induced or toxic causes of Parkinson plus syndrome are not covered.

26) Parkinson's disease before your 65th birthday – resulting in permanent symptoms

A definite diagnosis of Parkinson's disease before your 65th birthday by a consultant neurologist.

There must be permanent clinical impairment of motor function with associated tremor, and muscle rigidity.

For the above definition, the following are not covered:

23) 壞死性筋膜炎

確診致命的壞死性筋膜炎，可能導致以下一種或多種病況：

- 腎衰竭；
- 組織大面積受損或流失；或
- 截肢。

壞死性筋膜炎的診斷必須由傳染病專科顧問醫生鑑定。

24) 癱瘓(手或足) — 完全、永久性 & 不可復原

任何兩肢因身體損傷或疾病導致完全、永久性 & 不可復原地喪失整體肌肉功能。

本定義並不包括：

- 精神或心理障礙導致喪失功能。

25) 柏金遜症非典型額外症候群 — 導致永久性病徵

由神經專科顧問醫生依據漸進及永久神經損傷的明確徵狀，確診為柏金遜症非典型額外症候群，而「受保人」接受最佳藥物治療後仍然永久無法從事以下六種日常活動中最少四種：

- i) 個人衛生 — 洗滌或沐浴以保持個人衛生。
- ii) 更衣 — 穿上及脫下所有必需衣物。
- iii) 行動 — 在不同房間之間來往走動或上落床或椅子。
- iv) 飲食 — 自行將已烹調奉上的飲食放入口。
- v) 如廁 — 自行上廁所及保持個人衛生。
- vi) 控制大小便 — 可控制大小便。

藥物誘發或有毒物質引致的柏金遜症非典型額外症候群並不在保障範圍之內。

26) 65歲生日前柏金遜症 — 導致永久性病徵

65歲生日前由神經專科顧問醫生確診柏金遜症。

「受保人」必須為永久臨床運動功能受損，以致震顫及肌肉僵硬。

本定義並不包括：

- Parkinson's disease secondary to drug, alcohol or chemical abuse.
- Other Parkinsonian syndromes (not including Parkinsons' Plus).

27) Poliomyelitis

Unequivocal diagnosis by a consultant neurologist of infection by the Poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. This condition has to be medically documented for at least 90 days. Cases not involving paralysis will not be eligible for this. Other causes of paralysis are specifically excluded.

28) Progressive supra nuclear palsy – with permanent symptoms

The definite diagnosis of progressive supra nuclear palsy by a consultant neurologist. There must be permanent clinical impairment of eye movements and motor function.

29) Severance of limbs

Permanent physical severance of any combination of two or more hands or feet at or above the wrist or ankle joints.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

30) Severe rheumatoid arthritis – of specified severity

Widespread joint destruction with major clinical deformity of three or more of the following joint areas: hands, wrists, elbows, cervical spine, knees, ankles, metatarsophalangeal joints in the feet. The condition should be such that it results in a permanent inability to perform at least three of the following activities of daily living:

- Feeding/eating – cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils.
- Dressing – dressing oneself including fastening zips and buttons, getting clothes from wardrobes and drawers.
- Bathing/grooming – turning on taps, getting in and out of bath/shower, washing face/hands, etc. drying oneself, combing hair.
- Using the toilet– moving into and out of the bathroom, getting on and off the toilet unaided, recognising the need or urge to void bladder or bowel in time to get to the toilet.
- Mobility/transfer – getting into and out of bed, transferring from one place to another e.g. chair to bed, chair to standing, chair to chair.

- 濫用藥物、酒精或化學品引致的柏金遜症。
- 其他柏金遜症候群（不包括柏金遜症非典型額外症候群）。

27) 小兒麻痺症

由神經專科顧問醫生確診感染脊髓灰質炎病毒導致麻痺症，徵狀為運動功能受損或呼吸無力。小兒麻痺症須有最少 90 天的醫生記錄，如不涉及麻痺症則不符合承保條件。麻痺症的其他成因均不受保。

28) 進行性核上麻痺—呈現永久性病徵

由神經專科顧問醫生確診進行性核上麻痺。患者必須為眼部移動及運動功能永久受損。

29) 斷肢

永久失去兩隻或以上的手、足或手腕或足踝以上肢體。

本定義並不包括：

- 「保單持有人」蓄意令「受保人」受傷。
- 蓄意自我傷害。

30) 嚴重類風濕關節炎—指定嚴重程度

關節受到廣泛破壞，以下三個或以上的關節部位出現嚴重變形：手部、手腕、肘部、頸椎、膝、踝、足部的蹠趾關節。此症狀必須導致「受保人」永久無法從事以下最少三種日常活動：

- 進食—切肉、在麵包塗牛油，用手指或食具將食物和飲品送到口裡。
- 更衣—自行更衣，包括拉鏈及扣鈕，從衣櫃及抽屜取出衣服。
- 沐浴／梳洗—開水龍頭，進出浴缸／淋浴間，洗臉／洗手等，抹乾身體，梳頭。
- 如廁—進出洗手間，無須他人扶助自行上落廁所，知道大小便急，或有需要如廁時及時上廁所。
- 行動／出入—上落床，由一處地方行動到其他地方，例如由椅子移至睡床，由椅子站起來，由一張椅子移至另一張椅子坐下。

- vi) Walking/using a wheelchair: moving from one location to another – walking or using an unpowered wheelchair propelled by the Life Insured or using a frame.

31) Systemic lupus erythematosus – of specified severity

A definite diagnosis of systemic lupus erythematosus (SLE) by a consultant rheumatologist where either of the following is also present:

- Severe kidney involvement with SLE as evidenced by:
 - i) permanent impaired renal function with a glomerular filtration rate (GFR) below 30 ml/ min/1.73m²; and
 - ii) abnormal urinalysis showing proteinuria or haematuria,

or

- Severe Central Nervous System (CNS) involvement with SLE as evidenced by permanent deficit of the neurological system as evidenced by at least any one of the following symptoms, which must be present on clinical examination and expected to last for the remainder of the Life Insured's life:
 - paralysis
 - localised weakness
 - dysarthria (difficulty with speech)
 - aphasia (inability to speak)
 - dysphagia (difficulty in swallowing)
 - difficulty in walking, lack of coordination
 - severe dementia where the Life Insured needs constant supervision
 - permanent coma

For the purposes of this definition:

- seizures, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin will not be accepted as evidence of permanent deficit of the neurological system.

To avoid doubt, all other forms of SLE are specifically excluded from the Benefit provided by this Policy.

32) Third-degree burns – covering 20% of the body's surface area or 50% of the face's surface area

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or covering 50% of the face's surface area.

For the above definition, the following are not covered:

- vi) 步行／使用輪椅 —「受保人」步行或使用非電動輪椅或助行器往來兩個地方。

31) 系統性紅斑狼瘡 — 指定嚴重程度

由風濕病專科顧問醫生確診的系統性紅斑狼瘡，並顯現以下其中一種情況：

- 系統性紅斑狼瘡嚴重損及腎臟，呈現以下徵狀：
 - i) 腎功能永久受損，腎小球濾過率 (GFR) 低於 30 ml/min/1.73m²；及
 - ii) 驗尿結果異常，顯示蛋白尿或血尿，

或

- 系統性紅斑狼瘡嚴重損及中樞神經系統 (CNS)，神經系統永久阻滯，出現以下最少一種徵狀，並且在臨床檢查時可見，估計「受保人」終身也不會好轉
 - 癱瘓
 - 局部衰弱
 - 發音障礙 (說話能力障礙)
 - 失語症 (不能說話)
 - 吞嚥困難症 (吞嚥困難)
 - 行動困難，缺乏協調能力
 - 「受保人」嚴重痴呆，需要長期監管
 - 永久昏迷

於本定義：

- 驚厥、頭痛、疲勞、昏睡或任何精神或心理徵狀均不可成立為神經系統永久阻滯。

為免存疑，現聲明所有其他類型的系統性紅斑狼瘡均不屬於「保單」的「保障」範圍。

32) 三級燒傷 — 傷及身體表面 20% 面積或面部表面 50% 面積

皮膚遭燒傷深入損及深層組織，達到身體表面最少 20% 面積或面部表面 50% 面積。

本定義並不包括：

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

33) Traumatic head injury – with permanent symptoms

Death of brain tissue due to traumatic injury caused by external means resulting in permanent neurological deficit with persisting clinical symptoms, assessed and confirmed by a consultant neurologist with the evidence of new changes on a CT or MRI scan or other reliable imaging techniques no later than six weeks from the date of the traumatic injury.

34) Ulcerative Colitis – of specified severity

Ulcerative Colitis means 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 diarrhoea. Diagnosis must be based on histopathological features and surgery in the form of colectomy and ileostomy should form part of the treatment.

*Specified country list:

Andorra, Australia, Austria, Bahrain, Belgium, Bulgaria, Canada, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Isle of Man, Iceland, Italy, Japan, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau, Malaysia, Malta, Monaco, Netherlands, New Zealand, Norway, Oman, Poland, Portugal, Qatar, Republic of Ireland, Republic of Macedonia, Romania, San Marino, Saudi Arabia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Turkey, UAE, United Kingdom, United States of America.

- 「保單持有人」蓄意令「受保人」受傷。
- 蓄意自我傷害。

33) 顱腦損傷—呈現永久性病徵

腦部組織因受外力創傷受損壞死，導致永久神經阻滯及呈現持續臨床病徵，並於創傷當日後六星期內由神經專科顧問醫生透過電腦斷層掃描（CT）、磁力共振掃描（MRI）或其他可靠造影技術發現的最新變化評估鑑定。

34) 潰瘍性大腸炎—指定嚴重程度

潰瘍性大腸炎指突發性大腸炎，出現可致命的電解質紊亂，一般成因為腸鼓脹並有腸斷裂風險，影響整條結腸，並有嚴重血性腹瀉。診斷必須以病理特徵作依據，治療應包括切除結腸及進行迴腸造口手術。

* 指定國家名單：

安道爾、澳洲、奧地利、巴林、比利時、保加利亞、加拿大、海峽群島、克羅地亞、塞浦路斯、捷克共和國、丹麥、愛沙尼亞、芬蘭、法國、德國、直布羅陀、希臘、香港、匈牙利、人島、冰島、意大利、日本、科威特、拉脫維亞、列支敦士登、立陶宛、盧森堡、澳門、馬來西亞、馬爾他、摩納哥、荷蘭、新西蘭、挪威、阿曼、波蘭、葡萄牙、卡塔爾、愛爾蘭共和國、馬其頓共和國、羅馬尼亞、聖馬力諾、沙特阿拉伯、新加坡、斯洛伐克、斯洛文尼亞、南非、西班牙、瑞典、瑞士、土耳其、阿聯酋、英國、美國。

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「我們」或會對電話內容進行錄音及監察，以作強化保安、處理投訴、訓練、行政和提升服務質素之用。

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