

**WELL SAVE 5-YEAR ENDOWMENT PRO 3**  
**喜盈於「息」五年儲蓄守護保 3**

**I. General Provisions 一般條款**

<b>1.1 Definitions</b>		<b>釋義</b>	
	Unless the context otherwise requires, the definitions in this section apply to the following words and phrases whenever they are shown on this Policy.		除非文義另有所指，否則本部份所載定義適用於本保單中出現的下列字詞。
<b>Accident</b>	means an unforeseen and unexpected event of violent, accidental, external and visible nature which occurs while this Policy is in force and which shall, independent of any other cause, be the sole and direct cause of bodily injury.	<b>意外事件</b>	指於本保單有效期間發生無法預見和意料之外的暴力、偶發、外在及可見事件，並在不牽涉任何其他因素下，構成身體受傷的唯一和直接原因。
<b>Accidental Death Benefit</b>	means the benefit payable pursuant to Clause 2.2 under the Benefits Provisions.	<b>意外身故賠償</b>	指根據保障條款內第 2.2 條應付的利益。
<b>Activities of Daily Living</b>	means: <ul style="list-style-type: none"> <li>(i) Washing – The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.</li> <li>(ii) Dressing – The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.</li> <li>(iii) Transferring – The ability to move from a bed to an upright chair or wheelchair and vice versa.</li> <li>(iv) Mobility – The ability to move indoors from room to room on level surfaces.</li> <li>(v) Toileting – The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.</li> <li>(vi) Feeding – The ability to feed oneself once food has been prepared and made available.</li> </ul>	<b>日常活動</b>	指： <ul style="list-style-type: none"> <li>(i) 洗澡 – 沐浴或淋浴（包括自行出入浴缸或浴室）或以任何其他方式滿意地完成梳洗的能力。</li> <li>(ii) 更衣 – 穿衣、脫衣、扣緊及解開任何衣服以及包括任何矯正架、義肢或其他外科器具（如適用）的能力。</li> <li>(iii) 移動 – 自床上移動至直背座椅或輪椅，或自直背座椅或輪椅移動至床上的能力。</li> <li>(iv) 步行 – 在室內從房間到房間之間平地行走的能力。</li> <li>(v) 如廁 – 自行使用廁所或控制大小便，以保持滿意個人衛生的能力。</li> <li>(vi) 進食 – 在食物已經準備的情況下，自己進食的能力。</li> </ul>
<b>Age</b>	means age of the Life Insured on last birthday.	<b>年齡</b>	指投保人的足歲數。
<b>Annuity Period</b>	means a period of eight (8) years starting from the Maturity Date of this Policy if annuity settlement option is elected under Clause 2.8	<b>年金期</b>	指如根據保障條款內第 2.8 條選取年金方式支付選項，從本保單期滿日開始起計的八(8)年。
<b>Application</b>	means the life insurance application form, any declarations, medical evidence forms, questionnaires and any other statements made, by or on behalf of the Life Insured and/or the Policyowner.	<b>投保書</b>	指由受保人本人及/或保單權益人或其他人士代表其作出的人壽保險投保書、任何聲明、體格檢驗證明、問卷及其他之陳述。
<b>Basic Plan</b>	means the basic plan specified as such in the Policy Schedule.	<b>基本計劃</b>	指於承保表指明的基本計劃。
<b>Beneficiary</b>	means a person or persons (if any) designated by the Policyowner to receive the Proceeds upon death of the Life Insured.	<b>受益人</b>	指保單權益人指定在受保人身故後領取保險金的一名或多於一名的人士（如有）。
<b>Benefit Term</b>	means the period specified in the Policy Schedule during which the benefits under the Benefits Provisions are payable.	<b>保障年期</b>	指於承保表指明的保障年期，而在該期間內按保障條款該付予利益保障。
<b>Company, we, us or our</b>	means Well Link Life Insurance Company Limited.	<b>本公司、我們或我們的</b>	指立橋人壽保險有限公司。
<b>Critical Illness</b>	means any of the illnesses specified under Clause 2.4 of the Benefit Provisions.	<b>嚴重疾病</b>	指根據保障條款內第 2.4 條列明的任何一種疾病。
<b>Critical Illness Benefit</b>	means the benefit payable pursuant to Clause 2.3 of the Benefit Provisions.	<b>嚴重疾病賠償</b>	指根據保障條款內第 2.3 條應付的利益。
<b>Death Benefit</b>	means the benefit payable pursuant to Clause 2.1 under the Benefits Provisions.	<b>身故賠償</b>	指根據保障條款內第 2.1 條應付的利益。

<b>Diagnosis, Diagnosed</b>	<p>means identification and determination of the medical condition by a Physician supported by confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence. Such evidence shall be acceptable to the Company and shall refer to the definition of a particular Critical Illness as set out in this Policy.</p> <p>In the event of disputes or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to call for an examination, of either the Life Insured or of the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by the Company and the opinion of such expert as to such Diagnosis shall be binding on the Policyowner, the Life Insured and the Company.</p>	<b>診斷、被診斷</b>	<p>指醫生對病況作出的鑑定及測定，並以決定性的檢查結果證明，其中包括但不限於臨床、放射、組織及化驗的證據。該證據須為本公司接受及參考本保單列出的某一嚴重疾病的定義。</p> <p>若就診斷合適性或正確性發生爭論或意見分歧時，本公司有權在該醫學界選擇一位獨立的公認專家對受保人或達致此診斷的證據作出審查。該專家對診斷的意見將對保單權益人、受保人及本公司具約束力。</p>
<b>Endowment Plan Series</b>	<p>Endowment plan series include any endowment plans that are or will be issued under this series from time to time. The prevailing list of the endowment plans issued under this series is maintained by the Company and uploaded onto the website of the Company. The Company reserves the right to revise and update the list from time to time, with immediate effect without any prior notice.</p>	<b>儲蓄保障計劃系列</b>	<p>儲蓄保障計劃系列包括所有於此系列下簽發或不時將會簽發的儲蓄保障計劃，現行於此儲蓄保障計劃系列下的計劃名單由本公司提供並上載於本公司網站。本公司保留權利不時修訂或更新有關名單，並即時生效而不作任何事先通知。</p>
<b>Event</b>	<p>means an Accident and/or illness that results in any Critical Illness.</p>	<b>事件</b>	<p>指引致任何嚴重疾病的意外事件及/或疾病。</p>
<b>Guaranteed Cash Value</b>	<p>means the guaranteed cash value of this Policy determined according to the Table of Guaranteed Cash Values and based on the assumption that this Policy has been in force.</p>	<b>保證現金價值</b>	<p>指根據保證現金價值表並假設本保單一直生效而釐定的本保單可支取保證現金價值。</p>
<b>Hong Kong</b>	<p>means the Hong Kong Special Administrative Region.</p>	<b>香港</b>	<p>指香港特別行政區。</p>
<b>Indebtedness</b>	<p>means all unpaid loans on this Policy, including any interest due and accrued.</p>	<b>欠款</b>	<p>指在本保單中所有未償還的貸款，包括任何到期及累計的利息。</p>
<b>Injury</b>	<p>means bodily injury sustained by the Life Insured where there is evidence of a visible contusion or wound on the exterior of the body, or of internal contusion, wound or injury, or a combination of these injuries, whilst this Policy is in force and which is solely caused by an Accident independent of any other cause.</p>	<b>受傷</b>	<p>指受保人於本保單有效期間，因唯一和獨立於任何其他因素的意外事件而導致身體受傷，而證據表明其身體表面有明顯的挫傷或傷口，或內部挫傷、傷口或受傷，或包含上述這些受傷。</p>
<b>Life Insured</b>	<p>means the person as named in the Policy Schedule whose life is insured by the Company under this Policy.</p>	<b>受保人</b>	<p>指其姓名列明於承保表內，及由本公司按本保單承保其保險的人士。</p>
<b>Maturity Date</b>	<p>means the date as shown in the Policy Schedule when this Policy will mature.</p>	<b>期滿日</b>	<p>指註明於承保表內本保單將期滿的日期。</p>
<b>Non-forfeiture Value</b>	<p>means at any relevant time, the amount equals to the sum of the Guaranteed Cash Value less any Indebtedness.</p>	<b>不能作廢價值</b>	<p>指在任何有關時間，相等於保證現金價值減去所有欠款後的金額。</p>
<b>Permanent Neurological Deficit</b>	<p>means symptoms of dysfunction in the nervous system that are present on clinical examination and expect to last throughout the life of the Life Insured.</p> <p>Symptoms that are covered include paralysis, dysarthria, aphasia, dysphagia, visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, delirium and coma.</p> <p>The following are not covered:</p> <p>(i) An abnormality seen on brain or other scans without definite related clinical symptoms;</p> <p>(ii) Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes</p>	<b>永久性神經功能損害</b>	<p>指臨床檢查證明受保人出現神經系統功能失調徵狀，並且預期該等徵狀將持續終身。</p> <p>受保的徵狀包括癱瘓、發音困難、失語、吞嚥困難、視覺受損、步行困難、協調失當、手震、癲癇、昏睡、精神錯亂及昏迷。</p> <p>以下情況不受保障：</p> <p>(i) 腦掃描可看到的腦部異常，或從其他掃描檢查中可看到的異常而沒有明確相關的臨床徵狀；</p> <p>(ii) 神經性徵狀但無病徵異常，例如快速</p>

	without other symptoms; (iii) Symptoms of psychological or psychiatric origin.		的反射動作，但無其他徵狀； (iii) 源自心理或精神科的徵狀。
<b>Physician</b>	means any registered medical practitioner duly qualified and registered and legally authorized in the geographical area of his practice to render western medical or surgical services but excludes a Physician who is the Policyowner / Life Insured, the spouse of the Policyowner / Life Insured or any other person related to the Policyowner / Life Insured whether by blood or marriage.	<b>醫生</b>	指任何具有正式資格、已正式註冊並且在法律上獲准在其執業地方提供西醫內科或外科醫療服務的醫生，但如果該醫生為保單權益人/受保人，或是保單權益人/受保人的配偶，或是透過血緣或婚姻關係而與保單權益人/受保人有關的任何其他人，該醫生則不包括在本定義之內。
<b>This Policy</b>	means the policy documents, the Application (if any), the Policy Schedule, any schedules or endorsement(s) attached to the policy document as issued by the Company from time to time and duly signed by the authorized signatories.	<b>本保單</b>	指保單文件、投保書（如有）、承保表及不時由本公司發出並由本公司的授權簽字人正式簽署的、隨附於保單文件的任何附表及/或加簽批註。
<b>Policyowner, you or your</b>	means the person (or an entity if not a natural person) named in the Policy Schedule who can exercise all rights, privileges and options under this Policy.	<b>保單權益人、您或您的</b>	指承保表內指定的可行使本保單之下所有權利、特權及選擇權的人（或並非自然人的實體）。
<b>Policy Anniversary</b>	means the same day and month as the Policy Date in each succeeding year after the Policy Date while this Policy remains in force or during Annuity Period. If the Policy Anniversary falls on the 29 <sup>th</sup> of February in a leap year, the Policy Anniversary in a non-leap year shall be 28 <sup>th</sup> February.	<b>保單週年日</b>	指在本保單有效期或年金期內，往後每年與保單日期同月同日的日期。如果保單週年日在閏年時為二月二十九日，在非閏年的保單週年日則為二月二十八日。
<b>Policy Date</b>	means the date specified as such in the Policy Schedule, according to which Policy Anniversary, Policy Years and Premium due dates are determined.	<b>保單日期</b>	指承保表內註明為保單日期的日期，用以釐定保單週年日、保單年度及保費到期日。
<b>Policy Issue Date</b>	means the date specified as such in the Policy Schedule, on which the Company issued this Policy and on which this Policy will take effect.	<b>保單簽發日期</b>	指承保表內列明的保單簽發日期，本公司於該日簽發本保單及本保單於該日起正式生效。
<b>Policy Schedule</b>	means the schedule issued by the Company to the Policyowner as attached to this Policy as amended from time to time, which contains the policy number of this Policy, the coverage details and other policy particulars.	<b>承保表</b>	指由本公司向保單權益人發出，隨附於本保單並且不時經修訂的承保表，其載有本保單的保單號碼、保障詳情及其他保單細節。
<b>Policy Year</b>	means the period of twelve (12) months commencing from and including the Policy Date. Any subsequent Policy Year shall be for a period of twelve (12) months from the Policy Anniversary.	<b>保單年度</b>	指由保單日期（包括保單日期當日）起計的十二(12)個月期間。其後的保單年度為保單週年日起計的十二(12)個月期間。
<b>Pre-existing Condition</b>	means any condition or illness: (i) which existed or was existing; or (ii) where its direct cause existed or was existing; or (iii) in respect of which the Life Insured has knowledge, signs or symptoms of the condition or illness; or (iv) where any laboratory test or investigation showed the likely presence of the condition or illness prior to the effective date of this Policy or date of endorsement, whichever is the later.	<b>已存在醫療狀況</b>	指以下任何狀況或疾病： (i) 以前存在或一直存在；或 (ii) 直接致病因素以前存在或一直存在；或 (iii) 受保人知悉該狀況或疾病之病徵或病狀；或 (iv) 任何化驗室的測試或調查顯示該狀況或疾病有可能存在 而有關狀況在本保單生效日期或加簽批註日期（以較遲者為準）前發生。
<b>Premium</b>	means the amount shown as modal premium in the Policy Schedule and may be varied with the agreement of the Company from time to time.	<b>保費</b>	指於承保表顯示為每期保費的金額，此金額可在本公司同意下不時改變。
<b>Premium Payment Term</b>	means the period specified in the Policy Schedule during which all the Premium payable should be paid.	<b>保費繳費年期</b>	指承保表內指明的保費繳費年期，於該期間內應支付所有應付保費。
<b>Proceeds</b>	means any benefits or amounts payable under the terms of this Policy.	<b>保險金</b>	指根據本保單的條款應付的任何保障或給付金額。

<b>Table of Guaranteed Cash Values</b>	means the table headed "Table of Guaranteed Cash Values" issued together and formed part of the Policy Schedule.
<b>Total Premiums Paid</b>	means the total premiums paid for the Basic Plan. Premiums of other benefit items, if any, shall be excluded from the calculation of the Total Premiums Paid.

## 1.2 The Entire Contract

This Policy is issued in consideration of the Application (if any) and payment of Premium as set out in the Policy Schedule. The General Provisions, other Provisions, Policy Schedule and Application (if any) constitute the entire contract.

All statement made by or for the Life Insured and/or the Policyowner shall be considered, in the absence of fraud, representations and not warranties. No statement shall be used by the Company to void this Policy or to defend a claim under it unless it is contained in the Application (if any) and/or the Policy Schedule.

No alterations in the terms and conditions and provisions of this Policy shall be valid unless it is in a written endorsement to this Policy and signed by the authorized signatories of the Company.

We will, subject to the terms, conditions and exclusions contained herein or endorsed hereon pay the benefits in respect of any or all of the contingencies herein defined happening during the period of insurance provided always that the due observance and fulfillment of all the terms, conditions and exclusions contained herein or endorsed hereon shall be a condition precedent to any liability on the part of the Company under this Policy.

## 1.3 In Force

This Policy becomes effective on the Policy Issue Date and will remain in force until the first occurrence of any one of the following events:

- (i) Death of the Life Insured;
- (ii) Payment of the Critical Illness Benefit;
- (iii) The Company approves the written request of the Policyowner for surrender;
- (iv) This Policy reaches the Maturity Date; or
- (v) The Non-forfeiture Value is equal to or less than zero.

Termination of this Policy will not affect any claim or benefit arising prior to such termination unless otherwise specified.

## 1.4 Incontestability

This incontestability provision is only applicable to the Death Benefit under this Policy.

Except for non-payment of Premium or for fraud:

- (i) The validity of this Policy shall not be contestable by the Company after it has been in force during the lifetime of the Life Insured for two (2) consecutive years from the Policy Issue Date;
- (ii) The validity of any increase in Premium shall not be contestable by the Company after it has been in force during the lifetime of the Life Insured for two (2) consecutive years from the effective date of such increase.

## 1.5 Suicide

If the Life Insured commits suicide, while sane or insane at the material time, within twenty-four (24) months from the following date, the liability of the Company shall be limited to a refund of Premium paid for the Basic Plan since the relevant date, without interest, less any Indebtedness:

- (i) Policy Issue Date; or
- (ii) The effective date of any increase in Premium (applicable to that particular increase in Premium only)

**保證現金價值表** 指與承保表一併發出及構成承保表一部份，並標題為「保證現金價值表」的列表。

**已繳總保費** 指已就基本計劃繳付的總保費。計算已繳總保費時並不包括任何其他保障項目（如有）的保費。

## 整份保單合約

本保單根據所遞交的投保書（如有）及在收受承保表所列保費後簽發。整份保單合約是由一般條款、其他條款、承保表及投保書（如有）所組成。

受保人及/或保單權益人或代表其所作出的一切陳述，在沒有欺詐的情況下，皆被視為陳述，而非保證。任何聲明，若非包括在投保書（如有）及/或承保表內，本公司均不得用作廢除本保單或作為對本保單之下索償的辯護理由。

本保單條款及條件的任何修訂均須列明於本公司所發出關於本保單的書面批註，並由本公司授權簽字人簽署，方能生效。

我們將在符合本保單或就本保單加簽批註所載的條款、條件及除外事項的規定下，支付於保險期間本保單所定義下任何或全部有關事件發生的相關利益保障，惟本公司在本保單之下承擔責任的先決條件為本保單或就本保單加簽批註所載的條款、條件及除外事項均得到妥為遵守及履行。

## 生效

本保單由保單簽發日期起生效直至下列任何一種情況最早發生時止：

- (i) 受保人身故；
- (ii) 作出嚴重疾病賠償；
- (iii) 本公司批准保單權益人書面要求退保；
- (iv) 本保單到達期滿日；或
- (v) 不能作廢價值等於或少於零。

除另有指明外，本保單的終止並不影響終止前出現的索償或利益保障。

## 不得異議

本不得異議條款只適用於本保單下的身故賠償部份。

除因欠繳保費或欺詐外：

- (i) 自保單簽發日期起計在受保人生存期間持續有效達兩(2)年後，本保單的有效性將不得被本公司爭議；
- (ii) 自任何增加保費的生效日期起計在受保人生存期間持續有效達兩(2)年後，新增保費的有效性將不得被本公司爭議。

## 自殺

倘若受保人於下列日期起計二十四(24)個月內自殺身亡，無論自殺時神志清醒與否，本公司的責任只限於退還有關日期起計已繳付的基本計劃保費（不含利息）減除任何欠款：

- (i) 保單簽發日期；或
- (ii) 任何增加保費的生效日期（只適用於該次新增的保費）。

## 1.6 Misstatement of Age and/or Sex

This Policy is issued in accordance with the age and sex shown in the Policy Schedule. Subject to the Company's rights in the case of fraud, if the Life Insured's age has been understated or sex has been misstated, the amount payable and every benefit under this Policy shall be such as the Premium paid would have purchased on the basis of the correct age and sex.

If the Life Insured's age has been overstated or sex has been misstated and as a result of which excess Premium has been paid, any excess Premium shall be refunded without interest.

If the correct age or sex of the Life Insured had been stated, this Policy would not have been issued, the Company shall only be required to refund any Premium paid without interest.

If the correct age or sex of the Life Insured had been stated, this Policy would have terminated at an earlier date, the Company shall only be required to refund any excess Premium paid without interest.

## 1.7 Freedom from Restrictions

Unless otherwise specified, this Policy contains no restriction with respect to the Life Insured's residence, travel or occupation.

## 1.8 Currency and Place of Payment

All amounts payable to or by us will be payable in the policy currency shown in the Policy Schedule subject to the applicable laws, regulations and guidelines issued by the relevant regulatory authorities from time to time.

Nevertheless, the Company shall have the absolute discretion to accept payment or make payment (including but not limited to accepting Premium, paying any benefit or granting a loan) in Hong Kong dollars using the prevailing market exchange rate as determined by the Company from time to time on the date that the payment is made.

## 1.9 Ownership

As the Policyowner, you have all rights of ownership in this Policy while it is in force. To exercise this right, you do not need the consent of any Beneficiary of this Policy.

Any change of ownership requires a satisfactory written notice to us. A change of ownership shall be effective only if approved and endorsed by the Company. We will not be responsible for any payment we make or other action we take before the change takes effect.

## 1.10 Cancellation within Cooling-off Period

You have the right to cancel this Policy and obtain a refund of any Premium without interest and provided no claim has been made under this Policy, by giving a written notice to the Company. Such notice must be signed by the Policyowner and received directly by the Company within the cooling-off period as specified by the current prevailing industry guideline.

## 1.11 Assignment

While the Life Insured is alive, you may assign this Policy as collateral by filing a written notice satisfactory to the Company. A request for assignment of this Policy shall not be effective unless we acknowledge receipt of the notice of assignment. The Company shall not be responsible for the validity or sufficiency of any assignment. The rights of an assignee shall at all times be subject to any indebtedness.

## 1.12 Tax and Reporting

The Company must comply with the following requirements of the Inland Revenue Ordinance (Cap. 112) to facilitate the Inland Revenue Department ("IRD") automatically exchanging certain financial account information as provided for thereunder:

- (i) to identify certain accounts as non-excluded "financial accounts" ("NEFAs");
- (ii) to identify the jurisdiction(s) in which NEFA-holding individuals and

## 年齡及/或性別的錯誤陳述

本保單根據承保表上所顯示的年齡和性別簽發。除了在出現欺詐情況下本公司享有的權利外，若受保人的年齡被報少或性別被誤報，則本保單上須支付的金額及所有利益，將按照已付的保費基於確實年齡與性別原可購買的保障而計算。

若受保人的年齡被報大或性別被誤報而導致多繳保費，本公司將退回多繳付的保費（不含利息）。

若申報了受保人的正確年齡或性別而導致本保單原不會被簽發，本公司只須退回任何已繳付的保費（不含利息）。

若申報了受保人的正確年齡或性別，而導致本保單原應於較早日期終生效，本公司只須退回多繳付的保費（不含利息）。

## 不受限制

除非另有指定，否則受保人的住所、旅遊或職業均不受本保單限制。

## 貨幣及收付地點

在符合適用的法律、規例及有關監管機構不時發出的指引的規定下，所有向我們支付或由我們支付的款項，均以承保表上列明的保單貨幣支付。

惟本公司有絕對酌情權，可根據款項支付當天本公司不時選定的當時市場兌換率，以港幣折算收取或支付款項（包括但不限於接受繳付保費、任何賠償保障給付或給予貸款）。

## 擁有權

作為保單權益人，在本保單有效期內，您擁有本保單內的所有權益，而在行使該等權益時，無須取得本保單受益人的同意。

任何擁有權的轉換，必須給予我們滿意的書面通知。擁有權的更改必須經本公司批准及認可方可生效。我們對在有關轉換擁有權生效前支付的任何款項或已作出的其他行動，概不負責。

## 冷靜期內取消

在未有根據本保單提出索償的情況下，您有權以書面通知本公司要求取消本保單，及可獲退還已繳的任何保費（不含利息）。惟該書面要求，須由保單權益人親筆簽署，並於當時通行的行業指引所說明的冷靜期限內直接送達本公司方會受理。

## 轉讓

在受保人在世期間，您可藉提交本公司滿意的書面通知，將本保單作為抵押品予以轉讓。除非我們確認收到有關轉讓的通知，否則本保單的轉讓要求並不生效。對於任何轉讓的有效性或足夠性，本公司概不負責。受讓人的權利在一切時候均受制於任何欠款。

## 稅務及滙報

本公司須遵守《稅務條例》（第 112 章）內以下的要求，以便稅務局實施《稅務條例》規定的自動交換某些財務帳戶資料的安排：

- (i) 辨識某些帳戶為非除外「財務帳戶」（「非除外財務帳戶」）；
- (ii) 為稅務目的辨識非除外財務帳戶持有人及某些非除外財

- certain NEFA-holding entities reside for tax purposes;
- (iii) to determine the status of certain NEFA-holding entities as "passive NFEs" and identify the jurisdiction(s) in which their "controlling persons" reside for tax purposes;
- (iv) to collect certain information on NEFAs ("Required Information"); and
- (v) to furnish certain Required Information to the IRD (collectively, the "AEOI requirements").

The Policyowner agrees to comply with requests made by the Company to comply with the AEOI requirements.

Upon the Company's written request to you, you shall provide us the "Required Information" within thirty (30) days or take such other action that we reasonably believe or consider to be required in order to comply with the AEOI requirements.

If any of the relevant information provided by you to the Company changes, you agree to inform us in writing within thirty (30) days from the date of the relevant change.

### 1.13 Beneficiary

The designated Beneficiary as per our latest record will be deemed to be beneficially entitled to the Death Benefit under this Policy if the Life Insured dies.

If there is more than one Beneficiary, the Death Benefit shall be paid to the Beneficiaries in the proportion specified by you. If you have not specified the proportion of the Death Benefit to be paid to each Beneficiary or all the proportions add up to a figure other than 100%, we shall have the discretion to pay the Death Benefit to all the Beneficiaries in equal shares or in such proportion as we consider appropriate.

If the Policyowner is also the Life Insured and the Beneficiary dies before the Policyowner or within thirty (30) days after the death of the Policyowner, the Death Benefit will be payable to the estate of the Policyowner.

If the Policyowner is not the Life Insured and the Beneficiary dies before the Life Insured or within thirty (30) days after the death of the Life Insured, the Death Benefit will be payable to the Policyowner, his estate, his personal representatives or other persons entitled to receive the same as the Company considers appropriate at its sole and absolute discretion. If the Beneficiary dies beyond thirty (30) days after the death of the Life Insured, the Death Benefit shall be payable to the Beneficiary's estate.

If the Life Insured dies at the same time as the Beneficiary(ies) or in circumstances rendering it uncertain which of them survived the other(s), the Life Insured shall be deemed to have survived the Beneficiary(ies).

If there is no living Beneficiary or no Beneficiary has been designated by you, the Death Benefit shall be paid to the Policyowner, his estate, his personal representatives or other persons entitled to receive the same.

During the lifetime of the Life Insured and while this Policy is in force, you may change the Beneficiary by giving a written notification satisfactory to us. A change of Beneficiary shall be effective only if approved and endorsed by the Company. We will not be responsible for any payment we have made or other action we have taken before the change takes effect.

### 1.14 Notice from the Company

Any notice to be given under this Policy will be sent by post to the latest address of the Policyowner as notified to the Company, or sent by email to the latest email address of the Policyowner as notified to the Company, or sent by SMS to the latest mobile number of the Policyowner as notified to the Company.

Any notice so served shall be deemed to have been duly received by you as follows:

- (i) if sent by post, forty-eight (48) hours after posting; or
- (ii) if sent by email or SMS, on the date and time transmitted as evidenced by confirmation of delivery.

- 務帳戶持有實體居留的司法管轄區;
- (iii) 介定某些非除外財務帳戶持有實體的地位為「被動非財務實體」, 並為稅務目的辨識其「控權人」居留的司法管轄區;
- (iv) 收集非除外財務帳戶的某些資料 (「所需資料」); 及
- (v) 將某些所需資料交予稅務局 (統稱為「自動交換資料要求」)。

保單權益人同意遵守本公司為遵守「自動交換資料要求」而發出的要求。

在本公司向您發出書面要求後三十(30)天內, 您應向我們提供所需資料, 或採取我們合理地相信或認為我們遵守自動交換資料要求所需的其他行動。

若您向本公司提供的任何相關的資料有變更, 您同意在有關變更起計三十(30)天內, 就有關變更以書面通知我們。

### 受益人

我們最近期記錄所載的指定受益人, 將被視為有資格於受保人身故後領取身故賠償。

若有多於一名受益人時, 則身故賠償將按您預先定下的比例分配予各受益人。若您並未定下身故賠償每名受益人的分配比例, 或所有分配百分比的總和不等於 100% 時, 我們將有權決定平均分配, 或按我們認為恰當的比例分配身故賠償予各受益人。

若保單權益人亦為受保人, 而受益人早於保單權益人身故, 或該受益人於保單權益人身故後三十(30)天內身故, 則身故賠償將給付予保單權益人的遺產。

若保單權益人並非受保人, 而受益人早於受保人身故, 或該受益人於受保人身故後三十(30)天內身故, 則身故賠償將給付予保單權益人、其遺產、其遺產代理人或本公司按本公司完全及絕對酌情權認為是有權領取該身故賠償的其他人。若受益人於受保人身故後三十(30)天以後身故, 該身故賠償則將給付予受益人的遺產。

若受保人及受益人在同一時間去世, 或他們在其身故先後次序不確定的情況下去世, 則視受保人於受益人身故時尚存。

如果沒有尚存受益人或您沒有指定受益人, 身故賠償將支付予保單權益人、其遺產、其遺產代理人或其他有權領取身故賠償的人士。

在本保單有效期內及受保人仍生存期間, 您可提交令我們滿意的書面通知更改受益人。任何受益人的轉換, 必須經本公司批准及認可方可生效。我們對有關轉換受益人生效前已付款項或已作出的其他行動, 概不負責。

### 本公司發出的通知

根據本保單發出的任何通知將郵遞至保單權益人通知本公司的最新通訊地址, 或經電郵至保單權益人通知本公司的最新電郵地址, 或發短訊至保單權益人通知本公司的最新手提電話號碼。

任何通知於以下情況將被視為已由您接收:

- (i) 如以郵遞, 郵遞後四十八(48)小時; 或
- (ii) 如以電郵或短訊, 發送日期及時間, 以發送の確認記錄為憑證。

### 1.15 Interpretation

Unless the context requires otherwise, in this Policy:

- (i) words denoting one gender shall include the other gender;
- (ii) words denoting singular shall include plural, and vice versa;
- (iii) references to any documents include a reference to that document as varied, amended, supplemented, substituted or assigned from time to time;
- (iv) reference to Clause or schedule are references to a clause of or a schedule to this Policy; and
- (v) a day or a time of day is a reference to the calendar day and time in Hong Kong.

Headings are for convenience only and shall not affect the interpretation of this Policy. Chinese translation of this Policy is for reference only and in case of inconsistency of meaning, the original English text shall prevail.

### 1.16 Clerical Error

Clerical errors by the Company shall neither invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

### 1.17 Third Party Rights

Any person or entity which is not a party to this Policy shall have no rights under the Contracts (Right of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) or otherwise to enforce any terms of this Policy.

### 1.18 Applicable Law

The terms and conditions of this Policy shall be construed and governed in accordance with the laws of the Hong Kong Special Administrative Region and any disputes in relation to this Policy shall be subject to the non-exclusive jurisdiction of the Courts of Hong Kong.

### 詮釋

除非本保單內文另有規定，否則在本保單內：

- (i) 凡表明一種性別的字眼亦包括另一性別；
- (ii) 凡表明單數的字眼亦包括複數，反之亦然；
- (iii) 凡提述任何文件應包括提述經不時更改、修訂、補充、取替或轉讓的該文件；
- (iv) 凡提述條款或附表即為本保單的條款或附表；及
- (v) 凡提述日期或時間即指香港日期及時間。

標題只為方便而設，不會影響本保單的詮釋。本保單的中文譯本只作參考的用途，如中文譯本與原英文文本有歧異，則以英文文本為準。

### 筆誤

本公司的筆誤並不使有效的保險成為無效，亦不使無效的保險繼續有效。

### 第三者權利

任何不屬於本保單的訂約方的人士或實體無權根據《合約（第三者權利）條例》（香港法例第 623 章）或其他方式強制執行本保單。

### 適用法律

本保單的條款和條件受香港特別行政區法律管轄，並據其解釋。就本保單產生的任何爭議均受香港法院的非專屬司法管轄權所管轄。

## II. Benefits Provisions 保障條款

### 2.1 Death Benefit

Subject to the terms and conditions of this Policy and upon submission of a written proof of claim satisfactory to the Company as soon as practicable, we will pay the Death Benefit to the Beneficiary in accordance with Clause 1.13 under the General Provisions, if the Life Insured dies while this Policy is in force.

Death Benefit shall equal to:

- (i) The higher of:
- (a) 102% of the Total Premiums Paid at the date of Life Insured's death, provided that if the Life Insured is covered by one or more than one endowment plans issued by the Company under the Endowment Plan Series, the aggregate sum payable under all such Endowment Plan Series shall be limited to the maximum amount of 100% of the Total Premiums Paid under such plan(s) at the date of the Life Insured's death plus (1) USD12,500 if the policy currency of each plan is denominated in USD; or (2) HKD100,000 if the policy currency of each plan is denominated in HKD; or (3) RMB100,000 if the policy currency of each plan is denominated in RMB; or (4) USD12,500 or HKD100,000 or RMB100,000, whichever is higher, where there is a combination of plans denominated in USD, HKD and RMB;
- or
- (b) the Guaranteed Cash Value at the date of Life Insured's death less
- (ii) any Indebtedness.

The receipt of the Death Benefit or other Proceeds under this Policy by the Beneficiary or by any person entitled to receive such Proceeds, or evidence that the Company's payment has been deposited to the designated bank accounts and/or cashed shall discharge the Company from further liability under this Policy.

The claimant shall at his own expense provide us all necessary information, documents and medical evidence we require as soon as practicable.

### 2.2 Accidental Death Benefit

While this Policy is in force, if the Life Insured dies as a result of an Accident, the Company shall, subject to the terms and conditions of this Policy, pay an additional Accidental Death Benefit to the Beneficiary in accordance with Clause 1.13 under the General Provisions, upon receipt of satisfactory proof provided that the death shall result within one hundred and eighty (180) days from the date of the Accident.

The Accidental Death Benefit shall equal to:

- (i) 30% of the Total Premiums Paid at the time of the Accident, provided that if the Life Insured is covered by one or more than one endowment plans issued by the Company under the Endowment Plan Series, the aggregate sum payable under all such plans of Endowment Plan Series that provide Accidental Death Benefit, shall be limited to the maximum amount of (1) USD62,500 if the policy currency of each plan is denominated in USD; or (2) HKD500,000 if the policy currency of each plan is denominated in HKD; or (3) RMB500,000 if the policy currency of each plan is denominated in RMB; or (4) USD62,500 or HKD500,000 or RMB500,000, whichever is higher, where there is a combination of plans denominated in USD, HKD and RMB; less
- (ii) any Indebtedness.

For the avoidance of doubt, the benefit under this Clause shall be payable in addition to clause 2.1.

The receipt of the accidental death benefit or other Proceeds under this Policy by the Beneficiary or by any person entitled to receive such Proceeds, or evidence that the Company's payment has been deposited to the designated bank accounts and/or cashed shall discharge the Company from further liability under this Policy.

### 身故賠償

倘若受保人在本保單生效期間身故，在符合本保單的條款及條件的情況下，並於切實可行範圍內盡快向本公司遞交令本公司滿意的書面索償證明後，我們將依照一般條款內第 1.13 條的規定，向受益人作出身故賠償。

身故賠償應等於：

- (i) 以較高者為準：
- (a) 受保人身故日已繳總保費的 102%，若受保人受保於一份或超過一份由本公司簽發於此儲蓄保障計劃系列下的儲蓄保障計劃，於所有此儲蓄保障計劃系列下的賠付總額，以受保人身故日的已繳總保費的 100% 加以下金額為上限：(1) 12,500 美元（如每一計劃的保單貨幣均為美元）；或 (2) 100,000 港幣（如每一計劃的保單貨幣均為港幣）；或 (3) 100,000 人民幣（如每一計劃的保單貨幣均為人民幣）；或 (4) 如多個計劃組合同時以美元、港幣及人民幣為保單貨幣，則為 12,500 美元或 100,000 港幣或 100,000 人民幣，以較高者為準；
- 或
- (b) 受保人身故日時的保證現金價值；
- 減
- (ii) 任何欠款。

由受益人或有關領取保險金的任何人士領取本保單下的身故賠償或其他保險金，或本公司支付的款項已證實被存入或兌現，即解除本公司於本保單下的進一步責任。

索償人應自承費用於切實可行範圍內盡快向我們提供我們所要求的一切必要資料、文件及醫療證據。

### 意外身故賠償

在本保單有效期間，倘若受保人不幸因意外事件身故，本公司在收到令本公司滿意的證明後，將根據本保單的條款及條件及一般條款內第 1.13 條的規定，向受益人作出額外意外身故賠償，惟該身故必須在意外事件發生起的一百八十 (180) 日內導致。

意外身故賠償應等於：

- (i) 意外事件發生時已繳總保費的 30%，若受保人受保於一份或超過一份由本公司簽發於此儲蓄保障計劃系列下的儲蓄保障計劃，於所有此儲蓄保障計劃系列下有提供意外身故賠償的計劃的賠付總額，以下列金額為上限：(1) 62,500 美元（如每一計劃的保單貨幣均為美元）；或 (2) 500,000 港幣（如每一計劃的保單貨幣均為港幣）；或 (3) 500,000 人民幣（如每一計劃的保單貨幣均為人民幣）；或 (4) 如多個計劃組合同時以美元、港幣及人民幣為保單貨幣，則為 62,500 美元或 500,000 港幣或 500,000 人民幣，以較高者為準；減
- (ii) 任何欠款。

為免存疑，本條款賠償可與第 2.1 條疊加。

由受益人或有關領取保險金的任何人士領取本保單下的意外身故賠償或其他保險金，或本公司支付的款項已證實被存入或兌現，即解除本公司於本保單下的進一步責任。

## 2.3 Critical Illness Benefit

Subject to the terms and conditions of this Policy and while the Policy is in force, we will pay a lump sum Critical Illness Benefit to the Policyowner, if the Life Insured is Diagnosed with a Critical Illness.

Critical Illness Benefit shall equal to:

- (i) The higher of:
- (a) 102% of the Total Premiums Paid at the time of Diagnosis, provided that if the Life Insured is covered by one or more than one endowment plans issued by the Company under the Endowment Plan Series, the aggregate sum payable under all such plans of Endowment Plan Series that provide Critical Illness Benefit shall be limited to the maximum amount of 100% of the Total Premiums Paid under such plan(s) at the time of Diagnosis plus (1) USD12,500 if the policy currency of each plan is denominated in USD; or (2) HKD100,000 if the policy currency of each plan is denominated in HKD; or (3) RMB100,000 if the policy currency of each plan is denominated in RMB; or (4) USD12,500 or HKD100,000 or RMB100,000, whichever is higher, where there is a combination of plans denominated in USD, HKD and RMB;
- or
- (b) the Guaranteed Cash Value at time of Diagnosis
- less
- (ii) any Indebtedness.

Upon payment of Critical Illness Benefit, this Policy will be terminated immediately.

## 2.4 Definition of Critical Illness

Each Critical Illness has its meaning given under the relevant heading below. Any Diagnosis of a Critical Illness for the purpose of claiming the Critical Illness Benefit must fall within the relevant definition and meet with each and every condition and requirement set out under the heading of the relevant Critical Illness.

### Group 1 – Cancer

#### 1a) Cancer

Cancer means the presence of a malignant tumour that is characterized by progressive, uncontrolled growth, spread of malignant cells with invasion and destruction of normal and surrounding tissue. Cancer must be positively diagnosed with histopathological confirmation.

Based on above definition, any of the following tumours is not covered:

- (i) All growth which are histopathologically classified as any of the following:
- pre-malignant (for example: essential thrombocythaemia, polycythaemia rubra vera, tumours showing the malignant changes of carcinoma-in-situ including cervical intraepithelial neoplasia CIN-1, CIN-2 and CIN-3);
  - having either borderline malignancy; or
  - having low malignant potential.
- (ii) Leukaemia if there is no generalized dissemination of leukaemia cells in the blood-forming bone marrow and chronic lymphocytic leukaemia with staging RAI Stage I or Binet Stage A-I or lesser classification;
- (iii) All skin cancers, unless there is evidence of metastases or the tumour is a malignant melanoma of greater than 1.5mm maximum thickness as determined by histological examination using the Breslow method;
- (iv) Non life-threatening cancers, such as:
- prostate cancers which are histologically described as TNM Classification T1a or T1b, or are of another equivalent or lesser classification;
  - thyroid cancer histologically described as T1N0M0 or a lesser classification according to TNM staging classification; and
  - papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification.
- (v) Tumour(s) of the ovary classified as T1aN0M0 or T1bN0M0 or a lesser classification according to TNM staging classification.

## 嚴重疾病賠償

在符合本單的條款及條件下及在本單生效期間，倘若受保人被診斷患有嚴重疾病，我們將向保單權益人支付一筆過的嚴重疾病賠償。

嚴重疾病賠償應等於：

- (i) 以較高者為準：
- (i) 診斷時已繳總保費的 102%，若受保人受保於一份或超過一份由本公司簽發於此儲蓄保障計劃系列下的儲蓄保障計劃，於所有此儲蓄保障計劃系列下有提供嚴重疾病賠償的計劃的賠付總額，以診斷時已繳總保費的 100%加以下金額為上限：(1) 12,500 美元（如每一計劃的保單貨幣均為美元）；或(2) 100,000 港幣（如每一計劃的保單貨幣均為港幣）；或(3) 100,000 人民幣（如每一計劃的保單貨幣均為人民幣）；或(4)如多個計劃組合同時以美元、港幣及人民幣為保單貨幣，則為 12,500 美元或 100,000 港幣或 100,000 人民幣，以較高者為準；
- 或
- (ii) 診斷時的保證現金價值；
- 減
- (ii) 任何欠款。

如已作出嚴重疾病賠償，本保單會即時終止。

## 嚴重疾病的定義

每種嚴重疾病均有其訂定之定義並詳述於下列的有關標題下，而任何就嚴重疾病的診斷必須符合有關定義及該嚴重疾病標題下列出的所有及每一項條件及要求，方可就該嚴重疾病提出索償。

### 組別 1 – 癌症

#### 1a) 癌症

癌症指惡性腫瘤，其特徵為惡性細胞漸進地不受控制地生長及擴散，侵入及破壞正常及周邊組織。癌症必須由組織病理學報告確實診斷為惡性腫瘤。

基於上述定義，下列任何一類腫瘤並不受保障：

- (i) 組織病理學分類為以下任何一類腫瘤：
- 癌前病變（例如血小板增生症、真性紅細胞增多症、顯示原位癌惡性變化的腫瘤，包括子宮頸上皮內贅瘤 CIN-1, CIN-2 及 CIN-3）；
  - 交界惡性腫瘤；或
  - 低度惡性潛能腫瘤。
- (ii) 白血病類別中，沒有造成造血骨髓內白血病細胞廣泛擴散的情況，及被分類為 RAI 級別 I 或 Binet A-I 級別或以下的慢性淋巴性白血病；
- (iii) 所有皮膚癌，除非能證實腫瘤已經擴散或是利用 Breslow 組織學檢驗方法證明最高厚度超過 1.5mm 的惡性黑色素瘤；
- (iv) 非危及生命的癌症，例如：
- 根據 TNM 組織學分期被分級為 T1a 或 T1b，或其他分級方法中同等或更低分級的前列腺癌；
  - 根據 TNM 組織學分期被分級為 T1N0M0 或更低分級的甲狀腺癌；及
  - 根據 TNM 組織學分期被分級為 TaN0M0 或更低分級的膀胱乳頭狀癌。
- (v) 根據 TNM 組織學分期被分級為 T1aN0M0 或 T1bN0M0 或更低分級的卵巢腫瘤。

## Group 2 – Illnesses related to Heart

### 2a) Cardiomyopathy

Impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairments to the degree of at least Functional Class 4 of New York Heart Association Functional Classification of Cardiac Impairment. The Diagnosis must be confirmed by a Physician who is a cardiologist and supported by the appropriate test results including echocardiography.

### 2b) Coronary Artery Surgery

The actual undergoing of open-chest surgery to correct or treat coronary artery disease (CAD) by way of coronary artery bypass grafting.

Angioplasty and all other intra-arterial, catheter-based techniques, keyhole or laser procedures, are excluded.

### 2c) Heart Attack

Unequivocal Diagnosis of the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area.

All of the following criteria must be satisfied:

- (i) Typical central chest pain suggestive of heart attack;
- (ii) New ECG changes indicative of a recent myocardial infarction;
- (iii) The characteristic rise of cardiac enzymes or Troponins recorded at the following levels:
  - Troponin T > 1.0 ng/ml
  - AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods, whichever is higher.

### 2d) Heart Valve Replacement and Repair

The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.

Repair via intra-vascular procedure, key-hole surgery or similar techniques is specifically excluded.

### 2e) Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- (i) Positive result of the blood culture proving presence of the infectious organism(s);
- (ii) Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- (iii) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Physician who is a cardiologist.

### 2f) Other Serious Coronary Artery Disease

The Life Insured actually undergoes balloon angioplasty, atherectomy or laser treatment to correct narrowings (defined as being greater than 50% stenosis in 2 or more major coronary arteries; or being greater than 75% stenosis in 1 major coronary artery). The treatment must be considered necessary by a Physician who is a cardiologist either to relieve exercise limiting symptomatology which is not responding adequately to medical therapy or in order to achieve a prognostic benefit.

For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

In order to qualify for a benefit under this Critical Illness, there must be:

- (i) History of symptoms which are sufficiently severe to indicate that the Life Insured's future level of exercise

## 組別 2 – 與心臟相關疾病

### 2a) 心肌病

多種病因導致心室功能受損，引致永久及不可逆轉的損害，其程度至少為美國紐約心臟病學會心臟功能分級的第 4 級。必須由心臟科專科醫生診斷，並且有適當的檢查報告，報告中應包括心臟超聲波證明。

### 2b) 冠狀動脈手術

確實接受開胸手術進行冠狀動脈搭橋手術以矯正或治療冠狀動脈疾病。

血管成形術及所有其他經動脈穿刺進行的手術、導管技術、鎖孔手術或激光手術程序，均不受保障。

### 2c) 心臟病發

由於相關區域供血不足引致部份心肌壞死，心臟病發須得到明確診斷。

以下所有準則必須符合：

- (i) 典型胸痛徵狀；
- (ii) 新心電圖變化顯示近期心肌梗塞；
- (iii) 典型心臟酵素上升或肌鈣蛋白達到以下水平：
  - Troponin T > 1.0 ng/ml
  - AccuTnl > 0.5 ng/ml 或其他 Troponin I 檢驗方法同等的閾值，以兩者中的較高者為準。

### 2d) 心臟置換及修補

因出現心臟瓣膜缺陷或異常而確實已接受剖開心臟之手術以置換或修補心臟瓣膜。

透過血管內的手術、鎖孔手術或其他類似手術程序進行的修補則明確不受保障。

### 2e) 傳染性心內膜炎

是指由感染性微生物引致的心臟內膜炎，並須符合下列所有準則：

- (i) 血液培植結果呈陽性反應，證明感染性微生物的存在；
- (ii) 出現由傳染性心內膜炎導致的最少中度之心臟瓣膜功能不全（即返流部份達百分之二十(20%)或以上）或中度之心臟瓣膜狹窄（導致心臟瓣膜面積為正常值的百分之三十(30%)或以下）；及
- (iii) 傳染性心內膜炎的診斷及瓣膜受損的嚴重程度必須由心臟科專科醫生確定。

### 2f) 其他嚴重的冠狀動脈疾病

受保人需實際進行血管成形術、旋切術或激光手術以修正血管收窄位置（定義為最少二(2)條或以上主要冠狀動脈閉塞達百分之五十(50%)以上或一(1)條主要冠狀動脈閉塞達百分之七十五(75%)以上）。治療必須由心臟科專科醫生確定為必需，用以改善運動限制症狀而該症狀對於藥物治療未有足夠的反應，或用以達致好的預後情況。

就此定義而言，「主要冠狀動脈」是指任何左動脈主幹、左動脈前降支、迴旋動脈及右冠狀動脈（但不包括所有上述動脈的分支血管）。

如要取得此嚴重疾病的賠償，必須：

- (i) 曾有足夠嚴重徵狀顯示受保人若沒有作皮下介入手術，其未來接受運動的程度會受限制至最低水平，即使有藥物治療。
- (ii) 有醫療證據包括以下所有情況：

- tolerance would be restricted, despite medications, to a minimal level without percutaneous intervention; and
- (ii) Medical evidence including all of the following:
- Report from attending cardiologist; and
  - Evidence of significant and relevant electrocardiographic (ECG) changes (ST segment depression of 2 millimetres or more); and
  - Angiographic evidence to confirm the location and degree of stenosis in major coronary artery.

**2g) Primary Pulmonary Arterial Hypertension**

Primary Pulmonary Arterial Hypertension is the pathological increase of pulmonary pressure due to structural, functional or circulatory disturbances of the lung leading to right ventricular enlargement. The disease must result in permanent and irreversible physical impairment to the degree of at least Class 4 of the New York Heart Association Functional Classification of Cardiac Impairment. There must be proof that pulmonary pressure has remained above 30mmHg for a period of at least six (6) months.

**2h) Surgery to Aorta**

Surgery to Aorta means the undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or traumatic rupture of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

- 主診心臟科專科醫生的報告;
  - 心電圖顯示重要及相關的改變 (ST 段壓低 2 毫米或以上); 及
- 血管造影證據確定主要冠狀動脈閉塞的位置及程度。

**2g) 原發性肺動脈高血壓**

原發性肺動脈高血壓是指由於肺結構、肺功能或循環障礙引起的肺動脈壓力病理性增高, 造成右心室擴大。此病必須造成永久性和不可逆轉的體力活動受限, 心功能損害達到美國紐約心臟病學會心臟功能分級至少第 4 級。必須證明肺動脈壓至少在六 (6) 個月期間維持 30mmHg 以上。

**2h) 主動脈手術**

主動脈手術是指胸廓切開或剖腹進行修補或矯正主動脈瘤或主動脈阻塞、縮窄或創傷性破裂的情況。就本定義而言, 主動脈是指胸主動脈和腹主動脈, 但不包括其分支。

利用微創手術或動脈穿刺技術進行的手術除外。

**Group 3 – Illnesses related to Nervous System**

**3a) Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders**

All of the following conditions must be fulfilled and be caused by Alzheimer's Disease or other irreversible organic degenerative brain disorder:

- (i) Permanent irreversible failure of brain function;
- (ii) Standardized tests must prove a significant cognitive impairment due to Alzheimer's Disease or Dementia;
- (iii) The Life Insured must require continuous supervision to prevent him/her from harming others or him/herself; and
- (iv) There must be an inability of the Life Insured's to perform (whether aided or unaided) at least three (3) of the six (6) Activities of Daily Living for a continuous period of at least six (6) months.

The Diagnosis and the level of physical impairment must be confirmed by a Physician who is a neurologist.

The following causes of cognitive impairment are excluded:

- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol or drug abuse related brain damage.

**3b) Apallic Syndrome**

Universal necrosis of the brain cortex with the brainstem remaining intact. A definite Diagnosis of apallic syndrome must be confirmed by a Physician who is a neurologist, and the condition must be medically documented for at least one (1) month.

**3c) Bacterial Meningitis**

Bacterial Meningitis is an inflammation of the membranes covering the brain or spinal cord caused by bacteria. Permanent Neurological Deficit must be clinically documented for at least six (6) months and confirmed by a Physician who is a neurologist.

**3d) Benign Brain Tumour**

Benign Brain Tumour means a life-threatening, non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumour must be confirmed by imaging studies

**組別 3 – 與神經系統相關疾病**

**3a) 阿爾茨海默氏症 / 不可還原之器質性腦退化疾病**

必須符合下列所有條件, 並且是因患有阿爾茨海默氏症或其他不可還原之器質性腦退化疾病引致:

- (i) 不可逆轉的永久性腦功能衰竭;
- (ii) 標準測試必須證明由阿爾茨海默氏症或失智症導致明顯的認知功能損害;
- (iii) 受保人必須處於持續的看護狀態下, 以避免傷害他人或其自身; 及
- (iv) 無論有沒有別人協助, 受保人必須持續至少六 (6)個月已失去進行六(6)項日常活動中其中最少三(3)項的活動能力。

診斷及體力活動受限的程度必須由神經科專科醫生確認。

以下所列的認知損害原因並不包括在內:

- 非器質性疾病如神經機能疾病及精神病; 及
- 酒精或藥物濫用引起的腦部損害。

**3b) 植物人**

指腦皮質全面壞死, 惟腦幹仍保持完整。有關植物人之確實診斷必須獲神經專科醫生確定, 並須附以醫療記錄證明該情況已持續最少一(1)個月。

**3b) 細菌性腦膜炎**

細菌性腦膜炎是指由細菌感染導致覆蓋腦或脊髓的腦脊膜炎。永久性神經功能損害必須有最少六(6)個月的臨床記錄證明及細菌性腦膜炎的診斷必須由神經科專科醫生確認。

**3d) 良性腦腫瘤**

良性腦腫瘤是指危及生命的腦部非癌性腫瘤, 引起顱內壓增高的徵狀, 例如視神經乳頭水腫、精神徵狀、癲癇及感覺障礙。腦腫瘤的存在必須由影像學如電腦斷層掃描(CT)或磁力共振造影(MRI)確定。

such as computed tomography (CT) scan or magnetic resonance imaging (MRI). The tumour must result in significant Permanent Neurological Deficit persisting for at least six (6) consecutive months.

Based on above definition, the following are not covered:

- (i) Cysts;
- (ii) Granulomas;
- (iii) Vascular malformations;
- (iv) Haematomas; and
- (v) Tumours of the pituitary gland or spinal cord.

**3e) Coma**

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

- (i) requires the use of life support systems for a continuous period of at least ninety-six (96) hours; and
- (ii) results in Permanent Neurological Deficit with persisting clinical symptoms for at least six (6) consecutive months after the Diagnosis which must be confirmed by a Physician who is a neurologist.

For the above definition, the following is not covered:

- Coma secondary to alcohol or drug abuse; and
- Medically induced coma.

**3f) Encephalitis**

Encephalitis is an inflammation of the brain (cerebral hemisphere, brainstem or cerebellum). The disease must result in complications lasting at least six (6) weeks, which include Permanent Neurological Deficit. The resultant Permanent Neurological Deficit must be clinically documented for at least six (6) consecutive months and confirmed by a Physician who is a neurologist.

**3g) Hemiplegia**

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

**3h) Major Head Trauma**

Head injury caused by Accident and an external force resulting in Permanent Neurological Deficit giving rise to the inability of the Life Insured to perform without assistance of another person at least three (3) of the six (6) Activities of Daily Living as certified by a Physician who is a neurologist.

**3i) Meningeal Tuberculosis**

Meningitis caused by tubercle bacilli, resulting in Permanent Neurological Deficit.

The Diagnosis must be confirmed by a Physician who is a neurologist.

**3j) Spinal Muscular Atrophy**

In respect of this definition, the Spinal Muscular Atrophy must cause Permanent Neurological Deficit resulting in the irreversible inability of the Life Insured to perform at least three (3) of the six (6) Activities of Daily Living without assistance of another person.

The Diagnosis must be made by a Physician who is a neurologist.

**3k) Progressive Bulbar Palsy**

In respect of this definition, the Progressive Bulbar Palsy must cause Permanent Neurological Deficit resulting in the irreversible inability of the Life Insured to perform at least three (3) of the six (6) Activities of Daily Living without assistance of another person.

The Diagnosis must be made by a Physician who is a neurologist.

**3l) Amyotrophic Lateral Sclerosis**

In respect of this definition, the Amyotrophic Lateral Sclerosis must cause Permanent Neurological Deficit resulting in the

該腫瘤必須導致受保人持續至少六(6)個月的嚴重永久性神經功能損害。

基於上述定義，保障範圍不包括以下情況；

- (i) 腦部囊腫；
- (ii) 肉芽腫瘤；
- (iii) 腦血管畸形；
- (iv) 血腫；及
- (v) 腦垂體腫瘤或脊髓腫瘤。

**3e) 昏迷**

喪失知覺及對所有外界刺激或內部需求完全沒有反應，且須符合下列所有條件：

- (i) 需要使用生命維持系統連續至少九十六(96)小時；及
- (ii) 經由神經科專科醫生診斷後，確定已造成永久性神經功能損害，並出現持續至少六(6)個月的臨床徵狀。

基於上述定義，保障範圍不包括下列情況：

- 因酒精或藥物濫用所導致的昏迷；或
- 醫學誘導的昏迷。

**3f) 腦炎**

腦炎是指大腦半球、腦幹或小腦的炎症。須已導致併發症且持續最少六(6)個星期，其中包括永久性神經功能損害。已造成的永久性神經功能損害必須有持續最少六(6)個月的臨床記錄證明，及須由神經科專科醫生確定。

**3g) 偏癱**

因疾病或受傷（自致之受傷除外）導致癱瘓以致半邊身體完全及永久失去功能。

**3h) 嚴重頭部創傷**

因意外事件及外來力量引致頭部受傷，導致永久性神經功能損害，經由神經科專科醫生證實此損害已令受保人在沒有別人協助的情況下，失去進行六(6)項日常活動中其中最少三(3)項的活動能力。

**3i) 結核性腦膜炎**

結核桿菌引起的腦膜炎，導致永久性神經功能損害。

診斷必須由神經科專科醫生確定。

**3j) 脊髓性肌肉萎縮症**

就本定義而言，脊髓性肌肉萎縮症必須造成永久性神經功能損害，令受保人在沒有別人協助的情況下，不可逆轉地失去進行六(6)項日常活動中其中最少三(3)項的活動能力。

診斷必須由神經科專科醫生確定。

**3k) 漸進性延髓麻痺症**

就本定義而言，漸進性延髓麻痺症必須造成永久性神經功能損害，令受保人在沒有別人協助的情況下，不可逆轉地失去進行六(6)項日常活動中其中最少三(3)項的活動能力。

診斷必須由神經科專科醫生確定。

**3l) 肌萎縮性脊髓側索硬化症**

就本定義而言，肌萎縮性脊髓側索硬化症必須造成永久性神經功能損害，令受保人在沒有別人協助的

irreversible inability of the Life Insured to perform at least three (3) of the six (6) Activities of Daily Living without assistance of another person.

The Diagnosis must be made by a Physician who is a neurologist.

### 3m) Primary Lateral Sclerosis

In respect of this definition, the Primary Lateral Sclerosis must cause Permanent Neurological Deficit resulting in the irreversible inability of the Life Insured to perform without assistance of another person at least three (3) of the six (6) Activities of Daily Living without assistance of another person.

The Diagnosis must be made by a Physician who is a neurologist.

### 3n) Multiple Sclerosis

A disease due to demyelination of neurological brain tissue. A Physician who is a neurologist must make a Diagnosis of clinically definite Multiple Sclerosis.

The Diagnosis must be supported by all of the following:

- (i) Investigations which unequivocally confirm the Diagnosis to be Multiple Sclerosis;
- (ii) Multiple neurological deficits which occurred over a continuous period of at least six (6) months; and
- (iii) Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as Systemic Lupus Erythematosus are excluded.

### 3o) Muscular Dystrophy

Muscular Dystrophies are a group of genetic degenerative myopathies characterized by weakness and atrophy of muscle without involvement of the nervous system. The condition must cause permanent and irreversible inability of the Life Insured to perform without assistance of another person at least three (3) of the six (6) Activities of Daily Living.

The Diagnosis must be made by a Physician who is a neurologist.

### 3p) Paralysis

Paralysis means the permanent and total loss of function of two (2) or more limbs as a result of Injury to, or disease of the spinal cord, including Quadriplegia, Paraplegia, Diplegia or Tetraplegia. Limb is defined as the complete arm or the complete leg.

- Quadriplegia means the permanent and total loss of function of both arms and both legs.
- Paraplegia means the permanent and total loss of function of both legs.
- Diplegia means the permanent and total loss of function of both sides of the body.
- Tetraplegia means the permanent and total loss of function of both arms and both legs and loss of head movement.

### 3q) Parkinson's Disease

Parkinson's Disease is a slowly progressive degenerative disease of the central nervous system with degeneration of neurons in a region of the brain that causes a reduction of dopamine levels in parts of the brain.

The disease must be unequivocally diagnosed and all of the following conditions must be fulfilled:

- (i) The disease cannot be controlled with medication;
- (ii) The disease shows signs of progressive impairment; and
- (iii) The disease must cause Permanent Neurological Deficit resulting in the permanent and irreversible inability of the Life Insured to perform without assistance of another person at least three (3) of the six (6) Activities of Daily Living.

The Diagnosis must be made by a Physician who is a neurologist.

情況下，不可逆轉地失去進行六(6)項日常活動中其中最少三(3)項的活動能力。

診斷必須由神經科專科醫生確定。

### 3m) 原發性側索硬化症

就本定義而言，原發性側索硬化症必須造成永久性神經功能損害，令受保人在沒有別人協助的情況下，不可逆轉地失去進行六(6)項日常活動中其中最少三(3)項的活動能力。

診斷必須由神經科專科醫生確定。

### 3n) 多發性硬化症

多發性硬化症是一種神經性腦組織的脫髓鞘疾病，必須由神經科專科醫生診斷為臨床定義的多發性硬化症。

診斷必須有下列所有資料支持：

- (i) 檢查必須明確診斷為多發性硬化症；
- (ii) 持續至少六(6)個月以上多種神經功能損害；及
- (iii) 必須有清楚記錄的病歷顯示以上病徵或神經功能損害惡化及緩解的情況。

其他原因例如因系統性紅斑狼瘡症等引致神經性損害則除外。

### 3o) 肌肉營養不良症

肌肉營養不良症是一組遺傳性肌肉退化病變，其特徵為與神經系統無關的肌肉無力和萎縮。病情必須導致受保人在沒有別人協助的情況下，永久而不可逆轉地失去進行六(6)項日常活動中其中最少三(3)項的活動能力。

診斷必須由神經科專科醫生確定。

### 3p) 癱瘓

癱瘓是指由於脊髓的疾病或受傷導致兩(2)個或以上的肢體永久及完全喪失功能，包括四肢癱瘓、下身癱瘓、兩側癱瘓及全身癱瘓。肢體的定義為完整的手臂或下肢。

- 四肢癱瘓是指上兩肢及下兩肢永久及完全喪失功能。
- 下身癱瘓是指下兩肢永久及完全喪失功能。
- 兩側癱瘓是指身體兩側永久及完全喪失功能。
- 全身癱瘓是指上兩肢、下兩肢及頭部活動永久及完全喪失功能。

### 3q) 柏金遜症

柏金遜症是一種緩慢進行性中樞神經系統退化疾病，是由於腦部某區域神經元退化引起腦內部份區域多巴胺水平下降而導致。

柏金遜症必須被明確診斷及符合下列所有條件：

- (i) 病症已不受藥物控制；
- (ii) 顯現進行性損害徵狀；及
- (iii) 病情必須造成永久性神經功能損害，導致受保人在沒有別人協助的情況下，永久及不能逆轉地失去進行六(6)項日常活動中其中最少三(3)項的活動能力。

診斷必須由神經科專科醫生確定。

**3r) Poliomyelitis**

Unequivocal Diagnosis of infection with the poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness.

In respect of this definition, the Poliomyelitis must cause neurological deficit resulting in paralysis in limbs that is permanent.

The Diagnosis must be made by a Physician who is a neurologist.

**3s) Progressive Supranuclear Palsy**

Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Physician who is a neurologist.

**3t) Severe Myasthenia Gravis**

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

- (i) Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- (ii) The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Physician who is a specialist in the relevant field

Myasthenia Gravis Foundation of America Clinical Classification:

- Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere
- Class II: Eye muscle weakness of any severity, mild weakness of other muscles
- Class III: Eye muscle weakness of any severity, moderate weakness of other muscles
- Class IV: Eye muscle weakness of any severity, severe weakness of other muscles
- Class V: Intubation needed to maintain airway

**3u) Stroke**

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis.

This Diagnosis must be supported by all the following conditions:

- (i) Evidence of Permanent Neurological Deficit confirmed by a Physician who is a neurologist at least six (6) weeks after the event; and
- (ii) Findings on magnetic resonance imaging (MRI), computed tomography (CT), or other reliable imaging techniques consistent with the Diagnosis of a new stroke.

Based on above definition, the following is not covered:

- Transient Ischaemic Attacks;
- Brain damage due to an Accident or Injury, infection, vasculitis and inflammatory disease;
- Vascular disease affecting the eye or optic nerve; and
- Ischaemic disorder of the vestibular system.

**Group 4 – Illnesses related to Major Organs or Functions**

**4a) Acute Necrohemorrhagic Pancreatitis**

Acute inflammation and necrosis of pancreas parenchyma, focal enzymic necrosis of pancreatic fat and hemorrhage due to blood vessel necrosis, where all of the following criteria are met:

- (i) The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and
- (ii) The Diagnosis is based on histopathological features and confirmed by a Physician who is a gastroenterologist.

Pancreatitis due to alcohol or drug abuse is excluded.

**3r) 脊髓灰質炎**

由於脊髓灰質炎病毒的感染而導致癱瘓，出現運動功能障礙或呼吸功能損害的明確診斷。

就本定義而言，脊髓灰質炎必須造成神經功能損害並導致肢體永久性癱瘓。

診斷必須由神經科專科醫生確定。

**3s) 進行性核上神經癱瘓症**

進行性核上神經癱瘓症在不涉及任何其他因素下引致永久性神經功能損害，並直接導致受保人永久不能進行最少兩(2)項日常活動的能力。有關進行性核上神經癱瘓症的診斷必須由神經科專科醫生確定。

**3t) 嚴重重症肌無力**

是指一種引致神經肌肉傳遞障礙之後天免疫性疾病，並導致波動性之肌無力及容易疲勞，且須符合下列所有準則：

- (i) 出現永久性的肌無力，並根據下列按美國重症肌無力基金會的臨床分類定為第 IV 或 V 級；及
- (ii) 重症肌無力的診斷必須由相關專科醫生確定。

美國重症肌無力基金會的臨床分類：

- 第 I 級： 任何眼部肌肉無力，可能之上瞼下垂，及並無其他部位出現肌無力的證據
- 第 II 級： 任何程度之眼肌肌肉無力，及其他部位之輕度肌肉無力
- 第 III 級： 任何程度之眼肌肌肉無力，及其他部位之中度肌肉無力
- 第 IV 級： 任何程度之眼肌肌肉無力，及其他部位之嚴重肌肉無力
- 第 V 級： 需要插管以維持氣管暢通

**3u) 中風**

腦血管病症包括腦組織梗塞、腦出血、蛛網膜下腔出血、腦栓塞及腦血栓。

確定診斷必須有下列所有條件支持：

- (i) 於中風事故後最少(6)個星期，由神經科專科醫生確定已造成永久性神經功能損害的證據；及
- (ii) 磁力共振掃描(MRI)、電腦斷層掃描(CT)或其他可靠的顯影技術測出證明此為新發生的中風事故。

基於上述定義，保障範圍不包括下列情況：

- 短暫性腦缺血症狀；
- 因意外事件或受傷、感染、血管炎及炎症性疾病引致的腦部受損；
- 影響眼睛或視覺神經的血管疾病；及
- 前庭系統缺血疾病。

**組別 4 – 與主要器官或功能相關疾病**

**4a) 急性壞死及出血性胰腺炎**

急性胰腺實質發炎及壞死、胰腺脂肪酶病灶性壞死及因血管壞死而出血，並須符合下列所有準則：

- (i) 所需治療是以手術清除壞死組織或進行胰切除術；及
- (ii) 診斷必須以組織病理學的特徵為準，並由腸胃科專科醫生確定。

因酒精或濫用藥物引致的胰腺炎並不受保障。

**4b) Aplastic Anaemia**

Irreversible bone marrow failure resulting in anaemia, neutropenia and thrombocytopenia. The Diagnosis must be based on a bone marrow biopsy.

At least two (2) out of the following three (3) values should be present:

- (i) Absolute neutrophil count of 500 per cubic millimeter (mm<sup>3</sup>) or less;
- (ii) Absolute reticulocyte count of 20,000 per cubic millimeter (mm<sup>3</sup>) or less; and/or
- (iii) Platelet count of 20,000 per cubic millimeter (mm<sup>3</sup>) or less.

**4c) Chronic Liver Disease**

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

**4d) Chronic Relapsing Pancreatitis**

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Specialist Gastroenterologist and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

**4e) End Stage Lung Disease**

All of the following conditions must be fulfilled for end stage lung disease:

- (i) Proof of necessary and permanent oxygen therapy for at least eight (8) hours per day; and
- (ii) FEV1 test result of less than one (1) litre.

**4f) Fulminant Viral Hepatitis**

A sub-massive to massive necrosis of the liver caused by a Hepatitis virus, leading precipitously to liver failure.

All of the following criteria must be fulfilled:

- (i) Severe jaundice or deepening jaundice;
- (ii) Encephalopathy;
- (iii) A rapidly decreasing liver size evidenced by a liver ultrasonic examination of other imaging examinations; and
- (iv) Progressive deteriorating liver function evidenced by liver function tests.

**4g) Kidney Failure**

End stage renal failure which presents chronic irreversible failure of all kidney(s) in functioning and requires regular long-term dialysis. The conditions of the renal functions and the necessity of continuous dialysis must be certified by a Physician who is a nephrologist.

**4h) Major Organ Transplantation**

The actual undergoing of a transplantation of a complete human organ as a recipient of one or more of the following organs: kidney, liver, heart, lung, pancreas or the transplantation of hemopoietic stem cells as a result of hemopoietic function damage or malignant tumour of the blood forming system.

In respect of this Critical Illness, liver means at least one lobe of the liver, lung means at least two lobes of a lung, hemopoietic stem cells include bone marrow stem cells, peripheral blood stem cells and umbilical blood stem cells.

Except for the organ mentioned above, the transplantation of any other organs, parts of organs, tissues or cells is excluded.

**4i) Medullary Cystic Disease**

A hereditary kidney disorder characterized by gradual and progressive loss of kidney function because of cysts in the kidney medulla.

Diagnosis must be certified by a Physician who is a

**4b) 再生障礙性貧血**

是指因不可逆轉的骨髓功能衰竭導致的貧血、中性粒細胞減少和血小板減少。再生障礙性貧血的診斷必須得到骨髓活組織檢查證實。

以下三(3)個數值中最少必須有兩(2)個數值要顯現:

- (i) 中性粒細胞絕對計數為 500/mm<sup>3</sup> 或以下;
- (ii) 網織紅細胞絕對計數為 20,000/mm<sup>3</sup> 或以下; 及/或
- (iii) 血小板計數為 20,000/mm<sup>3</sup> 或以下。

**4c) 慢性肝病**

末期肝衰竭, 伴有黃疸增加。普遍醫學觀點認為病人已沒有好轉的可能, 並且已經出現腹水或肝性腦病。

**4d) 慢性復發性胰臟炎**

經註冊腸胃科專科醫生診斷為慢性復發性胰臟炎, 並證實胰臟持續性發炎, 其病徵有不可逆轉的形態轉變及典型疼痛及/或永久性的功能損壞。本病症必須由胰臟功能測試和放射及影像證據證實。

任何直接地或間接地、完全地或部份地由酗酒導致的復發性胰臟炎並不在保障範圍內。

**4e) 末期肺病**

末期肺病必須符合以下所有條件:

- (i) 證明需要永久性吸氧治療, 每日最少八(8)個小時; 及
- (ii) 在第一秒最大呼氣量(FEV1) 測試結果為少於一(1) 公升。

**4f) 爆發性肝炎**

因肝炎病毒造成部份或大部份的肝臟壞死, 導致急劇肝衰竭。

以下所有準則必須符合:

- (i) 嚴重黃疸或黃疸逐漸加深;
- (ii) 肝性腦病;
- (iii) 肝臟超聲波檢查或其他顯影檢查顯示肝臟急速萎縮; 及
- (iv) 肝功能測試證實肝功能進行性退化。

**4g) 腎衰竭**

末期腎衰竭是指全部腎臟出現慢性不可逆轉的功能喪失, 導致需要長期接受定期的腎臟透析。腎功能衰竭的病症及持續透析的必要性必須由腎病專科醫生確認。

**4h) 重要器官移植**

受保人作為受體就下列一個或多個器官實際進行完整人體器官移植: 腎臟、肝臟、心臟、肺、胰臟或由於造血功能受損或造血系統惡性腫瘤而進行造血幹細胞移植。

就本嚴重疾病而言, 肝臟是指最少一個肝葉、肺是指最少兩個肺葉、造血幹細胞包括骨髓幹細胞、外周血幹細胞及臍帶血幹細胞。

除以上列明的器官外, 其他任何器官移植、部份器官移植、組織或細胞移植均除外。

**4i) 腎髓質囊腫病**

是一種遺傳疾病, 其特徵為腎髓質內的囊腫導致受保人漸進地喪失腎功能。

診斷必須由腎病專科醫生確認及顯影術檢查結果顯

nephrologist and supported by imaging evidence of multiple medullary cysts with cortical atrophy.

#### 4j) Systemic Lupus Erythematosus with Lupus Nephritis

A multisystem, multifactorial, autoimmune disorder which mostly affects female in their childbearing years and is characterized by the development of auto-antibodies directed against various self-antigens.

In respect to this Critical Illness, Systemic Lupus Erythematosus will be restricted to those which involve the kidneys (Type III to Type V Lupus nephritis, established by renal biopsy, and in accordance with the WHO classification as noted below). Other forms, discoid lupus and those forms with haematological and joint involvement will be specifically excluded.

The final Diagnosis may have to be supported by a Physician specializing in rheumatology and immunology.

##### WHO Lupus nephritis classification

WHO class I (minimal)	Negative, normal urine
WHO class II (mesangial)	Moderate proteinuria, occasionally active sediment
WHO class III (focal segmental)	Proteinuria, active sediment
WHO class IV (diffuse)	Acute nephritis with active sediment and/or nephrotic syndrome
WHO class V (membranous)	Nephritis syndrome or severe proteinuria

#### 4k) Systemic Scleroderma

A systemic connective tissue disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs which reaches systemic proportions such that two (2) of the following criteria are met:

- pulmonary involvement showing carbon monoxide diffusing capacity (DLCO) < 70% of the predicted value, or forced expiratory volume in 1 sec (FEV1), forced vital capacity (FVC) or total lung capacity (TLC) < 75% of the predicted value;
- renal involvement showing glomerular filtration rate (GFR) < 60 ml/min; and/or
- cardiac involvement showing evidence of either congestive heart failure, cardiac arrhythmia requiring medication, or pericarditis with moderate to large pericardial effusion.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea); and
- Eosinophilic fasciitis; and
- CREST syndrome.

Unequivocal Diagnosis of Systemic Scleroderma must be confirmed by a Physician who is a rheumatologist.

### Group 5 – Other Critical Illnesses

#### 5a) Blindness

Irreversible loss of sight in both eyes as a result of illness or injury, where any one (1) of the following conditions is met:  
(i) the best corrected visual acuity in both eyes must be 2/60 or less using a Snellen Chart or equivalent test; or  
(ii) the best corrected visual field in both eyes must be 5 degrees or less.

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

#### 5b) Chronic Adrenal Insufficiency (Addison's Disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life-long glucocorticoid and mineral corticoid replacement therapy. The Diagnosis of Chronic Adrenal Insufficiency (Addison's Disease) must be: i) confirmed by a Physician who is an endocrinologist and an

示證明有多重髓質囊腫及皮質萎縮。

#### 4j) 系統性紅斑狼瘡性腎炎

此症是由多種因素引起，累及多系統的自身免疫性疾病。其特徵是生成自身抗體以對抗多種自身抗原，多見於育齡婦女。

就本嚴重疾病而言，系統性紅斑狼瘡僅限於累及腎臟（經腎臟活檢確認的，符合下列世衛分類的 III 型至 V 型狼瘡性腎炎）的系統性紅斑狼瘡。其他類型的紅斑性狼瘡、盤狀狼瘡和涉及血液及關節的狼瘡明確不在本保障範圍內。

最終診斷須由風濕和免疫科專科醫生確認。

##### 世界衛生組織(WHO)狼瘡性腎炎分類

I 型（微小病變型）	呈陰性，尿液正常
II 型（系膜病變型）	中度蛋白尿，偶有尿沉渣改變
III 型（局灶及節段增生型）	蛋白尿，尿沉渣改變
IV 型（彌漫增生型）	急性腎炎伴有尿沉渣改變及/或腎病綜合症
V 型（膜型）	腎病綜合症或重度蛋白尿

#### 4k) 系統性硬皮病

是指因結締組織系統性疾病引致皮膚、血管及內臟器官逐步彌漫性纖維化，達至全身受影響的程度已符合下列準則的其中兩(2)項：

- 肺受影響之證明為一氧化碳肺擴散容量(DLCO)少於預測值的百分之七十(70%)，或第一秒最大呼氣量 (FEV1)、用力肺活量(FVC)或肺總量 (TLC)少於預測值的百分之七十五(75%)；
- 腎受影響之證明為腎小球濾過率(GFR)少於每分鐘六十毫升 (60ml/min)；及/或
- 心臟受影響之證明為充血性心力衰竭、心律失常以致需服用藥物、或心包炎（中度至大量心包積液）。

以下所列不包括在承保範圍內：

- 局部硬皮病（線性硬皮病或硬斑病）；及
- 嗜酸性筋膜炎；及
- CREST 綜合症。

必須由風濕病專科醫生對該系統性硬皮病作出明確診斷。

### 組別 5 – 其他嚴重疾病

#### 5a) 失明

因疾病或受傷導致雙目視力不可逆轉損失，並須符合下列任何一(1)項條件：

- 根據斯內倫 (Snellen) 視力表或同等測試，雙目的最佳矯正視力必須相等於或低於 2/60；或
- 雙目的最佳矯正視野闊度必須相等於或低於五 (5)度。

失明必須經眼科專科醫生確定。

#### 5b) 慢性腎上腺功能不全（阿狄森氏病）

是指因自身免疫性疾病引致腎上腺逐漸受到破壞，導致終生需要糖皮質激素及礦物皮質激素補充療法。有關慢性腎上腺功能不全（阿狄森氏病）的診斷必須由：(i)內分泌專科醫生及我們指派的一位獨

independent medical expert appointed by us; and ii) supported by ACTH stimulation tests.

Only chronic adrenal insufficiency caused by an autoimmune disorder is included. All other causes of adrenal insufficiency are excluded.

#### 5c) Creutzfeldt-Jakob Disease

Diagnosis by a Physician who is a neurologist of Creutzfeldt-Jakob disease which is a rare, usually fatal spongiform encephalopathy accompanied by signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis.

Diagnosis must be based on conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings, as well as CT scan and MRI.

#### 5d) Crohn's Disease

A chronic granulomatous inflammatory disease of the intestine. The Diagnosis must be confirmed by characteristic histopathological features and a Physician who is a gastroenterologist.

The disease must have resulted in all of the following intestinal complications:

- (i) Fistula Formation (excluding Fistula-in-ano);
- (ii) Obstruction; and
- (iii) Perforation (not caused by an intervention).

#### 5e) Ebola

Infection with the Ebola virus where the following conditions are met:

- (i) presence of the Ebola virus has been confirmed by laboratory testing;
- (ii) there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
- (iii) the infection does not result in death.

#### 5f) Elephantiasis

Elephantiasis is the result and complication of filariasis, characterized by massive swelling of the tissues of the body as a result of obstructed circulation in lymphatic vessels.

Unequivocal Diagnosis of elephantiasis must be clinically confirmed by a Physician who specializes in infectious disease or equivalent medical specialty, including laboratory confirmation of microfilariae, and must be supported by our Company's appointed medical adviser. The benefit does not cover Lymphoedema caused by infection with a sexually transmitted disease, trauma, postoperative scarring, congestive heart failure or congenital lymphatic system abnormalities.

#### 5g) HIV due to Blood Transfusion

The Life Insured being infected by Human Immunodeficiency Virus (HIV) provided that:

- (i) The infection is due to a blood transfusion received after the Policy Issue Date or the date of endorsement or the effective date of last reinstatement, whichever is the latest;
- (ii) The institution which provided the transfusion admits liability or there is a final court verdict that cannot be appealed indicating such liability; and
- (iii) The infected Life Insured is not a haemophiliac.

The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.

This Critical Illness Benefit will not apply in the event that any medical cure is found for Acquired Immune Deficiency Syndrome (AIDS) or the effects of the HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

Infection in any other manner, including infection as a result of sexual activity or intravenous drug use is excluded. The Company must have open access to all blood samples and

立的醫療專家確定；及(ii)促腎上腺皮質激素刺激測試證明。

此保障只承保由自身免疫性疾病引致的慢性腎上腺功能不全，所有其他原因引致的腎上腺功能不全並不受保障。

#### 庫賈氏病

由神經科專科醫生診斷為庫賈氏病(CJD)是一種罕見及通常致命的海綿狀腦病，伴有小腦功能障礙的徵狀、嚴重的進行性癡呆、不受控制的肌肉痙攣、震顫和手足徐動症。

診斷必須基於結論性的腦電圖 (EEG) 和腦脊液 (CSF) 發現，以及電腦斷層掃描及磁力共振掃描。

#### 5d) 克隆氏病

一種發生於腸道的慢性肉芽腫性炎症疾病。診斷必須有組織病理學病徵支持及由腸胃科專科醫生確認。

此病必須導致所有以下腸內併發症：

- (i) 瘻管形成 (肛瘻除外)；
- (ii) 腸梗阻；及
- (iii) 腸穿孔 (並非由於介入性操作所致)。

#### 5e) 伊波拉

伊波拉病毒感染須符合下列條件：

- (i) 由化驗室檢驗證明伊波拉病毒之存在；
  - (ii) 不斷因感染引致併發症，並由出現有關病徵開始起計持續超過三十(30)天；及
- 該感染並不導致死亡。

#### 5f) 象皮病

象皮病是絲蟲病的結果及併發症，特徵表現為由於淋巴管循環受阻導致的身體組織嚴重水腫。

須由傳染病專科醫生或相等的醫學專科醫生作出明確的診斷，同時有檢驗出微蚴的化驗室證據支持，診斷還需得到本公司指定醫學顧問認可。本保障不包括由於性傳播疾病、創傷、術後疤痕、充血性心力衰竭或先天性淋巴系統發育異常引起的淋巴水腫。

#### 5g) 因輸血感染人類免疫力缺乏病毒 (HIV)

受保人感染人類免疫力缺乏病毒(HIV)，並符合下列所有條件：

- (i) 感染是由於接受輸血引起，且導致感染的輸血日期在保單簽發日期或加簽批註日期或上一次保單復效的生效日 (以最遲者為準) 之後；
- (ii) 提供輸血的機構承認責任，或法院最終裁定此醫療責任且不得上訴；及
- (iii) 被感染的受保人並非血友病患者。

此事故必須已報告給適當的監管機構並已按照既定程序進行調查。

如果醫學上出現能夠治療愛滋病或 HIV 的方法，或者出現能夠預防愛滋病的醫療方法，本嚴重疾病賠償將不適用。

由於其他方式導致感染，包括經性行為或靜脈注射藥物導致感染均除外。本公司有權要求取得受保人所有血液樣本，並且保留使用該等血液樣本進行獨立測試的權利。

reserves the right to obtain independent testing of such blood samples.

**5h) Loss of Hearing**

Total and irreversible loss of hearing in both ears, with an auditory threshold of more than 90 decibels from the frequency of 50Hz to 4000Hz, as a result of sickness or Injury. The Diagnosis must be clinically made by a specialist and confirmed with audiometry test.

No benefit will be payable by the Company if in general medical opinion a hearing aid, device or implant could result in the partial or total restoration of hearing.

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

**5i) Loss of One Limb and One Eye**

Irreversible loss of sight in one (1) eye and loss by severance of one (1) limb at or above the wrist or ankle as a result of illness or Injury.

For the purpose of this definition, "loss of sight" refers to meeting any one (1) of the following conditions:

- (i) the best corrected visual acuity in one (1) eye must be 2/60 or less using a Snellen Chart or equivalent test; or
- (ii) the best corrected visual field in one (1) eye must be 5 degrees or less.

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

**5j) Loss of Speech**

Loss of Speech means the complete and irrecoverable loss of speech as a result of sickness or Injury. The loss of the ability to speak must be established for a continuous period of twelve (12) months.

No benefit will be payable by the Company if in general medical opinion any aid, device, treatment or implant could result in the partial or total restoration of speech.

The benefit should not be paid unless at the time of first Diagnosis, the Life Insured attains aged above six (6) years old.

**5k) Loss of Two Limbs**

Severance of two (2) limbs at or above wrist or ankle as a result of illness or Injury.

**5l) Major Burns**

Major Burns means tissue injury caused by thermal, chemical or electrical agents resulting in third degree or full thickness burns to at least twenty percent (20%) of the body surface area as measured by The Rule of Nines or the Lund and Browder Body Surface Chart.

**5m) Medically Acquired HIV Infection**

The Life Insured being infected by Human Immunodeficiency Virus (HIV) provided that:

- (i) The infection is due to an operation or a medical or dental procedure after the Policy Issue Date or date of any reinstatement, whichever is later;
- (ii) The institution which provided the operation or the medical or dental procedure admits liability or there is a final court verdict that cannot be appealed indicating such liability; and
- (iii) The infected Life Insured is not a hemophiliac.

The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.

This Critical Illness Benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention

**5h) 失聰**

因疾病或受傷導致雙耳完全失去聽覺，聽覺關於頻率 50 赫茲至 4,000 赫茲內超過九十(90)分貝及不可復原。臨床診斷必須由專科醫生作出及有聽力測試確定。

若一般的醫療建議認為以助聽器、設備或植入物可以導致部份或全部恢復聽力，則不獲賠償。

須提供包括聽力測驗和聲域測驗的醫學證明，而失聰之診斷必須由耳、鼻、喉專科醫生確定。

**5i) 失去一肢及一眼**

因疾病或受傷導致一(1)眼視力不可逆轉損失及任何一(1)肢於手腕或足踝部位或以上切斷。

就此定義而言，「損失視力」是指符合下列任何一(1)項條件：

- (i) 根據斯內倫 (Snellen) 視力表或同等測試，一(1)只眼睛的最佳矯正視力必須相等於或低於 2/60；或
- (ii) 一(1)只眼睛的最佳矯正視野闊度必須相等於或低於五(5)度。

視力損失必須經眼科專科醫生確定。

**5j) 喪失語言能力**

喪失語言能力是指因疾病或受傷導致完全不可恢復的語言能力及已喪失連續十二(12)個月。

如一般的醫療建議認為任何的輔助、儀器、治療或植入裝置可以恢復完全或部份語言能力，本公司將不予理賠。

受保人首次診斷此症的年齡必須已屆滿六(6)歲以上，否則本公司不接受理賠。

**5k) 失去兩肢**

因疾病或受傷導致任何兩(2)肢於手腕或足踝部位或以從身體分離。

**5l) 嚴重燒傷**

嚴重燒傷是指因為熱力、化學物質或電力導致皮膚第三級燒傷或全層燒傷達身體表面積最少百分之二十(20%)，燒傷面積根據九份法 (The Rule of Nines) 或身體表面積表 (Lund and Browder Body Surface Chart) 來量度。

**5m) 因醫療感染人類免疫力缺乏病毒 (HIV)**

受保人由於以下原因感染人類免疫力缺乏病毒 (HIV)：

- (i) 感染是由於在保單簽發日期或任何恢復生效日 (以較遲者為準) 之後進行的手術或醫療或牙科程序所致；
- (ii) 提供手術或醫療或牙科程序的機構承認責任，或法院最終裁定此醫療責任且不得上訴；及
- (iii) 被感染的受保人並非血友病患者。

此事故必須已報告給適當的監管機構並已按照既定程序進行調查。

如果醫學上出現能夠治癒愛滋病或 HIV 的方法，或者出現能夠預防愛滋病的醫療方法，本嚴重疾病賠償將不適用。

of the occurrence of AIDS.

Infection in any other manner, including infection as a result of sexual activity or recreational intravenous drug use is excluded.

The Company must have open access to all blood samples of the Insured and reserves the right to obtain independent testing of such blood samples.

#### 5n) Necrotising Fasciitis

The occurrence of necrotising fasciitis where the following conditions are met:

- (i) the usual clinical criteria of necrotising fasciitis are met;
- (ii) the bacteria identified is a known cause of necrotising fasciitis; and
- (iii) there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

The Diagnosis must be confirmed by a Physician who is a specialist in the relevant field.

#### 5o) Occupationally Acquired HIV

The Life Insured being infected by Human Immunodeficiency Virus (HIV) where the virus is acquired as a result of:

- (i) An Injury occurring during the course of the Life Insured's normal occupation; or
- (ii) Occupational handling of blood or other body fluids.

All of the following conditions must be fulfilled for a valid claim:

- (i) The infection must have incurred while the Life Insured worked in his/her profession and the profession must be on the list below;
- (ii) The Life Insured must provide the negative result of a test for HIV-virus or antibodies to HIV virus that was made within five (5) days after the reported incident; and
- (iii) HIV virus or HIV antibodies must be proven within twelve (12) months after the incident.

The list is restricted to the following professions:

- Doctors and dentists;
- Nurses;
- Laboratory personnel;
- Ancillary hospital workers;
- Medical and dental assistants;
- Ambulance personnel;
- Midwives;
- Fire brigade;
- Policemen or policewomen;
- Prison officers.

This Critical Illness Benefit will not apply in the event that any medical cure is found for Acquired Immune Deficiency Syndrome (AIDS) or the effects of the HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

#### 5p) Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

The Diagnosis of Pheochromocytoma must be confirmed by a Physician who is an endocrinologist.

#### 5q) Severe Rheumatoid Arthritis

Widespread joint destruction as a result of Severe Rheumatoid Arthritis with major clinical deformity of three (3) or more of the following joint areas:

- hands;
- wrists;
- elbows;
- cervical spine;
- knees;
- ankles.

The Diagnosis must be supported by all of the following:

由於其他方式導致感染，包括經性行為或靜脈注射藥物導致感染均除外。

本公司有權要求取得受保人所有血液樣本，並且保留使用該等血液樣本進行獨立測試的權利。

#### 5n) 壞死性筋膜炎

壞死性筋膜炎須符合下列各項條件：

- (i) 符合有關壞死性筋膜炎的一般臨床標準；
- (ii) 所鑑別出之細菌乃是已知會導致壞死性筋膜炎的；及
- (iii) 出現廣泛性肌肉及其他軟體組織損壞，並導致身體受影響部位完全及永久失去功能。

診斷必須由相關專科醫生確定。

#### 5o) 因職業感染人類免疫力缺乏病毒 (HIV)

受保人由於以下原因感染人類免疫力缺乏病毒 (HIV)：

- (iv) 受保人在其常規職業工作過程中受傷；或
- (v) 職業需要處理血液或其他體液。

必須符合下列所有條件方可作有效的索償申請：

- (i) 感染必須是受保人正在從事職業的工作時發生，該職業必須是以下列表內的一種；
- (ii) 受保人必須提供在發生相關事故後五(5)天內接受 HIV 病毒或 HIV 抗體測試呈陰性的報告；及
- (iii) HIV 病毒或 HIV 抗體必須在事故發生後十二 (12)個月內被證實。

只限於以下職業：

- 醫生及牙科醫生；
- 護士；
- 化驗室工作人員；
- 醫院內輔助人員；
- 醫療及牙科助理；
- 救護員；
- 助產士；
- 消防員；
- 警察；
- 懲教人員。

如果醫學上出現能夠治療愛滋病或 HIV 的方法，或者出現能夠預防愛滋病的醫治方法，本嚴重疾病賠償將不適用。

#### 5p) 嗜鉻細胞瘤

是指腎上腺或嗜鉻外組織出現神經內分泌腫瘤，並分泌過多的兒茶酚胺類，需要確實進行手術以切除腫瘤。

嗜鉻細胞瘤的診斷必須由內分泌專科醫生確定。

#### 5q) 嚴重類風濕關節炎

因嚴重類風濕關節炎而導致廣泛性的關節受損及有以下三個或以上關節部位嚴重畸形：

- 手關節；
- 手腕關節；
- 手肘關節；
- 頸椎關節；
- 膝關節；
- 踝關節。

診斷須符合下列所有條件：

- (i) Morning stiffness;
- (ii) Symmetric arthritis;
- (iii) Presence of rheumatoid nodules;
- (iv) Elevated titres of rheumatoid factors; and
- (v) Radiographic evidence of severe involvement.

The severity of the disease shall be such that there will be at least three (3) of the six (6) Activities of Daily Living which the Life Insured will, for a continuous period of at least three (3) months, have been unable to perform without assistance of another person.

The benefit should not be paid unless at the time of first Diagnosis, the Life Insured attains aged above six (6) years old.

At our discretion, confirmation of the Diagnosis and the degree of disability may be required through an independent medical examination by a Physician who is a rheumatologist appointed by the Company.

#### 5r) Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.

All of the following criteria must be met:

- (i) The entire colon is affected with severe bloody diarrhoea;
- (ii) The necessary treatment is total colectomy and ileostomy; and
- (iii) The Diagnosis must be based on histopathological features and confirmed by a Physician who is a gastroenterologist.

### Group 6 – Terminal Illness and Disability

#### 6a) Loss of Independent Existence

Loss of Independence Existence means a condition as a result of a disease, illness or Injury whereby the Life Insured has been totally unable to perform without assistance of another person at least three (3) of the six (6) Activities of Daily Living for a period of at least six (6) months. The Life Insured's condition must be permanent.

The benefit should not be paid unless at the time of first Diagnosis, the Life Insured is between Ages of eighteen (18) and sixty-four (64) (both Ages inclusive).

#### 6b) Total and Permanent Disability

Total and Permanent Disability means where, at the time of first Diagnosis, the Life Insured is between Ages of eighteen (18) and sixty-four (64) (both Ages inclusive) and has a gainful occupation of wage or profit. Total and Permanent Disability is defined as a state of inability caused by disease or bodily injury as wholly permanently prevents the Life Insured from engaging in any occupation or from performing any work for remuneration or profit, as certified by the Company's appointed Physician.

Total disability shall not be presumed permanent unless there is evidence that the Life Insured has been continuously and totally disabled for not less than six (6) months. All psychiatric related causes are excluded.

#### 6c) Terminal Illness

Terminal Illness means the conclusive Diagnosis of an illness that is expected to result in the death of the Life Insured within twelve (12) months. This Diagnosis must be supported by a specialist and confirmed by our appointed Physician.

- (i) 晨起的關節僵硬;
- (ii) 對稱性關節炎;
- (iii) 出現類風濕結節;
- (iv) 類風濕因子滴度增多; 及
- (v) 放射檢查證明病情嚴重。

此病的嚴重程度必須導致受保人在沒有別人協助的情況下, 持續最少三(3)個月時間失去進行六(6)項日常活動中其中最少三(3)項的活動能力。

受保人首次診斷此症的年齡必須已屆滿六(6)歲以上, 否則本公司不接受理賠。

我們保留酌情權可要求由本公司指定的風濕科專科醫生作獨立檢查確定診斷及殘疾程度。

#### 5r) 嚴重潰瘍性結腸炎

急性暴發性潰瘍性結腸炎, 伴有危及生命的電解質紊亂。

須符合下列所有準則:

- (i) 整個結腸受嚴重的血性腹瀉影響;
- (ii) 必要的治療方法是全結腸切除術和迴腸造口術; 和
- (iii) 診斷必須基於組織病理學特徵, 並由腸胃科專科醫生確定。

### 組別 6 – 末期疾病及傷殘

#### 6a) 不能獨立生活

不能獨立生活是指由於疾病或受傷, 導致受保人在沒有別人協助的情況下, 持續最少六(6)個月時間完全失去進行六(6)項日常活動中其中最少三(3)項的活動能力。受保人的情況必須屬永久性的。

受保人首次診斷此症的年齡必須介乎十八(18)至六十四(64)歲(包含此兩個歲數)之間, 否則本公司不接受理賠。

#### 6b) 完全及永久傷殘

完全及永久傷殘是指首次診斷此症時, 受保人的年齡介乎十八(18)至六十四(64)歲(包含此兩個歲數)之間, 且擁有獲取薪金或利潤作收入的職業。完全及永久傷殘的定義為受保人因疾病或身體受傷, 而完全永久喪失從事任何職業或工作以獲取收入或利潤的能力, 並且得到本公司指定的醫生確認。

除非有證據證明受保人已持續及完全傷殘不少於六(6)個月時間, 否則此傷殘不能假定为完全及永久傷殘。所有由於精神相關原因導致的傷殘概不在保障範圍內。

#### 6c) 末期疾病

末期疾病是指受保人患上的疾病經最終診斷後, 預期其壽命不超過十二(12)個月。診斷必須有專科醫生支持, 並由我們指定的醫生確認。

## 2.5 Exclusions

No Accidental Death Benefit shall be payable under this Policy if the Life Insured's death or Injury is caused directly or indirectly, wholly or partly, by any one or more of the following:

- (i) Any pre-existing condition;
- (ii) Taking of drugs other than under the prescription or direction of a physician, abuse of alcohol or the taking of poison;

## 除外事項

倘若因以下任何一項或多項因素而直接或間接、完全或部份導致受保人身故或受傷, 將不獲發本保單下的意外身故賠償:

- (i) 任何已存在醫療狀況;
- (ii) 服用非由醫生處方或指引下的藥物、濫用酒精或服用

- (iii) Any kind of sickness or disease, or bacterial or viral infection except bacteria infection resulting from an accidental cut or wound;
- (iv) Disease of or infection with any Human Immunodeficiency Virus (HIV) and/or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) and/or mutations, derivation or variations thereof;
- (v) Nuclear fission, nuclear fusion, ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuels or nuclear weapons material;
- (vi) War or hostilities (whether war be declared or not), civil commotion rebellion, revolution, riot, strikes, terrorist or warlike activities;
- (vii) Participation in any armed force or peace keeping activities;
- (viii) An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force, any group, corporation or government by terrorism, murder or attempted murder, kidnapping or attempted kidnapping, attack, assault or any other violent means;
- (ix) Suicide or an intentional self-inflicted act while sane or insane;
- (x) Violation or attempted violation of the law or resistance to arrest or participation in any brawl or affray;
- (xi) Cosmetic or plastic surgery, or any elective surgery or congenital anomalies, apart from reconstructive surgery required by Injury caused by an Accident;
- (xii) Childbirth, miscarriage, abortion, pregnancy and any complications thereof, notwithstanding that such event may have been accelerated or induced by Injury; or
- (xiii) Professional sports, racing of any kind, underwater activities involving the use of breathing apparatus, aerial flights (including bungee-jumping, hang-gliding, ballooning, parachuting and sky-diving) other than a crew member or as a fare-paying passenger on a licensed carrying commercial aircraft operating in a regular scheduled route or any hazardous activities or sports unless agreed by special endorsement.

No Critical Illness Benefit will be payable under this Policy for any Critical Illness resulting from, or related to, or caused or contributed directly or indirectly, wholly or partly, by any of the following:

- (i) Any Pre-existing Condition;
- (ii) Congenital deformities or anomalies, infertility or sterilization;
- (iii) Drug taking other than under the prescription or direction of a Physician, abuse of alcohol or the taking of poison;
- (iv) Disease of or infection with any Human Immunodeficiency Virus (HIV) and/or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) and/or mutations, derivation or variations thereof, except HIV due to Blood Transfusion, Medically Acquired HIV or Occupationally Acquired HIV as defined under Clause 2.4 above.
- (v) Nuclear fission, nuclear fusion, ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuels or nuclear weapons material;
- (vi) War or hostilities (whether war be declared or not), civil commotion rebellion, revolution, riot, strikes, terrorist or warlike activities;
- (vii) Participation in any armed force or peace keeping activities;
- (viii) An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force, any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault or any other violent means;
- (ix) An intentional self-inflicted act;
- (x) Violation or attempted violation of the law or resistance to arrest or participation in any brawl or affray; or
- (xi) Professional sports, racing of any kind, underwater activities involving the use of breathing apparatus, aerial flights (including bungee-jumping, hang-gliding, ballooning, parachuting and sky-diving) other than a crew member or as a fare-paying passenger on a licensed carrying commercial aircraft operating in a regular scheduled route or any hazardous activities or sports unless agreed by special endorsement.

No Critical Illness Benefit will be payable under this Policy for any Critical Illness, if the symptoms or conditions of which or the Diagnosis of which first appeared or occurred within sixty (60) days immediately following the Policy Issue Date or the date of endorsement, whichever

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- (iii) 任何類型的疾病, 或細菌或病毒性的感染, 但因意外割傷或傷口引致細菌感染者除外;
- (iv) 任何人類免疫力缺乏病毒 (HIV) 的疾病或感染及/或其任何相關的疾病, 包括後天免疫力缺乏症 (即愛滋病) 及/或其引發的任何突變、衍生或變異;
- (v) 核分裂、核融合、任何核燃料或燃燒核燃料或核子武器物料後的核廢料放射性所產生的電離輻射或污染;
- (vi) 戰爭或敵對行為 (不論是否已宣戰)、民眾騷動、叛變、革命、暴動、罷工、恐怖份子或類似戰爭的行動;
- (vii) 參與任何軍事或維持和平活動;
- (viii) 任何人士為自己或代表任何團體或組織或與任何團體或組織有關, 以恐怖主義、謀殺或企圖謀殺、綁架或企圖綁架、攻擊、襲擊或其他暴力手段強行影響任何團體、法團或政府;
- (ix) 自殺或任何蓄意自殘行為, 無論當時神智清醒與否;
- (x) 抵觸或企圖抵觸法律、拒捕或參與任何爭執或毆鬥;
- (xi) 美容或整形手術、或任何非必要的手術、或先天性異常, 但因意外事件引致受傷而需重建手術則除外;
- (xii) 分娩、流產、墮胎、懷孕或其任何併發症, 無論事故是否由受傷引發或因受傷而加劇; 或
- (xiii) 職業運動、任何比賽、涉及使用呼吸器具的水底活動、空中飛行活動 (包括高空彈跳、懸掛式滑翔、熱氣球飛行、跳傘及特技跳傘), 但作為機組人員或購票乘客乘搭具有正式牌照的商業定期航班的載客飛機則除外, 或任何危險活動或運動, 除非得到本公司特別批註同意。

因以下任何一項或多項而直接或間接、完全或部份引起、與其有關、導致或產生的任何嚴重疾病, 將不在本保單的嚴重疾病賠償的受保範圍內:

- (i) 任何已存在醫療狀況;
- (ii) 先天畸形或異常、不育或絕育;
- (iii) 服用非由醫生處方或指引下的藥物、濫用酒精或服用毒藥;
- (iv) 任何人類免疫力缺乏病毒 (HIV) 的疾病或感染及/或其任何相關的疾病, 包括後天免疫力缺乏症 (即愛滋病) 及/或其引發的任何突變、衍生或變異, 於上述第 2.4 條所指因輸血感染人類免疫力缺乏病毒(HIV)、因醫療感染人類免疫力缺乏病毒(HIV)及因職業感染人類免疫力缺乏病毒(HIV)則除外。
- (v) 核分裂、核融合、任何核燃料或燃燒核燃料或核子武器物料後的核廢料放射性所產生的電離輻射或污染;
- (vi) 戰爭或敵對行為 (不論是否已宣戰)、民眾騷動、叛變、革命、暴動、罷工、恐怖份子或類似戰爭的行動;
- (vii) 參與任何軍事或維持和平活動;
- (viii) 任何人士為自己或代表任何團體或組織或與任何團體或組織有關, 以恐怖主義、綁架或企圖綁架、攻擊、襲擊或其他暴力手段強行影響任何團體、法團或政府;
- (ix) 任何蓄意自殘行為;
- (x) 抵觸或企圖抵觸法律、拒捕或參與任何爭執或毆鬥; 或
- (xi) 職業運動、任何比賽、涉及使用呼吸器具的水底活動、空中飛行活動 (包括高空彈跳、懸掛式滑翔、熱氣球飛行、跳傘及特技跳傘), 但作為機組人員或購票乘客乘搭具有正式牌照的商業定期航班的載客飛機則除外, 或任何危險活動或運動, 除非得到本公司特別批註同意。

在本保單中, 對於在保單簽發日期或加簽批註日期 (以較遲者為準) 起計首六十(60)天內, 首次出現或顯現有關的病徵或狀況, 或患上首次診斷的嚴重疾病, 將不獲任何嚴重疾病賠償賠償。本條款不適用於由意外事件導致的嚴重疾病。

is the later. This shall not apply to any Critical Illness caused by an Accident.

## 2.6 Notice and Proof of Claims

For Accidental Death Benefit:

- (i) Any request must be given to the Company in writing within thirty (30) days after the date of the Accident causing the death. Satisfactory proof and any supporting evidence must be given to the Company within ninety (90) days after the date of the death at the expenses of the Policyowner or claimant unless proven that it was not reasonably possible to provide such notice or proof within the required time and that such notice or proof has been given as soon as reasonably possible.
- (ii) If the claims are not made within the above periods, the Company will not be liable to pay the benefits unless it is shown that it was not reasonably possible to make such claims within the periods and that the claims were made as soon as was reasonably possible.
- (iii) The Company shall have the right to conduct an autopsy at the Company's expense in case of death caused by Injury where it is not forbidden by law.

For Critical Illness Benefit:

- (i) Any claim must be made in the Company's prescribed claims form within ninety (90) days of the Life Insured becoming aware that he/she is suffering from a Critical Illness. If the claim is not made within that period, the Company shall not be liable to pay the Critical Illness Benefit unless you prove that it was not reasonably possible to make such claim and that the claim was made as soon as was reasonably possible.
- (ii) Written proof of the Diagnosis supported by medical evidence and reports by a Physician approved by the Company and any other evidence required by the Company must be received by the Company within six (6) months after it receives the written notice of claim, which shall be provided by the Policyowner at his own expense.
- (iii) The Company reserves the right to require the Life Insured to undergo a medical examination or other reasonable medical test to confirm the Diagnosis.

## 2.7 Maturity Benefit

If the Life Insured is alive on the Maturity Date, a maturity benefit will be paid to the Policyowner.

Such maturity benefit shall equal to:

- (i) Guaranteed Cash Value on the Maturity Date; less
- (ii) any Indebtedness.

## 2.8 Settlement Option for Maturity Benefit

Subject to the then prevailing rules of the Company, all applicable laws and regulations and our approval, you may, while this Policy is in force and at least two (2) months before the Maturity Date of this Policy, submit a written request in our prescribed form to elect the settlement options to pay the maturity benefit.

You may elect to receive the maturity benefit by one of the following options:

- Option 1: Lump sum settlement  
Option 2: Annuity settlement

If no option is elected, option 1 will be applied automatically.

If option 2 is elected, the Maturity Benefit shall be paid by way of annuity settlement annually for the Annuity Period. Annuity rate shall be determined by the Company in its absolute discretion at the time of maturity of this Policy. The first annuity will be payable on the Maturity Date of this Policy and thereafter on each Policy Anniversary during the Annuity Period. Annuity is payable until the first occurrence of any one of the following events:

- (i) Death of the Policyowner; or
- (ii) Approval of Policyowner's request for early termination of annuity settlement during the Annuity Period; or
- (iii) Full payment of the 8<sup>th</sup> annuity.

Upon the death of the Policyowner during Annuity Period and the

## 索償通知及證明

就有關意外身故賠償:

- (i) 任何要求必須導致身故的意外事件發生後三十(30)天內以書面向本公司提出, 由保單權益人或索償人自承費用而令本公司滿意的證明或任何支持證據必須於該有關受傷或身故發生後九十(90)天內送交本公司, 除非能證明無法合理地在規定時間內提供該等通知或證明, 及已在合理的情況下盡早提供通知或證明, 則不在此限。
- (ii) 除非證明無法合理地在上述期間內提出索償, 並已在合理的情況下儘早提出, 否則本公司無須對逾期提出的索償負責。
- (iii) 倘受保人因受傷身故, 在法律許可下, 本公司有權自費要求作解剖驗屍。

就有關嚴重疾病賠償:

- (i) 任何索償必須在受保人獲悉患上嚴重疾病起計九十(90)天內以本公司制定的索償表格提出。除非您證明無法合理地在此期間內提出索償, 並已在合理的情況下儘早提出, 否則本公司無須對逾期的嚴重疾病索償負責。
- (ii) 在本公司接獲索償書面通知後六(6)個月內, 保單權益人必須呈交診斷的書面證明, 並以本公司批准的醫生發出的醫療證明和報告及本公司要求的任何其他證明作支持, 有關費用由保單權益人負責。
- (iii) 本公司保留權利要求受保人進行身體檢查或其他合理的醫學測試以確定有關的診斷。

## 期滿保障

若受保人於期滿日仍然生存, 期滿金將發放給保單權益人。

期滿金應等於:

- (i) 期滿日時的保證現金價值; 減
- (ii) 任何欠款。

## 期滿保障支付選項

在符合本公司當時的通行規則和所有適用法律及規例的情況下, 並得到我們同意, 您可以在本保單仍然生效及最少於本保單期滿日兩(2)個月前, 向本公司遞交指定表格書面要求, 選擇給付期滿保障的支付方式。

您可選取下列其中一項方式領取期滿保障:

- 選項一: 一筆過支付  
選項二: 年金方式支付

若沒有選擇任何方式, 選項一將自動被採用。

若選擇選項二作為支付方式, 期滿保障將於年金期內以每年年金方式發放, 年金轉換率由本公司按絕對酌情權於本保單期滿時決定。第一期年金將於本保單期滿日發放, 及之後於年金期內每個保單週年日發放。年金會發放至下列任何一種情況最早出現:

- (i) 保單權益人身故; 或
- (ii) 本公司批准保單權益人要求提前終止以年金方式支付期滿保障; 或
- (iii) 第 8 期年金已完全支付。

當保單權益人於年金期內身故, 而本公司收到正式通知及保單權益人的死亡證明後, 我們會將期滿保障餘額一筆過給付

Company being notified of the same, we shall pay to the estate of the Policyowner the remaining balance of the Maturity Benefit in a lump sum up upon receipt of the death proof of the Policyowner.

Should the Policyowner choose to terminate annuity settlement during Annuity Period, we shall pay the remaining balance of the Maturity Benefit in a lump sum to the Policyowner.

All our obligations and liabilities under this Policy shall be discharged completely upon full payment of the Maturity Benefit either by lump sum settlement under option 1 or annuity settlement under option 2.

## 2.9 Surrender Benefit

You may surrender this Policy to the Company for its surrender value.

Such surrender value shall equal to:

- (i) Guaranteed Cash Value at time of surrender; less
- (ii) any Indebtedness.

The request for surrender must be submitted in a written notice satisfactory to us. We reserve the right to defer payment of the surrender value for a period not exceeding six (6) months from the effective date of surrender.

Upon surrender, this Policy shall terminate and the Company shall have no further liability under this Policy.

予保單權益人的遺產。

若保單權益人選擇於年金期內提前終止以年金方式支付期滿保障，我們將一筆過支付保單權益人期滿保障餘額。

所有本保單下的義務和責任將於我們以選項一(一筆過支付)或選項二(年金方式支付)全數支付期滿保障後完全終止及解除。

## 退保保障

您可向本公司退還本保單以取得本保單的退保價值。

退保價值應等於：

- (i) 退保時的保證現金價值；減
- (ii) 任何欠款。

退保要求必須以令我們滿意的書面通知遞交給我們。我們保留延遲發放退保價值的權利，惟最遲不得超過自退保生效日起計六(6)個月。

一經退保，本保單即告終止，而本公司於本保單下亦無進一步責任。

### III. Loan Provisions 貸款條款

#### 3.1 Policy Loan

While this Policy is in force, you may request a loan from the Company under this Policy by submitting a written request satisfactory to us at any time.

The amount available for loan shall not exceed the maximum policy loan amount (90% of the Guaranteed Cash Value) less any Indebtedness.

We reserve the right to defer the granting of the loan for a period not exceeding six (6) months from the date of your request for the loan.

If the outstanding loan including interest owing to us under this Policy exceeds 100% of the total Guaranteed Cash Value (which means no Non-forfeiture Value remains), this Policy automatically terminates.

#### 3.2 Loan Repayment

All or part of a loan together with accrued interest may be repaid at any time while this Policy is in force.

At the time of settlement, any Indebtedness shall be deducted from the amount otherwise payable under this Policy.

#### 3.3 Interest on Loan

The Company will charge interest on the principal of all loans made under this Policy at a rate determined by the Company in its absolute discretion from time to time. Interest will accrue daily and, if not paid by the end of the Policy Year, will be added to the principal of the loan for the purposes of calculating interest charges for the next Policy Year.

#### 保單貸款

於本保單有效期間，您可任何時間向本公司遞交令我們滿意的書面通知，申請本保單下的貸款。

可供貸款的金額不能多於最高保單貸款金額（保證現金價值的 90%）減去任何欠款。

我們保留延遲發放貸款的權利，惟不得超過自您申請貸款的日期起計六(6)個月。

若在本保單之下所欠本公司的未償還總貸款金額包括利息超出總保證現金價值的 100%（指沒有剩下不能作廢價值），本保單將自動終止。

#### 償還貸款

於本保單有效期間，任何時候都可償還全部或部份貸款及累計利息。

在本保單有任何給付時，任何欠款將會從應付金額中扣除。

#### 貸款利息

本公司將根據本保單之下所有貸款的本金計算利息，息率由本公司按絕對酌情權不時決定。利息將於每天結算，若於保單年度結束時尚未支付，累積利息則撥加於本金，以計算下一個年度的利息。