

1 OUR AGREEMENT

Definitions

- 1.1 Throughout this policy agreement, “we” or “us” refers to The Prudential Assurance Company Limited. “You” refers to the Policyowner shown on the Certificate of Life Assurance of this policy.

The effective date of the benefit shown on the Certificate of Life Assurance shall be the date of issue of the policy as shown on the Certificate of Life Assurance (“Date of Policy”). The effective date of any subsequently added benefit shall be the Date of Endorsement (as determined by us) or the Effective Date of Alteration (as determined by us), whichever is later.

The contract

- 1.2 Your policy is a legal contract between you and us in which we agree to pay you the benefits set out in your Certificate of Life Assurance as specified in this policy agreement.

Your entire contract with us shall be made up of all pages of this policy including the Certificate of Life Assurance, the proposal form, health declaration, supplementary proposal form (if any) and endorsements (if any).

You shall be responsible for giving us complete and correct information. If two persons are named as policyowners on your Certificate of Life Assurance, both persons shall be jointly and severally responsible for the completeness and accuracy of all information that you supply us for any reason.

We rely on the information you gave us in your proposal form, health declaration, supplementary proposal form, and any correspondence for this policy to decide whether to accept your insurance application or not. If any such information is incomplete or inaccurate or you do not comply with any conditions of your policy, we may determine that your policy shall be void.

Your policy only covers the benefits for the period from the Date of Policy to the Benefit Expiry Date as shown on your Certificate of Life Assurance, subject to the terms and conditions contained in this policy agreement. Your policy shall be governed by and interpreted according to the law of the Hong Kong Special Administrative Region.

If your policy ever changes, we shall give you an endorsement and you should attach it to your policy for safe-keeping.

Cooling-off Period

- 1.3 We want you to be completely satisfied with the policy. If not, you have the right to change your mind. You would be entitled to a refund of the Premium(s) you have already paid, provided no claim has been made under this policy, by sending us a written request together with your policy. This request must be signed by you and received directly by our Principal Office in Hong Kong within:
- 14 days after the Date of Policy, or
 - 21 days after the date of signing the proposal form, or
 - 5 days after the date of issue of the notice informing you about the availability of the policy and the expiry date of the Cooling-off Period, whichever is later.

Premium means the sum of premiums for all benefits.

2 WHAT TYPE OF POLICY?

Your policy does not share in the profits or surplus arising from our life insurance business.

3 GENERAL CONDITIONS

Assignment

- 3.1 With the exception of the living benefit, you may use your policy as a security or collateral for any financial dealing.

The party to whom you assign the policy as a security or collateral must notify us of their interest on the assigned policy. However, we shall not be responsible for the validity of such assignment.

Once the policy is assigned, all rights, privileges and death benefit proceeds shall be the entitlement of the assignee. After such assignment, the Beneficiary(ies) (previously designated by the assignor of this policy) of the policy shall be revoked automatically. Subject to all the terms of this policy, we shall pay the death benefit proceeds under this policy to the assignee (unless otherwise advised by the assignee).

Beneficiary

- 3.2 Subject to all the terms of this policy, the Beneficiary(ies) named in the proposal form or any new Beneficiary(ies) named subsequently shall receive the death benefit proceeds upon the death of the Life Assured, and a trust will be created in favour of the Beneficiary.

You may change the Beneficiary while the policy is in force by completing and submitting to us our appropriate appointment form. Your request shall not be effective until it is recorded by us and endorsed on this policy. Once we have endorsed your request for change of Beneficiary, such change will be effective from the date you signed the appointment form, whether or not the Life Assured is alive when we endorse such change. However, we shall not be responsible for the validity or legality of any designation of Beneficiary. We shall pay the death benefit proceeds to the Beneficiary(ies) named on our latest record, subject to the terms of this policy.

Unless otherwise provided in this policy or in a written request submitted to us by you, if any Beneficiary dies before the Life Assured dies; or if any Beneficiary is revoked by you for any reasons, such Beneficiary's share of the death benefit proceeds will be paid in equal shares to the surviving Beneficiaries in the same Beneficiary classification, subject to all the terms of this policy. We shall pay the death benefit proceeds to the secondary Beneficiary(ies) if both of the following conditions are met:

- you have designated both primary and secondary Beneficiaries on our appointment form; and
- no primary Beneficiary survives the Life Assured.

If any Beneficiary dies simultaneously with the Life Assured, we shall pay the death benefit proceeds as if the person who is older by age had died before the person who is younger by age, subject to the terms of this policy.

- Declaration of age and sex* 3.3 If you have incorrectly stated the age or sex of the Life Assured in the proposal form, we shall have the right to
- adjust the amount of any benefit by applying the premium rate for the correct age and sex to the Premiums paid if the Premiums paid are less than the premiums that should have been paid for the correct age or sex; or
 - refund the excess premium if the Premiums paid are more than the premiums that should have been paid for the correct age or sex.

If the real age of the Life Assured is outside the age range within which we issue policies, we may determine that the policy shall be void; and upon your request or upon our discovering of the above-mentioned situation which renders the policy void, we shall refund the Premiums you have already paid without interest less any claims or benefits paid under this policy.

- Deduction of debts* 3.4 We shall deduct all amounts that you owe us from the benefits we pay you under your policy.

- Suicide* 3.5 If the Life Assured commits suicide while sane or insane within one year from the Date of Policy or from the date of any reinstatement, whichever is later, the death benefit proceeds will be limited to a refund of your Premiums paid without interest less any claims paid under this policy.

- Incontestability* 3.6 Except for fraud and while the policy is in force, we shall not contest the life assurance benefit (as specified in Clause 5 of the attached document on Refundable Hospital Cash Plan) after the policy has been in force during the lifetime of the Life Assured for 2 years from:
- the effective date of the Plan; or
 - the date of any reinstatement of the Plan, whichever is later.

This incontestability provision will not apply to :

- Daily Cash Benefit for Hospital Confinement and Double Indemnity Benefit for Intensive Care Unit or Burn Center Confinement (as specified in Clauses 2 - 3 of the attached document on Refundable Hospital Cash Plan); and
- a misstatement of age or sex of the Life Assured.

- Premium Deposit Account* 3.7 You may deposit money to the Premium Deposit Account subject to our approval. We shall have the right to deduct any outstanding Premiums for your policies from the Premium Deposit Account.

Upon termination of your policy, we shall refund any balance in the Premium Deposit Account. We shall determine the interest credited to the Premium Deposit Account.

4 PAYMENT OF PREMIUM

Obligations

- 4.1 Your Certificate of Life Assurance shows the Premium Expiry Date of your benefit, the Commencing Date, the Total Modal Premium and the Frequency of Payment from the Commencing Date.

You must pay us the first Total Modal Premium (shown on the Certificate of Life Assurance) before the Date of Policy. Thereafter, you must pay each Total Modal Premium within one calendar month after the payment due date of such Total Modal Premium.

Total Modal Premium shall be paid through direct debit from your bank (or any method accepted by us) and we will not send you any notice whatsoever when your Total Modal Premium is due.

What happens if you fail to pay a premium?

- 4.2 If you fail to pay the Total Modal Premium within one calendar month from the date it is due, your policy shall automatically terminate.

5 WHAT CAN YOU DO ON YOUR POLICY?

Reinstating your policy

- 5.1 If your policy terminates due to non-payment of the Premium, you may apply to reinstate it provided that:
- you apply within 6 months from the termination date of your policy; and
 - you give us satisfactory evidence of the health of the Life Assured at your own expense; and
 - you pay the required Premiums and interest.

To apply for reinstating your policy, you must complete and submit to us our appropriate application form and meet all our specified conditions and administrative rules. We shall notify you if we accept your application.

Specimen

6 HOW TO MAKE A DEATH CLAIM ON YOUR POLICY?

Making a death claim

- 6.1 You or, in the case of your death, the claimant must send us as soon as possible all of the following:
- a completed claim form; and
 - a medical report, paid for at your or the claimant's expense, issued by the attending Registered Doctor; and
 - your Certificate of Life Assurance with attached endorsement (if any); and
 - evidence that the claimant is entitled to receive the payment of death benefit (e.g. birth certificate, identity card, letter of administration or probate); and
 - evidence of the age of the Life Assured (e.g. birth certificate or identity card); and
 - the death certificate of the Life Assured.

We reserve the right to ask you or the claimant to provide, at your or the claimant's expense, more documents or satisfactory evidence to help us assess the claim.

"Registered Doctor" is any person qualified by degree in Western medicine and is legally authorized in the geographical area of his or her practice to render medical or surgical services.

Who do we pay the Death Benefit?

- 6.2 We shall pay the death benefits in the following sequence:
- the Beneficiary(ies) named on our latest record; or
 - the trustee of such Beneficiary(ies) if we have been notified of a trust. We shall not be responsible for the validity of the trust.

If you have not designated any Beneficiary or the last surviving Beneficiary has died before the Life Assured dies, we shall pay the benefits as follows:

- if you are not the Life Assured, we shall pay the benefits to you, the Policyowner; or
- if you are the Life Assured, we shall pay the benefits to:
 - the executor of the Life Assured if the Life Assured has a will; or
 - the administrator of the Life Assured if the Life Assured has no will.

We must receive satisfactory evidence of entitlement to the benefits under this policy before we shall make any payments, subject to the terms of this policy.

A receipt for the death benefit proceeds, signed by any of the above person(s) shall constitute a good, valid and absolute discharge of all of our obligations and liabilities whatsoever in respect of this policy. Such receipt shall be final and conclusive evidence that the person(s) have received such proceeds and that we have fully satisfied all claims and demands against us with respect to such proceeds in respect of this policy.

Where do we pay?

- 6.3 Subject to the terms of this policy, we shall make payment in the Hong Kong Special Administrative Region.

What happens after the death of Life Assured?

- 6.4 Your whole policy shall automatically terminate immediately once the Life Assured dies.

REFUNDABLE HOSPITAL CASH PLAN

- What is the benefit plan?* 1 This section describes the benefits of the Refundable Hospital Cash Plan ("Plan").
- This Plan consists of the following 4 types of benefits:
- Daily Cash Benefit for Hospital Confinement
 - Double Indemnity Benefit for Intensive Care Unit or Burn Center Confinement
 - Refund of Premium Benefit
 - Compassionate Death Benefit
- What do we pay for Daily Cash Benefit for Hospital Confinement?* 2 Subject to all the terms of this policy, if the Life Assured, shown on your Certificate of Life Assurance, is confined to a Hospital within the Benefit Area due to injury or illness, we will pay the Daily Cash Benefit (as specified on your Certificate of Life Assurance) for Hospital Confinement for the day(s) that the Life Assured is so confined to a Hospital, for a maximum of 750 days in respect of each Confinement to Hospital.
- Daily Cash Benefit for Hospital Confinement will be payable subject to all of the following conditions:
- the Daily Cash Benefit for Hospital Confinement will only be payable once for each day of Hospital Confinement; and
 - if the Life Assured is confined to a Hospital outside the Benefit Area, we will reduce the Daily Cash Benefit for Hospital Confinement by 50% and pay for a maximum of 90 days in respect of each Hospital Confinement.
- What do we pay for Double Indemnity Benefit for Intensive Care Unit or Burn Centre Confinement?* 3 Subject to all the terms of this policy, if the Life Assured, shown on your Certificate of Life Assurance, is confined to an intensive care unit of a Hospital ("Intensive Care Unit") or a burn center of a Hospital ("Burn Center") within the Benefit Area, for the day(s) that the Life Assured is confined to an Intensive Care Unit or a Burn Center, we will pay the Double Indemnity Benefit (in addition to the Daily Cash Benefit for Hospital Confinement as referred to in clause 2 hereof and specified on your Certificate of Life Assurance) which is equal to 2 times the Daily Cash Benefit for Hospital Confinement.
- Double Indemnity Benefit for Intensive Care Unit or Burn Center Confinement will be payable subject to all of the following conditions:
- the Double Indemnity Benefit for Intensive Care Unit or Burn Center Confinement will only be payable once for each day of Confinement to Intensive Care Unit or Burn Center, subject to a maximum of 90 days for each Confinement to Intensive Care Unit or Burn Center; and
 - if the Life Assured is confined to an Intensive Care Unit or Burn Center in a Hospital outside the Benefit Area, we will reduce the Double Indemnity Benefit for Intensive Care Unit or Burn Center Confinement by 50%.
- What do we pay for Refund of Premium Benefit?* 4 Subject to all the terms of this policy, if no claim has been paid or payable to you or any other person under this Plan for a period of 5 consecutive years, we will refund an amount equal to 50% of the total Premiums paid under this Plan for that 5-year period subject to all of the following: (i) we have previously received such payment of the said premium; and (ii) any claim paid or payable under the Plan shall be considered with reference to the date(s) on which the Hospital Confinement occurred (but not the date on which the relevant claim is made).
- For the purpose of the Refund of Premium Benefit, each 5-year period will be calculated from the policy effective date or each renewal of the Plan at every fifth policy anniversary. If a claim is made under the Plan, the next 5-year period shall only begin on the following date of policy renewal.
- We will inform you if you are eligible to receive the Refund of Premium Benefit within 90 days from every fifth policy anniversary.

<i>What do we pay for Compassionate Death Benefit?</i>	5	Subject to all the terms of this policy, if the Life Assured dies due to any cause while this Plan is in force (as determined by us), we will pay the Compassionate Death Benefit for an amount equal to HKD5,000.00.
<i>Benefit Limitation</i>	6	The Life Assured shall not at any time be covered under more than one "Refundable Hospital Cash Plan". If there is another policy in respect of the Plan, we shall have the sole discretion to decide which policy shall apply. The payment or acceptance of any premiums in respect of such other policy(ies) shall neither impose any restriction on our above-mentioned discretion nor any liability on us; and we shall have the right to charge for one policy for "Refundable Hospital Cash Plan" and refund (without interest) any excess payment of such premiums in respect of such other policy(ies) of the same plan.
<i>What is considered a Hospital?</i>	7	<p>A Hospital is a legally constituted establishment operated according to the laws of the country in which it is based and which</p> <ul style="list-style-type: none"> • provides care and treatment of sick and injured persons on a resident in-patient basis; and • has facilities for major surgery; and • provides full time nursing service; and • is under the supervision of a Registered Doctor; and • is not primarily a clinic, or a place for the aged, persons with mental disorders, alcoholics or drug addicts, or a nursing, rest or convalescent home or rehabilitation hospital/center. <p>"Registered Doctor" is any person qualified by degree in Western medicine and is legally authorized in the geographical area of his/her practice to render medical or surgical services.</p>
<i>What is considered a Confinement?</i>	8	<p>To be considered a Confinement: (i) the Life Assured must be admitted by a Hospital as an In-patient for a minimum period of 6 hours and continuously stays in the Hospital and without leaving the Hospital thereafter prior to his or her discharge that incurs a charge for Hospital Daily Room & Board or Intensive Care Unit or Burn Center by the Hospital; or (ii) the Life Assured must have undergone a surgical procedure or operation performed by a Registered Doctor in a Hospital. "Confined" shall be construed according to this definition.</p> <p>If two or more Confinements are caused by the same or a related injury or illness (as certified by a Registered Doctor), we will regard these Confinements as one Confinement provided each of these Confinements is not separated by more than 90 days from the discharge date in respect of its preceding Confinement.</p>
<i>Who is considered an In-patient?</i>	9	An In-patient is a sick or injured person who is recommended by a Registered Doctor to be admitted as a resident bed patient of a Hospital; such admission to Hospital (as a resident bed patient) must be (in the opinion of a Registered Doctor) necessary for the sick or injured person for receiving medical care, diagnosis, treatment or surgical operation performed by a Registered Doctor, but not merely for receiving nursing care, rehabilitation, extended care or rest home services.
<i>What is the Benefit Area?</i>	10	<p>Asia: Hong Kong, Macau, Singapore, Malaysia, Japan, Taiwan</p> <p>Europe: United Kingdom, member countries of the European Union, Switzerland, Channel Islands, Isle of Man</p> <p>America: United States of America, Canada</p> <p>Australasia: Australia, New Zealand</p> <p>Africa: Republic of South Africa.</p>

What is not covered?

- 11 We shall neither pay Daily Cash Benefit for Hospital Confinement nor Double Indemnity Benefit for Intensive Care Unit/Burn Center Confinement if:
- the injury or illness existed before the effective date of the Plan or before the date of any reinstatement; or
 - the symptoms of the illness appear or are diagnosed by a Registered Doctor within 30 days from the effective date of the Plan or within 30 days from the date of any reinstatement; or
 - the hospitalization, treatment, injury, illness or any charge relates to or arises as a direct or indirect result of:
 - pregnancy, childbirth or termination of pregnancy (other than for abnormal conditions limited to ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, toxemia of pregnancy, missed abortion and threaten abortion arising at least 12 months after the effective date of the Plan or the date of any reinstatement), birth control, infertility or human assisted reproduction; or
 - war, hostilities (whether war is declared or not), rebellion, insurrection, riot, or civil commotion; or
 - participation in any criminal offence; or
 - attempted suicide or self-inflicted injuries while sane or insane; or
 - cosmetic treatment unless necessitated by injury caused by an Accident and the Life Assured sustains the injury within 90 days of the Accident; or
 - convalescence or physical examinations or health check-ups; or
 - treatment or tests not consistent with customary medical treatment or diagnosis; or
 - alcoholism, alcohol, narcotics or drugs unless taken as prescribed by a Registered Doctor; or
 - dental care or surgery unless necessitated by injury caused by an Accident and the Life Assured sustains the injury within 90 days of the Accident; or
 - scuba diving or engaging in or taking part in any kind of race other than on foot; or
 - treatment or tests related to Acquired Immune Deficiency Syndrome (AIDS), any Human Immunodeficiency Virus or any related or associated condition or AIDS Related Complex; or
 - mental disorders including but not restricted to Anorexia Nervosa, Anxiety, Depression, Mania, Neurosis, Paranoia, Psychosis and Schizophrenia; or
 - any congenital or inherited disorder (this is only applicable if the disorder appeared or was diagnosed before the Life Assured reaches age 14 years); or
 - training or participation in any type of professional sport which means: a) training, participation or playing in any sports for which payment of some kind is provided; or b) training, participation or playing of any sports by a professional player who earns income from training, participation or playing in such kind of sports; or
 - engaging in duty with naval, military, air force or fire services, or any operation with any police force or armed forces of any country or international authority; or
 - aviation or aerial activities including as a pilot or aircrew member except air travel as a fare-paying passenger in a properly licensed, fixed wing multi-engine aircraft constructed to carry passengers and operated by a licensed regular schedule commercial air carrier; or
 - rock climbing or mountaineering, pot-holing, parachuting, skydiving, hang-gliding, gliding, para-gliding, ballooning, micro-lighting, bungee jumping, all winter sports, hunting on horseback; or
 - any activity or disease under the exclusion(s) for the benefit shown on the Special Provision (if any).

- What is an Accident?*
- 12 An Accident must:
- be caused by violent external and visible means; and
 - be the sole and independent cause of the injury or injuries.
- Renewing your Plan*
- 13 You may renew the Plan on every fifth policy anniversary until the Life Assured reaches age 64. We reserve the right to decline the renewal of the Plan by giving you 30 days' notice in writing before the renewal.
- The Plan shall expire on the policy anniversary date immediately after the Life Assured reaches age 64.
- We will adjust the premium based on the premium rate and age of the Life Assured at the time of renewal.
- Premium adjustment*
- 14 We shall have the right to review the premium rates at each policy anniversary and adjust the premium rates accordingly across a particular risk class.
- How do you make a claim?*
- 15 You must send us
- a completed claim form; and
 - a medical report, paid for at your own expense, from the attending Registered Doctor; and
 - original invoices and receipts for payments in respect of the treatment undergone.
- We reserve the right to ask you to provide (at your own expense) more documents or evidence to help us assess the claim.
- You must provide us with all the required information within 90 days from the date of leaving Hospital of the Life Assured or we will not consider your claim.
- We reserve the right to appoint a Registered Doctor to re-examine the Life Assured.
- When will the Policy terminate?*
- 16 This Policy shall automatically terminate:
- once the Life Assured dies; or
 - on the Benefit Expiry Date (as shown on your Certificates of Life Assurance) of the Plan, whichever is the first to occur.

1 雙方的協議

定義

- 1.1 在本保單協議中，「本公司」或「我們」是指英國保誠保險有限公司，「閣下」是指本保單的壽險證書上顯示的保單持有人。

壽險證書上顯示的保障生效日期，即壽險證書上顯示的保單繕發日期（「保單生效日」）。此後增加的任何附加保障的生效日期，是指批註日（由本公司釐訂）或更改生效日（由本公司釐訂），兩者以較遲者為準。

合約

- 1.2 閣下的保單乃 閣下與本公司之間的法律合約，本公司同意按照本保單協議向閣下支付列明於 閣下壽險證書上的保障。

閣下與本公司之間的整份合約由本保單的每一頁組成，包括壽險證書、投保書、健康聲明書、補充投保書（如有）及批註（如有）。

閣下有責任向本公司提供完整及正確的資料。假如 閣下的壽險證書上指定了兩人聯名為保單持有人，該兩名人士均須個別及共同地對 閣下因任何原因向本公司提供的一切資料的完整性及準確性負責。

本公司乃根據 閣下在投保書、健康聲明書、補充投保書及任何有關本保單的文件中向本公司提供的資料決定是否接受 閣下的投保申請。如有關資料不完整或不準確，或 閣下不遵守 閣下保單的任何條件，本公司可決定 閣下的保單為無效。

閣下的保單僅由壽險證書顯示的保單生效日至保障期滿日期間提供保障，並受本保單協議的條款及條件規限。 閣下的保單乃根據香港特別行政區的法律作出詮釋並受其規範。

假如 閣下的保單有任何更改，本公司將給予 閣下一份批註， 閣下應將它夾附於保單內妥為保存。

冷靜期

- 1.3 本公司希望 閣下會完全滿意本保單，否則 閣下有權改變主意。只要本保單未曾作出任何理賠， 閣下可將保單連同書面要求寄回本公司，以要求退還已繳交的保費。該書面要求必須經 閣下簽署，並於以下限期內直接送抵本公司香港總辦事處：

- 保單生效日後起計十四日內，或
 - 簽署投保書日期後起計二十一日內，或
 - 通知 閣下保單已經備妥及冷靜期期滿日之通知書發出日期後起計五日內，
- 以上述較遲者為準。

保費是指所有保障之保費總和。

2 保單屬於甚麼類別？

閣下的保單不可分享本公司壽險業務上所產生的利潤或盈餘。

3 一般條件

保單轉讓

3.1 除在生保障外，閣下可將保單用作任何財務交易的抵押或擔保品。

接受 閣下轉讓保單作為抵押或擔保品之一方必須將其所得權益通知本公司。但是，本公司毋須就該保單轉讓的有效性負責。

保單一經轉讓，一切權利、權益及身故賠償即歸承讓人所有，保單的受益人（由本保單轉讓人之前所指定）將會自動被撤銷受益人身分。除非承讓人另有指示，本公司將按本保單的所有條款支付本保單的身故賠償予承讓人。

受益人

3.2 根據本保單之所有條款，當受保人身故，投保書上指定的受益人或後期重新指定的受益人將會獲得身故賠償，本公司將為受益人的惠益設立信託。

閣下可於保單生效期間填妥及交回本公司指定之適當表格更改受益人。閣下的要求須待本公司批註於本保單後方才生效。有關受益人更改一經本公司批註，不論受保人當時是否在生，有關更改即於 閣下簽署委任受益人表格日期起生效。但是，本公司毋須對任何指定受益人的有效性或合法性負責。本公司將按本保單的條款並根據本公司最後記錄上的指定受益人支付身故賠償。

除非本保單另有規定或 閣下向本公司提交書面要求，否則任何受益人如早於受保人身故或因任何原因被 閣下撤銷受益人身分，其應得的身故賠償將均分予在同一類別中的其他在生受益人，惟須符合本保單的所有條款。假如符合以下兩項，本公司將向候補受益人支付身故賠償：

- 閣下於本公司指定之適當表格上指定基本受益人及候補受益人；
- 沒有基本受益人於受保人身故後尚在生。

假如任何受益人與受保人同時身故，本公司將會按本保單的條款將此情況視為較年長者早於較年輕者身故而支付身故賠償。

申報年齡及性別

- 3.3 假如閣下在投保書內錯誤申報受保人的年齡或性別，本公司將有權作出以下安排：
- 假如所繳交的保費較正確年齡或性別所需的保費少，本公司將按受保人的正確年齡及性別的保費率，並根據已繳交的保費而調整保障金額；
 - 假如所繳交的保費較正確年齡或性別所需的保費多，本公司將退還多繳之保費。

假如受保人的真實年齡在本公司可繕發保單的投保年齡範圍以外，本公司可決定本保單為無效。當本公司就上述情況決定保單無效或經閣下要求時，本公司將不附利息退還已繳交的保費並扣除就本保單曾支付的任何賠償或利率。

扣除債項

- 3.4 本公司將從閣下的保單應支付的賠償或利益之中，扣除閣下未償還本公司的所有費用。

自殺

- 3.5 假如受保人於保單生效日或任何復效日期（以較遲者為準）起計一年內自殺，不論當時神智正常或失常，身故賠償將只限於退還閣下已繳交的保費（不附利息）並扣除就本保單曾支付的任何賠償。

不可爭議

- 3.6 由以下日期起計，在受保人在生期間保單持續生效超過兩年後，除涉及詐騙外，本公司不得爭議人壽保障（於隨附之「高回贈」住院現金保障計劃文件第5條指明）之有效性：
- 本計劃的生效日期；或
 - 本計劃的任何復效日，
- 以較遲者為準。

本不可爭議條款將不適用於以下情況：

- 住院每日現金賠償及深切治療病房或燒傷中心雙倍賠償（於隨附之「高回贈」住院現金保障計劃文件第2-3條指明）；及
- 錯誤申報受保人的年齡或性別。

保費儲蓄戶口

- 3.7 如獲本公司批准，閣下可將款項存入保費儲蓄戶口，本公司將有權從該保費儲蓄戶口扣除閣下的保單的任何未繳保費。

當閣下的保單終止時，本公司將會退還該保費儲蓄戶口的結餘。存入該保費儲蓄戶口的利息將由本公司釐訂。

4 繳交保費

繳費責任

- 4.1 閣下的壽險證書上顯示了每項保障的保費期滿日；首期保費日、每期保費總額以及首期保費日後的繳費形式。

閣下必須於保單生效日前向本公司繳交壽險證書上顯示的首次每期保費總額；此後，閣下須於每個保費到期日後起計一個月內繳交每期保費總額。

本公司將透過從閣下的銀行帳戶直接轉帳的方法(或其他本公司接納的方法)收取每期保費總額，並且不會於每期保費總額到期時向閣下發出任何通知。

假如未能繳交保費將會如何處理？

- 4.2 假如閣下未能於保費到期日起計一個月內繳交每期保費總額，本保單將自動終止。

5 閣下可就保單作甚麼安排？

保單復效

- 5.1 假如閣下的保單因沒有繳交保費而終止，只要符合下列情況，閣下可以申請保單復效：

- 閣下於保單終止的日期起計六個月內提出申請；及
- 閣下自費提供令本公司滿意之受保人的健康證明；及
- 閣下繳交所需保費及利息。

要提出申請保單復效，閣下必須填妥及交回由本公司指定的適當的申請表格並符合所有由本公司指定的條件以及行政規定。本公司將通知閣下有關申請是否已獲接納。

Specimen

6 如何就閣下的保單提出身故索償？

提出身故索償

- 6.1 閣下或索償人（如身故者為閣下本人）必須盡快向本公司遞交以下各項：
- 填妥的索償表格；及
 - 由閣下或索償人自費取得由主診註冊醫生簽發的醫療報告；及
 - 閣下的壽險證書及隨附的批註（如有）；及
 - 有關索償人有權獲得賠償的證明（例如：出生證明書、身分證、遺產管理書或遺囑認證書）；及
 - 受保人的年齡證明（例如：出生證明書或身分證）；及
 - 受保人的死亡證明書。

本公司保留權利可要求閣下或索償人自費提供進一步及令本公司滿意的文件或證據，以協助本公司評核索償。

「註冊醫生」是指任何擁有西醫學位資格，並在其執業地區獲法律認可，可提供醫療或手術服務的人士。

誰可獲得身故賠償？

- 6.2 本公司將按以下次序支付身故賠償：
- 本公司最後記錄上指定的受益人；或
 - 假如本公司獲通知有信託存在，則為該受益人的受託人。本公司毋須對有關信託的有效性負責。

假如閣下並無指定任何受益人，或最後在生的受益人早於受保人身故，本公司將支付賠償如下：

- 假如閣下並非受保人，本公司將支付賠償予閣下，亦即保單持有人；或
- 假如閣下為受保人，本公司將支付賠償予以下人士：
 - 假如受保人立有遺囑，則為遺囑執行人；或
 - 假如受保人並無遺囑，則為遺產管理人。

本公司必須收到有關人士有權獲得本保單的賠償及能令本公司滿意的證明後，才會按本保單的條款支付賠償。

上述任何人士簽署的身故賠償收據，將充分、有效及完全地解除本公司就本保單的所有義務及責任。該收據是證明上述人士已經收取有關賠償，以及本公司已就該賠償款項完全地滿足所有就本保單向本公司提出的理賠和要求的最終及不可推翻的證據。

賠償於何處支付？

- 6.3 本公司將按本保單的條款於香港特別行政區支付賠償款項。

受保人身故後保單將會如何處理？

- 6.4 受保人身故後，閣下的整份保單將立即自動終止。

「高回贈」住院現金保障計劃

有那些保障計劃？

1. 本分項詳述「高回贈」住院現金保障計劃（「本計劃」）的保障。

本計劃包括下列四項保障：

- 每日住院現金賠償
- 深切治療病房或燒傷中心雙倍賠償
- 保費回贈保障
- 恩恤身故賠償保障

本公司會支付甚麼每日住院現金賠償？

2. 在符合本保單之所有條款下，假如閣下的壽險證書顯示的受保人於保障地區內因受傷或患病住院，本公司將按受保人的住院日數支付每日住院現金賠償（顯示於閣下的壽險證書），惟就每次住院的最高賠償日數為七百五十日。

在符合以下所有條件下，每日住院現金賠償方可獲得支付：

- 每日住院只可獲發一次每日住院現金賠償；及
- 假如受保人於保障地區以外入住醫院，我們將調低每日住院現金賠償百分之五十及每次住院的最高賠償日數為九十日。

本公司會支付甚麼深切治療病房或燒傷中心雙倍賠償？

3. 在符合本保單之所有條款下，假如閣下的壽險證書顯示的受保人於保障地區內入住醫院的深切治療病房（「深切治療病房」）或醫院的燒傷中心（「燒傷中心」），本公司將按受保人入住深切治療病房或燒傷中心的日數支付一筆相等於兩倍每日住院現金賠償的雙倍賠償（除以上第2條指明及顯示於閣下的壽險證書之每日住院現金賠償外）。

在符合以下所有條件下，深切治療病房或燒傷中心雙倍賠償方可獲得支付：

- 每日入住深切治療病房或燒傷中心只可獲發一次深切治療病房或燒傷中心雙倍賠償，每一次入住深切治療病房或燒傷中心的最高賠償日數為九十日；及
- 假如受保人於保障地區以外入住深切治療病房或燒傷中心，我們將調低深切治療病房或燒傷中心雙倍賠償百分之五十。

本公司會支付甚麼保費回贈保障？

4. 在符合本保單之所有條款下，假如本公司連續五年沒有就本計劃向閣下或任何其他人士支付或應支付賠償，本公司將回贈該五年內就本計劃已支付之總保費的百分之五十，惟必須符合以下所有條件：(i) 本公司必須已收取有關保費；及(ii) 就本計劃提出的任何索償將根據入院日期計算（而不是提出索償日期）。

就保費回贈保障而言，每五年期是以保單生效日或保單的續保日期計算，即每五個保單周年日。假如曾就本計劃提出索償，下一個五年期則只可由其後的保單續保日期開始重新計算。

假如閣下符合獲得保費回贈保障的資格，本公司將於每五年的保單周年日起計九十日內通知閣下。

- 本公司會支付甚麼恩恤身故賠償保障？
- 保障限制
- 何謂醫院？
- 何謂住院？
- 何謂住院病人？
- 那些是保障地區？
5. 在符合本保單之所有條款下，假如受保人於本計劃生效期間(由本公司釐訂)因任何原因身故，本公司將支付一筆相等於5,000.00港元的恩恤身故賠償保障。
 6. 在任何時間受保人不能受保於多於一份「高回贈」住院現金保障計劃。如有多於一份「高回贈」住院現金保障計劃保單，本公司有權決定哪份保單適用。其他有關保單之保費之繳付或收取，並不對上述本公司之酌情權有任何限制或對本公司構成任何責任，而本公司有權收取一份「高回贈」住院現金保障計劃的保費並將就同一計劃之其他有關保單多繳之保費退還(不包括利息)。
 7. 醫院是指依法組成並根據其所處國家的法律營運的機構，並且：
 - 以住院形式為病人及傷者提供護理及治療；及
 - 具備進行大型手術所需的設備；及
 - 提供全日護理服務；及
 - 由註冊醫生監管；及
 - 並非主要用作診所，或為長者、精神紊亂人士、酗酒人士或有毒癮人士而設的收容中心，或護理中心、療養院或康復醫院／中心。

「註冊醫生」是指任何擁有西醫學位資格，並在其執業地區獲法律認可，可提供醫療或手術服務的人士。
 8. 住院是指(i) 受保人必須被醫院接收為住院病人最少六小時，並於出院前持續留院並未曾離開醫院及須支付醫院的每日病房及膳食費用或深切治療或燒傷中心費用；或(ii) 受保人必須接受由註冊醫生於醫院內提供的外科程序或手術。「入住醫院」將按此「住院」之釋義詮釋。

假如因同一次或相關的受傷或患病（由註冊醫生證明）而住院兩次以上，而且該等住院與上次出院日期相隔不超過九十日，本公司將視該等住院為同一次住院。
 9. 住院病人是指由註冊醫生建議並被醫院接收入院為留院住宿病人的患病或受傷人士，而病人有需要（按註冊醫生之意見）入住醫院（作為留院住宿病人）接受註冊醫生提供的醫護、診斷、治療或外科手術，但並非只為接受護理、康復護理、延續護理或療養院服務。
 10. 亞洲：香港、澳門、新加坡、馬來西亞、日本、台灣
歐洲：英國、歐盟成員國、瑞士、海峽群島、馬恩島
美洲：美國、加拿大
澳大利西亞：澳洲、新西蘭
非洲：南非共和國

保障不包括甚麼？

11. 在下列情況下，本公司將不會支付每日住院現金賠償或深切治療病房或燒傷中心雙倍賠償：
- 該受傷或疾病於本計劃生效的日期前或任何復效日期前已存在；或
 - 該疾病的徵狀於本計劃生效的日期起計三十日內或任何復效日期起計三十日內出現，或於本計劃生效的日期起計或任何復效日期起計三十日內被註冊醫生診斷為患上該疾病；或
 - 該住院、治療、受傷、疾病或費用直接或間接由下列原因引致：
 - 妊娠、分娩或終止妊娠（於本計劃生效的日期後起計或任何復效日期後起計最少十二個月後發生的異位妊娠、葡萄胎妊娠、播散性血管內之凝血、妊娠毒血症、流產、先兆流產之異常情況則除外）、節育、不育或人工受孕；或
 - 戰爭、戰鬥（不論是否已宣戰）、叛亂、暴動、暴亂或民事騷亂；或
 - 參與任何刑事罪行；或
 - 在神志正常或失常的情況下企圖自殺或蓄意自殘；或
 - 整形手術，若受保人於意外發生起計九十日內因該意外而引致受傷並因而需要接受整形手術則除外；或
 - 療養、身體檢查或健康檢查；或
 - 與常規醫療或診斷不一致的治療或測試；或
 - 酗酒、服用酒精、毒品或藥物，但由註冊醫生處方服用則除外；或
 - 牙科護理或手術，若受保人於意外發生起計九十日內因該意外而引致受傷並因而需要接受牙科護理或手術則除外；或
 - 進行水肺潛水，或參加任何非徒步進行的比賽；或
 - 接受與後天免疫缺陷綜合徵（愛滋病）、人類免疫缺陷病毒或任何相關的狀況或與愛滋病相關複合徵有關的治療或測試；或
 - 精神紊亂，包括但不限於厭食症、焦慮、抑鬱、躁狂症、神經機能病、妄想狂、精神病及精神分裂症；或
 - 任何先天性或遺傳疾病（只適用於受保人年滿十四歲前已出現或被診斷患上的疾病）；或
 - 參與任何種類的專業運動或訓練，即：(i)參與有關運動或接受該運動之訓練可獲得某種形式的報酬；或(ii)以專業運動員身份參與任何運動或該運動之訓練而賺取收入；或
 - 參與海軍、軍隊、空軍或消防服務或任何與國家或國際權力機關之武裝部隊進行之任何行動；或
 - 飛行或空中活動，包括作為機師或空勤機組人員之活動。乘坐正式獲許可、有定翼裝置、多引擎式載客及有定期班次之商務客機之繳費乘客除外；或
 - 攀石或爬山、探洞、跳傘、高空滑翔、風箏滑翔、滑翔運動、水上降傘滑翔、汽球飛行、飄翔運動、高空彈跳、所有冬季活動、騎馬打獵；或
 - 任何在特別條款（如有）中除外條款下的活動或疾病。

甚麼是意外？

12. 意外必須是：
- 由猛烈及可見的外來因素所造成；及
 - 引致受傷的唯一及獨立原因。

計劃續保

13. 閣下可於每五個保單周年日為本計劃續保，直至受保人年滿六十四歲為止。本公司保留權利於續保前三十日以書面形式通知 閣下拒絕為本計劃續保。

本計劃將於受保人年滿六十四歲後的保單周年日失效。

本公司將按續保時的保費率及受保人當時的年齡調整保費。

保費調整

14. 本公司有權可於每個保單周年日檢討保費率，並相應劃一調整特定風險級別的保費率。

如何提出索償？

15. 提出本保單的索償時， 閣下必須將以下文件交回本公司：
- 已填妥的索償表格；及
 - 由 閣下自費取得由主診註冊醫生簽發的醫療報告；及
 - 有關已接受的治療的發票及付款收據正本。

本公司保留權利可要求閣下自費提供進一步的文件或證據，以協助本公司評核索償。

閣下必須於受保人出院的日期起計九十日內，向本公司提供一切所需資料，否則本公司將不會考慮 閣下的索償。

本公司保留指定一名註冊醫生為受保人再作身體檢查的權利。

本計劃何時終止？

16. 於下列情況下，本計劃將立即終止：
- 當受保人身故；或
 - 到達本計劃的保障期滿日（顯示於 閣下的壽險證書），以較早出現者為準。