

Life Insurance

Lifelong Promise • Lifelong Partner



TotalGuard Critical Illness Multiple Protector Series

Critical illnesses often occur suddenly, and sometimes repeatedly. A comprehensive plan that provides protection against multiple critical illnesses can help navigate through every stage of life.

TotalGuard Critical Illness Multiple Protector Series (the "Plan") includes TotalGuard Critical Illness Multiple Protector, TotalGuard Critical Illness Multiple Protector (SS) ("Self-selected Plan") and TotalGuard Critical Illness Multiple Protector-Treasured Version / TotalGuard Critical Illness Multiple Protector (SS) - Treasured Version ("Treasured Version"). It is a participating insurance plan that offers protection against 194 types of illnesses, including chronic diseases, for example, three highs urban illnesses ("three highs") - hypertension, hyperlipidaemia, and diabetes.

The Plan provides continuous support for critical illnesses and special diseases - up to 8 claims for critical illnesses and life protection, with a total coverage up to 980% of the original sum insured for the Self-selected Plan, allowing you to manage medical expenses easily. Self-selected Plan offers the option to select three critical illnesses for extra protection, allowing for a customized plan tailored to individual needs.

In addition, Treasured Version provides coverage for expectant mother during pregnancy and newborn babies, giving coverage to newborn babies right after birth until 100 years old.



Plan Features

Choose your protection, safeguard your loved one

Comprehensive coverage for up to 194 covered illnesses

including critical illnesses, special diseases, three highs urban illnesses and intensive care



Up to 8 claims in total for critical illness benefit and multiple critical illness benefit

multiple protection for critical illnesses like cancer, heart disease and stroke



Total protection up to 980%* of the original sum assured

(including extra benefit of 80% of the sum assured when the insured first claims before 66 years old) enhance protection to give you peace of mind



Self-selected 3 critical illnesses for extra protection*



4 claims of continuous cancer support benefit*

up to 36 months of advance payment for each claim

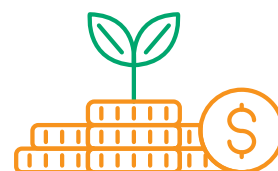


Pregnancy compassionate benefit and infant protection benefit#

including undetected congenital critical illnesses, coverage from birth of the baby to 100 years old



Savings elements offering potential returns

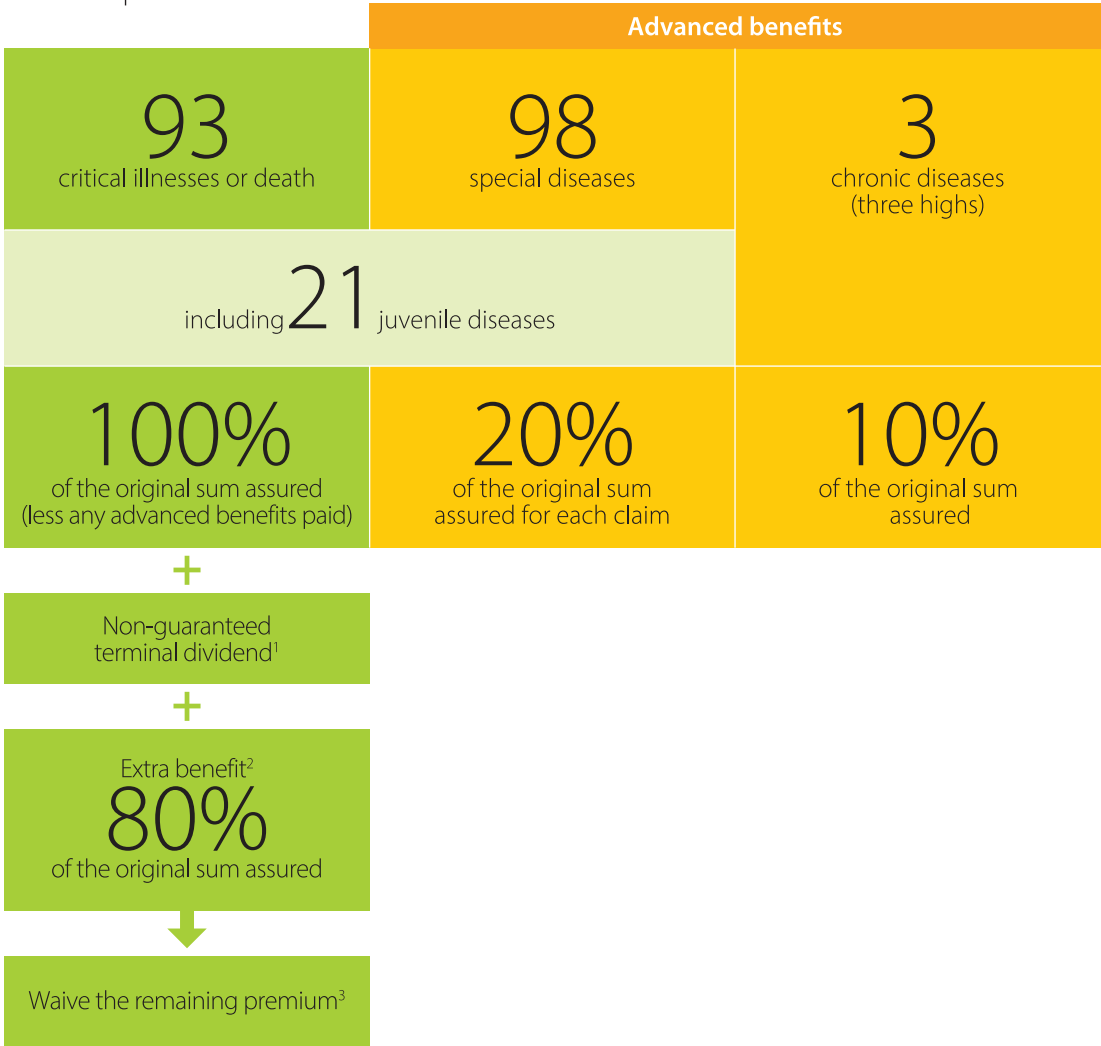


*Applicable to Self-selected Plan
#Applicable to Treasured Version



Comprehensive protection at different stages of critical illnesses

The Plan provides coverage for up to 194 covered illnesses that span critical illnesses, special diseases and chronic diseases. It also provides protection for Intensive Care Unit (ICU) stays, protecting your health comprehensively from various aspects.



Remarks: For the details of the covered illnesses and benefits limit, please refer to the “Covered Illnesses Table” and maximum claim amount in the “Benefit Schedule”.

Protection against critical illnesses

If the insured is unfortunately diagnosed with any covered critical illnesses, including cancer, heart attack and stroke, we will pay “critical illness benefit”⁴, which is equivalent to the sum of 100% of the original sum assured and face value of terminal dividend¹ (if any), less any amount paid for “special disease benefit” and/or “chronic disease benefit”.

At the same time, we will waive the remaining premiums³ of your Plan to release your financial pressure.

In the unfortunate death of the insured, we will pay the beneficiary a “death benefit”⁴ which is equivalent to the sum of 100% of original sum assured and the face value of terminal dividend¹ (if any), less any amount paid for special disease benefit and/or chronic disease benefit. The Plan will then be terminated.

Extra benefit² for enhanced protection

If the insured is diagnosed with any covered critical illnesses for the first time or passes away before the policy anniversary which the insured is 66 years old, we will pay an extra benefit amount of 80% of the original sum assured, offering you and your family with additional protection.

Advance payment for special diseases

If the insured is unfortunately diagnosed with any of the covered special diseases, we will pay 20% of the original sum assured in advance as "special disease benefit"^{5,6} to reduce the financial burden of being ill.

Each special disease can be claimed once only, while carcinoma-in-situ⁷ can be claimed up to 2 times.

Protection for Intensive Care

Regardless of any illnesses or accidents, in the event of a worsening condition, there is a chance of being admitted to the intensive care unit and requiring invasive life support treatment. The Plan covers intensive care under "special disease benefit" and "critical illness benefit" :

ICU stay with invasive life support	For 72 or more consecutive hours	20% of the original sum assured in advance ⁸
	For 120 or more consecutive hours and undergoes a designated complex surgery	100% of the original sum assured

Advance payment for three highs

"Three highs" chronic diseases refer to hypertension, hyperlipidaemia, and diabetes, which are common urban diseases among the Hong Kong people. If not treated early, these chronic diseases may develop into critical illnesses, posing health risks.

The Plan provides "chronic disease benefit"^{5,9} for three highs, starting from the 15th policy anniversary or the policy anniversary which the insured is 65 years old (whichever is later), if the insured is diagnosed with a chronic disease, we will pay 10% of original sum assured in advance.

For the details of the covered critical illnesses, special diseases and chronic diseases, please refer to the "Covered Illnesses Table".

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Up to 8 claims in total for critical illness benefit and multiple critical illness benefit¹⁰

Cancer, heart attack and stroke have high recurrence rates, this is why the Plan provides protection against multiple critical illnesses. If the insured is diagnosed with covered critical illness before the policy anniversary which the insured is 88 years old, we will provide "multiple critical illness benefit" so that you can receive treatment worry-free.

The maximum number of claims is 7 times under multiple critical illness benefit, combined with the critical illness benefit, providing 8 claims in total. The maximum number of claims for each critical illness is as follows:

 Cancer	 Heart attack and/or stroke	 Alzheimer's disease	 Other critical illnesses*	 Terminal illness, loss of independent existence, total and permanent disability and intensive care with complex surgery
5 times	3 times	1 time	1 time	1 time (Only payable under critical illness benefit)

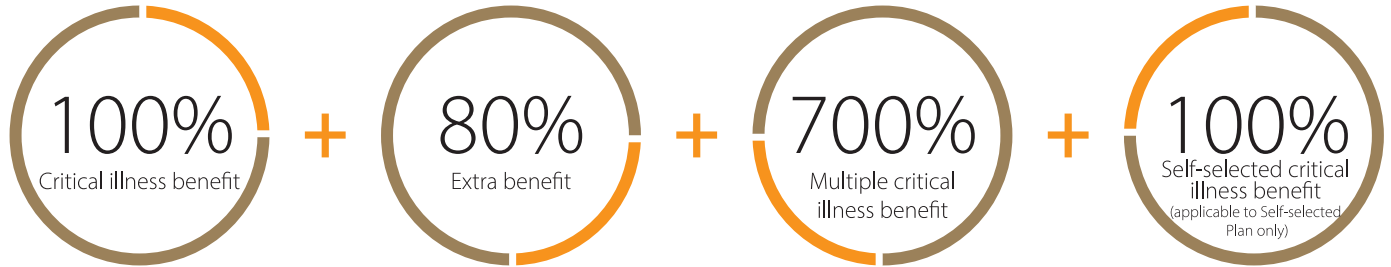
*except terminal illness, loss of independent existence, total and permanent disability and intensive care with complex surgery

Multiple critical illness benefit is subject to waiting period requirements, please refer to remarks 10 for details.



980% Multiple protection with total protection up to 980% of the original sum assured

Total protection is up to 880% of the original sum assured for TotalGuard Critical Illness Multiple Protector and TotalGuard Critical Illness Multiple Protector – Treasured Version, while total protection for the Self-selected Plan is up to 980% of the original sum assured.



Self-selected Plan



(A) Self-selected critical illness benefit¹¹ for enhanced coverage

Your critical illness protection needs are unique. The “self-selected critical illness benefit” allows you to personalize your protection by choosing 3 out of 6 critical illnesses for which you will receive enhanced protection for covered illnesses, to accommodate your own protection needs.

The 6 specified critical illnesses include cancer, Parkinson’s disease, multiple sclerosis, stroke, Alzheimer’s disease and cardiomyopathy. You can choose 3 of these upon enrollment, if the insured is diagnosed with any of the chosen critical illnesses before the policy anniversary which the insured reaches 80 years old, we will pay an extra 100% of the original sum assured in addition to the critical illness benefit or multiple critical illness benefit payout.

The self-selected critical illness benefit is payable once only.



(B) Continuous cancer support benefit¹² to ease financial burden

To enhance the continuous support for cancer treatment and compensate for the loss of income during the treatment period, if the insured opts for the Self-selected Plan and has received the critical illness benefit or the multiple critical illness benefit due to cancer before the policy anniversary which the insured is 88 years old, we will pay out “continuous cancer support benefit”.

We will pay the continuous cancer support benefit in advance, which is equal to 1.5% of the original sum assured every month for up to 36 months or until the next claim of the multiple critical illness benefit (whichever is earlier). Any subsequent claims in relation to multiple critical illness benefit will be reduced by the amount paid for the immediate preceding continuous cancer support benefit. During the claim period, the insured shall submit proof every six months starting from the date of diagnosis.

The maximum number of claims of continuous cancer support benefit is 4 times, totaling up to 216% of the original sum assured.



Treasured Version - pregnancy and infant protection to safeguard loved ones

Expectant mother can take out the Treasured Version as early as her 22nd week of pregnancy, it safeguards against unfortunate events during pregnancy, while newborn baby can also receive a range of protections immediately, including coverage for undetected congenital critical illnesses.

(i) Pregnancy stage – the expectant mother as the insured:

In the unfortunate event of passing away of the expectant mother and the foetus, a miscarriage, a termination of pregnancy or a stillbirth, “pregnancy compassionate benefit”¹³ which is equal to 105% of accumulated premium paid will be paid out, less any indebtedness. The Plan will then terminate.

(ii) Infant protection benefit¹⁴ –after the birth and where the insured is the newborn baby :

- Coverage for critical illnesses or special diseases: including critical illnesses related to congenital critical illnesses remain undetected upon policy issuance.
 - within 90 days after birth, 20% of the original sum assured payable for the claim submitted for such critical illness or special disease
 - after 90 days after birth, 100% of the original sum assured payable for the claim submitted for such critical illness or special disease
- Death benefit:
 - within 180 days after birth, 20% of the death benefit and extra benefit
 - after 180 days after birth, 100% of the death benefit and extra benefit



Savings elements for offering potential returns

The Plan offers you comprehensive critical illness coverage and death benefit, as well as potential returns with guaranteed cash value and non-guaranteed terminal dividend¹, so that you can enjoy both protection and wealth accumulation.



Premium waiver benefit for death of parents¹⁵, ensuring uninterrupted protection

To ensure your loved ones can still be protected even when the worst happens, if father or mother of insured is below age 50 on the policy effective date, and passes away before the policy anniversary which the insured reaches 18 years old, the remaining premiums of the Plan will be waived until the policy anniversary which the insured reaches 18 years old or the end of the premium payment period (whichever is earlier).



Extended grace period option¹⁶ to address urgent financial needs

To allow you handle your financial needs flexibly, starting from the 2nd policy anniversary and within the premium payment period, you can apply for the “extended grace period option” in the event of the birth of a child, marriage, divorce, purchase of a residential property or laid off. The grace period will be extended up to 365 days from the designated premium due date after the application is approved. The Plan remains effective during the grace period.

Enrollment Terms

Plan name	TotalGuard Critical Illness Multiple Protector TotalGuard Critical Illness Multiple Protector (SS) TotalGuard Critical Illness Multiple Protector - Treasured Version TotalGuard Critical Illness Multiple Protector (SS) - Treasured Version		
Plan type	Critical illness plan		
Premium payment term¹⁷ and issue age	Plan	Premium payment term	Issue age
	TotalGuard Critical Illness Multiple Protector / TotalGuard Critical Illness Multiple Protector (SS)	10 years	15 days to age 65
		20 years	15 days to age 55
		25 years	15 days to age 50
	TotalGuard Critical Illness Multiple Protector - Treasured Version / TotalGuard Critical Illness Multiple Protector (SS) - Treasured Version	10 years, 20 years, 25 years	age 18 to 45 female, with gestation period of 22 nd week or above
Benefit term	Up to age 100 of the insured (Please refer to "Benefit Schedule" for the benefit term of the respective protection.) • Chronic disease benefit: Starting from the 15 th policy anniversary or age 65 (whichever is later) to age 100 • Specified critical illness benefit or specified special disease benefit: Up to age 18 of the insured • Multiple critical illness benefit: Up to age 88 of the insured • Self-selected critical illness benefit: Up to age 80 of the insured • Continuous cancer support benefit: Up to age 88 of the insured • Pregnancy compassionate benefit: Before the live birth of a child • Extra benefit: Up to age 66 of the insured • Premium waiver benefit for death of parents: Up to age 18 of the insured		
Premium payment mode¹⁸	Annual ¹⁹ , semi-annual, quarterly, monthly, annual and premium prepayment ²⁰ (applicable to 10 years' premium payment term)		
Policy currency	HKD / USD		
Minimum sum assured	HKD120,000 / USD15,000		

Case 1

Janice (non-smoking female) is a lawyer with stable career development. She hopes to plan ahead and ensure that she has financial support in case she unfortunately suffers from a critical illness.

She enrolls into TotalGuard Critical Illness Multiple Protector (SS) for herself with the original sum assured of HKD1,000,000 at age 30. She selects 25-year premium payment term at annual premium of HKD 43,270.

She is most concerned about cancer, stroke and cardiomyopathy, thus she chooses these 3 critical illnesses for the self-selected critical illness benefit upon enrollment.

Insured's age	30	65	67	69	78
End of policy year	-	35	37	39	48
Event	Janice enrolls into TotalGuard Critical Illness Multiple Protector (SS) 	Diagnosed with chronic disease (three highs) – hyperlipidaemia 	Diagnosed with breast carcinoma in situ 	Diagnosed with breast cancer 	Diagnosed with stroke 
Benefit received	—	Chronic disease benefit^{5,9} HKD 100,000 (10% of original sum assured as advance payment) The current sum assured shall be reduced	Special disease benefit^{5,6} HKD 200,000 (20% the original sum assured as advance payment) The current sum assured shall be reduced	Critical illness benefit⁴ HKD1,000,000 (100% of the original sum assured) + HKD 2,664,730 (Face value of terminal dividend ¹) - Chronic disease benefit paid HKD100,000 - Special disease benefit paid HKD200,000 = HKD3,364,730 Self-selected critical illness benefit¹¹ HKD1,000,000 (100% of the original sum assured) Continuous cancer support benefit¹² HKD15,000 per month (1.5% of the original sum assured) for 36 months, total HKD540,000 Total: HKD4,904,730	Multiple critical illness benefit¹⁰ HKD1,000,000 (100% of the original sum assured) - Continuous cancer support benefit paid HKD540,000 = HKD 460,000

Total benefit payout = HKD5,664,730 = 566% of the original sum assured = 524% of total premiums paid

The figures in the above case are rounded to the nearest whole numbers and for illustrative purpose only.

The above case is based on the following assumptions:

- there is no withdrawal, policy loan and indebtedness throughout the benefit term and all premiums are paid in full when due
- all premiums exclude levy
- the insured is not covered under other policies issued by the Company
- except for the benefits listed in the above case, the Company has not paid any other benefits for the same insured

Case 2

Victor is an entrepreneur who has just purchased a flat and is the primary breadwinner in his family. He wants to protect his beloved family, especially his son.

At the age of 35, Victor enrolls into TotalGuard Critical Illness Multiple Protector (SS) for his 3-year-old son, Samuel, with the original sum assured of HKD1,000,000. He selects 25-year premium payment term at annual premium of HKD 20,950. At the time of enrollment, he selects cancer, Parkinson's disease, and cardiomyopathy for the self-selected critical illness benefit.

Insured's age	3	5	7	49	53	78
End of policy year	-	2	4	46	50	75
Event	Victor enrolls into TotalGuard Critical Illness Multiple Protector (SS) for his son, Samuel 	Samuel is diagnosed with insulin dependent diabetes mellitus 	Victor tragically passes away. To ease the financial burden, the premium will be waived until the policy anniversary which Samuel reaches 18 years old, allowing Samuel to continue to enjoy coverage. After Samuel turns 18 years old, he will continue to pay the premiums every year until he reaches 28 years old. 	Diagnosed with lung cancer 	Recurrence of lung cancer 	Diagnosed with liver cancer 
Benefit received	—	Special disease benefit^{5,6} HKD 200,000 (20% the original sum assured as advance payment) The current sum assured shall be reduced, and the premiums shall also be reduced proportionally After payment for the special disease benefit for this time, the annual premium is reduced proportionally to HKD16,800	Premium waiver benefit for death of parents¹⁵ The premium to be waived: HKD 184,800	Critical illness benefit⁴ HKD1,000,000 (100% of the original sum assured) + HKD 4,792,620 (Face value of terminal dividend ¹) = Special disease benefit paid HKD200,000 = HKD 5,592,620 Extra benefit² HKD800,000 (80% of the original sum assured) Self-selected critical illness benefit¹¹ HKD1,000,000 (100% of the original sum assured) Continuous cancer support benefit¹² HKD15,000 per month (1.5% of the original sum assured) for 36 months, total HKD540,000 Total: HKD 7,932,620	Multiple critical illness benefit¹⁰ HKD1,000,000 (100% of the original sum assured) - Continuous cancer support benefit paid HKD540,000 = HKD460,000 Continuous cancer support benefit¹² HKD15,000 per month (1.5% of the original sum assured) for 36 months, total HKD540,000 Total: HKD1,000,000	Multiple critical illness benefit¹⁰ HKD1,000,000 (100% of the original sum assured) - Continuous cancer support benefit paid HKD540,000 = HKD460,000 Continuous cancer support benefit¹² HKD15,000 per month (1.5% of the original sum assured) for 36 months, total HKD540,000 Total: HKD1,000,000

Total benefit payout* = HKD 10,317,420 = 1,032% of the original sum assured = 4,237% of total premiums paid

*Total benefit payout includes the amount of premium waiver benefit

The figures in the above case are rounded to the nearest whole numbers and for illustrative purpose only.

The above case is based on the following assumptions:

- there is no withdrawal, policy loan and indebtedness throughout the benefit term and all premiums are paid in full when due
- all premiums exclude levy
- the insured is not covered under other policies issued by the Company
- except for the benefits listed in the above case, the Company has not paid any other benefits for the same insured

Covered Illnesses Table

Covered Critical Illnesses

1. Acute Necrohemorrhagic Pancreatitis	40. Loss of One Limb and Sight of One Eye
2. AIDS / HIV due to Blood Transfusion	41. Loss of Speech
3. Alzheimer's Disease	42. Lymphangiomyomatosis
4. Amyotrophic Lateral Sclerosis	43. Major Burns
5. Apallic Syndrome	44. Major Head Trauma
6. Aplastic Anaemia	45. Major Organ Transplantation
7. Bacterial Meningitis	46. Medullary Cystic Disease
8. Benign Brain Tumour	47. Motor Neurone Disease
9. Blindness	48. Multiple Sclerosis
10. Brain Damage	49. Muscular Dystrophy
11. Cancer	50. Myelofibrosis
12. Cardiomyopathy	51. Necrotising Fasciitis
13. Cerebral Aneurysm or Arteriovenous Malformation Requiring Surgery	52. Occupationally Acquired HIV
14. Chronic Adrenal Insufficiency (Addison's Disease)	53. Optic Nerve Atrophy
15. Chronic and Irreversible Kidney Failure	54. Other Serious Coronary Artery Disease
16. Chronic Auto-immune Hepatitis	55. Paralysis
17. Chronic Liver Disease	56. Parkinson's Disease
18. Chronic Obstructive Lung Disease	57. Permanent Tracheostomy
19. Chronic Relapsing Pancreatitis	58. Pheochromocytoma
20. Chronic Respiratory Failure	59. Poliomyelitis
21. Coma	60. Primary Lateral Sclerosis
22. Coronary Artery Angioplasty - Triple Vessel	61. Primary Pulmonary Arterial Hypertension
23. Coronary Artery Disease Requiring Surgery	62. Primary Sclerosing Cholangitis
24. Deafness (Loss of Hearing) ^c	63. Progressive Bulbar Palsy
25. Diffuse Sclerosis	64. Progressive Muscular Atrophy
26. Dissecting Aortic Aneurysm	65. Progressive Supranuclear Palsy
27. Ebola	66. Severance of Limbs
28. Eisenmenger's Syndrome	67. Severe Bronchiectasis
29. Elephantiasis	68. Severe Creutzfeld-Jacob Disease (CJD)
30. Encephalitis	69. Severe Crohn's Disease
31. End Stage Lung Disease	70. Severe Diabetic Retinopathy
32. Fulminant Hepatitis	71. Severe Emphysema
33. Heart Attack	72. Severe Infective Endocarditis
34. Heart Valve Surgery	73. Severe Myasthenia Gravis
35. Hemiplegia	74. Severe Osteogenesis Imperfecta ^a
36. Hemolysis Streptococcus Gangrene	75. Severe Osteoporosis with Fractures ^d
37. HIV Infection due to Assault	76. Severe Psoriasis with Arthritis
38. Intensive Care with Complex Surgery	77. Severe Pulmonary Alveolar Proteinosis
39. Loss of Independent Existence ^d	78. Severe Pulmonary Fibrosis

79. Severe Rheumatoid Arthritis	87. Stroke
80. Severe Still's Disease ^a	88. Surgery to Aorta
81. Severe Systemic Juvenile Rheumatoid Arthritis ^a	89. Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis
82. Severe Type I Juvenile Spinal Amyotrophy ^a	90. Systemic Scleroderma
83. Severe Type II Juvenile Spinal Amyotrophy ^a	91. Terminal Illness
84. Severe Ulcerative Colitis	92. Total and Permanent Disability ^e
85. Severe Wilson's Disease ^a	93. Tuberculosis Meningitis
86. Spinal Muscular Atrophy ^b	

Remarks:

a. only applicable to insured who is diagnosed before the policy anniversary when the insured reaches the age of 18.

b. only applicable to insured with first diagnosis on or after the policy anniversary when the insured reaches the age of 5.

c. only applicable to insured with first diagnosis on or after the policy anniversary when the insured reaches the age of 3.

d. only applicable to insured who is diagnosed on or before the policy anniversaries when the insured reaches the age of 70.

e. only applicable to insured who is diagnosed between the policy anniversary when the insured is between age 4 and age 75 (both ages inclusive).

Covered Special Diseases

1. Acute Aplastic Anaemia	28. Glomerulonephritis with Nephrotic Syndrome ^a
2. Adrenalectomy for Adrenal Adenoma	29. Hepatitis with Cirrhosis
3. Angioplasty	30. Insertion of a Vena-cava filter
4. Autism ^a	31. Insertion of Cardiac Defibrillator
5. Bilateral Ovariectomy or Bilateral Orchiectomy	32. Insertion of Cardiac Pacemaker
6. Biliary Tract Reconstruction Surgery	33. Insulin Dependent Diabetes Mellitus ^a
7. Carcinoma-in-situ	34. Intellectual Impairment due to Sickness or Injury ^{a,b}
8. Carotid Endarterectomy and Angioplasty and Stenting for Carotid Arteries	35. Intensive Care
9. Cerebral Arteriovenous Malformation Requiring Surgery	36. Juvenile Huntington Disease ^a
10. Cerebral Shunt Insertion	37. Kawasaki Disease ^a
11. Chronic Lung Disease	38. Less Invasive Treatments of Heart Valve Disease
12. Cochlear Implant Surgery	39. Less Severe Amyotrophic Lateral Sclerosis
13. Complications of Moderate Intestinal Disease	40. Less Severe Bacterial Meningitis
14. Corneal Transplant	41. Less Severe Burns to Body due to Accident
15. Coronary Angioplasty	42. Less Severe Cardiomyopathy
16. Dengue Haemorrhagic Fever ^a	43. Less Severe Coma
17. Diabetic Retinopathy	44. Less Severe Crohn's Disease
18. Early Elephantiasis	45. Less Severe Heart Disease
19. Early Malignancies	46. Less Severe Infective Endocarditis
20. Early Renal Failure	47. Less Severe Kidney Disease
21. Early Stage Dementia including Early Stage Alzheimer's Disease	48. Less severe Loss of Independent Existence
22. Early Stage Scleroderma	49. Less Severe Major Head Trauma
23. Endovascular Treatment for Cerebral Aneurysm	50. Less Severe Motor Neurone Disease
24. Endovascular Treatment of Peripheral Arterial Disease	51. Less Severe Myasthenia Gravis
25. Endovascular Treatments of Aortic Disease or Aortic Aneurysm	52. Less Severe Parkinson's Disease
26. Facial Burns due to Accident	53. Less Severe Poliomyelitis
27. Facial Reconstructive Surgery for Injury due to Accident	54. Less Severe Primary Lateral Sclerosis

55. Less Severe Primary Pulmonary Arterial Hypertension	77. Pericardectomy
56. Less Severe Progressive Bulbar Palsy	78. Psoriasis with Arthritis
57. Less Severe Rheumatoid Arthritis	79. Rheumatic Fever with Valvular Impairment ^a
58. Less Severe Spinal Muscular Atrophy ^c	80. Secondary Pulmonary Hypertension
59. Less Severe Systemic Lupus Erythematosus	81. Severe Asthma ^a
60. Less Severe Total and Permanent Disability ^d	82. Severe Central or Mixed Sleep Apnoea
61. Less Severe Ulcerative Colitis	83. Severe Epilepsy
62. Less Severe Viral Encephalitis	84. Severe Gastrointestinal Infection
63. Liver Surgery	85. Severe Haemophilia ^a
64. Loss of Hearing in One Ear	86. Severe Hand Foot Mouth Disease
65. Loss of One Limb	87. Severe Obstructive Sleep Apnoea
66. Loss of Sight of One Eye	88. Severe Psychiatric Illness
67. Major Organ Transplantation (on Waiting List)	89. Still's Disease ^a
68. Marble Bone Disease (Osteopetrosis)	90. Surgery for Subdural Haematoma
69. Military Tuberculosis	91. Surgical Removal of One Kidney
70. Minimally Invasive Direct Coronary Artery By-pass	92. Surgical Removal of One Lung
71. Moderate Ankylosing Spondylitis	93. Surgical Removal of Pituitary Tumour
72. Moderately Severe Creutzfeldt Jacob Disease	94. Systemic Juvenile Rheumatoid Arthritis ^a
73. Moderately Severe Paralysis	95. Temporal Arteritis or Cranial Arteritis
74. Necrotizing Fasciitis	96. Transmyocardial Laser Revascularisation
75. Osteogenesis Imperfecta ^a	97. Type I or Type II Juvenile Spinal Amyotrophy ^a
76. Osteoporosis with Fractures ^e	98. Wilson's Disease ^a

Remarks:

- a. only applicable to insured who is diagnosed before the policy anniversary when the insured reaches the age of 18.
- b. only applicable to insured who is diagnosed on or after the policy anniversary when the insured reaches the age of 4.
- c. only applicable to insured with first diagnosis on or after the policy anniversary when the insured reaches the age of 5.
- d. only applicable to insured who is diagnosed between the policy anniversaries when the insured is between age 4 and age 75 (both ages inclusive).
- e. only applicable to insured who is diagnosed on or before the policy anniversary when the insured reaches the age of 70.

Covered Chronic Diseases

1. Diabetes
2. Hyperlipidaemia
3. Hypertension

List of Complex Surgery

Organs	Surgery
Bladder, ureter and urethra	Formation of ileal conduit, including ureteric implantation Radical/ total cystectomy, open or laparoscopic
Brain	Cranial nerve decompression Craniectomy Decompression of trigeminal nerve root/ open trigeminal rhizotomy Excision of acoustic neuroma Excision of arteriovenous malformation, intracranial Excision of brain, including lobectomy Excision of brain tumour or brain abscess Excision of cranial nerve tumour Hemispherectomy
Ear	Operation on cochlea and / or cochlear implant
Heart	Cardiac transplantation Coronary artery bypass graft (CABG) Valve replacement
Jejunum, ileum and large intestine	Abdominoperineal resection, open or laparoscopic Anterior resection of rectum, open or laparoscopic Colectomy, open or laparoscopic Low anterior resection of rectum, open or laparoscopic
Kidney	Kidney transplant Nephrectomy, partial/ lower pole
Liver	Liver transplantation Segmentectomy of liver, open or laparoscopic
Oesophageal/ stomach/ duodenum	Oesophagectomy Partial gastrectomy with anastomosis to oesophagus Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition Total oesophagectomy and interposition of intestine
Pancreas	Pancreaticoduodenectomy (Whipple's Operation)
Pineal Gland	Total excision of pineal gland
Pituitary Gland	Operation of pituitary tumour
Prostate	Radical prostatectomy, open or laparoscopic
Respiratory System	Laryngectomy +/- radical neck resection Lobectomy of lung / pneumonectomy
Spine	Excision of intraspinal tumour, extradural or intradural
Uterus	Pelvic exenteration Radical abdominal hysterectomy
Vagina	Radical vaginectomy
Vessels	Intra-abdominal venous shunt/ spleno-renal shunt / portal-caval shunt Resection of abdominal vessels with replacement / anastomosis

Benefit Schedule

Benefit type ²¹	Maximum number of claims	Claim amount (percentage of the original sum assured ²² of this Plan)	Benefit Term (based on the policy anniversary when the insured reaches the age below)
Chronic disease benefit ^{5,9} (3 chronic diseases)			
Diabetes	1 time	10% of original sum assured in advance – any indebtedness (Total amount payable for each chronic disease is subject to HKD200,000 / USD 25,000 under all policies issued for each insured)	From the 15 th policy anniversary or the policy anniversary which the insured reaches 65 years old (whichever is later) to age 100
Hyperlipidaemia			
Hypertension			
Special disease benefit ^{5,6} (98 special diseases)			
Carcinoma-in-situ ⁷	2 times (must be different organ)	- Each claim amount: 20% of original sum assured in advance – any indebtedness (Total amount payable for each special disease is subject to HKD 400,000 / USD 50,000 under all policies issued for each insured) - Maximum claim amount: 100% of original sum assured in advance – any indebtedness	Up to age 100
Autism	1 time (for each special disease)		Up to age 18
Dengue Haemorrhagic Fever			
Glomerulonephritis with Nephrotic Syndrome			
Insulin Depenadent Diabetes Mellitus			
Intellectual Impairment due to Sickness or Injury			
Juvenile Huntington Disease			
Kawasaki Disease			
Osteogenesis Imperfecta			
Rheumatic Fever with Valvular Impairment			
Severe Asthma			
Severe Haemophilia			
Still's Disease			
Systemic Juvenile Rheumatoid Arthritis			
Type I or Type II Juvenile Spinal Amyotrophy			
Wilson's Disease			
Osteoporosis with Fractures			Up to age 70
Less Severe Total and Permanent Disability			Up to age 75
Other special diseases			Up to age 100

Critical illness benefit ⁴ (93 critical illnesses)			
Severe Osteogenesis Imperfecta	1 time	100% of original sum assured + the face value of non-guaranteed terminal dividend¹(if any) - any original sum assured payable paid for “special disease benefit”^{5,6} and/or “chronic disease benefit” ^{5,9} - any indebtedness	Up to age 18
Severe Still's Disease			
Severe Systemic Juvenile Rheumatoid Arthritis			
Severe Type I Juvenile Spinal Amyotrophy			
Severe Type II Juvenile Spinal Amyotrophy			
Severe Wilson’s Disease			
Loss of Independent Existence			Up to age 70
Severe Osteoporosis with Fractures			Up to age 75
Total and Permanent Disability			Up to age 100
Other critical illnesses			
Multiple critical illness benefit ¹⁰			
The maximum number of claims payable to “multiple critical illness benefit” ¹⁰ is 7 times. The maximum number of claims to each critical illness under “critical illness benefit” ⁴ and “multiple critical illness benefit” ¹⁰ :			
Covered critical illness	Maximum number of claims (Payable under the Plan)	- Each claim amount: 100% of original sum assured – any original sum assured payable paid for “continuous cancer support benefit”¹² (if applicable) for the immediately preceding previous illness which was cancer – any indebtedness - Maximum claim amount: 700% of original sum assured	Up to age 88
Cancer	5 times		
Heart Attack and/or Stroke	3 times		
Alzheimer’s Disease	1 time		
Other Critical Illnesses (except Terminal Illness, Loss of Independent Existence, total and permanent disability and Intensive Care with Complex Surgery)	1 time		
Terminal Illness, Loss of Independent Existence, total and permanent disability and Intensive Care with Complex Surgery	1 time (Only payable under “critical illness benefit” ⁴)		
Self-selected critical illness benefit ¹¹			
Self-selected critical illness benefit covered diseases	1 time	Additional 100% of original sum assured	Up to age 80
Continuous cancer support benefit ¹²	4 times	- Each claim amount: Maximum 54% of original sum assured (1.5 % of original sum assured every month – any indebtedness) - Maximum claim amount: 216% of original sum assured	Up to age 88
Pregnancy compassionate benefit ¹³	1 time	105% of accumulated premium due and paid	Before the live birth of a child

Infant protection benefit ¹⁴ After the live birth of a child and where the insured is such child, if (i) the insured is diagnosed as suffering from critical illness or special disease within 90 days following the date of live birth or (ii) the insured does not survive the age of 180 days (as the case may be) and submit the claim, any “special disease benefit” ^{5,6} , “critical illness benefit” ⁴ , “death benefit” ⁴ “extra benefit” ² , “self-selected critical illness benefit” ¹¹ (if applicable) and “continuous cancer support benefit” ¹² (if applicable) payable under this Plan shall be reduced to 20% of the original sum assured payable according to the “infant protection benefit” ¹⁴			(i) within 90 days following the date of live birth or (ii) within 180 days following the date of live birth (as the case may be)
Death benefit ⁴	1 time	• 100% of the original sum assured + the face value of non-guaranteed terminal dividend ¹ (if any) – any original sum assured payable paid for “critical illness benefit” ⁴ , “special disease benefit” ^{5,6} and/or “chronic disease benefit” ^{5,9} – any indebtedness	Up to age 100
Extra benefit ²	1 time	• Additional 80% of the original sum assured	Up to age 66
Premium waiver benefit for death of parents ¹⁵			Up to age 18 or end of premium payment period (whichever is earlier)
Extended grace period benefit ¹⁶			Till premium expiry date
Other services ²³			
Online health information			Up to age 100
Medical and surgery appointment			
Worldwide medicine service			
Recovery guidance and home caring service			
24-hour worldwide emergency assistance service			
Medical second opinion service			
Navigator service			

Remarks:

1. Non-guaranteed terminal dividend is a one-off dividend. It is not perpetually attached to the Plan and is non-guaranteed. Starting from the 5th policy anniversary, terminal dividend (if any) shall be paid upon the occurrence of the earliest of the following conditions:
 - (i) when the Company pays the "death benefit";
 - (ii) when the original sum assured payable paid by the Company for "critical illness benefit", "special disease benefit" and/or "chronic disease benefit" has reached 100% of the original sum assured of the Plan;
 - (iii) when the Plan is surrendered by the policyholder; or
 - (iv) when the Plan reaches the policy maturity date.The amount of the cash value and face value of terminal dividend may be increased or decreased when it is declared in future, the amount of cash value of terminal dividend shall be equal to or less than the face value of terminal dividend. The face value of terminal dividend (if any) will be payable when the Company pays the "death benefit" or the original sum assured payable paid by the Company for "critical illness benefit", "special disease benefit" and/or "chronic disease benefit" has reached 100% of the original sum assured of this Plan. The Company will pay the cash value of terminal dividend (if any) upon the Plan is surrendered or the policy maturity date. Under certain circumstances, the terminal dividend may be zero.
2. The Company will pay the "extra benefit" to the beneficiary(ies) (for situations of paying "death benefit") or the policyholder (for situations of paying "critical illness benefit"), which is equal to 80% of original sum assured of the Plan.
3. The original sum assured payable for "critical illness benefit", "special disease benefit" and/or "chronic disease benefit" has reached 100% of the original sum assured of the Plan, the remaining premium will be waived.
4. When the Company pays out "critical illness benefit" or "death benefit", any original sum assured payable paid for "special disease benefit" and/or "chronic disease benefit", and any indebtedness will be deducted.
5. "Special disease benefit" and "chronic disease benefit" are advance payments. The current sum assured of the Plan shall be reduced by the original sum assured payable paid by the Company for the "special disease benefit" (if any) and/or "chronic disease benefit" (if any), and the premiums and guaranteed cash value of the Plan shall also be reduced proportionally, but the terminal dividend (if any) will not be affected. For any "critical illness benefit" or "death benefit" that is payable under the Plan, any original sum assured payable paid for the "special disease benefit" and/or "chronic disease benefit" shall be reduced from the benefit payable.

The maximum original sum assured payable of advance payments under the Plan is 100% of original sum assured of the Plan. If the total original sum assured payable of advance payments reaches 100% of the original sum assured of the Plan, the Company will pay the face value of non-guaranteed terminal dividend (if any) at the same time and waive the remaining premium of the Plan. For the avoidance of doubt, the total original sum assured payable of "special disease benefit" and "chronic disease benefit" payable shall not exceed 100% of the original sum assured of this Plan.
6. The maximum number of claims payable to each special disease is 1 time, except that the maximum number of claims payable to carcinoma-in-situ is 2 times. In the event where the claim is for the same special disease, the original sum assured payable for "special disease benefit" shall be capped at USD50,000 (USD policy) / HKD400,000 (HKD policy) or amount equivalent in other currencies for each insured. For the avoidance of doubt, if the insured is covered under other policies issued by the Company, the total original sum assured payable by the Company for the same special disease under the Plan or under other policies issued by the Company shall not exceed the capped amount as stated above in this paragraph.
7. The maximum number of claims payable to carcinoma-in-situ is 2 times. For the carcinoma-in-situ, a second claim is payable only if the carcinoma-in-situ is in an organ different from that organ where the first claim of carcinoma-in-situ has been paid. If the relevant organ has both a left and a right component (such as, but not limited to, the lungs or breasts), the left side and right side of the organ shall be considered as the same organ.
8. If the insured stays in an Intensive Care Unit which is outside of Hong Kong and Macau, the "special disease benefit" payable shall be equal to 10% of the original sum assured of the Plan. For the avoidance of doubt, if the stay in intensive care unit takes place in PRC, the "special disease benefit" shall be payable, which is equal to 10% of the original sum assured of the Plan, only if the stay is in a Tertiary Grade A Hospital designated by National Health Commission of the PRC.
9. The maximum number of claims payable under "chronic disease benefit" is 1 time, and the maximum original sum assured payable is 10% of original sum assured of the Plan. In the event where the claim is for the same chronic disease, the original sum assured payable for "chronic disease benefit" shall be capped at USD25,000 (USD policy) / HKD200,000 (HKD policy) or amount equivalent in other currencies for each insured. For the avoidance of doubt, if the insured is covered under other policies issued by the Company, the total original sum assured payable by the Company for the same chronic disease under the Plan or under other policies issued by the Company shall not exceed capped amount as stated above in this paragraph.
10. The maximum original sum assured payable to "multiple critical illness benefit" is 700% of original sum assured of the Plan. The total original sum assured payable of critical illness benefit, multiple critical illness benefit and continuous cancer support benefit (if applicable) payable for cancer shall not exceed 500% of the original sum assured of the Plan. If the total original sum assured payable of critical illness benefit, multiple critical illness benefit and continuous cancer support benefit (if applicable) paid for cancer exceeds 500% of original sum assured of the Plan, the amount in excess will not be paid. Except for cancer, heart attack or stroke, the Company shall be liable for 1 claim of critical illness benefit or multiple critical illness benefit for each critical illness.

After "critical illness benefit" has been paid by the Company, any subsequent "multiple critical illness benefit" to be paid by the Company shall be subject to the following conditions:

 - (a) the insured is still alive after 14 days from the date of diagnosis;
 - (b) subsequent critical illness is not terminal illness, loss of independent existence, total and permanent disability or intensive care with complex surgery;
 - (c) at least a period of 1 year is required between the date of diagnosis of the immediate previous illness and the subsequent critical illness (both dates inclusive);
 - (d) if the subsequent critical illness is a new cancer which is caused by a different malignant cell origin from the previous cancer as confirmed by a specialist, at least a period of 1 year is required between the date of diagnosis of such new cancer and the previous cancer (both dates inclusive);
 - (e) if the subsequent critical illness is a recurrent, metastatic or continuous cancer which, as confirmed by a specialist, is continuation from the previous cancer, at least a period of 3 years are required between the date of diagnosis of such cancer and the immediate previous cancer (both dates inclusive). For the continuous cancer, the insured is also required to have received or have been receiving active treatment by a specialist during the course of this period as stated above;
 - (f) if the subsequent critical illness is a continuous cancer of previous cancer which is located in the prostate ("previous prostate cancer") and the date of diagnosis of such critical illness occurs after the policy anniversary which the insured reaches 70 years old, the following requirements must be fulfilled:
 - (i) the Company has paid the "critical illness benefit" or "multiple critical illness benefit" for previous prostate cancer under the Plan;
 - (ii) such critical illness is a continuous cancer of previous prostate cancer, with no complete remission occurred; and
 - (iii) the insured has received or has been receiving active treatment by a specialist, and the active treatment must be performed during the period between the dates of diagnosis of the previous prostate cancer and such critical illness (both dates inclusive) ;
 - (g) if the subsequent critical illness is a heart attack which, as confirmed by a specialist with supporting evidence certifying that it is a new and separate heart attack from previous illness which is a heart attack, at least 1 year is required between the date of diagnosis of the 2 heart attacks stated above (both dates inclusive); and
 - (h) if the subsequent critical illness is a stroke which, as confirmed by a specialist with supporting evidence certifying that it is a new and separate stroke from previous illness which is a stroke, at least 1 year is required between the date of diagnosis of the 2 strokes stated above (both dates inclusive).

11. When applying for the Plan, on written notice acceptable by the Company or filling in the Company's prescribed form, the policyholder may select 3 diseases of the 6 specified critical illnesses below as covered diseases in relation to this "self-selected critical illness benefit covered diseases". Once selected, and the Plan becomes effective, the policyholder cannot amend the self-selected critical illness benefit covered diseases. Such specified critical illnesses under this benefit shall cover:

- (i) Cancer;
- (ii) Parkinson's Disease;
- (iii) Multiple Sclerosis;
- (iv) Stroke;
- (v) Alzheimer's Disease; or
- (vi) Cardiomyopathy.

While the Plan is in force, if the insured is diagnosed by a registered medical practitioner as suffering from the self-selected critical illness benefit covered disease before the policy anniversary which the insured reaches 80 years old, the Company will pay the self-selected critical illness benefit to the policyholder, which is equal to 100% of the original sum assured of the Plan, in addition to critical illness benefit or multiple critical illness benefit (as the case may be), subject to the Company's verification that such covered disease is covered under the Plan. The self-selected critical illness benefit is payable once only. If the self-selected critical illness benefit is payable in addition to multiple critical illness benefit, the insured is required to survive after 14 days from the date of diagnosis.

12. While the Plan is in force, if the "critical illness benefit" or the "multiple critical illness benefit" have been paid due to cancer before the policy anniversary which the insured reaches 88 years old, and the insured is still alive after 14 days from the date of diagnosis, upon the payment the "critical illness benefit", the "multiple critical illness benefit" and/or the "self-selected critical illness benefit" (if applicable) in relation to such cancer, starting from the date of diagnosis, the Company will pay the "continuous cancer support benefit" for such cancer in advance to the policyholder, which is equal to 1.5% of original sum assured of the basic plan every month, less any indebtedness for a continuous 36 months, or until payment of "multiple critical illness benefit", whichever is earlier ("each continuous cancer support benefit"). During the period of each continuous cancer support benefit, the insured shall submit proof (to the satisfaction of the Company) every 6 months, starting from the date of diagnosis that the insured has received or have been receiving active treatment by a specialist. Such proof shall be (i) dated within the 6th month of aforementioned period; and (ii) submitted to the Company no later than 30 days from such proof. Any subsequent claims in relation to a critical illness for payment of "multiple critical illness benefit" shall be reduced by the amount which the Company has paid for the immediate preceding "continuous cancer support benefit". If the policy has been terminated for whatever reason during the payment period or the required proof is not received by the Company with the specified time stated above, such "continuous cancer support benefit" shall terminate immediately and any remaining benefit will not be payable.

The "continuous cancer support benefit" shall terminate upon the occurrence of the following conditions (whichever is the earliest):

- (i) the original sum assured payable paid by the Company for "critical illness benefit", "multiple critical illness benefit" and/or "continuous cancer support benefit" for cancer has reached 500% of the original sum assured of the Plan;
- (ii) the original sum assured payable paid by the Company for "critical illness benefit", "multiple critical illness benefit" and "continuous cancer support benefit" has reached 800% of the original sum assured of the Plan;
- (iii) if the Company has paid 4 times for the "continuous cancer support benefit"; or
- (iv) the policy anniversary which the insured reaches 88 years old.

13. While the Plan is in force, where the insured is the expectant mother on the issue date or the policy effective date of the Plan (whichever is later), such expectant mother will be covered under "pregnancy compassionate benefit" only in the Plan. If an expectant mother who is the insured:

- (i) dies prior to live birth of a child and there is no surviving child insured under the Plan;
- (ii) undergoes a miscarriage or termination of pregnancy; or
- (iii) suffers a stillbirth,

the Company will pay the "pregnancy compassionate benefit" to the beneficiary(ies) (applicable to the situation of above (i)) or the policyholder (applicable to the situation of above (ii) or (iii)), which is equal to 105% of accumulated premium due and paid of the Plan, less any indebtedness. The Plan shall then terminate. In the case of a single foetal loss of a twin pregnancy of the expectant mother, the Company shall pay the "pregnancy compassionate benefit" from either 1 of the 2 policies of TotalGuard Critical Illness Multiple Protector- Treasured Version / TotalGuard Critical Illness Multiple Protector(SS) - Treasured Version with identical sum assured concurrently applied at the date of application.

14. Following the live birth of a child under the Plan, policyholder provides proof of such live birth to the Company on or before 45 days prior to the first policy anniversary. Upon receipt of such proof of live birth, the Company will issue an endorsement in relation to the change of the insured of the Plan from the expectant mother to the child. In the event that the Company does not receive such proof of live birth on or before 45 days prior to the 1st policy anniversary, the Plan shall then terminate at such policy anniversary. The Plan cannot be reinstated and premiums will not be refunded.

After the live birth of a child and where the insured is such child, if the insured is diagnosed by a registered medical practitioner as suffering from critical illnesses or special diseases within 90 days following the issue date or the date of live birth of a child (whichever is later) and the claim is submitted for such critical illness or special disease under the Plan, the "special disease benefit", "critical illness benefit", "extra benefit", "self-selected critical illness benefit" (if applicable) and the first claim of "continuous cancer support benefit" (if applicable) payable by the Company shall be reduced to 20% of the original sum assured payable, which shall satisfy the Company's liability for the payment of the relevant benefit in benefit provisions.

Notwithstanding Clause 23 of the general provisions, any "death benefit" and "extra benefit" payable under the Plan shall be reduced to 20% of the original sum assured payable where the insured does not survive the age of 180 days.

Original sum assured payable refers to the amount payable at the percentage of "death benefit", "chronic disease benefit", "special disease benefit", "critical illness benefit", "extra benefit", "multiple critical illness benefit", "self-selected critical illness benefit" (if applicable) or "continuous cancer support benefit" (if applicable).

15. The Company will waive the remaining premium of the Plan starting from the 1st policy monthiversary after the date of death of the father or mother of the insured, until the policy anniversary which the insured is 18 years old or the end of premium payment period (whichever is earlier). Any remaining premium shall be payable after the insured reaches 18 years old. If the date of death of the father or mother of the insured and the policy monthiversary falls on the same day, the premiums will be waived from that day. The proof of death of the father or mother of the insured (such proof shall be in a form to the satisfaction of the Company) shall be submitted to the Company as soon as possible for the "premium waiver benefit for death of parents" to be effective. Total amount of premium waived is subject to maximum limit of USD312,500 (USD policy) / HKD2,500,000 (HKD policy) or amount equivalent in other currencies for each insured. For the avoidance of doubt, if the insured is covered under other policies issued by the Company, then the total amount of premium waived by the Company under all such policies due to the death of such father or mother of the insured shall not exceed the limit as stated above.

The father and/or mother of the insured must be the policyholder or one of the beneficiaries, and must be 50 years old or below on the date stated below (whichever is the latest) for this benefit to be effective:

- (a) the policy effective date;
- (b) the effective date of changing policyholder (if the father or mother of the insured is the policyholder after changing) (as the case may be); or
- (c) the effective date of changing beneficiary (if the father or mother of the insured is the beneficiary after changing) (as the case may be).

Meanwhile, a 2-year period must be between the date of death of the father or mother of the insured and the latest of the following dates:

- (a) the policy effective date;
- (b) the effective date of changing policyholder (if the father or mother of the insured is the policyholder after changing) (as the case may be);
- (c) the effective date of changing beneficiary (if the father or mother of the insured is the beneficiary after changing) (as the case may be); or
- (d) the latest policy reinstatement date.

For the avoidance of doubt, any premiums due and payable shall continue to be paid by the policyholder until the application for premium waiver under this benefit is approved by the Company. All premiums due and paid (excluding any interest) during the period of premium waiver will be refunded to the policyholder after the application of claiming is approved by the Company.

16. While the Plan is in force and starting from the 2nd policy anniversary, if one of the following events occurs to the policyholder, policyholder may submit an application by providing written notice in a form acceptable to the Company or filling in the Company's prescribed form between 60 days and 90 days (both dates inclusive) before the premium due date to exercise "extended grace period option". Starting from the designated premium due date after the application is approved by the Company, the grace period of the Plan will be extended up to 365 days ("new grace period"). Such application must be submitted and approved by the Company within the period stated above (subject to the Company's record). The "extended grace period option" will be effective once the Company has approved the application with remarks duly signed by the Company's authorized signatory(ies) or endorsements. The policyholder can only apply for this "extended grace period option" once.

Designated events means any one of the following events:

- (i) The birth of the natural child of the policyholder;
- (ii) Policyholder has got married;
- (iii) Policyholder has got divorced;
- (iv) Policyholder has purchased a residential property; or
- (v) Policyholder has been made redundant or laid off.

In order to exercise this "extended grace period option", the policyholder shall submit an application to the Company by filling in the Company's prescribed form and the following proof documents within 30 days (both dates inclusive) from the date of such application

- (i) a certified true copy of marriage certificate showing the date of marriage of policyholder issued by the governmental department or organization in Hong Kong or any other country which is acceptable to the Company;
- (ii) a certified true copy of birth certificate of the natural child of policyholder issued by the governmental department or organization in Hong Kong or any other country which is acceptable to the Company;
- (iii) a certified true copy of divorce certificate showing the date of divorce of policyholder issued by the governmental department or organization in Hong Kong or any other country which is acceptable to the Company;
- (iv) a certified true copy of assignment in respect of a residential property in Hong Kong or any other country which is acceptable to the Company signed by the policyholder as a purchaser by way of sole or joint ownership; or
- (v) for the policyholder who (i) holds a valid Hong Kong identity card and (ii) has been in full-time lawful and gainful employment with the same employer in Hong Kong for a minimum of 12 consecutive months under a continuous contract prior to the termination of employment, a certified true copy of notice of redundancy or lay-off (within the meaning of the Employment Ordinance Cap. 57 of the Laws of Hong Kong, or other laws which is acceptable to the Company) issued by the employer of policyholder.

If the relevant proof documents cannot be submitted by the policyholder within the prescribed period of time, it must be proved that the relevant proof documents have been submitted to the Company as soon as reasonably possible. Otherwise, the Company has the discretion not to accept the application of the policyholder.

This "extended grace period option" shall not be applicable to:

- (i) any policy which is currently paying premium by prepayment;
- (ii) any policy which any waiver of premium benefit is in effective; and
- (iii) any policy which has indebtedness at the time of the application of "extended grace period option".

While the new grace period is in effect, the following will apply:

- (i) the Plan will remain in force;
- (ii) the premiums that fall due under the Plan will continue to remain outstanding but will be suspended and shall be paid at the end of the new grace period or upon termination of "extended grace period option" (whichever is earlier);
- (iii) the premium due date and premium expiry date of the Plan will remain unchanged;
- (iv) the original sum assured, guaranteed cash value and accumulated premium due and paid of the Plan will remain unchanged and be equal to the amount immediately before "extended grace period option" takes effect;
- (v) terminal dividend (if any) of the Plan is non-guaranteed and will be subject to adjustment during "extended grace period option" period in accordance with Clause 5 of the benefit provisions;
- (vi) the policy date, policy maturity date and coverage cessation date of the Plan will remain unchanged;
- (vii) all riders (if any) under the Plan will be terminated on the effective date of the "extended grace period option" and no new rider can be further added to the Plan;
- (viii) any reduction of the original sum assured will not be accepted in the Plan; and
- (ix) any policy loan will not be accepted in the Plan.

If any benefits of this Plan is paid during the new grace period, the Company will adjust the related policy values according to the corresponding changes mentioned above, but any outstanding premium for the policy year wherein the insured event occurs shall be deducted from any amount which may be payable under the Plan. If any premium is unpaid at the end of the new grace period or upon termination of the "extended grace period option" (whichever is earlier), the premium shall be in default and the automatic premium loan mechanism described under Clause 7 "automatic premium loan" of the general provisions will apply until the Plan is terminated. In such case, the "grace period" defined under Clause 7 of the general provisions shall be the "new grace period" as defined in Clause 14 of the benefit provisions.

17. In addition to premiums, you have to pay policy fee of HKD200/USD25 (subject to policy currency) per year during the premium payment term.
18. If the required renewal premium is paid by you within the grace period, the policy shall continue to be in force. For details, please refer to the policy provisions issued by China Life (Overseas). If the policy is lapsed or surrendered early, the policy cash value received by you may be considerably less than the total amount of the premiums paid.
19. The premium payment mode of the first policy year of Treasured Version must be annual mode.
20. If you choose the annual and premium prepayment option, you can withdraw the unused prepaid premium (including interest, if any) at one time. China Life (Overseas) will charge 2% of the withdrawal amount, at a minimum amount of HKD100/USD12.5. You can withdraw the unused prepaid premium once only. The interest rate of prepaid premium is not guaranteed.
21. If the insured is diagnosed by a registered medical practitioner as suffering from more than one of the special diseases, critical illnesses and/or chronic diseases at the same time, the Company will pay only one of such benefits (whichever is the highest) to the policyholder.
22. Original sum assured means sum assured at application or sum assured as amended by endorsement (whichever is later), which shall not be reduced by the original sum assured payable of the claims paid for the "special disease benefit" (if any) and/or "chronic disease benefit" (if any). Current sum assured means sum assured at application or sum assured as amended by endorsement (whichever is later), which will be reduced by the original sum assured payable of the claims paid for the "critical illness benefit" (if any), "special disease benefit" (if any) and/or "chronic disease benefit" (if any).
23. Online health information, medical and surgery appointment, worldwide medicine service, recovery guidance and home caring service, 24-hour worldwide emergency assistance service, medical second opinion service and navigator service are provided by third party service provider. The Company will not guarantee the service quality and shall not be liable for any matter in connection with the services. The aforementioned services are subject to the relevant terms and conditions. The Company reserves the right to amend the terms and conditions thereof from time to time without prior notice.

Important Information:

This product brochure is for reference only. It does not form a contract between China Life (Overseas) and anyone or any entity else. The detailed terms, conditions and exclusions of the Plan are subject to the relevant policy contract. You are reminded to review the policy contract and all relevant product materials and to seek independent professional advice if necessary. For a copy of the policy provisions, please contact China Life (Overseas) for enquiry.

You have the right to purchase the medical insurance product as a standalone plan instead of bundling with other type(s) of insurance product.

1. The Plan is underwritten by China Life Insurance (Overseas) Company Limited ("China Life (Overseas)", the "Company" or "us / we / our"). China Life (Overseas) is responsible for the features, underwriting and benefit payments under the Plan. You should fully understand all of the risks involved in this Plan and consider whether this Plan is affordable and suitable to you before making your application.
2. China Life (Overseas) shall make the final decisions on the underwriting and claims. You are required to declare all requisite information that would affect our underwriting decisions. We have the right to declare the policy void due to any misrepresentation or fraud. We shall rely on your submitted information to assess whether to accept or decline your application, and shall refund any premium and premium levy (if any) paid without interest for declined cases.
3. Exclusions – The Plan shall not cover any claims if the insured is involved in any of the following events or the consequences directly or indirectly caused by any of the following events occur in respect of the insured (not applicable to the "death benefit", "extra benefit", "premium waiver benefit for death of parents" and "extended grace period option"):
 - (1) any signs or symptoms or disease which has manifested or was diagnosed by a registered medical practitioner within 90 days from the issue date, policy effective date or date of latest reinstatement of the plan, whichever is the latest (not applicable to any claims caused by an accident) / (applicable to Treasured Version) any signs or symptoms or disease which has manifested or was diagnosed by a registered medical practitioner within 90 days from the date of latest reinstatement of the Plan (not applicable to any claims caused by an accident);
 - (2) Pre-existing conditions existed before the issue date, policy effective date or date of latest reinstatement of the Plan, whichever is the latest / (applicable to Treasured Version) Pre-existing conditions existed before the date of latest reinstatement of the Plan;
 - (3) any illness caused by Human Immunodeficiency Virus (HIV), including Acquired Immunodeficiency Syndrome (AIDS) and/or any mutations, derivations or variations (not applicable to items 2, 37 and 52 under the definition of "critical illnesses");
 - (4) any illness or surgery caused by self-inflicted injuries or suicide, whether sane or not;
 - (5) taking of drugs (except medicine prescribed by a registered medical practitioner), abuse of alcohol or taking of poison; or
 - (6) war or act of hostility (whether war declared or not), civil war, revolution, rebellion, civil commotion, riot, strike, activities of terrorism or any military actions.For the details of this Plan, please refer to the policy provisions.

4. Limitation – limitation of the Plan includes:

a) Coverage of specific items will be effective on the following dates:

Items	Effective date (the latest of the issue date or the policy effective date or the date of latest reinstatement of the policy)
(i) Item (iii) due to accidental injury	Immediate
(ii) Death (except death due to suicide)	Immediate
(iii) Covered chronic diseases, special diseases and critical illnesses	90 days

- b) While the policy is in force, if the insured is diagnosed by a registered medical practitioner as suffering from more than one of the special diseases, critical illnesses and/or chronic diseases at the same time, the Company will pay only one of such benefits (whichever is the highest) to the policyholder.
- c) "Confinement" or "confined" means admission of the insured to a hospital as an in-patient on or after the issue date, the policy effective date, or the date of latest reinstatement of the policy, whichever is the latest, upon the recommendation of a registered medical practitioner for a continuous stay for medical services, provided that the duration of such stay must not be less than 6 consecutive hours. Confinement shall be evidenced by a daily room charge invoiced by the hospital and the insured must stay in the hospital continuously for the entire period of confinement.
- d) "Reasonable and Customary": In terms of charges, means the charges for treatment, procedure, supplies or other medical services which are medically necessary but do not exceed the general level of charges at the location for such treatment, procedure, supplies or other medical services. Where the Company considers that the charges for treatment, procedure, supplies or other medical services are inappropriate, the Company has the right to determine whether any such charges are reasonable and customary based on (but not limited to) the relevant announcements or materials, such as fees schedules, provided by the local government, relevant institutions and recognized medical organizations.
- In terms of a confinement, means a confinement for disease, illness or injury which is medically necessary, where the admission of the insured, length of confinement, and medical services and treatment received during the confinement: (a) are all in accordance with standards of good medical practice; and (b) do not exceed the usual standard for the treatment of similar disease, illness or injury at the location where such confinement takes place.
- For the avoidance of doubt, a confinement is not "reasonable and customary" if it is in respect of a medical procedure or treatment which, having regard to standards of good medical practice: i) is routinely performed on other patients on an out-patient basis; and ii) could reasonably have been performed on the insured as an out-patient.
- e) "Medically necessary" means the necessity to have a medical service which fulfills all of the following conditions:
- i) consistent with the diagnosis and customary medical treatment for the condition at a reasonable and customary charge;
 - ii) provided in accordance with standards of good and prudent medical practice;
 - iii) necessary for such a diagnosis or treatment;
 - iv) not furnished primarily for the convenience of the insured, registered medical practitioner, registered Chinese medicine practitioner, registered physiotherapist, anesthetist or any other medical service providers;
 - v) furnished at the most appropriate level which can be safely and effectively provided to the insured; and
 - vi) with respect to a confinement, not furnished primarily for diagnostic scanning purpose, imaging examination or physical therapy.

5. Non-payment of premium / automatic premium loan - You should pay premium(s) on time according to the selected premium payment term. If the due premium(s) remains unpaid upon the expiry of the grace period, an automatic premium loan will be taken out against the policy to settle the unpaid premium automatically. All premium loans are interest-bearing and calculated at a rate (as stated on China Life (Overseas)'s website www.chinalife.com.hk) to be declared by us from time to time. Interest accrued shall become a part of the indebtedness. When the loan balance is equal to or exceeds the guaranteed cash value of the basic plan of the policy, the policy will be lapsed and you will lose the related benefits and suffer a financial loss. Under these circumstances, the surrender value of the policy will be deducted to repay the outstanding loan balance (including interest), and the remaining value will be refunded to you.

6. Dividend philosophy - Policyholders of participating insurance plans can enjoy the potential surplus arising from the long term operation of the participating fund via a form of non-guaranteed dividend in addition to the guaranteed benefits. Your premiums will usually be allocated into a relevant participating fund and will be invested in a variety of asset classes according to our investment strategy. We will manage the relevant participating fund in a prudent manner and aim to ensure a fair distribution of surplus and risks between policyholders and shareholders, and among different groups of policyholders.

As dividends are mainly affected by the overall performance of the participating business, in order to alleviate the volatility of achieved gains and losses and the future uncertainties, in particular, future investment returns, we may take moderate smoothing measures to achieve relatively more stable dividends and strive to meet policyholders' reasonable expectation. We will maintain a fair distribution method or sharing ratio, and appropriate grouping to ensure policyholders are treated fairly, and to ensure policyholders' benefit expectation and rights are protected.

The current dividend projection is not guaranteed. We will review and declare the dividend at least once a year. When determining the dividend, we will consider the overall performance of all relevant policies on factors including but not limited to past experience as well as future prospect of investment returns, claims and surrenders:

Investment return – including the interest income, dividend income, investment outlook and changes to asset values.

Claims – including the costs of providing death benefit as well as other benefits under the product(s).

Surrenders – including policy termination, partial surrenders and the corresponding experience and impact.

If there are any changes in the actual dividends against the illustration or to the projected future dividends, such changes will be reflected in the policy anniversary statement.

The declaration of actual dividends is recommended by the Appointed Actuary and is subject to the approval of the Board (including one or more Independent Non-Executive Director(s)).

For products that are associated with an element of non-guaranteed accumulation interest rate, the Company will consider past investment experience as well as future expected return and other related factors when determining this non-guaranteed interest rate. If there are changes from market, expectation or policyholder behavior, the Company may apply reasonable adjustments to the non-guaranteed interest rate.

7. Investment strategy - Our investment philosophy aims at containing volatility and providing long term stable return. Meanwhile, in order to control and diversify risks, maintain adequate liquidity, and achieve higher potential returns for policyholders under an acceptable risk appetite, we will invest in a wide range of asset classes with consideration of the status of assets and liabilities. The target asset mix may also differ between different participating products. We will actively manage the investment portfolio and adjust the asset mix in response to the external market conditions.

Currently, our investments include bonds and other fixed income assets, such as government and corporate bonds and other fixed income instruments, to support the guaranteed liability payment. To enhance the potential performance of the investment portfolio, the Company will invest in equity-type assets and other investment instruments such as private funds, mutual funds and direct/indirect investment in properties or commercial institutions. Subject to our investment policy, we may also utilize derivatives to manage risks (including but not limited to currency risk) and enhance returns, or use security lending to improve returns. The investment portfolio will be diversified across different geographic regions and /or industries.

China Life (Overseas)'s current investment strategy on this participating plan is as follows:

Asset type	Target asset mix (%)
Bonds and other fixed income instruments	30% to 90%
Equity-type investment and other investments	10% to 70%

Please refer to China Life (Overseas)'s website www.chinalife.com.hk/products/dividend-philosophy-and-investment-strategy for dividend history, dividend philosophy, investment strategy, as well as the fulfillment ratio of China Life (Overseas).

8. Maturity benefit – At policy maturity and if the total benefit payout of critical illness benefit, special disease benefit and chronic disease benefit have not yet reached 100% of the original sum assured, the Company will pay to the policyholder the maturity benefit. The amount is equal to 100% of original sum assured of the basic plan and the cash value of terminal dividend (if any), less any original sum assured payable paid for critical illness benefit, special disease benefit, and/or chronic disease benefit under the basic plan and/or any indebtedness.
9. Surrender value – When you surrender, if the total benefit payout of critical illness benefit, special disease benefit and chronic disease benefit have not yet reached 100% of the original sum assured, China Life (Overseas) will pay surrender value, which is equal to guaranteed cash value and cash value of non-guaranteed terminal dividend (if any), and deduct any indebtedness.
10. Cooling-off right - You have the right to cancel the policy within the cooling-off period and obtain a refund of any premiums and premium levy (if any) paid provided that no claim has been made under it. You must submit a written notice signed by you to China Life (Overseas) at 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong within 21 calendar days after the delivery of the policy or Notice of Policy Issuance (telling you about the availability of the policy and the expiry date of the cooling-off period) to you or your representative, whichever is earlier.
11. Cancellation right - You have the right to send a policy cancellation request to China Life (Overseas) at any time after the cooling-off period. You must complete and sign the relevant form and submit that to China Life (Overseas) at 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong. China Life (Overseas) will pay you the surrender value (if any) and the policy will be terminated thereafter. Should you have the relevant form, please contact your financial consultant or call China Life (Overseas) customer service hotline: 399 95519.
12. Claims procedure – If you would file a claim, you must submit completed designated form(s) with relevant proof or documents to China Life (Overseas) within 90 days from the date when the insured is diagnosed as suffering from any of covered illnesses under the policy and has received the first treatment, or the date of death of the insured (whichever is earlier). You can obtain the claims forms from your financial consultant, by calling China Life (Overseas) customer service hotline: 399 95519 or by visiting any China Life (Overseas) customer service centre.

What are the key product risks?

Credit risk:

The Plan is a life insurance policy issued by China Life (Overseas). Any premium paid will become part of our assets and our financial strength will affect our ability to meet our contractual obligations to you under the policy. Therefore, you are subject to our credit risk.

Early surrender risk:

The savings component of the Plan is subject to risks and possible losses. Should you surrender the policy early, you may receive an amount considerably less than the total amount of premiums paid.

Exchange rate and currency risks:

Any policy with foreign currencies involves risks, such as potential changes in political or economic conditions that may substantially affect the price or liquidity of a currency. The fluctuations in exchange rates may also cause financial losses to you during currency conversions. You should take exchange rate risk into consideration when deciding the policy currency.

The policy currency of the Plan offers HKD and USD. Currency exchange rate can go up and down. If the policy currency is USD but calculated in HKD, the calculation is subject to the exchange rate. There is a risk that you could lose a substantial portion of total value of the policy or benefit if the policy currency depreciates substantially against your local currency.

Inflation risk:

The cost of living in the future may be higher than expected due to the effects of inflation. Therefore, your current projected benefits and/or returns may be insufficient to meet your future needs even if China Life (Overseas) fulfills all of our contractual terms and obligations.

Liquidity and withdrawal risk:

You are obliged to hold the policy and pay the premium(s) for the designated period of time. If you terminate the policy prior to the policy maturity date, you will suffer a financial loss. In case you make partial withdrawals from the policy, your policy value, death benefit and other policy benefits will be affected, and you may need to pay the relevant handling fee or charges (if any).

Premium adjustment, benefit adjustment:

China Life (Overseas) reserves the right to review and adjust the premium rates on each policy anniversary. Factors leading to premium adjustment include but not limited to the experience in claims, policy surrender, investment return, expenses and medical cost incurred by and/or in relation to the Plan.

In addition, China Life (Overseas) reserves the right to review the terms and conditions and/or benefit schedule of the Plan from time to time. China Life (Overseas) will provide you a written notice 30 days before any revision, amendment or modification by ordinary post to your last known address in China Life (Overseas)'s records. In the event you disagree with such revision, you must provide a written request to China Life (Overseas) at any time within 30 days after such revision takes effect and the Plan shall automatically terminate on the premium due date following China Life (Overseas)'s receipt of such notice.

Non-guaranteed benefit:

This Plan consists of non-guaranteed benefits and/or returns. The actual amounts of benefits and/or returns in the future may be different from the benefits and/or returns which project on the product materials. The product materials are for illustrative purposes only.

Policy termination:

For the avoidance of doubt, the Plan shall terminate upon the occurrence of any of the following events (whichever is earlier):

- (i) the Plan is surrendered by the policyholder;
- (ii) the Company has paid the "maturity benefit" in full;
- (iii) the Company has paid the "death benefit" in full;
- (iv) the original sum assured payable paid by the Company for "critical illness benefit", "special disease benefit" and/or "chronic disease benefit" has reached 100% of the original sum assured of the Plan and the policy anniversary which the insured reaches 88 years old;
- (v) the original sum assured payable paid by the Company for "critical illness benefit", "special disease benefit" and/or "chronic disease benefit" has reached 100% of the original sum assured of the Plan and the original sum assured payable paid by the Company for the "multiple critical illness benefit" and the "continuous cancer support benefit" (if applicable) has reached 700% of the original sum assured of the Plan;
- (vi) the due premium has not been paid by the policyholder to the Company within 31 days after the premium due date, and the Plan has no remaining guaranteed cash value (not applicable to the period when "extended grace period option" is effective);
- (vii) the indebtedness of the Plan exceeds the guaranteed cash value of the Plan;
- (viii) the Company has paid the "pregnancy compassionate benefit" in full (only applicable to Treasured Version);
- (ix) except for stillbirth, termination of pregnancy or miscarriage, the date on which the pregnancy is terminated with loss or death of the foetus, whether occurring spontaneously or otherwise, and regardless of whether "pregnancy compassionate benefit" is payable (only applicable to Treasured Version); or
- (x) where the insured is a child, the 1st policy anniversary, if the Company does not receive proof of live birth of such child as provided on or before 45 days prior to the 1st policy anniversary (only applicable to Treasured Version).

Effective from 1 January 2018, all policyholders are required to pay a levy on each premium payment made for both new and in-force policies to the Insurance Authority (the "IA"). For premium levy details, please visit our website at www.chinalife.com.hk or contact our customer service hotline at 399 95519 or visit IA's website at www.ia.org.hk.

This product brochure is for distribution in Hong Kong only and shall not be construed as any provision of or offer to sell or solicitation to buy any insurance product outside Hong Kong. China Life (Overseas) does not provide or offer to sell any insurance product outside Hong Kong. The above information is for reference only. The detailed terms, conditions and exclusions of the Plan are subject to the terms and conditions of the policy contract of the Plan. For a copy of the policy provisions, please contact China Life (Overseas) for enquiry.



China Life Insurance (Overseas) Company Limited



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Email : info@chinalife.com.hk

Customer Service Hotline : 399 95519

Website : www.chinalife.com.hk