

POLICY WORDINGS

# ALLIANZ HOSPITAL INCOME PROTECT

## 安聯 住院入息保障

Allianz Global Corporate  
& Specialty SE  
(incorporated in the Federal Republic  
of Germany with limited liabilities)  
Hong Kong Branch

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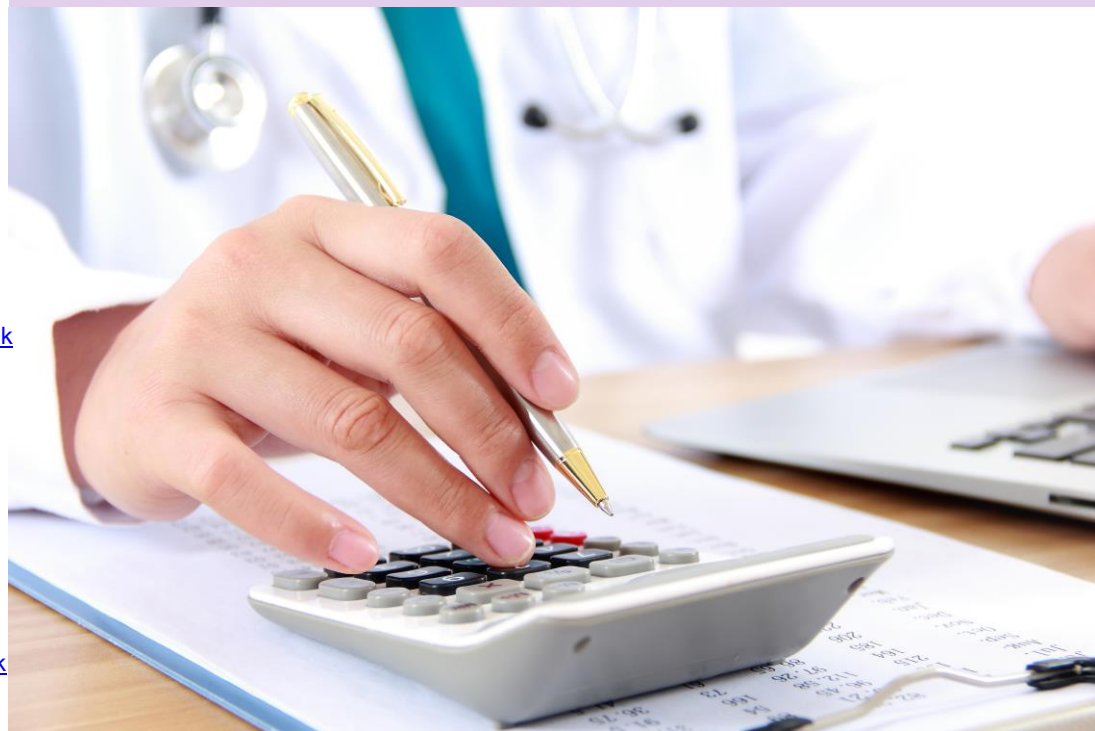
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## ALLIANZ HOSPITAL INCOME PROTECT POLICY

**THIS POLICY** is issued in consideration of the payment of premium as specified in the Policy Schedule and pursuant to the answers given in the Policyholder's proposal form (or when the Policyholder applied for this insurance) and any other disclosures made by the Policyholder between the time of submission of the Policyholder's proposal form (or when the Policyholder applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by the Policyholder shall form part of this contract of insurance between the Policyholder and **Allianz Global Corporate & Specialty SE Hong Kong Branch** (hereinafter called "the Company"). In the event of any pre-contractual misrepresentation made in relation to the Policyholder's answers or in any disclosures made by the Policyholder, it may result in avoidance of the Policyholder's contract of insurance, refusal or reduction of the Policyholder or Insured Person's claim(s), change of terms or termination of the Policyholder's contract of insurance.

All payment of claims in this Policy are payable to the Policyholder or as otherwise directed in writing by the Policyholder. In the absence of any such written direction and the death to the Policyholder, accrued benefits unpaid at the time of the Policyholder's death shall be paid to the legal personal representative. Any release given by the Policyholder, or any third party to whom the Policyholder has directed that payment be made, to the Company acknowledging receipt of the benefit paid under this Policy shall be deemed a final and complete discharge of all liability of the Company.

## INTRODUCTION

### ELIGIBILITY

The Insured Person must be:

- (a) (i) for an Adult, between 18 and 59 years old (both ages inclusive) on the first effective date of the Policy, or up to seventy (70) years old for renewal policies.
- (ii) for a Child, between 30 days and 18 years old or 24 years old for those registered as full time students at an Educational Institution.

Ages referred to in this Policy shall be in reference to the age as at the last birthday.

### CONTACT US

#### For any Enquiries:

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## POLICY DEFINITIONS

**Accident** means any sudden or unexpected and violent event which the Insured Person did not intend or anticipate, resulting directly and independently from the action of an external cause, other than any intentionally self-inflicted injury.

**Adult** means an Insured Person who is above 18 years old and not a Child.

**Child/Children** means the Insured Person's biological/legally adopted/ step child who has attained the age of thirty (30) days and is an unmarried person, is financially dependent upon the Insured Person up to the age of eighteen (18) years old or twenty four (24) years old for those registered as full time students at an Educational Institution.

**China/Mainland China**, for the sole purpose of this Policy, refers to the People's Republic of China, excluding Hong Kong, Taiwan and Macau Special Administrative Region.

**Company** means Allianz Global Corporate & Specialty SE Hong Kong Branch.

**Confinement or Confined** means a minimum of continuous uninterrupted period of at least 24 hours in a Hospital as a resident bed patient under the attendance of a Medical Practitioner.

**Couple Plan** means a policy that covers up to 2 Adults, where each Insured Person is the Partner of the other.

**Date of Loss/Accident** means the day when any of the Injuries and other covered incident(s):

- (a) occurs;
- (b) is inflicted on; and/or
- (c) contracted by the Insured Person.

**Disability** means a physical condition that limits an Insured Person's movements, senses or activities.

**Educational Institution** means any school, vocational institute, polytechnic, college, university or institute of higher learning which is operated by the government or licensed to provide educational services by trained or qualified teachers.

**Family Plan** means a policy that covers up to 2 Adults, where each Insured Person is the Partner of the other, and up to 10 Children.

**Home** means Insured Person's usual place of residence in Hong Kong.

**Home Territory** means Hong Kong.

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

**Hospital** means any government or licensed hospital/medical centre which provides room, board and 24 hours a day nursing services and medical treatment (other than an institution for the aged, chronically ill, mental health, treatment of substance abuse, rehabilitation, convalescent or rest or nursing home).

**Hospitalisation** means admission to a Hospital as a registered inpatient for medically necessary treatments upon recommendation of a Medical Practitioner. A patient shall not be considered as under Hospitalisation if the patient does not physically stay in the Hospital for the whole period of Confinement

**Intensive Care Unit (ICU)** means a part of a Hospital established for a formal intensive care program for the acutely ill, providing extra medical services and equipment that is prescribed by the Medical Practitioner, and billed as a specific charge by the Hospital.

**Injury** means bodily injury suffered anywhere in the world caused solely by an Accident and not by sickness, disease or gradual physical or mental wear and tear occurring during the Period of Insurance.

**Illness** means any sudden and unexpected deterioration of health certified by any Medical Practitioner during the Period of Insurance.

**Insured Person** means person named or described in the Schedule and in respect of whom coverage have been confirmed in writing by the Company.

**Medical Practitioner** means a western qualified Medical Practitioner legally registered and licensed by the medical authorities of the country in which treatment is provided and who is practising within the scope of his/her licensing and training.

**Partner** means the legally married spouse of the Insured Person.

**Period of Insurance** means the duration for when an Insured Person is insured, subject to the terms, conditions and exclusions as set out in this Policy and the specific dates confirmed by the Policyholder to the Insured Person as set out in the Schedule.

**Policyholder** means a person or a corporate body as described in the Schedule to whom this Policy has been issued in respect of cover for the Insured Person(s).

**Pre-existing Conditions** means any Injury, Illness, condition or symptom:

a) for which a Medical Practitioner has provided consultation, diagnosis or medication prior to the commencement of the Policy to the Insured Person, or

b) which was known to be aware by the Insured Person prior to the commencement of the Policy.

**Public Transport Services** means any licensed and regularly scheduled land, sea or air conveyance operating as a form of public transport and which any member of the public can join at a recognized stop as a fare-paying passenger. Rented vehicle, vehicle on hire, tour coach or any chartered services are excluded.

**Schedule** means the document which is issued to the Insured Person detailing the particulars of the Policyholder and the benefits provided under this Policy.

**Traditional Chinese Medicine (TCM) Practitioner** means a licensed or registered person practising traditional Chinese medicine and/or acupuncture (including bonesetter) in accordance with the applicable laws and regulations of the country in which treatment is provided. For the avoidance of doubt, where the applicable laws and regulations of the country in which treatment is provided does not license or register a person practicing traditional Chinese medicine and/or acupuncture (including bonesetter), such person shall not qualify as a Traditional Chinese Medicine (TCM) Practitioner for the purposes of this Policy.

## EXCLUSIONS

This Policy does not cover death or any Injury or Illness directly or indirectly caused by or in connection with any of the following:

1. Pre-existing Conditions;
2. Whilst an Insured Person is performing these occupational activities:
  - (a) Full time military, airforce, navy, police and civil defence personnel (other than activities that are sedentary desk-bound duties)
  - (b) Any professional sportsman, motor car/bike racer, entertainer, stuntman, jockey, wood working, welding
  - (c) Any air/sea crew
  - (d) Any off-shore occupations (ship crew, diver, oil-rigger, fisherman)
  - (e) Any construction worker
  - (f) Workers engaged in maintenance, cleaning, roofing or repair activities involving scaffolding or gondolas

3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power;
4. Insanity, suicide (whether sane or insane), intentional self-inflicted injuries or any attempt thereat;
5. Any form of disease, infection or parasites related to Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or Human Immunodeficiency Virus Infection (HIV);
6. Childbirth, miscarriage, pregnancy or any complications thereof;
7. Provoked murder or assault;
8. While committing or attempting to commit any unlawful act;
9. While participating in any professional sports;
10. Aerial activities including parachuting and hang-gliding, underwater activities exceeding fifty (50) metres in depth, mountaineering involving the use of ropes or mechanical guides;
11. Racing (other than on foot), pace-making, speed or reliability trials;
12. Ionisation, radiation or contamination by radioactivity, nuclear weapons material;
13. Driving without a valid driving license.

## CONDITIONS

### 1. IDENTIFICATION

This Policy and the Schedule shall be read together as one contract and any other word or expression to which a specific meaning has been attached in any part of this Policy or the Schedule shall bear such specific meaning wherever it may appear.

### 2. ELIGIBILITY

The Insured Person must be:

- (a) (i) for an Adult, between 18 and 59 years old (both ages inclusive) on the first effective date of the Policy, or up to seventy (70) years old for renewal policies.
- (ii) for a Child, between 30 days and 18 years old or 24 years old for those registered as full time students at an Educational Institution.

Ages referred to in this Policy shall be in reference to the age as at the last birthday.

For the avoidance of doubt, any Insured Person under a Couple Plan or a Family Plan shall cease to be insured under this Policy if he or she ceases to be eligible hereunder as at the date of any renewal of this Policy.

### **3. COOPERATION**

As a condition precedent to the Company's liability, the Insured Person or his/her personal representatives shall cooperate fully with the Company and its medical advisors (where applicable) and will fully and faithfully disclose all material facts and matters which the Insured Person knows or ought to know and will upon request execute any document to empower the Company to obtain relevant information, at the Insured Person's expense, from any doctor or Hospital or other source.

### **4. REASONABLE PRECAUTIONS AND MATERIAL CHANGES**

The Insured Person shall take all reasonable precautions or prevent and minimise any Injury. The Policyholder must inform the Company immediately in writing of any material information or change of circumstances which may increase the possibility of a claim under the Policy. The Company reserves the right to continue cover on terms and conditions it considers appropriate to such changes in material information or circumstances or to decline to continue cover under the Policy.

### **5. OVERSEAS RESIDENT**

If the Insured Person reside outside of Hong Kong for more than one hundred and eighty (180) consecutive days, only 50% of Section 1(a) Daily Hospital Cash shall be payable.

### **6. CHANGE OF ADDRESS OR PARTICULARS**

The Policyholder shall give immediate notice to the Company of any change in his/her name and residence. The Policyholder shall also give notice before any renewal of this Policy of any Injury, disease, physical defect or infirmity by which the Policyholder has become affected or has knowledge of.

### **7. CLAIMS (ACTION BY POLICYHOLDER)**

Notice of Injury, Accident or Illness on which the claim may be based and which is covered by this

Policy, must be given in writing to the Company within thirty (30) days after the occurrence. The Company upon receipt of such notice shall furnish the Policyholder with a claim form for the filing of proof of claim.

All certificates, information and evidence required by the Company shall be furnished by the Policyholder or his/her legal personal representative and shall be in such form and of such nature as the Company may prescribe.

### **8. FREE LOOK PERIOD (NOT APPLICABLE TO RENEWAL POLICIES)**

Within 14 days after the delivery or issuance of the policy (whichever is earlier), should the Policyholder decide not to continue with the Policy for any reason, it may be returned to the Company for cancellation. Any premium and levy paid will be refunded without interest. In such case, this Policy shall be deemed to have been void from the inception and the Company shall not be liable under this Policy for any loss, damage or liability sustained or incurred.

### **9. AUTOMATIC RENEWAL CLAUSE**

It is noted and agreed that subject to the terms and condition and payment of premium, this policy shall be renewed upon expiry until a notice of cancellation has been received.

### **10. CHANGES IN POLICY TERMS AND CONDITIONS**

- (a) The Company reserves the right to alter the Policy terms during any Period of Insurance as the Company reasonably considers appropriate or if the Policy or the Company are affected by a change in legislation or taxation, or any judicial decision. The Company will give the Policyholder 30 days written notice of any such alteration. The Policyholder's continued payment of premium after the Company gives such notice will constitute acceptance of the change.
- (b) Premium rates are not guaranteed and may be increased or varied by the Company:
  - (i) when a material change in risk occurs or
  - (ii) when there is a general rate increase affecting all policyholders reflecting the Company's actual or anticipated results in this class of business.
- (c) Any other misrepresentation of or failure to disclosure of material facts in any document signed by the Policyholder, will entitle the Company to alter, amend, cancel the Policy or

exercise any other right available to it at law having regard to the true facts. A material fact is any information that could influence the Company in its assessment of the application.

#### **11. CANCELLATION**

This Policy may be cancelled at any time at the request of the Policyholder in writing to the Company and the premium hereon shall be adjusted on the basis of the Company receiving or retaining the pro rata premium or minimum premium. The Policy may also be cancelled by the Company by seven days' notice given in writing to the Policyholder at his/her last known address, and the premium hereon shall be adjusted on the basis of the Company receiving or retaining pro rata premium.

#### **12. TERMINATION**

This Policy shall terminate and the cover for all Insured Person(s) under it will cease immediately upon:

- (a) when the Policy is not renewed (whether due to the failure to make payment of the premium by the due date or otherwise); or
- (b) the cancellation of this Policy in accordance with its terms; or
- (c) the death of the Policyholder, whichever occurs earlier.

#### **13. NO TRUST**

The Company will not recognize or be affected by any notice of trust, charge or assignment relating to this Policy and the Policyholder's receipt or that of the Policyholder's legal personal representatives shall in all cases effectively discharge the Company's liability.

#### **14. LEGAL PERSONAL REPRESENTATIVES**

The terms, exceptions and conditions of this Policy also apply to the legal personal representatives of the Policyholder.

#### **15. GOVERNING LAW AND JURISDICTION**

The Policy shall be construed according to and governed by the laws of Hong Kong.

#### **16. LEGAL PROCEEDINGS**

No action in law or equity shall be brought to recover under the Policy until after the expiration of 6 (six) months from the date proof of the claim has

been furnished in accordance with the Policy conditions. The parties submit themselves to the exclusive venue and jurisdiction of the Courts of Hong Kong for the resolution of any such conflict or dispute between the parties with regard to the Policy except where the circumstances are governed by the Difference of Medical Opinion Clause of this Policy.

#### **17. ARBITRATION**

If any difference arises as to the amount of any loss or damage such difference shall independently of all other questions be referred to the decision of an arbitrator, to be appointed in writing by the parties in difference, or, if they cannot agree upon a single arbitrator, to the decision of two disinterested persons as arbitrators, of whom one shall be appointed in writing by each of the parties within two calendar months after having been required so to do in writing by the other party.

In case either party shall refuse or fail to appoint an arbitrator within two calendar months after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint a sole arbitrator; and in case of disagreement between the arbitrators, the difference shall be referred to the decision of an umpire who shall have been appointed by them in writing before entering on the reference and who shall sit with the arbitrators and preside at their meetings.

The death of any party shall not revoke or affect the authority or powers of the arbitrator, arbitrators or umpire respectively; and in the event of the death of an arbitrator or umpire, another shall in each case be appointed in his stead by the party or arbitrators (as the case may be) by whom the arbitrator or umpire so dying was appointed. The costs of the reference and of the award shall be in the discretion of the arbitrator, arbitrators or umpire making the award.

And it is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator, arbitrators or umpire of the amount of the loss or damage if disputed shall be first obtained.

## 18. DIFFERENCE OF MEDICAL OPINION

Any difference of medical opinion in connection with the results of any Injury will be settled between two Medical Practitioners appointed respectively in writing by the two parties to the dispute. Any difference of opinion between the two Medical Practitioners shall be referred to an umpire, who shall have been appointed in writing by the two Medical Practitioners at the outset and the umpire's decision shall be conclusive.

## 19. FORFEITURE OF BENEFITS

If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or devices are used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy; or, if the loss or damage be occasioned by the willful act or with the connivance of the Insured Person; or, if the claim be made and rejected and an action or suit be not commenced within twelve months after such rejection, then the Policy shall be cancelled immediately and all benefits hereunder shall be forfeited.

## 20. EXCLUSION OF RIGHTS UNDER CONTRACTS (RIGHTS OF THIRD PARTIES) ORDINANCE

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

## POLICY BENEFITS

**ONLY SECTIONS AS STATED IN THE INSURED PERSON'S SCHEDULE ARE APPLICABLE.**

### SECTION 1 – BASIC HOSPITALISATION BENEFITS

#### (a) Daily Hospital Cash

In the event the Insured Person requires Hospitalisation as a result of an Accident or Illness the Company will pay the Policyholder a daily benefit as stated in the Schedule for the period of Hospitalisation, up to a maximum of seven hundred and fifty (750) days for any one Accident or Illness. This benefit is triggered only if the Insured Person is Hospitalised for more than twelve (12) hours, and is payable for each (24hour) day of Confinement in a Hospital. Any claims resulting from an Illness within thirty (30) days of the first effective date of the Policy shall be excluded.

The maximum period payable for Hospitalisation in China is (thirty) 30 days.

#### (b) Double Daily Hospital Cash (in ICU)

The (a) Daily Hospital Cash benefit will be doubled in case the Insured Person is Confined in an Intensive Care Unit (ICU), up to a maximum of ninety (90) days for any one Accident or Illness.

Only one of (a) Daily Hospital Cash and (b) Daily Hospital Cash (in ICU) is payable for the same day of Confinement.

The maximum period payable for Hospitalisation in China is (thirty) 30 days.

#### (c) Recuperation Benefit

In the event that the Insured Person has been discharged from a minimum seven (7) consecutive days of Hospitalisation from an Accident or Illness and is on medical leave, the Company will pay a daily benefit to the Policyholder as stated in the Schedule, up to a maximum of 30 days for any one Accident or Illness. Any claims resulting from an Illness within thirty (30) days of the first effective date of the Policy shall be excluded. The medical leave granted must be certified by a Medical Practitioner from the same Hospital where the Insured Person is in Confinement.

## OPTIONAL SECTIONS

(not included unless specified in the Policy Schedule)

### SECTION 2 – CRITICAL ILLNESS BENEFITS

In the event the Insured Person is diagnosed with specified Critical Illness below, the Company will pay a lump sum benefit as stated in the Schedule to the Policyholder. This lump sum benefit is only payable once during the Period of Insurance, in respect of the first Critical Illness of the Insured Person's lifetime. Any claims resulting from a Critical Illness within thirty (30) days of the first effective date of the Policy shall be excluded.

1. Stroke
2. Heart Attack
3. Kidney Failure
4. Cancers
5. Coronary Artery By-Pass Surgery
6. Parkinson's Disease
7. Multiple Sclerosis
8. Motor Neurone Disease
9. Deafness
10. HIV Infection due to Blood Transfusion
11. Surgery to Aorta
12. Heart Valve Surgery
13. Major Organ / Bone Marrow Transplant

14. Alzheimer's Disease / Severe Dementia
15. Coma
16. Loss of Speech
17. Third Degree Burns
18. Benign Brain Tumour
19. Terminal Illness
20. End Stage Liver Failure
21. Muscular Dystrophy
22. Encephalitis
23. Major Head Trauma
24. Primary Pulmonary Hypertension
25. Angioplasty & Other Invasive Treatment for Coronary Artery
26. Fulminant Hepatitis
27. End Stage Lung Disease
28. Bacterial Meningitis
29. Chronic Aplastic Anaemia
30. Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection

*(Subject to provisions under Appendix A: Description of Critical Illness)*

## SPECIAL PROVISIONS

### 1. NO CLAIMS PREMIUM REFUND BONUS

At the end of a period of every consecutive thirty six (36) months, a No Claim Premium Refund Bonus of 30% of the preceding thirty six (36) months premium will be refunded (without interest and any statutory tax) to the Policyholder if:

- No Claim has been paid under your policy in the preceding thirty six (36) months; and
- There is no outstanding claim pending settlement/adjustment, for an Accident, Injury or Illness that occurred in the preceding thirty six (36) months.

For the purpose of No Claims Premium Refund Bonus calculation, any Period of Insurance within one thirty six (36) months period will not be included under any other thirty six (36) months period.

### 2. PLAN DISCOUNTS

Discounts are applicable for the following plans:

- **Couple Plan**, in which a 5% discount is applicable on the total premium payable.
- **Family Plan**, in which a 5% discount is applicable on the total premium payable (excluding the premium in respect of coverage for the Child/Children).

### 3. MISCARRIAGE DUE TO ACCIDENT

This Policy is extended to cover the Insured Person in respect of Injury in the event of a miscarriage as a result of an Accident. The miscarriage must not be attributed to any natural causes and/or Illness relating to pregnancy or childbirth.



## APPENDIX A: DESCRIPTION OF CRITICAL ILLNESS

### 1. Stroke

A cerebrovascular incident results in permanent neurological damage. Transient Ischaemic Attacks are excluded.

### 2. Heart Attack

The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by an episode of typical chest pain, new electrocardiographic changes and by an elevation of cardiac enzymes.

### 3. Kidney Failure

End stage renal failure, presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is initiated.

### 4. Cancer

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. This includes leukaemia, Hodgkin's Disease and lymphoma but excludes Kaposi's Sarcoma in the presence of any Human-Immuno Deficiency Virus, non-invasive cancer in situ and any skin cancer other than invasive malignant melanoma.

To support a claim, precise histological evidence of cancer must be produced.

### 5. Coronary Artery By-Pass Surgery

The undergoing of open-heart surgery on the advice of a consultant cardiologist registered in the Insured Person's Home Territory to correct narrowing or blockage of one or more coronary arteries with bypass grafts but excluding balloon angioplasty, laser or any other procedures.

If the degree of obstruction in two or more coronary arteries is at least 70% then treatment to two or more affected arteries by balloon angioplasty, atherectomy or laser will also constitute a claim under this condition.

### 6. Parkinson's Disease

Confirmed by a consultant neurologist registered in the Insured Person's Home Territory of a definite diagnosis before the Insured Person's 60th Birthday of idiopathic Parkinson's Disease (paralysis agitans) requiring treatment with a dopamine precursor.

All other types of Parkinsonism are specifically excluded.

### 7. Multiple Sclerosis

Confirmation by a consultant neurologist registered in the Insured Person's Home Territory of a definite

diagnosis of Multiple Sclerosis producing at least moderate neurological abnormalities which have persisted for a continuous period of six months.

### 8. Motor Neurone Disease

Motor Neurone Disease diagnosed, with the appropriate supporting evidence, by a consultant neurologist registered in the Insured Person's Home Territory.

### 9. Deafness

The total and permanent loss of hearing in both ears which must be established for a continuous period of twelve months.

### 10. HIV Infection due to Blood Transfusion

Infection with any Human Immuno-deficiency Virus (HIV) through a blood transfusion gives a part of medical treatment received in the Insured Person's Home Territory, after the start of the Policy. There must be clear evidence satisfactory to the Company's medical advisor that the infection acquired in this way and provided further that the institution which provided the transfusion admits liability and the Insured Person is not a haemophiliac.

### 11. Surgery to Aorta

The undergoing of open heart surgery for a disease of or an injury to the aorta needing excision and surgical replacement of the aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

### 12. Heart Valve Surgery

The undergoing of open-heart surgery to repair or replace one or more abnormal heart valves.

### 13. Major Organ / Bone Marrow Transplant

The actual undergoing, as the recipient, of a transplant of a heart, liver, lung, pancreas or bone marrow.

The definition includes simultaneous transplantation of more than one of the above organs. Transplantation of kidney is included provided a claim has not been admitted under kidney failure.

### 14. Alzheimer's Disease / Severe Dementia

A clinically established diagnosis of Alzheimer's Disease or Severe Dementia before attaining age 60 resulting in a permanent inability to perform independently three or more activities of daily living.

Alzheimer's Disease and Severe Dementia will mean the deterioration or loss of intellectual capacity or abnormal behavior (as evidenced by the clinical state and accepted standardized questionnaires or tests) arising from irreversible organic degenerative disorders, excluding neurosis and psychiatric illness, resulting in significant reduction in mental and social functioning

requiring continuous supervision. The diagnosis must be made by a consultant neurologist registered in the Insured Person's Home Territory and be supported by the Company's medical adviser.

#### **15. Coma**

A state of unconsciousness with no reaction to external stimuli or internal needs persisting continuously with the use of life-support systems for a period of at least ninety six hours and resulting in permanent neurological deficit.

#### **16. Loss of Speech**

The total and permanent loss of the ability to speak due to physical damage to vocal cords which must be established for a continuous period of twelve months.

#### **17. Third Degree Burns**

Third degree burns covering at least 20% of the surface area of the Insured Person's body.

#### **18. Benign Brain Tumour**

A non-cancerous intracerebral tumour. Cysts, granulomas, malformations in or of the arteries or veins in the brain, haematomas and tumours of the pituitary gland or spine are specifically excluded.

#### **19. Terminal Illness**

Advanced or rapidly progressing incurable disabling terminal illness where, in the opinion of the Company's medical adviser the life expectancy is no greater than twelve months.

#### **20. End-Stage Liver Failure**

End stage liver failure evidenced by jaundice, encephalopathy and ascites as diagnosed by an appropriate consultant holding an appointment in a major hospital in the Insured Person's Home Territory.

#### **21. Muscular Dystrophy**

A hereditary muscular dystrophy confirmed by a recognized Consultant Neurologist registered in the Insured Person's Home Territory resulting in permanent and total disability.

#### **22. Encephalitis**

Inflammation of the membranes of the brain or spinal cord resulting in significant permanent neurological deficit. The diagnosis must be confirmed by a recognized consultant neurologist. Encephalitis in the presence of HIV infection is excluded.

#### **23. Major Head Trauma**

Physical injury to the head as a result of an Accident resulting in residual brain damage. There must be permanent neurological deficit causing significant functional impairment as defined by a recognized consultant neurologist registered in the Insured Person's Home Territory.

#### **24. Primary Pulmonary Arterial Hypertension**

Primary Pulmonary Arterial Hypertension as established by clinical and laboratory investigations including cardiac catheterization and as diagnosed by a consultant cardiologist registered in the Insured Person's Home Territory. The following diagnostic criteria must be met:

- a) Dyspnea and fatigue; and
- b) Increased left atrial pressure (at least 20 units or more); and
- c) Pulmonary resistance of at least 3 units above normal; and
- d) Pulmonary artery pressure of at least 400mmHg; and
- e) Pulmonary wedge pressure of at least 6 mmHg; and
- f) Right ventricular end-diastolic pressure of at least 8mmHg; and
- g) Right ventricular hypertrophy, dilation and signs of right heart failure and decompensation.

#### **25. Angioplasty & Other Invasive Treatment for Coronary Artery**

The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one (1) or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered Medically Necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Diagnostic angiography is excluded.

#### **26. Fulminant Viral Hepatitis**

A submassive to massive necrosis of the liver by the hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- a) Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- b) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c) Rapid deterioration of liver function tests;
- d) Deepening jaundice; and
- e) Hepatic encephalopathy.

#### **27. End-Stage Lung Disease**

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- a) FEV1 test results which are consistently less than one (1) litre;
- b) Permanent supplementary oxygen therapy for hypoxemia;
- c) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ( $PaO_2 \leq 55\text{mmHg}$ ); and

d) Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician or specialist.

medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic.

### **28. Bacterial Meningitis**

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least six (6) weeks. This diagnosis must be confirmed by:

- a) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- b) A consultant neurologist.

Bacterial meningitis in the presence of HIV infection is excluded.

### **29. Chronic Aplastic Anemia**

Chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following:

- a) Blood product transfusion;
- b) Marrow stimulating agents;
- c) Immunosuppressive agents; or
- d) Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

### **30. Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection**

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the commencement date, date of endorsement or date of reinstatement of this Policy, whichever is the later whilst the Insured Person was carrying out the normal professional duties of his/her occupation in the Home Territory, provided that all of the following are proven to the Company's satisfaction:

- a) Proof of the Accident giving rise to the infection must be reported to the Company within 30 days of the Accident taking place;
- b) Proof that the Accident involved a definite source of the HIV infected fluids;
- c) Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and
- d) HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the Insured Person is a Medical Practitioner, houseman,

## **SANCTION LIMITATION AND EXCLUSION CLAUSE**

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America and/or any other applicable national economic or trade sanction law or regulations.

## **NOTICE**

For all intents and purposes where there is a conflict or ambiguity as to the meaning in provisions of other languages of any part of the Contract, it is hereby agreed that the English version of the Contract shall prevail.

**THIS POLICY AND ITS CONDITIONS SHOULD BE EXAMINED AND IF INCORRECT, RETURNED AT ONCE FOR ALTERATION.**

## 安聯住院入息保障

本保單的訂立乃基於已繳付在保障附表中所訂明的保費及按照保單持有人在申請書上（或保單持有人在投保本保險時）所提供的資料及由保單持有人在提交申請書時（或保單持有人在投保本保險時）至本合約簽訂時之間所作出的任何其他披露。保單持有人所提供的資料及任何其他披露將構成保單持有人和**安聯環球企業及事項保險香港分公司**（以下簡稱“本公司”）之間所訂立之合約的一部分。如保單持有人在訂立合約前就所提供的資料或任何披露作出虛假陳述，可能導致保單持有人的保險合約無效、被拒或保單持有人或受保人的索償被減少、條款更改或保單持有人的保險合約被終止。

本保單的所有索償付款會支付予保單持有人或由保單持有人另以書面指明的人士。如並無任何有關的書面指示而保單持有人意外身故，則所有在保單持有人身故時尚未支付的應計賠償將支付於合法遺產代理人。任何由保單持有人或其指明獲得付款之第三者就任何收訖賠償後簽訂的收據，均被視為本公司在這段期間最終和完全履行所有法律責任。

## 簡介

### 申請投保資格

受保人必須：

- (i) 對於成人，年齡在首個保單生效日須為十八（18）至五十九（59）歲（18 及 59 歲包括在內），或保單續保年齡最高至七十（70）歲。
- (ii) 對於子女，年齡須為三十（30）日至十八（18）歲或至二十四（24）歲並在教育學院登記的全日制學生。

本保單所提及的年齡應參照上一次生日的年齡。

### 如有任何查詢，請聯絡我們：

聯絡號碼：852 8100 2402

早上 9 時至晚上 6 時（星期一至星期五，公眾假期除外）

電郵地址：[customerservice@allianz.com.hk](mailto:customerservice@allianz.com.hk)

## 保單定義

**意外**指任何突發或意料之外及暴力的事件，非受保人意圖或預見，而是直接及純粹由外來因素行為所導致；惟任何蓄意的自我傷害除外。

**成人**指十八（18）歲以上而並非子女的受保人。

**子女**指未婚並由受保人供養的親生/合法領養/繼子女，其年齡須為三十（30）日至十八（18）歲或至二十四（24）歲並在教育學院登記的全日制學生。

**中國/中國內地**，僅就本保單而言指中華人民共和國，但不包括香港，台灣及澳門特別行政區。

**公司**指安聯環球企業及專項保險香港分公司。

**住院或入院**指在醫生護理下至少二十四（24）小時連續不間斷作為佔用病床病人入住醫院。

**夫婦計劃**指在一份保單中保障最多兩名成人，而每名受保人均為另一名的伴侶。

**損失/意外日**指任何損傷及其他受保障事件在當日：  
(a) 發生；  
(b) 造成；及/或  
(c) 受保人被感染。

**傷殘**指限制受保人之行動、感官或活動的身體狀況。

**教育學院**指任何由政府運營或註冊並以受過培訓或符合資格的教師提供教育服務的學校、職業訓練學院、理工學院、院校、大學或高等教育學院。

**家庭計劃**指在一份保單中保障最多兩名成人和最多十（10）名子女，而作為成人的每名受保人均為另一名的伴侶。

**家居**指受保人在香港的慣常居所。

**家居地區**指香港。

**香港**指中華人民共和國香港特別行政區。

**醫院**指任何提供住宿、膳食及全日二十四（24）小時護理服務和醫藥治療的政府或持牌醫院/醫療中心（但不包括老人院，為長期患病、精神病患者而設的機構，或藥物濫用治療所、復康中心、療養院、休養或護理中心）。

**住院治療**指在醫生建議下作為登記的住院病人入住醫院，並接受醫療必須的治療。如病人未有在整個住院期間實際逗留在醫院，則病人不會被視作接受住院治療。

**深切治療部**指為嚴重危急病患者提供正式深切治療方案而設的醫院部門，並由醫生處方提供額外的醫療服務和儀器，及醫院以特別費用收費。

**損傷**指在保險期內遭受在世界任何地方發生純粹由意外而非不適、疾病或逐漸身心損耗所造成的身體損傷。

**疾病**指在保險期內經任何醫生認證的任何突發及不能預料的健康惡化。

**受保人**指在保障附表中被列出姓名或被描述的人士，而本公司已書面確認其保障。

**醫生**指合資格西醫在其提供醫療服務之國家的醫療機關合法註冊及持牌，並在其獲準和培訓的範圍內執業。

**伴侶**指受保人合法結婚的配偶。

**保險期**指受保人被保障的期限，並受本保單所載條款、細則和除外條款及保障附表所載由保單持有人向受保人確認的具體日期所約束。

**保單持有人**指在保障附表中被描述的人士或法人團體，而本保單乃就受保人的保障而發出。

**在投保前已存在的傷病**指任何損傷、疾病、病況或徵狀：

- (a) 在本保單生效前，醫生已為此向受保人提供諮詢、診斷或用藥；或
- (b) 在本保單生效前，受保人已知悉並對此有所察覺。

**公共交通工具**指任何持牌及定期以公共交通形式營運的陸上、海上或空中運輸，而任何公眾人士可作為購票乘客在認可客站乘搭。租用車輛、租借車輛、觀光巴士或任何承包服務不包括在內。

**保障附表**指發出予保單持有人的文件，其中詳述受保人的資料及本保單提供的保障。

**中醫師**指按照其提供醫療服務之國家的適用法律及法規持牌或註冊作中醫及/或針灸（包括跌打）執業的人士。為免生疑問，如其提供醫療服務之國家的適用法律和法規並不許可或註冊作中醫及/或針灸（包括跌打）執業的人士。就本保單而言，該等人士並不符合作為中醫師的資格。

## 除外責任

本保單不會保障因以下任何情況直接或間接造成或與其有關連的身故或任何損傷或疾病：

1. 在投保前已存在的傷病；
2. 當受保人正履行以下職業活動時：
  - a. 全職陸軍、空軍、海軍、警察及民防人員（久坐辦公桌職責的活動除外）
  - b. 任何職業運動員、汽車/自行車賽車手、藝人、特技人、騎師、木工、燒焊工人
  - c. 任何空中/航海人員
  - d. 任何離岸職業（船員、潛水員、石油裝配工、漁夫）
  - e. 任何建築業工人
  - f. 任何從事維修、清潔、涉及棚架或吊船的屋頂或修理活動
3. 戰爭、侵略、外敵行動、敵對行動（不論宣戰與否）、內戰、叛亂、革命、起義、軍事或篡權行動；
4. 精神失常、自殺（不論神智正常或失常）、蓄意自我傷害或任何企圖威脅自身的行為；
5. 與愛滋病（AIDS 後天免疫缺失症候群）或愛滋病相關綜合症（ARC）或人類免疫缺乏病毒

（HIV）有關的任何形式的疾病、感染或寄生蟲；

6. 分娩、流產、懷孕或任何由此引起的併發症；
7. 挑釁的謀殺或襲擊；
8. 當作出或企圖作出任何非法行為時；
9. 當參與任何職業運動時；
10. 空中活動包括跳傘及懸掛滑翔，超過五十（50）米深的水底活動，涉及使用繩索或機械用具的爬山；
11. 競賽（徒步進行的比賽除外），步速、速度或可靠性測試；
12. 由放射性、核武物料造成的電離、輻射或污染；
13. 駕駛車輛時未持有有效駕駛執照。

## 條款

### 1. 認別

本保單及保障附表應被視作同一份合約一併閱讀。在本保單或保障附表的任何部分中具有特定意義的任何詞彙或字句，在整份合約中均具有該等特定意義。

### 2. 申請投保資格

受保人必須：

- (i) 對於成人，年齡在首個保單生效日須為十八（18）至五十九（59）歲（18 及 59 歲包括在內），或保單續保年齡最高至七十（70）歲。
- (ii) 對於子女，年齡須為三十（30）日至十八（18）歲或至二十四（24）歲並在教育學院登記的全日制學生。

本保單所提及的年齡應參照上一次生日的年齡。

為免生疑問，在夫婦計劃或家庭計劃中的任何受保人，如在任何保單續保日不再符合本投保資格，本保單便會終止對其承保。

### 3. 合作

作為本公司承擔責任的先決條件，受保人或其個人代表應與本公司及其醫療顧問(如適用)充分合作，並完全和忠實地披露受保人知悉或應該知悉的所有重要事實及事項，且在有需要時按要求簽立任何文件以授權本公司從任何醫生或醫院或其他來源獲取有關資料，而費用由受保人負責。

### 4. 合理預防措施及重要改變

受保人應採取一切合理預防措施或防止及儘量減少任何損傷。保單持有人必須即時以書面形式通知本公司可能增加在本保單下提出索償可能性的任何重要資料或情況變更。本公司就該等重要資料或情況變更有權按照其認為適當的條款和條件繼續承保或拒絕繼續承保本保單。

### 5. 海外居住

如受保人在香港以外地方居住連續超過一百八十(180)日，則只獲支付第一部分(a)每日住院現金50%賠償。

### 6. 更改地址或詳情

保單持有人應即時通知本公司任何姓名及住址的變更。保單持有人亦應在本保單任何續保前就其已受到影響或已知悉的任何損傷、疾病、身體缺陷或衰弱通知本公司。

### 7. 索償(由保單持有人採取行動)

任何基於本保單所承保之損傷、意外或疾病的索償，必須在事故發生起計三十(30)日內以書面形式給予本公司通知。本公司在接獲該等通知時會提供保單持有人索償表格以供其提交索償證明。

本公司需要的所有證書、資料及證據須由保單持有人或其合法遺產代理人提供，並須按本公司所定的形式及性質提交。

### 8. 免費審閱期(不適用於續保保單)

不論任何原因，如保單持有人決定不繼續本保單，可在本保單生效或發予保單持有人後起計14天內(以較先者為準)，將本保單退回本公司取消。

任何已繳保費及保費徵費將不附帶利息退還。在該等情況下，該保單應被視作從一開始已無效，及本公司無須為該保單承擔的任何損失、損害或責任負責。

### 9. 自動續保條文

僅此指出和同意本保單在到期日，於符合本保單之條款和條件的規定及繳付保費下，將自動續保直至收到取消通知。

### 10. 更改保單條款和條件

- a. 當本公司合理及適當地認為或本保單或本公司受到法例或稅務變更或任何司法裁決的影響時，本公司有權在任何保險期內更改保單條款。就任何該等更改，本公司將給予保單持有人三十(30)日書面通知，保單持有人在本公司給予該等通知後仍繼續繳付保費將表示接納更改。
- b. 保費率並非保證，本公司可能增加或改變：
  - (i) 當風險發生重要變化時；或
  - (ii) 當整體比率增加反映本公司在該類業務的實際或預期成果而影響所有保單持有人時。
- c. 在保單持有人簽署之任何文件中的任何其他虛假陳述或未能披露重要事實，將令本公司有權更改、修訂、取消本保單或在據實情況下依法行使本公司可享有的任何其他權力。重要事實乃任何能影響本公司評估申請的信息。

### 11. 取消保單

保單持有人可在任何時間以書面形式向本公司提出取消本保單的要求，而相關的保費應以本公司所收取或保留之按比例保費或最低保費的基礎調整。本公司亦可以書面形式給予保單持有人七(7)日通知後取消本保單，通知書將寄至保單持有人的最後登記地址，而相關的保費應以本公司所收取或保留之按比例保費的基礎調整。

### 12. 終止保單



遇有以下情況，本保單即告終止，其下所有受保人的保障亦將停止：

- (a) 當本保單不再續保時（無論是因在到期日未能繳付保費或其他原因）；或
  - (b) 當本保單根據保單條款被取消時；或
  - (c) 保單持有人死亡時，
- 以較早者為準。

### 13. 禁止信託

本公司不承認有關本保單的任何信託、押記或轉讓的通知或受其影響，而保單持有人或其合法遺產代理人於接獲通知時，將在所有情況下有效解除本公司的責任。

### 14. 合法遺產代理人

本保單的條款、除外責任及細則亦適用於單持有人的合法遺產代理人。

### 15. 管轄法律及司法管轄權

本保單受香港特別行政區法律所規管，並以此為詮釋。

### 16. 法律行動

按照本保單條件提交索償證明起計六（6）個月內，不得採取法律或公平性行動，以求取得本保單的賠償。除非情況受本保單的醫療意見分歧條文所約束，各方自行接受香港法院的專屬地點和司法管轄權，以解決雙方關於本保單的任何該等衝突或爭議。

### 17. 仲裁

若只就損失或損毀之賠償額發生爭議時，應以書面形式將之提交予一位被指派仲裁員作出裁決；如未能經由該仲裁員作出協議，則於兩個月內由雙方以書面方式委任各一名無利益關係人士為仲裁員。

如任何一方在收到書面通知後兩個月內拒絕或未能指派另一名仲裁員，則另一方所委派之仲裁員將為唯一仲裁員。如兩位仲裁員之間有分歧，則應將爭議與進入仲裁前所書面委任之公斷人主持下審斷。

任何一方之身故並不造成撤銷或影響仲裁裁決、仲裁員或公斷人的權限或權利；若在仲裁員或公斷人身故的情況下，則由該方或仲裁員（視情況而定）或公斷人所指派之接任人繼任。相關之費用及賠償額將由仲裁員或公斷人全權作出仲裁裁決。

本保險單謹此明文規定及聲明須先獲得由仲裁員或公斷人對賠償額之裁決，方可對本保險單提出法律訴訟。

### 18. 醫療意見分歧

任何與損傷結果有關的醫療意見分歧將由爭議雙方以書面形式各自委任的兩名醫生之間解決。該兩名醫生之間的任何意見分歧應轉交由兩名醫生在一開始時以書面形式委任的仲裁人，而仲裁人的決定則為最終裁決。

### 19. 喪失賠償

如在本保單下之任何索償存在任何方面的欺詐性，或如受保人或任何代其行事的人士採取任何欺詐方法或手段以獲得本保單任何賠償；或，如損失或損害乃由受保人的蓄意行為或縱容所引至；或，如作出索償及被拒，並在該等拒絕後起計的十二個月內未有展開行動或訴訟，則本保單將即時取消及其項下所有賠償將予喪失。

### 20. 根據【合約{第三者權利}條例】所排除的權利

任何不是本保單某一方的人士或實體，不能根據【合約{第三者權利}條例】（香港法例第 623 章）強制執行本保單的任何條款。

## 保單保障

僅在受保人之保障附表中有所列明方為適用。

## 第一部分 - 基本住院治療保障

### (a) 每日住院現金

如受保人因意外或疾病需要住院治療，本公司將按照保障附表所述向保單持有人支付住院治療之每日保障，而任何一次意外或疾病的保障最高可達七百五十（750）日。該項保障僅在受保人住院超過十二（12）小時才會啟動，並就每一整日（24小時）的醫院住院支付。本保單不會承擔由首個生效日起計三十（30）日內因疾病引起的任何索償。

在中國的住院治療可獲保障的最長期限為三十（30）日。

### (b) 雙倍每日住院現金（入住深切治療部）

如受保人在深切治療部住院，（a）每日住院現金將增加一倍，而任何一次意外或疾病的保障最高可達九十（90）日。

在同一日的住院，只有（a）每日住院現金及（b）雙倍每日住院現金（入住深切治療部）其中之一項可獲支付。

在中國的住院治療可獲保障的最長期限為三十（30）日。

### (c) 復康休養賠償

如受保人因意外或疾病在接受住院治療連續最少七（7）日後出院且在病假期間，本公司將按照保障單附表所述向受保人支付每日保障賠償，而任何一次意外或疾病的保障最高可達三十（30）日，本保單不會承擔由首個生效日起計三十（30）日內因疾病引起的任何索償。獲批的病假必須由受保人住院所在之同一醫院的醫生認證。

## 第二部分 - 危疾保障

如受保人被診斷患有以下訂明的危疾，本公司將按照保障附表所述向保單持有人支付一筆過的賠償。該一筆過賠償僅在保險期間就受保人一生中被診斷的首次危疾支付一次。本保單不會承擔由首個生效日起計三十（30）日內因危疾引起的任何索償。

1. 中風
2. 心臟病
3. 腎衰竭
4. 癌症
5. 冠狀動脈搭橋手術
6. 帕金森症
7. 多發性硬化症
8. 運動神經元病
9. 失聰
10. 因輸血感染人類免疫力缺乏病毒
11. 主動脈手術
12. 心臟瓣膜手術
13. 主要器官/骨髓移植
14. 亞爾茲默氏病
15. 昏迷
16. 喪失語言能力
17. 第三級燒傷
18. 良性腦腫瘤
19. 末期疾病
20. 末期肝衰竭
21. 肌肉萎縮症
22. 腦炎
23. 嚴重頭部創傷
24. 原發性肺動脈高血壓
25. 血管成形術及其他冠狀動脈疾病的創傷性治療
26. 暴發性病毒性肝炎
27. 末期肺病
28. 細菌性腦膜炎
29. 慢性再生障礙性貧血
30. 因職業感染人類免疫力缺乏病毒

（受附錄 A：危疾釋義的條文所約束）

## 附加部分

（除非在保障附表中訂明，否則不包括）

## 特別條款

### 1. 無索償退還保費獎賞

在每三十六（36）個月的期間屆滿時，先前三十六（36）個月保費的 30%將作為無索償退還保費獎賞退還予保單持有人（不附帶利息和任何法定稅），如：

- 在先前三十六（36）個月本保單並無支付索償；及
- 在先前三十六（36）個月並無因發生意外、損傷或疾病所導致的未結索償尚待解決/調整。

為計算無索償退還保費獎賞，已包括在一個三十六（36）個月期間內的任何保險期，將不會再包括在任何其他三十六（36）個月的期間作計算之用。

## 2. 計劃折扣

折扣優惠適用於以下計劃：

- **夫婦計劃**，其中 5%的折扣優惠適用於應付保費總額。
- **家庭計劃**，其中 5%的折扣優惠適用於應付保費總額（但不包括關於子女保障的保費）。

## 3. 因意外導致的流產

如因意外導致流產，本保單的保障伸延至受保人涉及的損傷。流產不得歸因於與懷孕或分娩有關的任何自然原因及/或疾病。

## 附錄 A: 危疾釋義

### 1. 中風

腦血管事故導致的永久性神經損害，短暫性腦缺血發作不包括在內。

### 2. 心臟病

因血液供應不足而導致部份心臟肌肉壞死，並以典型胸痛發作，最新心電圖變化和心臟酵素上升作為依據。

### 3. 腎衰竭

末期腎衰竭，症狀為兩個腎臟呈現慢性不能復原的功能衰竭，並導致需定期接受腎臟透析或已啟動腎臟移植。

### 4. 癌症

呈現生長不受控制的惡性腫瘤和惡性細胞擴散及侵襲組織。這包括白血病，淋巴瘤及霍傑金氏病，但不包括人類免疫力缺乏病毒引致的卡波西氏肉瘤，非侵襲性原位癌及侵襲性惡性黑色素瘤以外的所有皮膚癌。

精確的癌症組織學證明必須提交以支持索償。

### 5. 冠狀動脈搭橋手術

經於受保人家居地區註冊的心臟科專科顧問醫生建議進行開胸手術，透過血管移植以矯正一條或以上的冠狀動脈縮窄或阻塞，但不包括氣囊血管成形術，激光或任何其他手術。

如兩條或以上冠狀動脈的阻塞程度至少為 70%，則通過氣囊血管成形術，旋切術或激光治療兩條或以上受影響的動脈也可在該種情況下構成索償。

### 6. 帕金森症

在受保人六十歲生日前，經於受保人家居地區註冊的神經科專科顧問醫生作出明確的診斷為原發性帕金森症，並需接受多巴胺前體藥的治療。

所有其他類型的帕金森症明確地不包括在內。

### 7. 多發性硬化症

經於受保人家居地區註冊的神經科專科顧問醫生作出明確的診斷為多發性硬化症，並引起至少中度的神經異常，且已維持連續六個月。

### 8. 運動神經元病

經於受保人家居地區註冊的神經科專科顧問醫生以適當佐證診斷為運動神經元病。

### 9. 失聰

雙耳完全和永久喪失聽力，並必須已確定連續十二個月。

### 10. 因輸血感染人類免疫力缺乏病毒

在保單生效後，受保人在其家居地區因接受醫藥治療並通過輸血而造成感染人類免疫力缺乏病毒 (HIV)。必須有明確的證明令本公司的醫療顧問滿意感染乃因此而造成，且提供輸血的機構承認責任及受保人並非血友病患者。

### 11. 主動脈手術

進行開胸手術通過切除及以移植方法置換病變或受損的主動脈。就本定義而言，主動脈指胸部及腹部主動脈但不包括其分支。

### 12. 心臟瓣膜手術

進行開胸手術以修補或置換一個或多個異常的心臟瓣膜。

### 13. 主要器官/骨髓移植

受保人以器官接受者身份實際進行心臟、肝、肺、胰腺或骨髓的移植手術。

本定義包括同步移植超過一個上述的器官，只要就腎衰竭的索償尚未確認，腎臟移植亦包括在內。

### 14. 亞爾茲默氏病

受保人到達 60 歲前，經臨床確診患上亞爾茲默氏病或嚴重癡呆導致永久喪失獨立進行三項或以上之日常生活活動的能力。

亞爾茲默氏病及嚴重癡呆指由不能復原的器質退化性疾病，但不包括神經官能症及精神病，所引致的思維能力退化或喪失或異常行為舉止（且有臨床症狀及認可的標準調查問卷或實驗室檢查作依據），導致受保人精神和社會活動能力顯著退化，從而需要持續的監護。診斷必須經於受保人家居地區註冊的神經科專科顧問醫生作出，並獲本公司的醫療顧問所支持。

### 15. 昏迷

處於失去知覺的狀態，對於外界刺激或內在需要毫無反應，並需持續不斷使用生命維持系統至少九十六小時，及導致永久性神經功能受損。

### 16. 喪失語言能力

因聲帶受損導致完全和永久喪失說話能力，並必須已確定連續十二個月。

### 17. 第三級燒傷

受保人身體表面面積至少 20%受到第三級燒傷。

### 18. 良性腦腫瘤

非癌性腦部腫瘤，囊腫、肉芽瘤、腦動脈或靜脈畸形、血腫及腦下垂體或脊椎腫瘤明確地不包括在內。

### 19. 末期疾病

病情沈重或迅速進展之無法治癒且能致殘的末期疾病，並根據本公司醫療顧問的意見認為，受保人的預期壽命不超過十二個月。

### 20. 末期肝衰竭

末期肝衰竭以出現黃疸、肝性腦病及腹水作為依據，並經於受保人家居地區之大醫院任職的適當顧問醫生作出診斷。

### 21. 肌肉萎縮症

經於受保人家居地區註冊之認可神經科專科顧問醫生確認的遺傳性肌肉萎縮症，並導致永久和完全傷殘。

### 22. 腦炎

腦膜或脊髓的炎症導致嚴重及永久性神經功能受損，診斷必須經由認可的神經科專科顧問醫生確認。因感染人類免疫力缺乏病毒(HIV)引致的腦炎不包括在內。

### 23. 嚴重頭部創傷

因意外引致頭部損傷而導致腦部受損後遺症，並經於受保人家居地區註冊之認可神經科專科顧問醫生界定為永久性神經功能受損而造成的嚴重功能障礙。

### 24. 原發性肺動脈高血壓

經臨床及實驗室檢驗包括心臟導管檢查確定的原發性肺動脈高血壓，並經於受保人家居地區註冊的心臟科專科顧問醫生作出診斷，且必須符合以下診斷準則：

- a) 呼吸困難和疲勞；及
- b) 左心房壓力增高（至少 20 個單位或以上）；及
- c) 肺血管阻力至少高於正常 3 個單位；及
- d) 肺動脈血壓至少 400 毫米水銀柱；及
- e) 肺動脈楔壓至少 6 毫米水銀柱；及
- f) 右心室舒張終末壓至少 8 毫米水銀柱；及
- g) 右心室肥大、擴張及右心功能出現衰竭和失代償的跡象。

### 25. 血管成形術及其他冠狀動脈疾病的創傷性治療

實際進行的氣囊血管成形術或類似的動脈內管道手術，以矯正一條或以上經血管造影證據顯示最少 60% 狹窄的主要冠狀動脈縮窄。血管重建術必須被心臟科專科顧問醫生視為醫療必要的。

冠狀動脈在此指左主幹動脈、左前降支、迴旋支及右冠狀動脈。

診斷性血管造影不包括在內。

### 26. 暴發性病毒性肝炎

因肝炎病毒引起的部分或大部分肝臟壞死，導致突發性肝臟衰竭。該診斷必須符合以下所有準則：

- a) 經腹部超聲證實肝臟急劇萎縮；

- b) 整塊肝葉壞死，僅存留萎陷的網狀結構；
- c) 肝功能測試顯示肝功能急劇退化；
- d) 黃疸加深；及
- e) 肝性腦病。

### 27. 末期肺病

末期肺病造成慢性呼吸衰竭，該診斷必須符合以下所有依據：

- a) 1 秒用力呼氣量(FEV1)測試結果持續少於一(1)公升；
- b) 因低氧血症需永久接受補充氧氣治療；
- c) 動脈血液氣體分析中分氧壓只有 55 毫米水銀柱或以下(PaO<sub>2</sub> ≤55 毫米水銀柱)；及
- d) 靜止時呼吸困難。

診斷必須經呼吸系統醫生或專科醫生確認。

### 28. 細菌性腦膜炎

因細菌感染引致之腦膜或脊髓的嚴重炎症，並導致顯著、不能復原及永久神經功能受損，而神經功能受損必須持續至少六(6)個星期。該診斷的確認必須經：

- a) 腰椎穿刺腦脊髓液查證腦脊液存在細菌感染；及
- b) 神經科專科顧問醫生。

因感染人類免疫力缺乏病毒(HIV)引致的細菌性腦膜炎不包括在內。

### 29. 慢性再生障礙性貧血

經活組織檢查確認的慢性持續骨髓衰竭，並導致貧血、嗜中性白血球減少及血小板減少，且須接受以下至少一(1)項的治療：

- a) 輸血；
- b) 骨髓刺激劑；
- c) 免疫抑制劑；或
- d) 骨髓移植。

診斷必須經血液學專科醫生確認。

### 30. 因職業感染人類免疫力缺乏病毒

在本保單的生效日、附約生效日或復效日後，以較後者為準，當受保人於家居地區執行其慣常職業的職務時，因意外感染人類免疫力缺乏病毒(HIV)。以下令本公司滿意的所有證明必須提供：

- a) 引致感染病毒的意外，其證明必須在意外發生後 30 日內向本公司報告；
- b) 意外乃涉及明確來源之 HIV 感染體液的證明；
- c) 在記錄意外後的 180 日內出現血清由 HIV 陰性轉為 HIV 陽性的證明，該證明必須包括在意外發生後 5 日內進行的陰性 HIV 抗體檢測；及
- d) 因任何其他途徑包括性行為和使用靜脈注射藥物造成的 HIV 感染則不包括。

該保障只適用於受保人的職業乃在醫療中心或診所工作之醫生、實習醫生、醫科學生、註冊護士、醫學實驗室技術員、牙科醫生(外科醫生和護士)或輔助醫療人員。

## 制裁限制及不承保條文

任何再保險/保險公司不應被視為提供保障及再保險/保險公司不會承擔任何賠償或提供任何利益，如提供該等保障、支付該等索償或提供該等利益可能使再保險/保險公司受到聯合國決議的任何制裁、禁令或限制，或違反歐盟、美國的貿易或經濟制裁、法律或法規、及/或任何其他適用國家的經濟或貿易制裁法律或法規。

## 注意事項

就所有含義和目的而言，當合約任何部分的意思在所提供之其他語言中存在矛盾和含糊的地方，僅此同意以合約的英文版本為準。

本保單及其條款應予查核，如有不正確地方，請立即交回本公司修改。