

Zurich HealthTotal Critical Illness Insurance Plan

蘇黎世「全護之選」危疾保險計劃



There are lots of plans in our lives and we have been working hard for our ideal living every day. However, illness can strike us any time and when it does, not only your plan will be halted but also the enormous unexpected medical cost can cause a fortune to you and your family.

人生有著很多不同的計劃，我們每天努力奮鬥追求理想的生活。可是，突如其來的疾病不僅會中斷您人生的計劃，而且高昂的醫療費用更可能為您及您的家庭帶來沉重的負擔。



- Cancer is the most common cause of death, followed by pneumonia and heart disease^(a)
- More than 26,000 incidence of cancer every year; one in four men and one in five women will have cancer during their lifetime^(b)
- The total number of hospitalization due to serious illness (including cancer, kidney failure, lung disease and heart disease) keeps increasing in the past five years^(c)

In today's advanced medical technology, serious illness is not necessarily fatal but the medical expenses are even more dreadful, and your lifelong savings will be exhausted by post-surgery medication and treatment during the time of recovery.

- The median doctor fee for heart valve surgery operation is about HKD50,000^(d)
- The fee for purchase Everolimus, a FDA approved immunosuppressant for treatment of renal cell cancer and other tumours, is about HKD30,000 per month^(e)
- The average cost for treatment of colorectal cancer in the first two years round up to HKD700,000^(f)

Have you ever imagined the impact of the above to your family?

Sources:

- (a) Centre for Health Protection, Department of Health, 2012
 (b) Hong Kong Cancer Registry, Hospital Authority, 2010
 (c) Hospital Authority Statistical Report 2011-2012
 (d) Report of Doctor's Fee Survey 2010, The Hong Kong Medical Association, April 2010
 (e) Latest Cancer News, Cancer Fund, 6 August 2013
 (f) Latest Cancer News, Cancer Fund, 22 July 2009

- 最常見導致死亡的病因是癌症，其次是肺炎和心臟病^(a)
- 每年有超過 26,000 宗癌症病例；每四名男性或每五名女性就有一人會在其一生中患上癌症^(b)
- 在過去五年，因患上嚴重疾病（包括癌症、腎衰竭、肺部疾病及心臟疾病）而需入住醫院的總人數持續上升^(c)

現今科技發展一日千里，嚴重疾病已經不一定會致命，但醫療所需的開支卻極度高昂。於手術後康復期間的藥物及治療費用更有可能耗盡畢生積蓄。

- 心臟瓣膜外科手術的診金中位數約 50,000 港元^(d)
- 購買依維莫司片，一種美國食品藥品管理局批准用於治療腎細胞癌等多種腫瘤的免疫抑制劑，每月約需 30,000 港元^(e)
- 治療大腸癌的首兩年平均費用約為 700,000 港元^(f)

您可曾想過以上開支會怎樣影響您的家庭？

資料來源：

- (a) 衛生署衛生防護中心，2012 年
 (b) 醫院管理局香港癌症資料中心，2010 年
 (c) 醫管局 2011-2012 年統計年報
 (d) 香港醫學會《醫生收費調查報告 2010》，2010 年 4 月
 (e) 癌症基金會最新癌症資訊，2013 年 8 月 6 日
 (f) 癌症基金會最新癌症資訊，2009 年 7 月 22 日



Multiple protection safeguarding a worry-free life for you and your loved ones

保障您和摯愛的生活，讓您無後顧之憂

To secure from financial loss due to serious illness, one of the best ways is to enroll an insurance plan. Zurich HealthTotal Critical Illness Insurance Plan is an affordable yet flexible critical illness insurance plan, offering coverage of 68 illnesses including early stage and juvenile illnesses with maximum claim amount of HKD1.9 million, for a multiple protection to you and your family with only a limited budget.

投保保險計劃是其中一個最有效的方法避免因患上嚴重疾病而導致巨額的經濟損失。蘇黎世「全護之選」危疾保險計劃是一份價格相宜且具彈性的危疾保險計劃，保障覆蓋68種疾病，當中包括早期疾病及青少年疾病，總保障額更高達190萬港元，為您和您的家人提供多方面的保障。

Feature highlights 計劃特點

- **Multiple protection**

多方面保障

Covers 68 illnesses, offers both early stage and juvenile illnesses without additional premium
涵蓋68種疾病，保障包括早期疾病及青少年疾病並無需額外收費

- **Multiple pay benefit**

多次賠償保障

Offers up to a maximum of five illness claims⁽¹⁾⁽²⁾⁽³⁾ 提供最多五次疾病索償⁽¹⁾⁽²⁾⁽³⁾

- **Low insurance cost**

保費相宜

A budget-friendly critical illness insurance plan, monthly premium as low as HKD30
保費相宜的危疾保險計劃，每月保費低至30港元

- **Flexible premium options**

具彈性的保費選項

With both step and level premium offered, you can select level premium with lower premium locked in at an earlier age⁽⁴⁾
同時提供進階式及水平式的保費收費方式，您可選擇水平式保費，在年輕時投保把保費鎖定在較低的水平⁽⁴⁾

More than you expected 超出您所想

- **Special privilege offers extra care to your children**

為您的子女提供額外優惠

A maximum of two children can enjoy the benefit of HKD1 monthly premium for each child if your spouse is also covered by the plan⁽⁵⁾

若您與配偶同時受保於此計劃，您的每名子女可以以每月1港元保費享有保障，上限為兩名子女⁽⁵⁾

- **Enhanced protection at your golden era**

在您的黃金時期，增強您的保障

Extra 100% additional sum insured if you opt for level premium at or before age 35⁽⁶⁾
若您於35歲或之前選擇使用水平式收費，您便可額外享有100%保障額⁽⁶⁾

- **Accidental death cover**

意外死亡保障

Accidental death benefit of HKD100,000
意外死亡保障達100,000港元



Wide range of protection against 68 illnesses

保障涵蓋 68 種疾病

Zurich HealthTotal Critical Illness Insurance Plan provides you with a wide array of protection against the critical illnesses up to 75 years old. Benefit⁽⁷⁾ will be paid if the insured person is diagnosed with any of the 68 illnesses:

蘇黎世「全護之選」危疾保險計劃為您提供廣闊的危疾保障直至您達到 75 歲。若確診患上任何一種受保的 68 種疾病，您將可獲得賠償⁽⁷⁾：

53

Major illnesses
(Group A-E)
主要疾病
(組別 A-E)



9

Early stage illnesses
(Group F)
早期疾病
(組別 F)



6

Juvenile illnesses
(Group G)
青少年疾病
(組別 G)

Group A 組別 A Cancer 癌症	1. Cancer 癌症
Group B 組別 B Illnesses related to major organs and functions 有關主要器官及功能的疾病	2. Chronic Relapsing Pancreatitis 復發性慢性胰臟炎 3. Chronic and Irreversible Renal Failure 慢性及不可逆轉性腎衰竭 4. End Stage Liver Disease 末期肝病 5. End Stage Lung Disease 末期肺病 6. Fulminant Viral Hepatitis 暴發性病毒性肝炎 7. Major Organ Transplant 主要器官移植 8. Medullary Cystic Disease 腎髓質囊腫病
Group C 組別 C Illnesses related to heart 心臟疾病	9. Acute Myocardial Infarction 急性心肌梗塞 10. Coronary Artery By-pass Surgery 冠狀動脈手術 11. Dissecting Aortic Aneurysm 夾層主動脈瘤 12. Heart Valve Surgery 心瓣手術 13. Infective Endocarditis 感染性心內膜炎 14. Primary Pulmonary Arterial Hypertension 肺動脈高血壓 (原發性) 15. Surgery to Aorta 主動脈手術
Group D 組別 D Illnesses related to nervous system 神經系統疾病	16. Alzheimer's Disease (coverage is up to aged 70) 亞爾茲默氏病 (受保年齡最高至 70 歲) 17. Amyotrophic Lateral Sclerosis 肌萎縮性脊髓側索硬化症 18. Apallic Syndrome 植物人 19. Bacterial Meningitis 細菌性腦膜炎 20. Benign Brain Tumour 腦部良性腫瘤 21. Coma 昏迷 22. Creutzfeldt-Jacob Disease 克雅二氏症 23. Encephalitis 腦炎 24. Major Head Trauma 嚴重頭部創傷 25. Multiple Sclerosis 多發性硬化 26. Muscular Dystrophy 肌營養不良症 27. Paralysis 癱瘓 28. Parkinson Disease (coverage is up to aged 70) 帕金森症 (受保年齡最高至 70 歲) 29. Poliomyelitis 脊髓灰質炎 30. Primary Lateral Sclerosis 原發性側索硬化 31. Progressive Bulbar Palsy 進行性延髓麻痺 32. Severe Myasthenia Gravis 嚴重重肌無力症 33. Spinal Muscular Atrophy 脊髓性肌萎縮症 34. Stroke 中風 35. Tuberculosis Meningitis 結膜性腦膜炎
Group E 組別 E Other major illnesses 其他主要疾病	36. Aplastic Anaemia 再生障礙性貧血 37. Blindness 失明 38. Chronic Adrenal Insufficiency (Addison's Disease) 慢性腎上腺功能不全 (愛狄信病) 39. Deafness 失聰 40. Ebola 伊波拉病毒

Group E 組別 E Other major illnesses 其他主要疾病	41. Elephantiasis 象皮病 42. HIV due to Blood Transfusion 因輸血而感染人類免疫力缺乏病毒 43. Loss of Independent Existence (coverage from aged 18 to 70) 喪失獨立能力 (受保年齡為 18 至 70 歲) 44. Loss of Limbs 失肢 45. Loss of Speech 喪失說話能力 46. Major Burns 嚴重燒傷 47. Necrotising Fasciitis 壞死性筋膜炎 48. Occupational Acquired HIV 因職業而感染人類免疫力缺乏病毒 49. Severe Crohn's Disease 嚴重克隆氏症 50. Severe Rheumatoid Arthritis 嚴重類風濕性關節炎 51. Severe Ulcerative Colitis 嚴重潰瘍性結腸炎 52. Systemic Lupus Erythematosus 有狼瘡性腎炎的系統性紅斑狼瘡症 53. Terminal Illness (coverage is up to aged 70) 末期危疾 (受保年齡最高至 70 歲)
Group F 組別 F Early stage illnesses (For insured aged 18 or above) 早期疾病 (適用於 18 歲或以上之受保人)	54. Carcinoma in situ of the Breast 乳房原位癌 55. Carcinoma in situ of the Cervix Uteri 子宮頸原位癌 56. Carcinoma in situ of the Uterus 子宮原位癌 57. Carcinoma in situ of the Ovaries 卵巢原位癌 58. Carcinoma in situ of the Fallopian Tubes 輸卵管原位癌 59. Carcinoma in situ of the Vagina 陰道原位癌 60. Carcinoma in situ of the Testes 睪丸原位癌 61. Early Stage Cancer of the Prostate 前列腺之初期癌症 62. Minimally invasive surgery for Coronary Artery Diseases including Angioplasty 治療冠心病微創手術包括血管成形術
Group G 組別 G Juvenile illnesses (For insured aged 17 or below) 青少年疾病 (適用於 17 歲或以下之受保人)	63. Haemophilia A and Haemophilia B 甲型血友病及乙型血友病 64. Insulin Dependant Diabetes Mellitus (Type I DM) 胰島素依賴型糖尿病 (一型糖尿病) 65. Kawasaki Disease with Heart Complications 川崎氏病 (附帶心臟併發症) 66. Osteogenesis Imperfecta (Type III) 成骨不全症第三型 67. Rheumatic Fever with Valvular Impairment 風濕性心瓣疾病 68. Still's Disease 斯蒂爾病

Note:
Any diagnosis of an illness for the purpose of claiming the benefit must fulfill the definition together with the terms and conditions stated in the policy.

注意事項：
任何疾病因確診而引致保障之索償必須符合其定義及遵從保單之條款及規章。

Sum insured per illness for each group

每宗疾病於每組別之保障額

	Standard Plan 標準計劃	Enhanced Plan 優越計劃	Platinum Plan 尊尚計劃
Group A to Group E 組別 A 至 組別 E	HKD 100,000 100,000 港元	HKD 300,000 300,000 港元	HKD 500,000 500,000 港元
Group F to Group G 組別 F 至 組別 G	HKD 30,000 30,000 港元	HKD 90,000 90,000 港元	HKD 150,000 150,000 港元

Multiple pay benefit

Enjoy a prolonged protection along the way

多次賠償保障

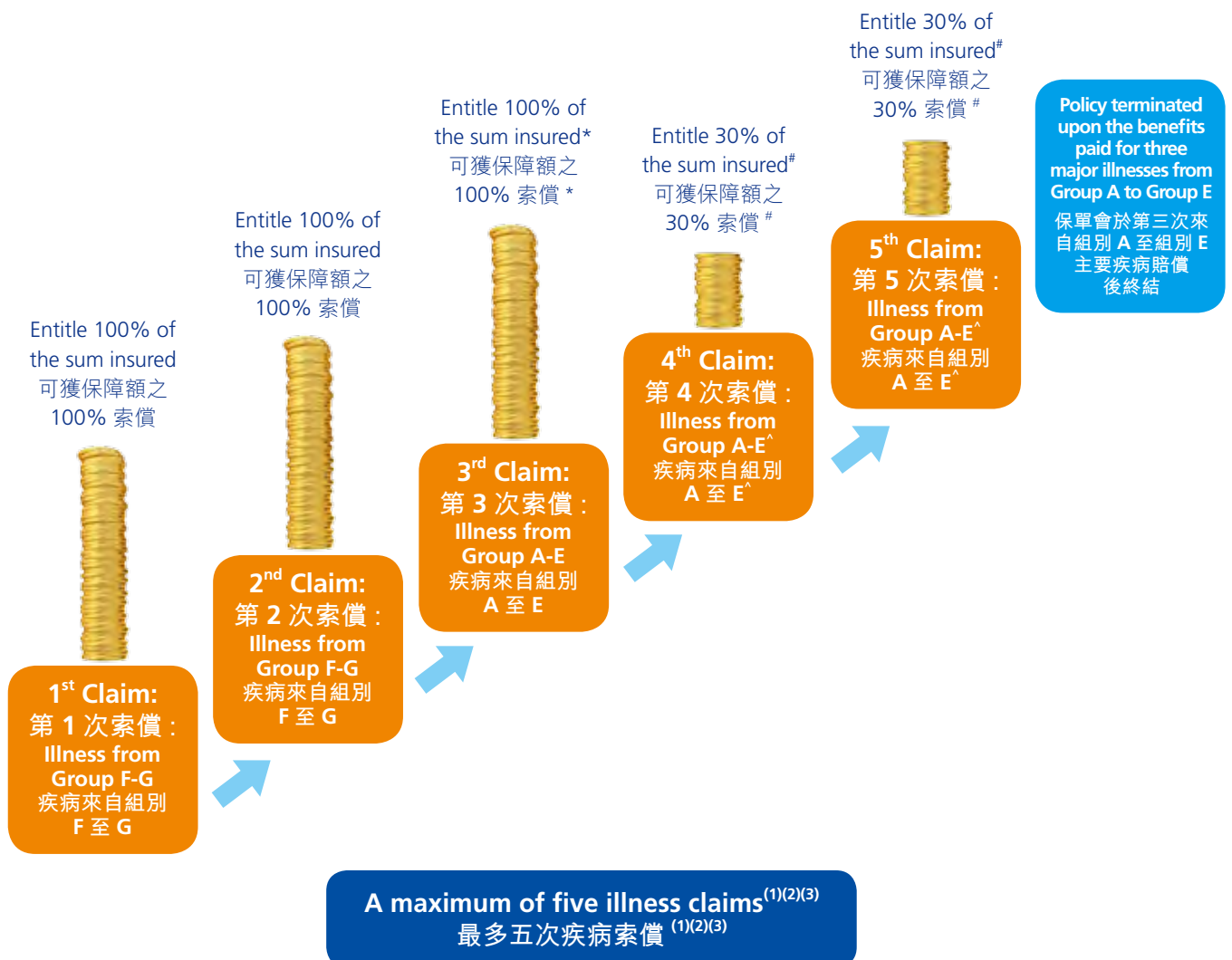
讓您沿路也能享有保障

Covered by multiple pay benefit, Zurich HealthTotal Critical Illness Insurance Plan offers you thorough protection with a maximum of five illness claims⁽¹⁾⁽²⁾⁽³⁾ with a total sum of benefits payable up to HKD1.9 million, which can put you at ease even you suffer from critical illness more than once.

蘇黎世「全護之選」危疾保險計劃特設多次賠償保障，提供最多五次疾病索償⁽¹⁾⁽²⁾⁽³⁾及總保障額高達 190 萬港元，若您不幸患上多於一次危疾，亦能讓您倍感安心。

Multiple pay benefit at a glance

多次賠償保障一覽



Waiting period⁽³⁾ required for subsequent claim
再索償所需的等候期⁽³⁾

Preceding claim is from 上次索償來自	Subsequent claim is for 隨後索償的組別是	Waiting period required 所需的等候期
Group A 組別 A	Group A - B 組別 A - B	Five years 五年
	Group C - E 組別 C - E	One year 一年
Group B - E 組別 B - E	Group A - E 組別 A - E	One year 一年
Group F 組別 F	Group A - G 組別 A - G	One year 一年
	(no waiting period required if the subsequent claim is under Group A or Group C for the same organ of the early stage illness previously claimed) (若在早期疾病中所獲得之賠償跟隨後在組別 A 或組別 C 中的索償發生在同一器官上，則無需等候期。)	
Group G 組別 G	Group A - G 組別 A - G	One year 一年

Notes:

- ^ After diagnosis leading to the first time of claim made for any major illnesses under Group A to Group E, no benefit shall be paid for Group E - Loss of Independent Existence, Group E - Terminal Illness or any illness from Group F or Group G.
- # After diagnosis leading to the first time of claim made for any major illnesses under Group A to Group E, any subsequent claim(s) made for any major illnesses under Group A to Group E shall be 30% of the sum insured per illness.
- * After the benefit paid for an illness in Group F, the insured person can make another benefit claim from Group A or Group C for the illness arising from the same organ of the early stage illness previously paid, and the benefit payable for the illness is the sum insured as defined under Group A or Group C minus the benefit paid for the preceding early stage illness. Under such circumstances, two benefit claims shall be counted.

注意事項：

- ^ 獲得組別 A 至組別 E 之任何主要疾病的首次索償後，隨後不會再就組別 E - 喪失獨立能力、組別 E - 末期危疾或組別 F 或組別 G 內之任何疾病提供任何保障。
- # 獲得組別 A 至組別 E 之任何主要疾病的首次索償後，隨後就組別 A 至組別 E 之任何主要疾病之索償，將為每項疾病保障額之 30%。
- * 在組別 F 之疾病內獲得一次索償後，受保人可就之前賠償之早期疾病之同一器官就組別 A 或組別 C 內之疾病作出另一次索償，惟賠償是就該疾病於組別 A 或組別 C 下之保障額減去已在早期疾病所得之賠償額。而就此情況下，此將會被視為兩次索償。



Case illustration 1 – Multiple pay benefit

(Figures below are hypothetical and for illustrative purpose only)

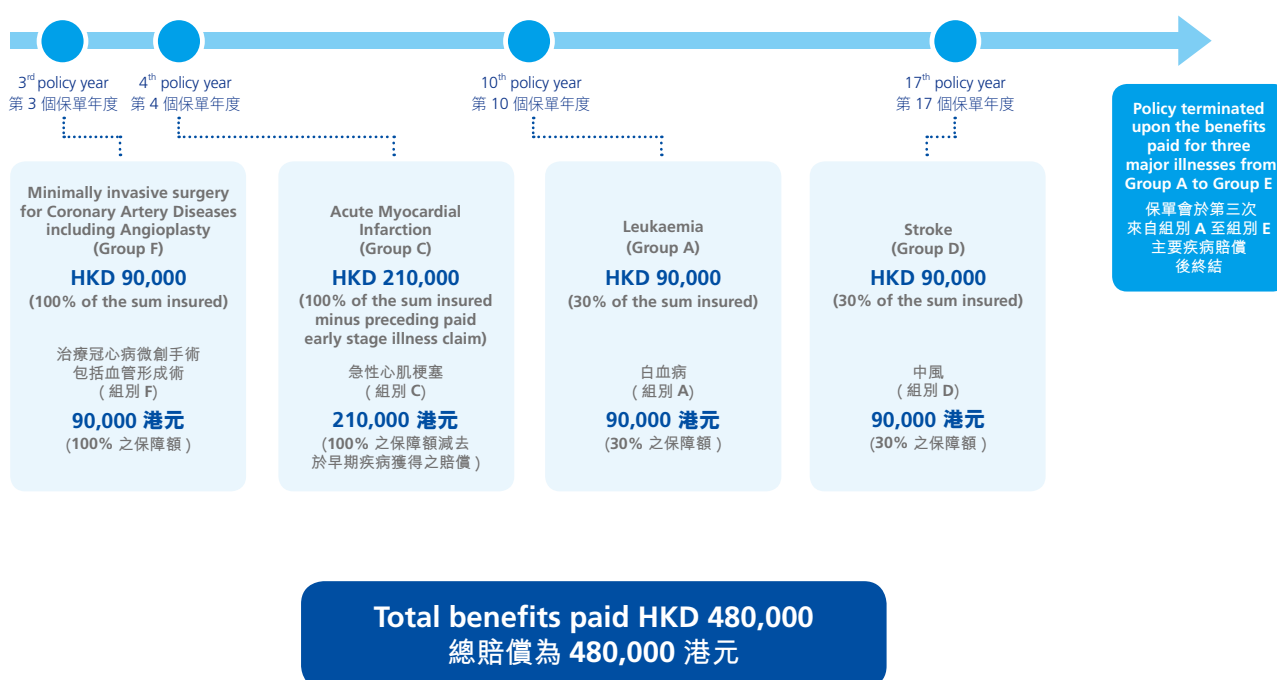
Insured person : Mr Chan, aged 38, Banker
Plan level : Enhanced plan
(Sum Insured: Group A to Group E: HKD 300,000;
Group F to Group G: HKD90,000)
Payment schedule : Step premium



個案分享 1 — 多次賠償保障

(下列數字乃假設並只作舉例說明之用)

受保人 : 陳先生, 38 歲, 銀行家
計劃級別 : 優越計劃
(保障額: 組別 A 至 組別 E: 300,000 港元;
組別 F 至 組別 G: 90,000 港元)
保費類別 : 進階式保費



Low insurance cost with flexible premium options

Most people concern about the insurance cost which could be significant and may cause a burden to family. Understanding your needs for a cost-effective insurance solution, Zurich HealthTotal Critical Illness Insurance Plan provides comprehensive coverage at premium rate as low as HKD30 per month; you can opt for level premium with lower premium locked in at an earlier age⁽⁴⁾, so that you could save the budget for a better household living.

保費相宜且具備彈性

大多數人會擔心高昂的保費會導致家庭沉重的負擔，蘇黎世明白您需要一份具備成本效益的保險方案，蘇黎世「全護之選」危疾保險計劃提供周全的保障，保費低至每月 30 港元；您可選擇水平式保費，在年輕時投保便能把保費鎖定在較低的水平⁽⁴⁾，讓您可以節省預算以獲得更佳的家庭生活。

More than you expected 超出您所想

A wise choice for a full family protection

Children are the dearest to parents, therefore it is also indispensable to provide an embracing protection to them. If you and your spouse are both covered under this plan, a maximum of two legal children can also enjoy the benefit with only HKD1 monthly premium for each child⁽⁵⁾, fulfilling a whole family protection in a budget-wisely approach.

一個明智的選擇，為家庭準備一份完善的保障

子女是父母的無價寶，一份周全的保障給予他們已是不可或缺的一部份。若您與您的配偶同時受保於此計劃，每名子女便可以以每月 1 港元保費享有保障⁽⁵⁾，最多兩名合法子女可享有此優惠。作出一個明智的選擇，為您的家庭準備一份完善的保障。

Enhanced protection at your golden era

Zurich HealthTotal Critical Illness Insurance Plan also offers more than you expect. With 100% additional sum insured for the next ten years upon your selection of level premium at or before age 35⁽⁶⁾, you can get ready for your golden era with an enhanced protection. Furthermore, the plan also comes with accidental death cover with a benefit of HKD100,000.

在您的黃金時期，增強您的保障

蘇黎世「全護之選」危疾保險計劃超出您所想，您只需於 35 歲或之前採用水平式收費，您便可以在往後連續十年獲得額外 100% 附加保障額⁽⁶⁾，增強您的保障為您的黃金時期作最佳準備。另外，此計劃亦提供意外死亡保障，保障額為 100,000 港元。



**Case illustration 2 – Multiple pay benefit
for insured person with 100% additional sum insured**

(Figures below are hypothetical and for illustrative purpose only)

Insured person : Ms Wong, aged 33, Accountant

Plan level : Platinum plan

(Sum insured: Group A to Group E: HKD 500,000;
Group F to Group G: HKD150,000)

Payment schedule : Level premium

(Ms Wong selected level premium payment schedule when she enrolled the plan at aged 24. Therefore, she would be entitled to 100% additional sum insured⁽⁶⁾ within the next ten years.)

個案分享 2 — 獲得 100% 附加保障額之成員的多次賠償保障

(下列數字乃假設並只作舉例說明之用)

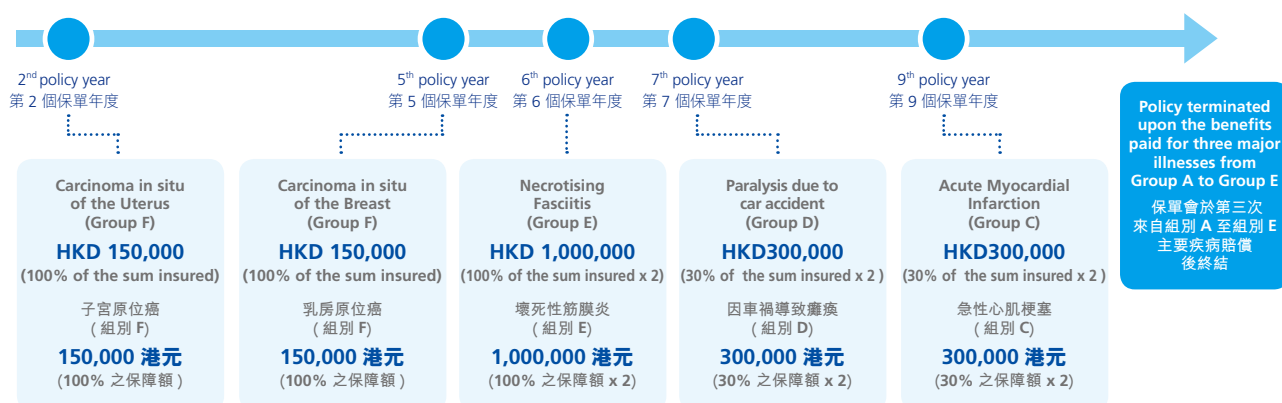
受保人 : 黃小姐, 33 歲, 會計師

計劃級別 : 尊尚計劃

(保障額: 組別 A 至 組別 E : 500,000 港元 ;
組別 F 至 組別 G : 150,000 港元)

保費類別 : 水平式保費

(黃小姐於 24 歲時投保已選擇採用水平式保費, 因此, 她於未來十年可獲得 100% 附加保障額⁽⁶⁾。)



Total benefits paid HKD 1,900,000
總賠償為 1,900,000 港元

Plan Summary

計劃一覽

Issue age 投保年齡	15 days – 64 years old (age at last birthday) 15 日至 64 歲 (上次生日年齡)			
Renewable up to 續保至	75 years old (age at last birthday) 75 歲 (上次生日年齡)			
Survival period 生存期	14 days ⁽⁷⁾ 14 日 ⁽⁷⁾			
Payment schedule 保費類別	Step / level premium 進階式保費 / 水平式保費			
Payment frequency 保費繳付方式	Annual / monthly premium 年繳 / 月繳			
Plan level 計劃級別	Standard Plan / Enhanced Plan / Platinum Plan 標準計劃 / 優越計劃 / 尊尚計劃			
Critical illness benefit 危疾保障	Sum insured per illness for each group 每宗疾病於每組別之保障額	Standard Plan 標準計劃	Group A to Group E 組別 A 組至組別 E	HKD100,000 100,000 港元
			Group F to Group G 組別 F 組至組別 G	HKD30,000 30,000 港元
		Enhanced Plan 優越計劃	Group A to Group E 組別 A 組至組別 E	HKD300,000 300,000 港元
			Group F to Group G 組別 F 組至組別 G	HKD90,000 90,000 港元
		Platinum Plan 尊尚計劃	Group A to Group E 組別 A 組至組別 E	HKD500,000 500,000 港元
			Group F to Group G 組別 F 組至組別 G	HKD150,000 150,000 港元
	After the first time of claim made for any major illnesses under Group A to Group E, any subsequent claim(s) made for any major illnesses under Group A to Group E shall be 30% of the sum insured per illness according to the plan level selected.			
	獲得組別 A 至組別 E 之任何主要疾病的首次索償後，隨後就組別 A 至組別 E 之任何主要疾病之索償，將為每項疾病保障額之 30%。			
	Accidental death benefit 意外死亡保障	HKD100,000 for all plan levels 所有計劃級別均為 100,000 港元保障額		
	Eligibility 資格限制	Both the insured person and policyholder must be Hong Kong Identity Card holders and Hong Kong residents with a permanent address and live in Hong Kong as a usual country of residence. 受保人及保單持有人必須為香港居民及持有有效之香港身份證明文件，且有永久住址及以香港為經常居住地。		



Remarks

- Three times of critical illness claims applicable to illnesses from Group A to Group E, in which maximum of one claim can be made under each group of Group B to Group E, whilst maximum of three claims can be made under Group A. For illnesses under Group F and Group G, a maximum of two claims can be paid, in which only one claim can be made for each illness. No benefit shall be paid for illness from Group F or Group G should the preceding eligible benefit paid is from Group A to Group E.
- The policy will be terminated automatically if the benefit for either one of the following is paid: (i) a maximum of three major illnesses under Group A – Group E; or (ii) Group E – Terminal illness; or (iii) Group E – Loss of Independent Existence; or (iv) Accidental death.
- The multiple pay benefit is subject to the waiting period conditions: The following is subject to the cancer-free waiting period condition. The cancer-free waiting period must be confirmed by the insured person's treating specialist of relevant western medicine for the whole duration as required herein the provision and supported by clinical, radiological, histological and laboratory evidence to confirm that there is no sign or symptom of any malignant growth or reoccurrence. The cancer-free waiting period shall start on the date the disease is considered to be in remission.
 - After the diagnosis leading to claim paid for illness in Group A, a five-year cancer-free waiting period is required for any subsequent claim for illness from Group A or Group B,
 - After the diagnosis leading to claim paid for illness in Group A, a one-year cancer-free waiting period is required for any subsequent claim for illness from Group C to Group E.
- The following is subject to the one-year waiting period condition. The one-year waiting period means the date of first diagnosis of the subsequent illness should be at least 12 months after the date of diagnosis of the illness of the immediately preceding claim that has been paid.
 - After the diagnosis leading to claim paid for illness in Group B to Group E, a one-year waiting period is required for any subsequent claim for other groups of illness from Group A to Group E.
 - After the diagnosis leading to claim paid for illness in Group F, a one-year waiting period is required for any subsequent claim for other groups of illness from Group A to Group G except eligible benefit paid in the preceding claim under Group F which leads to subsequent eligible benefit claim under Group A or Group C for the same organ.
 - After the diagnosis leading to claim paid for illness in Group G, a one-year waiting period is required for any subsequent claim for other groups of illness from Group A to Group G.
- We reserve the right to revise or adjust the premium under the following circumstances:
 - According to our applicable premium rate at the time of renewal (which will be based on several factors, including but not limited to medical price inflation, projected future medical costs, claims experience and expenses incurred by you and/or in relation to this product, and any changes in benefit) by giving 30 days' advance written notice to you.
 - The premium rate should be adjusted automatically according to the attained age of the insured person at the time of renewal.
- This benefit is only for a maximum of your two legal children with age between 15 days and 17 years old (both inclusive) at the policy inception date. The plan level of the children selected must be either the Enhanced Plan or the plan level(s) of his/her parents, whichever has the lowest sum insured.
- The 100% additional sum insured is only applicable to illnesses from Group A to Group E. It is for policy owner who selected level premium payment schedule upon policy inception date (where the insured person must be aged 35 or below) or upon policy anniversary when the insured person attaining the age of 20 or 25 or 30 or 35 years old. This 100% additional sum insured shall be effective for a continuous period of ten years starting from the aforementioned policy inception date or policy anniversary date and subject to the terms and conditions of the policy.
- 100% of the eligible benefit will be paid after the insured person survives a period not less than 14 days following the diagnosis of such illness. While 50% of the eligible benefit will be paid should the insured person survives a period less than 14 days following the diagnosis of such illness.

Important notes

- The policy shall remain in force for a period of 1 year from the policy effective date and this policy will be automatically renewed at our discretion. We reserve the right to alter the terms and conditions, including but not limited to the premiums, benefits, benefits amount or exclusions of this policy at the time of renewal of any period of insurance by giving 30 days' written notice to you.
- You have the right to cancel the policy by returning the policy to us and attaching a notice signed by you requesting cancellation within the cooling-off period i.e., 21 days immediately following the day of delivery of this policy. In the event that no claim payment has been or is to be made, we will refund to you all the premiums you have paid without interest. In the event that a benefit payment has been made or is to be made, no refund of premium shall be made. After the cooling-off period, you have the right to cancel this policy by giving 30 days' advance notice in writing to us. In such event, we will refund the unearned premium actually paid by you provided that no claim has been made during the period starting from the policy effective date to the date on which the cancellation takes effect.
- Zurich Insurance Company Ltd reserves the right to declare the policy void from the policy effective date and may refuse to refund any applicable premium paid and/or Zurich Insurance Company Ltd may request you to return all monies paid by Zurich Insurance Company Ltd for previous claims if (i) you have incorrectly stated the health information of the insured person, (ii) omitted material information during enrollment or (iii) provided fraudulent documentation or fraudulently represented information during enrollment or when making a claim.

General exclusions

- The signs or symptoms or the diagnosis of which illness first occurred within 90 days immediately following the policy effective date, or the upgrade effective date, or last reinstatement date, whichever is later, except for any illness caused by an accident;
- Any pre-existing condition unless the condition has been declared to and specifically accepted by us;
- An illness caused or aggravated by or associated, whether directly or indirectly, with a congenital or inherited disorder (except Muscular Dystrophy) which existed at the time of birth or has manifested or been diagnosed before the insured person attains age 18;
- Any second or third or subsequent claim made without fulfilling the waiting period conditions for multiple pay benefit;
- Any medical procedure or treatment, which is not medically necessary or not performed by a medical practitioner or a specialist;
- Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex, or infection by Human Immunodeficiency Virus (HIV), except the "HIV due to Blood Transfusion" and "Occupational Acquired HIV" as stated in the policy;
- Suicide, attempted suicide, intentional self-inflicted injury or voluntary exposure to an illness, whether the insured person is sane or insane;
- Influence of alcohol or drugs not prescribed by a medical practitioner;
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, direct participation in strike, riot or civil commotion or any kinds of participation in any act of terrorism;
- Violation or attempted violation of the law or resistance to arrest or participation in any criminal act;
- Air travel except as a fare-paying passenger in a properly licensed aircraft operated by a licensed commercial air carrier;
- Riding or driving in any kind of motor racing, or engaging in a sport in a professional capacity or where the insured person would or could earn income or remuneration from engaging in such sport, trekking at an altitude greater than 5,000 meters above sea level or diving to a depth greater than 40 meters below sea level; and
- Any cyber act that results in any accident, disability, sickness and/or injury.

備註：

- 可就組別A至組別E內之危疾作三次索償，其中就組別B至組別E 每組別最多可作一次索償，而對於組別A，則可作最多三次索償。對於組別F及組別G，最多可作兩次索償，但每疾病只可作出一索償。獲得組別A至組別E 之索償後，隨後不會再就組別F 或組別G內之任何疾病提供任何索償。
- 當獲得以下任何一項保障賠償後，保單之保障將會自動終止：(i)組別A至組別E 內三個主要疾病；或(ii)組別E – 末期危疾；或(iii)組別E – 喪失獨立能力；或(iv)意外死亡保障。
- 多次賠償保障須符合等候期條款：
以下須符合無癌症等候期條款。無癌症等候期必須由受保人之主診專科醫生一直以有關之西藥治療進行整個療程，並通過臨床、放射性、造影檢查及實驗證明以確認為無癌症狀況。無癌症狀況指沒有任何惡性增生或復發之預兆或症狀。無癌症等候期應由確認癌症被清除後的日期開始計算。
 - 獲得組別A的索償後，若要就組別A或組別B之疾病再索償，將有五年無癌症等候期；
 - 獲得組別A的索償後，若要就組別C至組別E之疾病再索償，將有一年無癌症等候期。以下須符合一年等候期條款。一年等候期應指隨後之疾病之確診日期與上次已賠償之疾病之確診日期，應至少相隔12個月或以上。
 - 獲得組別B至組別E的索償後，若要就組別A至組別E 之疾病再索償，將有一年等候期；
 - 獲得組別F的索償後，若要就組別A至組別G之疾病再索償，將有一年等候期。除非之前獲賠償之組別F內之疾病就同一器官引致組別A 或組別C之另一次索償；
 - 獲得組別G的索償後，若要就組別A至組別G之疾病再索償，將有一年等候期。
- 本公司保留權利，在以下情況更改或調整保費：
 - 本公司會根據續保時的適用保費率調整保費(將基於多個因素，包括但不限於醫療通脹，預期未來醫療費用，理賠紀錄及您及/或這產品招致之費用，及保障之更改)，並於調整保費前30天以書面通知您。
 - 於續保時，保費將按受保人之實際年齡自動調整。
- 此保障只適用於上限兩名於保單首次生效時年齡介乎15 日至17歲（包括15 日及17歲）的合法子女。子女的計劃級別必定為優越計劃或與其父母相同的計劃級別（以保障額最低者為準）。
- 100% 的附加保障額只適用於組別A 至組別E 內之疾病。保單持有人若在保單首次生效時（受保人當時年齡必須為35 歲或以下）或在其年齡到達20，25，30 或35歲後之首個保單週年日選擇水平式收費，100% 的附加保障額將在該保單首次生效時或該保單週年日後連續十年內生效，但惟須符合保單內之條款。
- 若受保人在該確診後仍然生存14日或以上，則可獲得100%之有效保障；惟若受保人在該確診後14 日內離世，則只會獲得50%之有效保障。

重要事項

- 從保單生效日起計，本保單會維持生效1年及由本公司酌情每年自動續保。惟本公司保留權利在任何保險期之續保前30日向您提供書面通知以更改保單條款，包括但不限於保費、保障、保障額或不承保事項。
- 您有權在冷靜期內即緊接保單交付予閣下之日起計的21日內交還保單及附上您的簽署之書面通知書要求取消保單。若未曾獲賠償或沒有將獲發的賠償，本公司將會把您已付之保費無息全數退還。若您曾獲賠償或將獲得賠償，則不獲發還保費。在冷靜期過後，您可於30日前向本公司提出書面通知以取消此保單，如在該保單生效日至取消保單生效日期間無索償紀錄，您已繳交之全年但未到期之保費將根據適用之比率計算扣減並退還。
- 若(i)您就受保人健康狀況作出了失實聲明，(ii)在投保申請中遺漏重要資料，或(iii)在投保申請或索償時提供了欺詐性的文件或有欺詐成分的申述，蘇黎世保險有限公司有權宣告保單自保單生效日起無效，並可能拒絕退還已繳交的相關保費，及/ 或可能要求您退還過去索償中蘇黎世保險有限公司支付的所有款項。

一般不承保事項

- 在保單生效日、提升保障生效日或保單復效日（較遲者為準）起計90 日內出現徵狀或被確診之疾病，因意外引致之疾病則除外；
- 任何投保前已存在之傷疾，除非已向本公司透露並已獲接納；
- 在受保人出生時已存在或在其年齡為18 歲之前開始惡化或已被確診之任何直接或間接有關於、誘發於先天性或遺傳性失調之疾病（肌肉萎縮症除外）；
- 任何第二或三期後所提出之索償沒有履行多次賠償保障的等候期；
- 任何沒有醫療必須或並非由醫生或專科醫生進行的醫療程序或治療；
- 患上愛滋病(AIDS)、愛滋病有關症狀或人類免疫力缺乏病毒(HIV)，於本保單所列明的「因輸血而感染人類免疫力缺乏病毒」及「因職業而感染人類免疫力缺乏病毒」除外；
- 不論受保人是否精神失常之情況下自殺、企圖自殺、自殘至受傷或自願暴露於疾病中；
- 受酒精或非由醫生處方之藥物所影響；
- 戰爭、侵略、外敵入侵、敵對局面（不論正式宣戰與否）、內戰、叛亂、革命、暴亂、軍事政變或奪權行動、直接參與罷工、暴動或內亂或以任何方式參與恐怖活動；
- 犯法或意圖犯法或被捕或參與犯罪活動；
- 飛行除非以繳費乘客身份乘坐由持牌商業航空公司營運的正式持牌航機；
- 參加任何形式的賽車；或參與職業體育活動或受保人可能或可以賺取收入或報酬的體育活動；或在海拔5,000 米以上進行高山遠足或水深40 米以下潛水；及
- 任何由網絡行為引致的意外、傷疾、疾病及/ 或損傷。

Product limitation

We only cover the charges and/or expenses of the insured person on medically necessary basis.

"Medically necessary" means necessary for having or the necessity to have a medical service which is:

- (i) consistent with the diagnosis and is the customary medical treatment for the condition;
- (ii) in accordance with standards of good and prudent medical practice;
- (iii) not furnished primarily for the convenience of registered medical practitioner or any other medical service providers;
- (iv) furnished at the most appropriate level of sufficient to safely and adequately treat the insured person's disability and are performed in the least costly setting required for the treatment of a covered disability.

Claims procedures

(i) Notice of Claims

On the happening of any event which may give rise to a claim under this policy, you or the insured person shall give notice with all available particulars to us as soon as possible and in any case within 30 days from the date of diagnosis, and failure to do so may invalidate a claim unless it can be shown that the circumstances have not been reasonably possible to give such notice.

(ii) Proof of Loss

You or the insured person must furnish us affirmative proof of loss, including:

- a) a certificate from an appropriate medical practitioner or specialist in support of a claim accepted by us;
- b) confirmatory results from medical investigations including but not limited to clinical, radiological, histological and laboratory evidence;
- c) a fully completed claim form supplied by us within 30 days after termination of treatment for the illness or injury for which the claim is being made; and
- d) if the illness requires a surgical procedure to be performed, the procedure must be medically necessary.

We will not be liable in any event until satisfactory proof is furnished to us. Claimant will furnish such information, assistance, documents, medical evidence and reports signed by the registered medical practitioner and in such form and of such nature as we may prescribe at claimant's own expense.

(iii) Claims Admittance

In no case shall we be liable in respect of any claim after the expiry of 365 days from the occurrence of the illness giving rise to it unless the claim has been admitted or is the subject of a pending legal action or arbitration.

(iv) Medical Examination

We shall have the right at our expense to appoint an independent medical examiner to examine the insured person, as appropriate, when and as often as it may reasonably require during the pendency of a claim under the policy. In the event of the death of the insured person, we shall be entitled to have a post mortem examination where it is not forbidden by law and sufficient notice shall, when practicable, be given to us before interment or cremation, stating the time and place of any inquest.

產品限制

我們只會根據醫療必需的原則，為受保人所需支付的費用及／或開支作出賠償。

「醫療必需」是指接受醫療服務的必要性，並依下列條件考量：

- (i) 因應有關診斷及有關狀況的治療所需；
- (ii) 符合良好及謹慎的行業標準；
- (iii) 非純為醫生或任何其他醫療服務供應商之方便；
- (iv) 以最適合的程度有效地為受保人之傷疾作出安全及足夠的治療及以最經濟之設備進行治療受保傷疾。

索償手續

(i) 索償通知

如發生可根據本保單索償之任何事件，您或受保人必須盡快及在確診後30日內向本公司遞交通知書及所有可提供之資料，否則索償無效，除非受保人可證明於當時情況下確實無法發出通知則例外。

(ii) 損失證明

您或受保人必須提供之證明包括：

- a) 由適當的醫生或專科醫生所提供之證明以支持本公司作出賠償；
- b) 確實之醫療調查，包括但不限於臨床上、造影上、病理學上及實驗室證明；
- c) 在損傷或疾病治療完成後30日內，必須提交由本公司提供並已填妥之有關索償表格；及
- d) 如果有關疾病需要進行外科手術，有關手術必須為醫療必需。

本公司在收到滿意證明之前將不須對任何事件負責。申索人將提供由醫生簽發之資料、協助、文件及醫療報告，且由申索人負責任何獲得有關資料之費用。

(iii) 索償時限

除索償已被本公司接納或為有待進行之未審結訴訟或仲裁外，於任何情況下，本公司概不會就任何疾病出現後滿365日方提出之有關索償支付賠償。

(iv) 醫療報告

在適當及合理情況下，本公司將有權以自費形式在索償申請進行期間委派獨立的醫務核驗人員替受保人進行驗身。倘若受保人去世，本公司可在法律容許及充分的通知情況下在火化或埋葬前列明時間及地點要求進行驗屍。

This brochure is only an illustration and does not constitute any part of the insurance contract. For full terms and conditions and exclusions, please refer to the policy document itself which shall prevail in case of inconsistency. Zurich Insurance Company Ltd reserves the right of final approval and decision.

(The English version shall prevail in case of inconsistency between the English and Chinese versions.)

本宣傳資料只供參考之用，並不構成保險合約的一部份，有關此項保障計劃的內容細則及不承保事項將詳列於保單之內，如有任何差異，均以保單內之條款細則為準，蘇黎世保險有限公司保留最終批核及決定權。

(如中文譯本與英文有異，概以英文本為準。)

About Zurich

Being part of Zurich Insurance Group, Zurich Insurance (Hong Kong) offers a full range of flexible general insurance and life insurance products for individuals as well as corporate customers, catering to their insurance, protection and investment needs. Our presence in Hong Kong dates back to 1961. We are one of the top five general insurance providers in Hong Kong*.

Zurich Insurance Group (Zurich) is a leading multi-line insurer that serves its customers in global and local markets. With about 55,000 employees, it provides a wide range of property and casualty, and life insurance products and services in more than 215 countries and territories. Zurich's customers include individuals, small businesses, and mid-sized and large companies, as well as multinational corporations. The Group is headquartered in Zurich, Switzerland, where it was founded in 1872. The holding company, Zurich Insurance Group Ltd (ZURN), is listed on the SIX Swiss Exchange and has a level I American Depositary Receipt (ZURVY) program, which is traded over-the-counter on OTCQX. Further information about Zurich is available at www.zurich.com.

* Source: Insurance Authority, based on gross premiums, 2018.

關於蘇黎世

蘇黎世保險（香港）是蘇黎世保險集團轄下之機構，竭誠為個人、商業及企業客戶提供多方面又靈活的一般保險及人壽保險服務，照顧他們在保險、保障及投資上的需要。集團在香港的業務始於1961年，至今已於本港一般保險市場上成為五大保險公司之一*。

蘇黎世保險集團（蘇黎世）是一家全球領先的多險種保險公司，為全球及本地市場的客戶提供服務。蘇黎世現有僱員約55,000名，為客戶提供各種財產及意外保險和人壽保險產品及服務。公司客戶包括遍及215多個國家和地區的個人、大中小型企業及跨國公司。集團總部設在瑞士蘇黎世，公司成立於1872年。蘇黎世的控股公司蘇黎世保險集團公司（ZURN）在瑞士證券交易所（SIX Swiss Exchange）上市，具有在OTCQX場外交易的一級美國存託憑證計劃（ZURVY）。請瀏覽www.zurich.com了解有關蘇黎世的更多資訊。

* 來源：保險業監管局，按毛保費計算，2018年。

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)

蘇黎世保險有限公司（於瑞士註冊成立之有限公司）

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The trademarks depicted are registered in the name of Zurich Insurance Company Ltd in many jurisdictions worldwide. 在此展示的商標於全球多個司法轄區以蘇黎世保險有限公司的名義註冊。

