

SUPPLEMENTARY BENEFIT DESIGNATED CANCER BENEFIT

This Supplementary Benefit (i.e. Designated Cancer Benefit) forms part of the Policy. Should any provisions of this Supplementary Benefit be inconsistent with any provisions of the Policy, the former shall prevail for the purpose of this Supplementary Benefit. Definitions used in this Supplementary Benefit where defined in the Policy shall have the same meaning as in the Policy except where specifically provided for in this Supplementary Benefit.

1. DEFINITIONS

“Accident” means an unforeseen and unexpected event of violent, accidental, external and visible nature which shall be the sole cause of bodily injury.

“AIDS” means Acquired Immunodeficiency Syndrome and shall have the meaning ascribed to such term by the World Health Organization and is subject to change.

“Cancer” is defined as a malignant tumour, characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The Cancer must be confirmed by histological evidence of malignancy on a pathology report. The term Cancer covers the following organs in this Supplementary Benefit:

- Breast; and
- Lung.

The following Cancers are excluded:

- All tumours which are histologically described as benign, pre-malignant or dysplasia;
- Any lesion described as carcinoma-in-situ;
- All tumours in the presence of HIV infection; or
- All phyllodes tumors of breast (or phylloides tumors of breast), except those which are histologically described as malignant.

“Carcinoma-in-situ” or **“CIS”** is defined as a histologically proven, localized pre-invasion lesion where Cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and/or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:

- Breast, where the tumour is classified as Tis according to the TNM Staging method; and
- Lung.

For the purpose of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

附加保障 指定癌症保障

本附加保障(即指定癌症保障)構成本保單的一部分。如本附加保障的任何條款與保單的任何條款出現分歧，就本附加保障而言，一概以本附加保障的條款為準。本附加保障中使用的定義詞語若已在保單中作出定義，其含意應與保單的定義相同，但本附加保障特別規定者則除外。

1. 定義

「意外」指無法預見和意料之外的暴力、偶發、外在及可見事件，是構成身體受傷的唯一原因。

「後天免疫力缺乏症」指世界衛生組織就「後天免疫力缺乏症」一詞給予的涵義，及可不時更改。

「癌症」是指惡性腫瘤，特徵為惡性細胞失控的生長及擴散，並對人體組織侵蝕和破壞正常組織。癌症必須經過病理報告中關於惡性程度的組織學證據來確定。於本附加保障下，癌症一詞包括以下器官：

- 乳房；及
- 肺。

保障範圍不包括以下種類之癌症：

- 在組織學上描述為良性、癌前病變或細胞病變的所有腫瘤；
- 任何描述為原位癌的病變；
- 與後天免疫力缺乏症病毒感染同時存在的所有腫瘤；或
- 所有乳腺葉狀腫瘤，組織學上被確定為惡性的除外。

「原位癌」是指經病史證實並局限在侵入性前之病變，即癌細胞並無穿透基膜，亦未侵入(即指滲入及／或活躍地破壞)下列任何受保之器官群的環繞組織或氣孔，並以所列的任何類別作準：

- 乳房，而腫瘤級別按TNM分期法被界定為Tis階段；及
- 肺。

就此保單而言，原位癌必須以活組織檢查術確定。

“Congenital Conditions” means any condition, sickness, disease or illness, or disorder existing at the time of birth or as a result of prematurity, as well as neo-natal physical abnormalities developing within six (6) months of birth. They shall include:

1. all major, intermediate or minor congenital malformations presenting at any Insurance Age;
2. all inguinal hernias and all hydroceles (or their complications) presenting from birth to the Insurance Age of fifteen (15);
3. congenital hernias, for example, umbilical, internal intra-abdominal, thoracoabdominal congenital or congenital ventral hernias;
4. undescended testicle; and
5. other conditions not listed here which would be regarded as congenital by prevailing medical opinion.

“Pre-existing Condition” means any condition or illness:

- which existed or was existing;
- where its cause existed or was existing;
- where the Life Insured had knowledge, signs or symptoms of the condition or illness; or
- where any laboratory test or investigation showed the likely presence of the condition or illness,

and may be the cause or triggering condition to Cancer prior to the Issue Date or the effective date of this Supplementary Benefit or the effective date of last reinstatement of the Policy, whichever is the latest.

“Registered Doctor” means a person duly qualified and legally registered as such in the Hong Kong SAR and should a claim occur outside of the Hong Kong SAR shall mean a practitioner of western medicine who is duly registered as such under the laws of that geographical area in which the claim arises, but excluding the Life Insured, Policyholder, Beneficiary, Life Insured's or Policyholder's business partner and employer and employee, or a member of either the Life Insured's or Policyholder's parents, brothers, sisters, spouse and children unless approved by the Company in writing.

2. BENEFIT

While the Policy is still in force, if the Life Insured is diagnosed by a Registered Doctor as suffering from Cancer or Carcinoma-in-situ from the later of (i) 2nd Policy Anniversary, or (ii) 2 years from the effective date of the last reinstatement of the Policy, we will pay the Designated Cancer Benefit to the Policyholder which equals to:

The higher of:

- (i) 103% of Total Premiums Paid for the Basic Plan; or

「先天缺陷」指出生時存在或因早產而導致的任何情況，疾病、病痛、病症或失調，以及出生後六(6)個月內出現的新生嬰兒身體缺陷。這類缺陷包括下列各項：

1. 在任何受保年齡出現的各種嚴重、中度或輕度先天性畸型；
2. 由出生至受保年齡十五(15)歲期間出現的各種股腹溝疝氣及水囊腫(或其併發症)；
3. 先天疝氣、例如臍疝、腹內疝、先天性胸腹疝或先天性腹疝；
4. 睪丸未降；及
5. 主流醫學意見判斷為先天缺陷而未在此列出的其他情況。

「受保前已存在的條件」指任何以下狀況或疾病：

- 以前曾存在或一直存在；
- 致病因素以前存在或一直存在；
- 受保人知曉該狀況、疾病、病徵或病狀；或
- 任何化驗室的測試或調查顯示可能有該狀況或疾病的存在，

而有關情況在簽發日期、本附加保障之生效日前或最後保單復效日前發生(以較後者為準)，已患有任何有可能導致或引發癌症的已存在病症。

「註冊醫生」指具有正式有關資格並在香港特別行政區依法註冊為此身份的人士。若在香港特別行政區以外地方提出索償，所指人士為根據提出索償的地方法律所正式註冊西醫。除本公司書面核准之外，所指人士並不包括受保人、保單持有人、受益人、受保人或保單持有人的商業合伙人及僱主及員工，或受保人或保單持有人的父母、兄弟、姊妹、配偶或子女。

2. 利益

若在本保單生效期間，受保人於(i)第2個保單周年日起、或(ii)最後保單復效日起計之兩年(以較後者為準)，經由註冊醫生診斷證實患上癌症或原位癌，本公司將支付指定癌症保障予保單持有人，指定癌症保障相等於：

以下以較高者為準：

- (i) 基本計劃之已繳總保費103%；或

- (ii) Guaranteed Cash Value,

plus the balance of the aggregate premium with interest accumulated (if any), less Indebtedness (if any).

If the Life Insured is diagnosed by a Registered Doctor as suffering from Cancer or Carcinoma-in-situ in mainland China (excluding the Hong Kong SAR, the Macau SAR and Taiwan), we will only pay Designated Cancer Benefit under this Policy if the Cancer or Carcinoma-in-situ is diagnosed by a Registered Doctor in the hospitals that are formally assessed and rated by the National Health Commission of the People's Republic of China or local governments' health commissions of the People's Republic of China as a "Class III Grade A" hospital or above.

Notwithstanding that a Life Insured may suffer from more than one Cancer or Carcinoma-in-situ, this Supplementary Benefit will only be paid once in respect of the Life Insured under each Policy.

Upon the payment of the Designated Cancer Benefit, this Policy will automatically terminate and the Company's liability under this Policy shall be discharged. In no event shall the Company pay both the Death Benefit and Designated Cancer Benefit at the same time under this Policy.

3. EXCLUSIONS

- a) No benefit is payable under this Policy for any Cancer or Carcinoma-in-situ resulting (directly or indirectly) from, or caused or contributed by (in whole or in part) AIDS or Human Immunodeficiency Virus (HIV).
- b) No benefit is payable under this Policy for any Cancer or Carcinoma-in-situ resulting (directly or indirectly) from, or caused or contributed by (in whole or in part), any of the following:
 - i) any Pre-existing Condition; or
 - ii) intoxication by alcohol or drugs not prescribed by a Registered Doctor; or
- c) No benefit is payable under this Policy for any Cancer or Carcinoma-in-situ resulting (directly or indirectly) from, or caused or contributed by (in whole or in part), any Congenital Conditions or genetic disorder or developmental conditions, which has manifested or was diagnosed before the Life Insured attains eighteen (18) years of Insurance Age.
- d) No benefit is payable under this Policy for any Cancer or Carcinoma-in-situ of which the signs or symptoms first occurred or diagnosed prior to the Issue Date, or within two (2) years of the Issue Date or the effective date of this Supplementary Benefit or the effective date of last reinstatement of the Policy, whichever is the latest, except caused by Accident.
- e) No benefit is payable under this Policy for activities or diseases or illnesses excluded for the benefit shown on the Policy Endorsement (if any) forming part of this Policy.

(ii) 保證現金價值

加上合計保費金額結餘及其積存利息(如有)，並扣除債項(如有)。

如受保人於中國大陸(香港特別行政區、澳門特別行政區及台灣除外)經由註冊醫生診斷證實患上癌症或原位癌，本公司只會在經由中華人民共和國國家衛生健康委員會或地方政府的衛生健康委員會正式評定為三級甲等或以上之醫院下的註冊醫生診斷證實患上癌症或原位癌後，方會支付指定癌症保障。

儘管受保人或會患上超過一種癌症或原位癌，本公司只會就受保人於同一保單下支付本附加保障一次。

當已支付指定癌症保障後，本保單將自動終止，而本公司就本保單的任何責任將獲解除。在任何情況下，本公司將不會就身故保障及指定癌症保障於本保單下同時作出賠償。

3. 不保事項

- a) 在本保單中之任何癌症或原位癌，如因後天免疫力缺乏症或後天免疫力缺乏症病毒(全部或部分)(直接或間接)引起或導致，將不獲保障賠償。
- b) 在本保單中，對於由以下情況(直接或間接)引起或導致的(全部或部分)任何癌症或原位癌，將不獲保障賠償：
 - i) 任何受保前已存在的條件；或
 - ii) 沒有經過註冊醫生處方的酒精或藥物中毒；
- c) 在本保單中的任何癌症或原位癌，如因任何先天缺陷、或遺傳疾病或發育中出現異常情況，而該異常情況在受保人受保年齡滿18歲之前已被診斷或出現，所(直接或間接)引起或導致(全部或部分)，將不獲保障賠償。
- d) 於簽發日期前、或簽發日期／本附加保障生效日／最近一次的保單復效生效日後兩(2)年內(以較後者為準)，有關任何癌症或原位癌首次出現之病徵或病狀或已診斷出的癌症或原位癌，將不獲任何保障賠償(由意外導致者除外)。
- e) 在本保單中，對於任何構成本保單一部份的保單批註(如適用)中規定的不受保活動或疾病，將不獲任何賠償。

4. CLAIMS

- (a) A claim must be made within ninety (90) days from the Cancer or Carcinoma-in-situ was diagnosed on the Life Insured, and whilst this Policy is in force. If the claim is not made within that period, we will not be liable to pay the benefit unless it is shown that it was not reasonably practicable to make such a claim, and that the claim was made as soon as was reasonably practicable.
- (b) Proof of occurrence of the Cancer or Carcinoma-in-situ must be provided by the Life Insured or Policyholder in the form of medical report from the appropriate Registered Doctor as agreed by us and confirmatory result from medical investigations acceptable to us including but not limited to, clinical, radiological, histological, and laboratory evidence. We reserve the right to require the Life Insured to undergo an examination or other reasonable and appropriate tests by a Registered Doctor designated by us from time to time at the costs of the Policyholder or Life Insured to confirm the occurrence of the Cancer or Carcinoma-in-situ.

5. TERMINATION

This Supplementary Benefit will automatically terminate from the earliest of the following dates:

- a) if whenever applicable, when this Policy terminates, expires, lapses, becomes void, is cancelled or is surrendered in accordance with the relevant provisions of this Policy;
- b) the date of death of the Life Insured;
- c) on the Benefit Cessation Date of this Supplementary Benefit as specified in Policy Schedule 1;
- d) upon payout of this Supplementary Benefit.

6. RIGHTS OF THIRD PARTIES

This Supplementary Benefit forms part of the Policy and no person other than you and us will have any rights to enforce the provisions of this Supplementary Benefit.

4. 索償

- a) 受保人必須在被診斷患上癌症或原位癌當日起計九十(90)日內，並在保單有效期內提出索償。除非證明無法合理地在此期間內提出索償，並已在合理的情況下盡早提出索償，否則，逾期索償將不獲受理。
- b) 受保人或保單持有人就有關癌症或原位癌而遞交的診斷證明必須以醫療報告方式並由本公司所同意之有關註冊醫生提供及為本公司可接受之醫學診斷證明，其包括但不限於臨床的、應用放射學的、組織學的及化驗的證明。本公司保留權利要求保單持有人或受保人以自費形式接受由本公司委任的註冊醫生不時為受保人進行檢查或其他合理及有關檢驗以確定癌症或原位癌存在。

5. 保障終止

本附加保障將在下列情況下(以較早者為準)自動終止：

- a) 在適用的情況下，如本保單按照本保單有關條款終止、到期、失效、變成無效、取消或退保；
- b) 受保人之身故當日；
- c) 於保單附表1列明本附加保障的保障終止日；
- d) 當已支付本附加保障賠償。

6. 第三者權益

本附加保障構成本保單的一部分。除閣下及本公司以外，並無其他人士有權強制執行本附加保障的條款。