



友邦香港
企業業務部
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AIA Hong Kong
Corporate Solutions Department
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<<Application Date>>

«Name_of_Member»

C/O AIA

«Name_of_Agent»

(«Agent_district»)

HK

Member Certificate of Insurance Acknowledgement Letter 成員受保證書收訖確認回條

<<Group Name>>

Policy No. 保單編號:

Certificate No. 證書編號:

Insured Person 受保人:

Financial Planner 財務策劃顧問:

Dear Customer,

Thanks for choosing AIA as your financial partner.

Enclosed please find the member certificate of insurance, please keep it in a safe place.

Please sign below to confirm the receipt of the certificate of insurance, then send to the above financial planner or mail to Corporate Solutions Department, 12/F AIA Financial Centre, 712 Prince Edward Road East, Kowloon, for record keeping.

親愛的客戶：

感謝您選擇友邦作為您的財務策劃夥伴。

現附上成員受保證書乙份，敬請妥善保管。

請在以下空白位置簽署確認收訖受保證書，然後交回上述財務策劃顧問或寄回香港九龍太子道東 712 號友邦九龍金融中心 12 樓企業業務部，以作紀錄。

多謝。

I hereby confirm that I have received the member certificate of insurance. 本人確認已收到成員受保證書。

Date (Month/Day/Year) 日期 (月/日/年)

Signature of member 成員簽署



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Member Certificate of Insurance (“Certificate”) 成員受保證書

<<Group Name>>

Policy No. 保單編號:

Policyholder 投保單位:

Certificate No. 證書編號:

Insured Person 受保人:

Coverage Effective Date 保障生效日:

Coverage End Date 保障終止日:

Financial Planner 財務策劃顧問:

Benefits

Sum Assured per Insured Person / Maximum Benefit

保障

每受保成員之保額 / 最高保障

- | | |
|--|---------------------------------|
| 1) Accidental Death and Disablement 意外身故及傷殘賠償保障 | HK\$50,000 |
| 2) Accidental Medical Expense Reimbursement 意外醫療開支賠償 | HK\$1,000 |
| 3) Critical Illness 危疾保障 | HK\$50,000 |
| 4) Hospital Income 住院現金保障 | HK\$«HI_coverage_benefit_limit» |

Dorothy Cho
曹雅雯

Registrar
註冊主任
Corporate Solutions Department
友邦企業業務部



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POLICY SUMMARY

A – Definitions

1. “**Accident**” means an unexpected, unintentional and involuntary event that occurs to an Insured Person while his coverage under the Policy is in force.
2. “**Certificate**” means this Member Certificate of Insurance.
3. “**Chinese Medicine Practitioner**” means a practitioner of traditional Chinese medicine who:
 - i) in respect of a practitioner practicing in Hong Kong, is registered with the Chinese Medicine Council of Hong Kong pursuant to the Chinese Medicine Ordinance; or
 - ii) in respect of a practitioner practicing outside Hong Kong, is duly registered with the relevant authority in the geographical area of his practice.
4. “**Company**” means AIA International Limited.
5. “**Confinement**” or “**Confined**” means admission of the Insured Person to a Hospital as an Inpatient upon the recommendation of a Physician for a Continuous Physical Stay for Medically Necessary treatment. An admission to Hospital will not be, or will cease to be, regarded by the Company as a Confinement where the ensuing stay on Hospital premises is not a Continuous Physical Stay.
6. “**Continuous Physical Stay**” or “**Stay**” means the continuous physical presence of the Insured Person on the premises of the Hospital, without any physical absence or interruption throughout the period commencing from the Insured Person’s admission to the Hospital until his full and formal Discharge.
7. “**Critical Illness**” means the illnesses stated in the Schedule of Critical Illness under Section D (Critical Illness) of this Certificate.
8. “**Disability**” means:
 - i) any and all Sicknesses or Injuries arising from the same (or a related) cause, including any and all complications therefrom, provided that any Confinement for or treatment of such Sicknesses or Injuries are separated by less than ninety (90) days; or
 - ii) any and all Sicknesses or Injuries arising concurrently from different causes in the course of the same Confinement.
9. “**Discharge**” means the departure of the Insured Person from a Hospital following settlement of outstanding charges with no room or bed retained for the Insured Person at the Hospital.
10. “**Experimental, Investigational or Unproven Services**” means medical, surgical, diagnostic, or other health care service technologies, supplies, treatments, procedures, drug therapies or devices that, at the time the Company makes a determination regarding coverage in a particular place, is determined to be:
 - i) not identified, appropriate, and approved to be lawfully marketed for the proposed use;
 - ii) subject to review and approval by any institutional review board for the proposed use;
 - iii) the subject of an ongoing clinical trial that meets the definition of a clinical trial; or
 - iv) not demonstrated through prevailing peer reviewed medical literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed.
11. “**Foetus**” means an unborn human being after 28th weeks of gestation.
12. “**Hospital**” means an institution licensed as a hospital and operated pursuant to law for the care and treatment of sick and injured persons as registered bed patients, with facilities for diagnosis and major surgery, which is under the supervision of one or more Physicians, and which has 24-hour a day professional nursing service. “Hospital” does not include any institution or that portion of any institution which is operated as a convalescent or nursing home, rest home, home for the aged, a place for alcoholics or drug addicts, or for any similar purpose.
13. “**Inpatient**” means the Confinement of an Insured Person for a Sickness or Injury as a registered resident bed patient in a Hospital where the Insured Person uses and is charged for room and board facilities of the Hospital.
14. “**Injury**” means any abnormal bodily condition caused solely by Accident and independent of any other causes and not therefore due to disease or illness.
15. “**Loss of Fingers or Toes**” means complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.
16. “**Loss of Hearing**” means the entire and irrecoverable loss of hearing.
17. “**Loss of Limb**” means loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle.
18. “**Loss of Sight**” means the entire and irrecoverable loss of sight.
19. “**Loss of Speech**” means the disability in articulating any three (3) of the four (4) sounds which contribute to the speech such as the Labial sounds, the Alveolobial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.
20. “**Loss of Use**” means total and permanent functional disablement and is treated like the total loss of the said limb or organ.
21. “**Medically Necessary**” means a medical service, procedure or supply, when in the Company’s opinion:
 - i) is consistent with generally accepted professional standards of medical practice;
 - ii) is required to establish a diagnosis and to provide treatment; and
 - iii) cannot be safely delivered in a lower level of medical care, but excludes experimental, screening and preventive services or supplies.
22. “**Outpatient**” means an Insured Person who receives services and supplies in connection with treatment for a Sickness or Injury given in the office/clinic of a Physician or Specialist Physician, or in the outpatient department or emergency treatment room of a Hospital.
23. “**Permanent**” means a state of physical incapacity or disability that lasts for twelve (12) calendar months and at the expiry of that period is certified by a Physician or Surgeon that no improvement to the condition is possible.
24. “**Physician**” or “**Surgeon**” means a person qualified by degree in western medicine and legally authorised in the geographical area of his practice to render medical or surgical services, who is not the Insured Person himself, nor the spouse or lineal relative of the Insured Person.
25. “**Policyholder**” means the person shown in the Certificate attached hereto.
26. “**Pre-Existing Condition**” means any Injury, Sickness or condition and/or directly related conditions for which the Insured Person showed symptoms or has received medical consultation, diagnosis, treatment or advice or took prescribed drugs or medicine preceding the Coverage Effective Date.
27. “**Reasonable and Customary**” means any fee, charge or expense which:
 - i) is charged for treatment, supplies (inclusive of medication) or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an injured or ill person under the care, supervision or order of a Physician; and
 - ii) is within the usual level of charges for similar treatment, supplies (inclusive of medication) or medical services in the locality where the expense is incurred, for treatment, supplies (inclusive of medication) or medical services provided during a covered Confinement.
28. “**Sickness**” means a physical condition marked by a pathological deviation from the normal healthy state.
29. “**Specialist Physician**” means a Physician who holds a consultant appointment or appointment of equivalent senior status in a Hospital and who possesses specialist qualifications for and experience in the service rendered.

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B – Accidental Death and Disablement

If, while his insurance under the Policy is in effect, an Insured Person sustains an Injury which results in any of the following losses, upon receipt of due proof of the same, the Company shall pay an Accidental Death and Disablement Benefit based on the percentage of the Sum Assured shown in the Schedule of Indemnities below, which shall be applied to the Sum Assured as shown in the Certificate:

SCHEDULE OF INDEMNITIES

	<u>Percentage of the Sum Assured</u>
1. Loss of life	100%
2. Permanent Total Loss of Sight of both eyes	100%
3. Permanent Total Loss of Sight of one eye	100%
4. Loss of or the Permanent Total Loss of Use of two limbs	100%
5. Loss of or the Permanent Total Loss of Use of one limb	100%
6. Loss of Speech and Hearing	100%
7. Permanent and incurable insanity	100%
8. Permanent and incurable paralysis of all limbs	100%
9. Permanent Total Loss of Hearing in	
(a) both ears	75%
(b) one ear	25%
10. Loss of Speech	50%
11. Permanent total loss of the lens of one eye	50%
12. Loss of or the Permanent Total Loss of Use of four fingers and thumb of	
(a) right hand	70%
(b) left hand	50%
13. Loss of or the Permanent Total Loss of Use of four fingers of	
(a) right hand	40%
(b) left hand	30%
14. Loss of or the Permanent Total Loss of Use of one thumb	
(a) both right phalanges	30%
(b) one right phalanx	15%
(c) both left phalanges	20%
(d) one left phalanx	10%
15. Loss of or the Permanent Total Loss of Use of fingers	
(a) three right phalanges	10%
(b) two right phalanges	7.5%
(c) one right phalanx	5%
(d) three left phalanges	7.5%
(e) two left phalanges	5%
(f) one left phalanx	2%
16. Loss of or the Permanent Total Loss of Use of toes	
(a) all - both feet	15%
(b) great - both phalanges	5%
(c) great - one phalanx	3%
(d) other than great, each toe	1%
17. Fractured leg or patella with established non-union	10%
18. Shortening of leg by at least 5 cm	7.5%
19. Third Degree Burns (full thickness skin destruction) covering 25% or more of total body surface area	100%

NOTE: - Where the Insured Person is left-handed, the percentages for the various disabilities of right hand and left hand listed above will be transposed.

Payment shall be made only for a loss described in the Schedule of Indemnities which is sustained following the Coverage Effective Date, without regard to any Pre-existing Condition.

C – Accidental Medical Expenses Reimbursement

When, by reason of Injury, an Insured Person shall require treatment by a Physician or registered bonesetter, Confinement or the employment of a registered nurse, the Company shall pay the actual expenses incurred within six (6) months from the date of Accident for such treatment, provided that such actual expenses shall in no event exceed the maximum amount payable stated in the Certificate. And provided further that in the event of an Insured Person becoming entitled to a reimbursement of all or part of such expenses from any other source, the Company shall only be liable for the excess of the amount recoverable from such other source.

D – Critical Illness

While the Policy is in force and an Insured Person is insured hereunder, upon diagnosis of the Insured Person of any Critical Illness or surgery undergone by an Insured Person in relation to any Critical Illness, and upon receipt of due proof of the aforesaid and subject to the provisions herein, the Company shall pay 100% of the Sum Assured in one lump sum in accordance with the provisions on payment of benefits in the Policy. The Company's liability to each Insured Person in respect of the Critical Illness Benefit is limited to one-time payment and shall cease upon payment thereof.

Schedule of Critical Illness

			<u>Maximum Benefit</u>
I. Major Illnesses			
Group 1 Cancer	1. Cancer		100% of sum assured
Group 2 Illnesses related to the Heart	2. Cardiomyopathy 3. Coronary Artery Surgery 4. Heart Attack 5. Heart Valve Replacement and Repair	6. Infective Endocarditis 7. Other Serious Coronary Artery Disease 8. Pulmonary Arterial Hypertension (Primary) 9. Surgery to the Aorta	100% of sum assured
Group 3 Illnesses related to the Nervous System	10. Alzheimer's Disease / Irreversible Organic	18. Motor Neurone Disease 19. Multiple Sclerosis	100% of sum assured

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	Degenerative Brain Disorders 11. Apallic Syndrome 12. Bacterial Meningitis 13. Benign Brain Tumour 14. Coma 15. Encephalitis 16. Hemiplegia 17. Major Head Trauma	20. Muscular Dystrophy 21. Paralysis 22. Parkinson's Disease 23. Poliomyelitis 24. Progressive Supranuclear Palsy 25. Severe Myasthenia Gravis 26. Stroke	
Group 4 Illnesses related to Major Organs and Functions	27. Acute Necrohemorrhagic Pancreatitis 28. Aplastic Anaemia 29. Chronic Liver Disease 30. End-stage Lung Disease 31. Fulminant Viral Hepatitis	32. Kidney Failure 33. Major Organ Transplant 34. Medullary Cystic Disease 35. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis 36. Systemic Scleroderma	100% of sum assured
Group 5 Other Major Illnesses	37. AIDS due to Blood Transfusion 38. Blindness 39. Chronic Adrenal Insufficiency (Addison's Disease) 40. Creutzfeld-Jacob Disease 41. Ebola 42. Elephantiasis 43. Loss of Hearing 44. Loss of One Limb and One Eye 45. Loss of Speech	46. Loss of Two Limbs 47. Major Burns 48. Necrotising Fasciitis 49. Occupationally Acquired HIV (HIV) 50. Pheochromocytoma 51. Severe Rheumatoid Arthritis 52. Loss of Independent Existence 53. Terminal	100% of sum assured
Group 6 Minor Illnesses	54. Angioplasty and Other Invasive Treatments for Coronary Artery Disease 55. Cerebral Aneurysm Requiring Surgery 56. Early Thyroid Cancer		100% of sum assured

E – Hospital Income

If, upon recommendation of a Physician, any Insured Person is necessarily Confined in Hospital for a Sickness or Injury while his insurance is in force under the Policy, the Company shall pay the Hospital Income for each day of the Insured Person's Confinement subject to the benefit amount per day and maximum number of days shown in the Certificate.

F – Death of Foetus Benefits

Immediately upon due proof of the death of Foetus of any Insured Person in a form satisfactory to the Company, the Company shall pay 100% of the Sum Assured to the Insured Person and the Company's liability shall cease upon one lump-sum payment is made to the Insured Person.

G – Out-patient Benefit due to hand-foot-mouth disease

If an Insured Person shall, as a result of hand-foot-mouth disease, incur Medically Necessary expenses for consultation and medication provided by a Physician, the Company shall reimburse the Reasonable and Customary costs up to the Maximum Benefit stated in the Certificate subject to one (1) visit per day and the overall maximum number of visits per Policy.

H – Requirement for Referral

Referral is required for the health services indicated below.

Referrals have the following duration and applicability:

Covered Benefit	Validity Duration	Impact On Benefit if There is No Referral
Specialist Physician's services	180 days for all treatments from the same Specialist Physician related to the same Disability, or if each treatment is not separated by more than 180 days.	General Physician's Consultation benefit applies only
Physiotherapy / Chiropractic Treatment	180 days for all treatments from the same registered physiotherapist / chiropractor, physiotherapy / chiropractic clinic related to the same Disability, or if each treatment is not separated by more than 180 days.	Not Covered
Basic Diagnostic Testing and Laboratory Test	Referral is valid for one time within 180 days from the date of issue of such referral.	Not Covered

I – Risks Excluded for Accidental Death and Disablement

The Accidental Death and Disablement Benefit shall not cover any loss caused directly or indirectly, wholly or partly, by any one of the following occurrences:

1. suicide, self-inflicted injuries or any attempt thereat, while sane or insane;
2. war, declared or undeclared, revolution or any warlike operations;
3. riot and civil commotion, strikes or terrorist activities ;
4. violation or attempted violation of the law or resistance to arrest;
5. entering, operating or servicing, riding in or on, ascending or descending from or with any aerial device, or conveyance except while the Insured Person is a fare-paying passenger in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route; or
6. racing on horse or wheels.

J – Risks Excluded for Accidental Medical Expense Reimbursement

Accidental Medical Expense Reimbursement Benefit shall not cover losses or expenses resulting from or relating to the following cases:

1. Pre-existing Conditions;
2. any kind of disease or illness;
3. any treatment or investigation which is not Medically Necessary or in accordance with generally accepted professional standards of medical practice;
4. war, declared or undeclared, invasion, civil war, revolution, or any warlike operation;
5. violation or attempted violation of the law or resistance to arrest;
6. the Insured Person engaging in or taking part in naval, military or air force service or operations;

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7. any fees and medical services which are not Reasonable and Customary;
8. treatment for dental care or surgery, unless needed as a result of Injury to sound natural teeth;
9. cosmetic or plastic surgery, or any elective surgery or congenital anomalies, apart from reconstructive surgery required by an Accident;
10. childbirth, miscarriage, pregnancy or any resulting complications;
11. mental, nervous or sleep disorders, alcoholism, drug abuse, or any other resulting complications, or accidents caused by and whilst under the influence of drugs or alcohol;
12. entering, exiting, operating, servicing, or being transported by any aerial device except when the Insured Person is on any properly licensed private and/or commercial passenger aircraft;
13. the Insured Person engaging in a sport as a professional;
14. suicide, attempted suicide or self-inflicted injury;
15. assault, murder, riot, civil commotion or strikes, or making an arrest while the Insured Person is employed as a police officer or cadet officer or member of the Correctional Services Department; or
16. assault, murder, riot, civil commotion or strikes while the Insured Person is employed as a fireman or is on duty as a fireman in the course of extinguishing fires or protecting life and property in case of fire.

K – Risks Excluded for Critical Illness

Critical Illness benefit shall not cover any loss caused directly or indirectly, wholly or partly, by any one of the following occurrences:

1. Any Critical Illness or performance of any covered surgery, or death caused by any illness which, as it can be established, was diagnosed prior to the Coverage Effective Date, or within 60 days following such date;
2. The diagnosis of Fulminant Viral Hepatitis or Cancer of the Insured Person where in the opinion of the Company, such Critical Illness was directly or indirectly due to AIDS or HIV Infection;
3. Suicide or self-destruction or intentional self-inflicted Injuries or any attempt thereof while sane or insane; or
4. Coronary artery surgery and/or other serious coronary artery disease and/or angioplasty and other invasive treatment for coronary artery disease if the Insured Person had a diagnosis of "heart attack" prior to the Coverage Effective Date.

L – Risks Excluded for Hospital Income

No Hospital Income benefit shall be paid for the following services, products or conditions:

1. Pre-existing Condition during the twelve (12) months preceding the Coverage Effective Date;
2. Investigation and treatment of psychological, emotional, mental or behavioural conditions; alcoholism or drug addiction; rest cure or sanatoria care; treatment of an optional nature; intentionally self-inflicted Injuries while sane or insane;
3. Injuries arising directly or indirectly from war, declared or undeclared;
4. General physical or medical check-up or tests not incidental to treatment or diagnosis of an actual Sickness or Injury or any treatment which is not Medically Necessary; immunisation, vaccination or inoculation;
5. Procurement or use of special braces, any appliances, any equipment or prosthetic devices, any implants, contact lenses, eye glasses, hearing aids or the fitting of the same;
6. Any dental; or eye examination/treatment, surgical procedure for correction of eye refraction, cosmetic procedures or plastic surgery except to the extent that such surgery is Medically Necessary for the repair of damage caused solely by Injury covered under the Policy;
7. Any investigation, treatment or surgical operation for congenital disorder that gives rise to signs or symptoms, or is diagnosed, before the Insured Person attains seventeen (17) years of age;
8. Birth control measures, investigation or treatment pertaining to infertility, genetic testing or counselling, treatment occasioned by or resulting from pregnancy, childbirth or abortion;
9. Non-Medically Necessary health services inclusive of treatment, investigation, supplies and admission;
10. Experimental, Investigational or Unproven Services except when authorised by the Company;
11. Services and supplies for smoking cessation programmes and the treatment of nicotine addiction;
12. Services rendered by a Physician, Surgeon or Chinese Medicine Practitioner (whether legally registered or not) with the same legal residence as the Insured Person or who is a member of the Insured Person's family, limited to his spouse, brother, sister, parent or child; or services delivered by an agent of the Company;
13. Other education services such as speech improvement, diabetic classes and nutritional services, or group support services;
14. Any fees and medical services which are not Reasonable and Customary; or
15. Any treatment or investigation which is not Medically Necessary or consistent in accordance with generally accepted professional standards of medical practice.

M – Risks Excluded for Death of Foetus

Death of Foetus Benefits shall not cover any loss caused directly or indirectly, wholly or partly, by any one of the following occurrences:

1. Suicide or self-destruction or intentional self-inflicted Injuries or any attempt thereof while sane or insane; or
2. Abortion except recommended by a Physician.

N – Risks Excluded for Out-patient Benefit due to hand-foot-mouth disease

No Out-patient Benefit due to hand-foot-mouth disease shall be paid for the following services, products or conditions:

1. Any fees and medical services which are not Reasonable and Customary; or
2. Any treatment or investigation which is not Medically Necessary or consistent in accordance with generally accepted professional standards of medical practice.

O – Filing Proof of Loss

Proof of Loss must be furnished to the Company at its Hong Kong Office within ninety (90) days after the date of such loss. Proof of the relationship between the Insured Person and Policyholder and the original copy of the Certificate have to be provided when filing the Proof of Loss.

P – Payment of Benefits

Payment of all benefits of the Policy shall be made to the order of the Insured Person, if living. In the case of death of the Insured Person, all such benefits shall be paid to his designated beneficiary or beneficiaries (if any), where there be no designated beneficiary(ies), the Company shall pay such benefits to the estate of the Insured Person.

Q – Beneficiaries

Each Insured Person may designate in writing a beneficiary or beneficiaries to whom the benefits under the Policy shall be payable in the event of death of the Insured Person and such designation shall be filed with the Company.

R – Termination

The insurance of any Insured Person shall automatically cease on the earliest of the following dates: -

1. The date on which the Policy is terminated;

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2. The date on which the Insured Person enters full-time military, naval or air service;
3. The date following the Coverage End Date;
4. The date of death of the Insured Person;
5. The date communicated to the Policyholder by the Company as the date the Policy ceases on account of war, or an act of war, such date being determined at the discretion of the Company;
6. The date on which the Insured Person no longer resides in Hong Kong; or.
7. The date on which the Insured Person ceases to be a member of the Policyholder.

Note: The Company reserves the right to terminate the insurance under the Policy by providing thirty-one (31) days prior written notice to the Insured Person.

This Certificate is for reference only and not a contract binding on the Company. The above benefit provisions summary is subject to all the provisions, exceptions and limitations of the Policy. For actual terms and conditions, please refer to the Policy.

SAMPLE



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保單摘要

(一) 詞彙定義

30. 「**意外**」指受保人在保單為其提供保障的有效期內發生無法預計、非故意且非自願的事故。
31. 「**證書**」指本成員受保證書。
32. 「**中醫**」指執業中醫師，而且：
 - i) 在香港執業的，須根據《中醫藥條例》經香港中醫藥管理委員會註冊；或
 - ii) 在香港以外的地方執業的，須經在其執業所在地的有關部門妥為註冊。
33. 「**本公司**」指友邦保險（國際）有限公司。
34. 「**住院**」或「**送院**」指受保人按照西醫的建議以住院病人身份入住醫院並連續逗留以接受醫療所需的治療。凡未能在醫院處所內持續逗留，是次住院將不會或不再被本公司視為連續逗留。
35. 「**連續逗留**」或「**逗留**」指受保人在送院至正式出院期間持續親身逗留在醫院處所內而沒有離開或受阻隔。
36. 「**危疾**」指本證書第四項（危疾）危疾一覽表指出的疾病。
37. 「**病症**」指：
 - a. 因相同或相關的病因而引起的任何及所有疾病或受傷以及其任何及所有併發症，前提是該疾病或受傷所需的住院或治療相距少於九十（90）日；或
 - b. 在同一次住院期間因不相同的病因而同時引起的任何及所有疾病或受傷。
38. 「**出院**」指受保人在繳付所需費用而醫院沒有為受保人保留病房或床位下離開醫院。
39. 「**實驗性、審查性或未經証實有效的醫療服務**」指在本公司決定受保人所接受的醫療、手術、診斷或其他康護服務、技術、供應、治療、程序、藥物治療或儀器是否在保障範圍時，此等服務或供應是屬於以下的任何情況：
 - i) 未被鑒定、不適宜、及未被批准為可合法銷售；
 - ii) 仍待有關部門的審核和批准；
 - iii) 仍在醫療試用的階段；或
 - iv) 該項診斷或疾病治療仍未被醫學文獻證明有效及安全。
40. 「**胎兒**」是指已經懷於母體 28 週但尚未出生的人類。
41. 「**醫院**」指持有醫院牌照的機構，並按照法律規定為登記成為床位病人的傷病人士提供護理和治療，具備用作診斷和實施主要手術的設施且受一名或多名西醫監督，而且提供一日 24 小時專業護理服務。「醫院」並不包括任何全部或部分用作康復中心或療養院、護老院、戒酒或戒毒中心、或類似用途的機構。
42. 「**住院病人**」指因疾病或受傷而在醫院登記使用病床住院的受保人，而醫院為此向該受保人收取住院病房設施的費用。
43. 「**受傷**」指僅因意外而非任何其他因素導致任何不正常的身體狀況，也與疾病或病患無關。
44. 「**失去手指或腳趾**」指完全切斷掌指骨關節或趾骨關節。
45. 「**喪失聽覺**」指完全喪失聽覺且無法復原。
46. 「**斷肢**」指物理上切斷手腕或以上的手部；或足踝或以上的腳步。
47. 「**喪失視力**」指完全喪失視力且無法復原。
48. 「**喪失語言能力**」指無法清晰地發出語言表達所需的四（4）種發音之中的任何三（3）種，包括：唇音、齒齶音、顎音和軟顎音，或完全失去聲帶，或腦部語言區受損導致失語症。
49. 「**喪失身體功能**」指完全且永久失去身體功能，如同完全損失上述肢體或器官。
50. 「**醫療所需**」是指根據本公司意見，符合以下條件的醫療服務、程序或物品：
 - i) 與一般認可接受之專業醫療慣例一致；
 - ii) 為診斷及治療所需；及
 - iii) 不可以在較低醫療護理水平的情況下安全妥善地提供予受保人，但不包括實驗性、普查及屬預防性質的服務或物品。
51. 「**門診病人**」指在西醫或專科醫生的辦事處或診所或在醫院的門診部或急症室接受與治療疾病或受傷有關的服務或用品的受保人。
52. 「**永久**」指持續最少十二（12）個曆月無法行動且在這個時期過後經西醫或外科醫生證實情況沒有好轉的可能。
53. 「**西醫**」或「**外科醫生**」指持有西醫學位且獲其執業所在地的政府合法授權提供醫療或外科服務的人士，這不包括受保人自己，或受保人的配偶或直系親屬。
54. 「**投保單位**」指隨附的**成員受保證書**所述之人士。
55. 「**早已存在的病情**」指受保人在保障生效日前已出現病徵或已接受醫學諮詢、診斷、治療或建議或服用處方藥物的任何疾病、受傷或狀況和/或直接相關的狀況。
56. 「**合理及慣常**」是指符合以下各項要求之費用、收費或開支：
 - i) 為醫療所需的治療、醫療物品（包括藥物）或醫療服務所收取的費用及根據良好的醫學慣例之標準由註冊西醫的護理、看顧或指示下給予傷者或病人的護理；及
 - ii) 在受保的住院期間所收取的費用符合當地提供類似治療、醫療物品（包括藥物）或醫療服務的一般收費水平。
57. 「**疾病**」指在病理學上被認為已偏離正常健康的身體狀況。
58. 「**專科醫生**」指在醫院擔任顧問或相同等級的職位，且具備其執業所需的專科資格和經驗的西醫。



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(二) 意外死亡及傷殘賠償保障

倘若受保人於保單生效期間受傷而蒙受以下賠償表中之任何一種意外傷亡及損傷，本公司於收到有關之傷亡證明後，將根據以下賠償表所述的保額百分比及本證書所列之保額支付賠償。

賠償表

	保額百分比
1. 喪失生命	100%
2. 永久完全喪失雙眼視力	100%
3. 永久完全喪失一眼視力	100%
4. 喪失兩肢或永久完全喪失其功能	100%
5. 喪失一肢或永久完全喪失其功能	100%
6. 喪失說話能力及失聰	100%
7. 永久及不能痊癒的精神失常	100%
8. 永久四肢癱瘓	100%
9. 永久完全失聰	
(a) 雙耳	75%
(b) 一耳	25%
10. 喪失說話能力	50%
11. 永久完全喪失一眼球之晶狀體	50%
12. 喪失任何一手四指及拇指或永久完全喪失其功能	
(a) 右手	70%
(b) 左手	50%
13. 喪失任何一手四指或永久完全喪失其功能	
(a) 右手	40%
(b) 左手	30%
14. 喪失任何一手拇指或永久完全喪失其功能	
(a) 右手兩節	30%
(b) 一節指骨	15%
(c) 左手兩節	20%
(d) 一節指骨	10%
15. 喪失任何一手手指或永久完全喪失其功能	
(a) 右手三節指骨	10%
(b) 右手兩節指骨	7.5%
(c) 右手一節指骨	5%
(d) 左手三節指骨	7.5%
(e) 左手兩節指骨	5%
(f) 左手一節指骨	2%
16. 喪失任何一腳腳趾或永久完全喪失其功能	
(a) 兩腳所有腳趾	15%
(b) 拇趾兩節趾骨	5%
(c) 拇趾一節趾骨	3%
(d) 拇趾以外每隻腳趾	1%
17. 腿骨或膝蓋骨折裂而不能復原	10%
18. 任何一腿畸短五厘米或以上	7.5%
19. 三級燒傷（全層皮膚受破壞）	
燒傷部分佔全身皮膚面積 25%或以上	100%

注意：倘受保人習慣使用左手，本公司會以上表右手、左手互換其百分比，以計算賠償金額。

僅為保障生效日後於賠償表中所述的損失支付賠償，不會考慮任何早已存在的病情。

(三) 意外醫療開支賠償

倘受保人因受傷，須由西醫或註冊跌打醫師診治、住院或僱用註冊護士，本公司將支付在意外當日起計六（6）個月內產生的實際費用。惟受制於任何情況下，本保障項下的應賠償總金額不得超過本證書中規定的最高賠償金額；及如果受保人從任何其他地方獲得此項全部或部分賠償，公司僅承擔餘額賠償。

(四) 危疾

在保單有效及受保人在保單下受保期間，受保人經診斷患有危疾或受保人接受與危疾相關之手術，本公司收到相關之適當證明並根據保單之限制，本公司須按保單關於支付惠益之條款，一筆過支付保額。本公司就危疾一筆過付款對每位受保人之責任限於一次付款及於作出此付款時終止。

危疾一覽表

		最高限額
I. 嚴重疾病		
第 1 類 癌症	1. 癌	100% 保額
第 2 類 與心臟相關之疾病	2. 心臟病 3. 冠狀動脈手術 4. 心臟病 5. 心臟置換及修補	6. 傳染性心內膜炎 7. 其他嚴重的冠狀動脈疾病 8. 肺動脈高血壓（原發性） 9. 主動脈手術
		100% 保額

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第3類 與神經系統相關之疾病	10 亞爾茲海默氏病／不可還原之器質性腦退化疾病 11 植物人 12 細菌性腦（脊）膜炎 13 良性腦腫瘤 14 昏迷 15 腦炎 16 偏癱 17 嚴重頭部創傷 18 運動神經原疾病	19 多發性硬化症 20 肌營養不良症 21 癱瘓 22 柏金森症 23 脊髓灰質炎 24 進行性核上神經麻痺症 25 嚴重重症肌無力 26 中風	100% 保額
第4類 與主要器官相關之疾病	27 急性壞死及出血性胰腺炎 28 再生障礙性貧血 29 慢性肝病 30 末期肺病 31 暴發性病毒性肝炎	32 腎衰竭 33 主要器官移植 34 腎髓質囊腫病 35 系統性紅斑狼瘡連狼瘡性腎炎 36 系統性硬皮病	100% 保額
第5類 其他嚴重疾病	37 因輸血而感染愛滋病 38 失明 39 慢性腎上腺功能不全（即阿狄森氏病） 40 庫賈氏病 41 伊波拉 42 象皮病 43 失聰 44 失去一肢及一眼 45 喪失語言能力	46 失去兩肢 47 嚴重燒傷 48 壞死性筋膜炎（俗稱食肉菌感染） 49 因職業感染人體免疫力缺乏病毒（HIV） 50 嗜鉻細胞瘤 51 嚴重類風濕性關節炎 52 不能獨立生活 53 末期疾病	100% 保額
第6類 非嚴重疾病	54 血管成形術及其他冠狀動脈疾病之創傷性療法 55 須作手術之腦動脈瘤 56 早期甲狀腺癌		100% 保額

(五) 住院現金保障

倘受保人由西醫推薦而在保單有效期間因疾病或受傷住院，本公司應根據受保人住院的每日住院現金保障支付，但不多於本證書所訂定之每日賠償保額和最多日數。

(六) 胎兒流產賠償

本公司於收到受保人的流產證明並經本公司同意後，將賠償100%的保額予受保人。本公司就此保障之責任於作出此付款時終止。

(七) 由手足口病而導致之門診保障

倘受保人在保單有效期間因手足口病而蒙受由西醫診治及藥物的醫療所需費用，本公司將支付診治所產生的合理及慣常費用，但不超過本證書所列明之每次最高賠償額和最多賠償次數，賠償為最多每日一次。

(八) 轉薦規定

以下醫療服務需要轉薦信。

轉薦書的有效期及其適用之情況如下：

保障福利	有效期	無轉薦書對保障的影響
專科醫生服務	始於同一病症及由同一專科醫生提供的所有診治均於 180 日內有效，或如每次診治相隔不超過 180 日。	普通科醫生諮詢保障將適用
物理治療 / 脊醫治療	始於同一病症及由同一註冊物理治療師 / 脊醫、物理治療中心 / 脊醫中心提供的所有治療均於 180 日內有效，或如每次診治相隔不超過 180 日。	不受保障
基本診斷影像及化驗	轉薦書自其發出之日起 180 日內有效一次。	不受保障

(九) 意外身故及傷殘賠償保障之不保事項

保單將不承保任何直接或間接、全部或部份由下列原因造成之損害或傷殘：

1. 不論神智清醒與否，任何自殺或企圖自殺引致之傷害；
2. 宣戰或不宣戰之戰爭、革命或任何軍事行動；
3. 參與暴動及民事騷亂、罷工或恐怖主義活動；
4. 抵觸或企圖抵觸法律的行為或拒捕；
5. 除受保人身處由商業航空公司在規定的航線中行駛的客機內為乘客外，凡出入、身處、駕駛、服務或上落於任何航空裝置或空中運輸工具；或
6. 參與賽馬或賽車。

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(十) 意外醫療開支賠償之不保事項

意外醫療開支賠償不保障任何由以下原因導致之損失或開支：

1. 已存在的情況；
2. 任何種類的疾病；
3. 任何非醫療所需或不符合良好的醫療慣例及標準的治療或檢驗；
4. 宣戰或不宜戰之戰爭、侵略、內戰、革命或任何軍事行動；
5. 抵觸或企圖抵觸法律的行為或拒捕；
6. 受保人從事或參與海軍、陸軍或空軍服務或行動；
7. 任何非合理及非合乎慣例之費用及醫療服務；
8. 牙齒護理的治療或手術，惟因意外導致健全自然的牙齒受傷而需接受的治療則除外；
9. 美容或整形手術或任何非必要的手術或先天性傷病，惟因意外而需進行的重整形手術除外；
10. 分娩、流產、懷孕或其併發症；
11. 精神病、精神分裂、神經紊亂、睡眠失調、酗酒或濫用藥物，或任何其併發症，或因受藥物或酒精影響而導致的意外；
12. 出入、身處、駕駛、服務或上落於任何航空裝置或空中運輸工具，除受保人身處領有合格牌照之飛機及／或商業航空公司載客航線的飛機以外；
13. 受保人以專業運動員身份參與運動；
14. 自殺、企圖自殺或自致之受傷；
15. 被襲擊、被謀殺、暴亂、民事騷亂、罷工或進行逮捕，而事發時受保人為警務人員或懲教署官員或成員；或
16. 被襲擊、被謀殺、暴亂、民事騷亂或罷工，而事發時受保人任職消防員或以消防員身份當值，並在發生火警時參與滅火或挽救生命及保護財產。

(十一) 危疾之不保事項

危疾將不承保任何直接或間接、全部或部份由下列原因造成之損害或傷殘：

1. 任何受保人患有危疾或因該危疾導致身故，而該危疾在保障生效日前、或在該日期起計60天內被確診；
2. 任何本公司認為直接或間接因愛滋病（AIDS）或人體免疫力缺乏病毒（HIV）感染而導致之癌症或暴發性病毒性肝炎；
3. 不論神智清醒與否，任何自殺或企圖自殺引致之傷害；或
4. 倘受保人於其保障生效日前已患有心臟病，所有嚴重的冠狀動脈疾病、冠狀動脈手術、血管成形術及其他冠狀動脈疾病之創傷性療法。

(十二) 住院現金保障之不保事項

以下服務、產品或條件將不獲得任何賠償：

1. 受保人於保障生效日前 12 個月出現的早已存在的病情；
2. 有關心理、情緒、精神或行為的調查和治療；濫用藥物或酗酒的治療；休養或療養性的服務；選擇性的治療；蓄意自殘身體（不論精神狀況正常與否）；
3. 因戰爭（不論已宣戰與否）直接或間接引致的損傷；
4. 與傷病治療或診斷無關的一般身體檢查或化驗；非醫療所須的治療；免疫注射、疫苗注射或接種；
5. 購置、使用或配戴特別支架、器具、設備裝置或義肢、植入物、隱形眼鏡、眼鏡、助聽器、或同等作用的裝置；
6. 任何牙科或眼科檢查／治療、矯正視力屈光之外科手術、美容或整容手術（除非有關手術是有必要進行作為用以修補矯治純粹因意外造成的受保障身體損傷）；
7. 任何在受保人 17 歲前已出現病徵／症狀或被確診的先性疾病之調查、治療或手術；
8. 節育、不育之診治、基因檢測或諮詢、因懷孕、分娩或流產而接受之治療；
9. 非醫療所需之治療，檢驗，物品和入院；
10. 實驗性、研究性或未經證實的治療（除非已獲本公司核准）；
11. 戒煙療程及治療尼古丁上癮之服務及物品；
12. 與受保人擁有相同合法住址或是作為受保人之家庭成員，包括配偶、兄弟、姊妹、父母或子女之西醫、外科醫生或中醫（不論是否合法註冊）所提供的服務；或由本公司之財務策劃顧問所提供的服務；
13. 教育服務，如語言改進、糖尿病講座及營養治療，或小組支援治療；
14. 任何非合理及慣常之醫療服務；或
15. 任何非醫療所需或不符合良好的醫療慣例及標準的治療或檢驗。

(十三) 胎兒流產賠償之不保事項

胎兒流產賠償將不承保任何直接或間接、全部或部份由下列原因造成之損害或傷殘：

1. 不論神智清醒與否，任何自殺或企圖自殺引致之傷害；或
2. 墮胎，除非西醫建議外。

(十四) 由手足口病而導致之門診保障之不保事項

由手足口病而導致之門診保障不適用於：

1. 任何非合理及非合乎慣常之醫療服務；或
2. 任何非醫療所需或不符合良好的醫療慣例及標準的治療或檢驗。

(十五) 損失證明文件

必須於損失發生之日後九十（90）天內向本公司的香港辦事處提交損失證明文件。提交損失證明文件時需提供保單持有人與受保人關係證明及本證書正本。

(十六) 賠償支付

保單的所有賠償均應按照受保人的指示支付（如果還活著）。如受保人身故，所有該等賠償將支付予其指定受益人（如有），若無指定受益人，本公司應該將該等賠償支付予受保人的遺產。

(十七) 受益人

每位受保人須以書面指定其身故後可獲保單權益的受益人，及該項指定須經本公司記錄在案，方為有效。

'AIA Hong Kong' herein refers to AIA International Limited (Incorporated in Bermuda with limited liability).
'友邦'是指友邦保險（國際）有限公司（於百慕達註冊成立之有限公司）。



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(十八) 保障停效

受保人之保險將於下列各項中最早之日起自動停效：

8. 保單之終止日；
9. 受保人加入全職海、陸、空軍服役之日；
10. 受保人之保障終止日；
11. 受保人之身故日；
12. 本公司因戰事而通知投保單位解除保單合約之日，具體日期將由本公司指定；
13. 受保人不再居住於香港之日期；或
14. 受保人不再是投保單位成員之日。

注意：本公司保留權利，可於三十一 (31) 天前以書面通知受保人終止此保單下的保障。

此證書只供參考，對本公司沒有約束力，以上保障摘要以保單之條款，不保事項及限制為準。有關實際條款及細則，請參閱保單。

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