

BASIC PROVISIONS

The Parties Involved. In this Policy, the words “we”, “us”, “our” and “the Company” refer to YF Life Insurance International Ltd.

The Policy Owner is the person who owns this Policy, as shown in our records. In this Policy, the words “you” and “your” refer to the Policy Owner.

The Insured is the person being insured by this Policy. The Insured is the Policy Owner of this Policy unless someone else is named as the Policy Owner in the Policy Schedule or endorsement.

A Beneficiary is the person named by you in our records to receive the Proceeds for Death Benefit, Carcinoma-in-situ/Early Stage Cancer Benefit (if applicable), Cancer Benefit (if applicable) and Extra Cancer Benefit (if applicable) as described in the Benefit Provisions after the Insured dies. The Beneficiary you named in the insurance application will receive the Proceeds for Death Benefit, Carcinoma-in-situ/Early Stage Cancer Benefit (if applicable), Cancer Benefit (if applicable) and Extra Cancer Benefit (if applicable) unless changed. There may be different categories of Beneficiaries such as primary and contingent. These categories set the order of payment.

The Beneficiary may be named as Irrevocable Beneficiary. An Irrevocable Beneficiary is one whose consent is required for a change of that Beneficiary. If you do not specify on your insurance application or at a later time that the Beneficiary is irrevocable, we will regard your named Beneficiary as Revocable Beneficiary. If there is no named Beneficiary when the Insured dies, we will pay the Proceeds for Death Benefit, Carcinoma-in-situ/Early Stage Cancer Benefit (if applicable), Cancer Benefit (if applicable) and Extra Cancer Benefit (if applicable) to you or your estate.

Unless specifically provided otherwise, the interest of any Beneficiary or Irrevocable Beneficiary who predeceases the Insured shall vest in you.

If a partnership has any rights under this Policy, such rights shall belong to the partnership as it exists when the rights are exercised.

Head Office. Means our Hong Kong Head Office as shown on the first page of this Policy.

Branch Office. Means our Branch Office as shown on the first page of this Policy.

Policy - a Legal Contract. This Policy is a legal contract between you and us. No third party shall have any right to enforce any of the terms of the Policy. The entire contract consists of this Policy with all its pages, the attached copy of your insurance application, the Policy Schedule and any attached endorsements and supplements. Any application for reinstatement becomes a part of this Policy if the reinstatement is approved by us. This contract is made in consideration of your insurance application and the payment of the required premiums in advance. Any change or waiver of its terms must be in writing and signed by the Managing Director & Chief Executive Officer of the Company or any officer authorized by the Company before it will become effective.

Cancer. Means a malignant tumour pathologically confirmed characterized by the uncontrolled growth of malignant cells and the invasion of tissue. Incontrovertible evidence of the invasion of tissue or definite histology of a malignant growth must be produced. The term “Cancer” also includes leukaemia and malignant disease of the lymphatic system. Non-invasive carcinomas in situ, any skin cancer except malignant melanomas, Early Stage Cancer of the Prostate, early stage papillary carcinoma of the thyroid described as T1aN0M0 or of a lesser classification, localized non-invasive tumours showing only early malignant changes and tumours in the presence of any Human Immunodeficiency Virus are excluded.

Carcinoma-in-situ/Early Stage Cancer. Means the Insured suffers from any of the illnesses specified below to the exclusion of all other illnesses.

- Carcinoma-in-situ of the Ampulla of Vater
- Carcinoma-in-situ of the Anal Cannel
- Carcinoma-in-situ of the Breast(s)
- Carcinoma-in-situ of the Cervix
- Carcinoma-in-situ of the Colon or Rectum
- Carcinoma-in-situ of the Extra-hepatic Bile Duct
- Carcinoma-in-situ of the Fallopian Tube(s)
- Carcinoma-in-situ of the Gallbladder
- Carcinoma-in-situ of the Kidney
- Carcinoma-in-situ of the Larynx
- Carcinoma-in-situ of the Liver
- Carcinoma-in-situ of the Lung
- Carcinoma-in-situ of the Nasopharynx
- Carcinoma-in-situ of the Ovary or Ovaries
- Carcinoma-in-situ of the Pancreas
- Carcinoma-in-situ of the Penis
- Carcinoma-in-situ of the Pharynx (including Tongue, Soft Palate and Uvula)
- Carcinoma-in-situ of the Renal Pelvis
- Carcinoma-in-situ of the Small Intestine (including Duodenum, Jejunum and Ileum)
- Carcinoma-in-situ of the Stomach or Oesophagus

基本條款

有關人士： 在本保單內，「我們」、「我們的」及「本公司」指萬通保險國際有限公司。

保單持有人指擁有本保單的人士，如我們的記錄所示。在本保單內，「你」及「你的」指保單持有人。

受保人指受本保單所保障的人士。除非本保單計劃表或任何附加的修訂文件內另名保單持有人為其他人，否則受保人為本保單的保單持有人。

受益人乃於我們的記錄中，你所指定收取於受保人身故後而獲得於保障條款內定明之身故保障額、原位癌／初期癌症保障(如適用)、癌症保障(如適用)及額外癌症保障(如適用)的人士。除非有所更改，否則，你在投保申請表內指明的受益人將可獲得該等身故保障額、原位癌／初期癌症保障(如適用)、癌症保障(如適用)及額外癌症保障(如適用)。受益人亦可分為不同類別，例如第一受益人及第二受益人。此等類別將釐定賠償的先後次序。

受益人可被指定為不可更改的受益人。如欲更改不可更改的受益人時，必須獲得該不可更改的受益人的同意。如你在投保申請表內指定受益人時或於更改受益人時，沒有特別註明，我們將視該名受益人為可更改的受益人。如在受保人身故時，並無指定的受益人，我們會將身故保障額、原位癌／初期癌症保障(如適用)、癌症保障(如適用)及額外癌症保障(如適用)賠償予你或撥入你的遺產內。

除非特別地指明，否則，在任何受益人或不可更改的受益人早於受保人身故的情況下，其利益將歸於你的名下。

如合伙人擁有本保單的任何權利，該等權利乃屬於在行使該等權利時仍存在的合伙人所擁有。

總公司： 指本保單第一頁內所列明的我們於香港的總公司。

分公司： 指本保單第一頁內所列明的我們的分公司。

保單——一份具有法律效力的合約： 本保單是一份你與我們之間具法律效力的合約。任何第三方不得有任何執行本保單條款的權利。整份合約包括本保單及其所有頁數、你的投保申請表副本、保單計劃表及任何附加的修訂文件及附錄。任何獲我們批准的復效申請將成為本保單的一部份。本合約的制定是基於你的投保申請表及已預先繳付所需的保費。任何條款的更改或豁免必須以書面方式及由本公司的常務董事兼總裁或任何由本公司授權的職員簽署後，才開始生效。

癌症： 指經由病理化驗結果確定的惡性腫瘤不受控制地生長，並侵入身體的機能組織。確鑿無疑的細胞及機能組織的病理化驗證據必須被提供，證明惡性細胞生長及侵入身體的機能組織。「癌症」亦包括血癌及淋巴系統的惡性疾病，但不包括非侵入性在原位的癌病，任何皮膚癌(惡性黑色素瘤除外)、前列腺之初期癌症、被界定為 T1aN0M0 或較低類別的甲狀腺初期乳頭狀癌症、原位性和非侵入性的腫瘤之早期惡化病變及因人類免疫力缺乏症病毒引致之腫瘤。

原位癌／初期癌症： 指受保人患上下列任何一種疾病而非其他疾病。

- 壺腹原位癌
- 肛管原位癌
- 乳房原位癌
- 子宮頸原位癌
- 結腸或直腸原位癌
- 肝外膽管原位癌
- 輸卵管原位癌
- 膽囊原位癌
- 腎臟原位癌
- 喉原位癌
- 肝原位癌
- 肺原位癌
- 鼻咽原位癌
- 卵巢原位癌
- 胰臟原位癌
- 陰莖原位癌
- 咽原位癌(包括舌頭，軟齶及小舌)
- 腎盂原位癌
- 小腸原位癌(包括十二指腸，空腸及迴腸)
- 胃或食道原位癌

- Carcinoma-in-situ of the Tear Duct
- Carcinoma-in-situ of the Testis or Testes
- Carcinoma-in-situ of the Ureter
- Carcinoma-in-situ of the Urinary Tract
- Carcinoma-in-situ of the Uterus
- Carcinoma-in-situ of the Vagina
- Carcinoma-in-situ of the Vulva
- Early Stage Cancer of the Prostate
- Early Stage Papillary Carcinoma of the Thyroid
- Non Melanoma Skin Cancer of AJCC Stage II or above

Carcinoma-in-situ of the Breast(s), Cervix, Fallopian Tube(s), Ovary or Ovaries, Uterus, Vagina or Vulva. It must always be positively diagnosed upon the basis of a microscopic examination of fixed tissue and, in the case of the uterine cervix, the tissue must be provided from a cone biopsy. A PAP smear result is considered a preliminary diagnosis and must be confirmed with fixed tissue biopsy before the claim is entitled. A clinical diagnosis will not be sufficient. The following criteria for the tumour of the covered organ(s) must all be satisfied:

Breast: The tumour is characterized by cells that resemble those seen in invasive cancer, but that have not invaded through the basement membrane into surrounding tissues and thus lack the histological feature that is the hallmark of cancer.

Cervix, Uterus: Dysplastic changes beginning at the squamocolumnar junction in the uterine cervix which may be precursors of squamous cell carcinoma:

Class 1 Mild dysplasia involving the lower one-third or less of the epithelial thickness

Class 2 Moderate dysplasia with one-third to two-thirds involvement

Class 3 Severe dysplasia or carcinoma in situ, with two-thirds to full thickness involvement

Tumours of a grading of less than Class 3 shall not be covered.

Fallopian Tube: The tumour should be limited to the tubal mucosa and classified as Tis according to the TNM staging method.

Ovary: The tumour should be capsule intact, with no tumour on the ovarian surface, classified as T1aN0M0 (TNM classification) or FIGO 1A (The International Federation of Gynecology and Obstetrics).

Vagina, Vulva: The tumour should be classified as TisN0M0 according to the TNM staging method or FIGO 0 according to the method of the International Federation of Gynecology and Obstetrics.

Carcinoma in situ of the Ampulla of Vater, Anal Cannel, Colon or Rectum, Extra-hepatic Bile Duct, Gallbladder, Kidney, Larynx, Liver, Lung, Nasopharynx, Pancreas, Penis, Pharynx, Renal Pelvis, Small Intestine, Stomach or Oesophagus, Tear Duct, Ureter or Urinary Tract. Carcinoma-in-situ shall mean 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(s), and subject to any classification stated:

- (a) Ampulla of Vater;
- (b) Anal Cannel;
- (c) Colon or Rectum;
- (d) Extra-hepatic Bile Duct;
- (e) Gallbladder;
- (f) Kidney;
- (g) Larynx;
- (h) Liver;
- (i) Lung;
- (j) Nasopharynx;
- (k) Pancreas;
- (l) Penis;
- (m) Pharynx (including Tongue, Soft Palate and Uvula);
- (n) Renal Pelvis;
- (o) Small Intestine (including Duodenum, Jejunum and Ileum);
- (p) Stomach or Oesophagus;
- (q) Tear Duct;
- (r) Ureter; or
- (s) Urinary Tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included

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

- 淚管原位癌
- 睪丸原位癌
- 輸尿管原位癌
- 尿道原位癌
- 子宮原位癌
- 陰道原位癌
- 外陰原位癌
- 前列腺初期癌症
- 早期甲狀腺乳頭狀癌
- AJCC 第二期或以上的非黑色瘤皮膚癌

乳房、子宮頸、輸卵管、卵巢、子宮、陰道或外陰之原位癌： 該原位癌之診斷必須根據固定組織顯微鏡檢查結果而確定。如果受影響之器官為子宮頸，必須透過圓椎活組織檢查結果確診。臨床及柏氏塗片檢查結果並不能作為診斷依據，必須根據由固定組織活檢結果，以確證受保人首次患上上述器官之原位癌，並必須符合以下所列明之條件：

乳房： 腫瘤必須具有與帶侵入性癌細胞類似的細胞，但該類似的細胞並未侵入基底膜以致乳房周圍的組織，因而不能符合惡性癌細胞組織學的指標。

子宮頸、子宮： 於子宮頸鱗柱狀細胞交界外出現細胞不典型增生，其可成為鱗細胞癌之前體。

- 第一類： 輕度細胞不典型增生累及少於三分之一的上皮細胞層。
- 第二類： 中度細胞不典型增生累及三分之一至三分之二的上皮細胞層。
- 第三類： 嚴重細胞不典型增生或原位癌，影響多於三分之二至整個上皮細胞層。

級別低於上述第三類的腫瘤將不在保障範圍內。

輸卵管： 腫瘤的生長範圍限於在輸卵管黏膜，並必須按TNM 分類法內屬於 Tis 的腫瘤類別。

卵巢： 腫瘤必須生長在完整包囊內，而卵巢表面並沒有腫瘤生長；生長在完整包囊內的腫瘤必須按TNM 分類法內屬於 T1aN0M0 或根據婦科及產科國際聯合會所定明的腫瘤分類法內屬於 FIGO 1A 的腫瘤類別。

陰道、外陰： 必須按TNM 分類法內屬於 Tis N0M0的腫瘤類別或根據婦科和產科國際聯合會所定明的腫瘤分類法內屬於 FIGO 零級別的腫瘤類別。

壺腹、肛管、結腸或直腸、肝外膽管、膽囊、腎臟、喉、肝、肺、鼻咽、胰臟、陰莖、咽、腎盂、小腸、胃或食道、淚管、輸尿管或尿道的原位癌： 原位癌是指經由組織病理學確證的原位癌，而病變只局限於病發原位並處於侵入性前的狀況，即癌細胞並未穿透基底膜，亦未侵入（指滲入及/或活躍地破壞）下列任何受保障器官週圍的組織或間質，並須符合任何已列明之級別：

- (一) 壺腹；
- (二) 肛管；
- (三) 結腸或直腸；
- (四) 肝外膽管；
- (五) 膽囊；
- (六) 腎臟；
- (七) 喉；
- (八) 肝；
- (九) 肺；
- (十) 鼻咽；
- (十一) 胰臟；
- (十二) 陰莖；
- (十三) 咽 (包括舌頭，軟齶及小舌)；
- (十四) 腎盂；
- (十五) 小腸 (包括十二指腸，空腸及迴腸)；
- (十六) 胃或食道；
- (十七) 淚管；
- (十八) 輸尿管；或
- (十九) 尿道，對於膀胱的原位癌而言，會包括被界定為Ta階段的乳頭狀癌就本保單而言，原位癌必須根據活組織檢查結果確診。

Carcinoma in situ of the Testis or Testes. A focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissue. "Invasion" means an infiltration and/or active destruction of normal tissue beyond the basement membrane. Diagnosis of Carcinoma in situ of the Testis (intratubular germ cell neoplasia) must always be supported by a histopathological report. Carcinoma in situ of the Testis only includes germ cell tumours of the Testis. Other testicular tumours including sex cord-stromal tumours (Leydig), Sertoli tumours and tumours not arising directly from the testicular tissue (adnexal) are all excluded.

Early Stage Cancer of the Prostate. A focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissue. "Invasion" means an infiltration and/or active destruction of normal tissue beyond the basement membrane. Diagnosis of Carcinoma in situ of the Prostate must always be supported by a histopathological report. Clinical diagnosis does not meet this standard. This tumour should be classified as T1a or T1b according to the TNM staging method.

Early Stage Papillary Carcinoma of the Thyroid. Papillary carcinoma of the thyroid described as T1aN0M0. The diagnosis must be based on histopathological features and confirmed by a Doctor. Pre-malignant lesions and conditions, unless listed above, are excluded.

Non melanoma skin cancer of AJCC stage II or above. The diagnosis must be based on histopathological features and confirmed by a Doctor. Pre-malignant lesions and conditions, unless listed above, are excluded.

Doctor. Means a person, other than the Insured, qualified in western medicine legally authorized in the geographical area of his practice to render medical and surgical services and who is not a member of the Insured's Immediate Family Member or living regularly with the Insured.

Immediate Family Member. Means the legally married spouse, child(ren), siblings and parents of the Insured.

Monthly Anniversary Date. The first Monthly Anniversary Date is on the same day following one full month of the Policy Date. The period from the Policy Date to the first Monthly Anniversary Date, or from one Monthly Anniversary Date to the next is called a policy month. Each subsequent Monthly Anniversary Date is on the same day following one full month of the previous Monthly Anniversary Date.

Provider. Means the service provider designated by the Company to provide the service of MediNet Pro as described in the Benefit Provisions. The Provider will be selected by the Company from time to time at its sole discretion.

Policy Schedule. Means an attachment to this Policy as may be amended from time to time by way of endorsement(s).

Policy Date. Means the Policy Date specified in the Policy Schedule. The Policy Date is used to determine policy anniversaries and policy years. A policy anniversary is an anniversary of the Policy Date of this Policy. The first policy year is the annual period which begins on the Policy Date. Subsequent policy years begin on each anniversary of the Policy Date.

Stage III/IV Cancer. Means a malignant tumour with pathological staging of Stage III or Stage IV under the American Joint Committee on Cancer (AJCC) cancer staging system or its equivalent, in addition to the definition of Cancer.

For the avoidance of doubt, the following conditions do not meet the definition of Stage III/IV Cancer:

- All Central Nervous System (CNS) tumours which are histologically classified as Grade III or below according to the World Health Organization (WHO) Classification of Tumours of the Central Nervous System
- All chronic lymphocytic leukaemia classified as less than RAI stage III

Effective Date of Coverage. This date is the same as the Policy Date shown in the Policy Schedule unless otherwise specified in supplemental endorsements. For any insurance that has been reinstated, the effective date shall be the date we approve the reinstatement application.

Benefit Expiry Date. Means the Benefit Expiry Date specified in the Policy Schedule.

Incontestability. In issuing this Policy, we rely on all statements made by or for the Insured in your insurance application. Unless fraud is involved, we will not contest the validity of this Policy after this Policy has been in force for two years from the Policy Date during the lifetime of the Insured.

Unless fraud is involved, any reinstatement of this Policy will not be contested for its validity by us after two years from the date we approve the reinstatement during the lifetime of the Insured.

Misstatement of Age or Gender. If the date of birth or gender of the Insured given in your insurance application is not correct, the proceeds of benefit will be the amount that the premium would have purchased at the correct age and gender. In all circumstances, our total liability shall be limited to the refund of all premiums paid less any benefit amount that has been paid if the correct issued age of the Insured is outside the range of our normal issued ages.

Non-Dividend Paying. This Policy does not share in our surplus or profits.

Suicide Exclusion. If the Insured commits suicide, whether sane or insane, within one year from the Policy Date or within one year from the date we approve the reinstatement application, whichever is later, our total liability shall be limited to the premiums paid less any benefit amount that has been paid or is payable.

睪丸之原位癌： 指病灶性的癌細胞自發地增生，但尚未侵潤正常組織。侵潤指癌細胞穿透及／或實際破壞基底膜以下的正常組織。睪丸原位癌(精管內生殖細胞瘤)的診斷必須有組織病理學報告佐證。睪丸之原位癌只包括睪丸生殖細胞腫瘤。其他的睪丸腫瘤包括性索間質腫瘤 (Leydig細胞)，支持細胞(Sertoli細胞)腫瘤及並非直接生長在睪丸組織內的腫瘤(附屬器腫瘤)一概不包括在此保障範圍內。

前列腺之初期癌症： 指病灶性的癌細胞自發地增生，但尚未侵潤正常組織。侵潤指癌細胞穿透及／或實際破壞基底膜以下的正常組織。早期前列腺癌的診斷必須有組織病理學報告佐證。臨床診斷不符合本保障的標準。腫瘤必須根據 TNM 分期方法被界定為 T1a 或 T1b。

早期甲狀腺乳頭狀癌： 屬於T1aN0M0期的甲狀腺乳頭狀癌必須經由組織病理學結果確診，並由醫生確認。除以上列出的情況，癌前病變及其情況均不包括在保障範圍內。

AJCC 第二期或以上的非黑色素瘤皮膚癌： 必須經由組織病理學結果確診，並由醫生確認。除以上列出的情況，癌前病變及其情況均不包括在保障範圍內。

醫生： 指除受保人本人、其直系親屬或與受保人慣常居住的人士外，任何經合法批准在所屬地域提供醫療及手術服務的註冊西醫。

直系親屬： 指受保人經合法婚姻的配偶、子女、兄弟姊妹及父母。

月結日： 首個月結日是在接著保單日期一整個月後的同一天。保單月是指由保單日期至首個月結日，或由一個月結日至下一個月結日。其後每個月結日是在接著前一個月結日一整個月後的同一天。

醫療援助服務的提供者： 指由本公司指派的醫療援助服務的提供者，為提供保障條款所述的國際專業醫療網絡的服務。本公司有單獨權力選擇醫療援助服務的提供者，並可不時更改決定。

保單計劃表： 指本保單內的附頁，該附頁會透過附加修訂文件而不時作出修改。

保單日期： 指註明於保單計劃表內的保單日期。保單日期用以決定保單週年及保單年。保單週年是本保單由保單日期起計滿一週年。首個保單年是指由保單日期起計的一年。其後每一個保單年始於保單日期後的每個週年。

第三／四期癌症： 第三／四期癌症除符合癌症的定義外，必須為病理分期達到美國癌症聯合委員會 (American Joint Committee on Cancer) 癌症分期系統 (或同等癌症分期系統) 的第三期或第四期之惡性腫瘤。

為免存疑，以下情況並不符合第三／四期癌症之定義：

- 所有根據世界衛生組織中樞神經系統腫瘤分類 (WHO Classification of Tumours of the Central Nervous System) 下，經組織學分類為第三級或以下的所有中樞神經系統腫瘤
- 所有被分類為低於 RAI 第三期的慢性淋巴細胞白血病

保障生效日期： 除非另有註明於附加的修訂文件內，否則保障生效日期與保單計劃表內註明的保單日期相同。任何已復效的保障，其生效日期將會是在我們批准復效申請當日。

保障到期日： 指註明於保單計劃表內的保障到期日。

不可異議條款： 我們乃根據投保申請表內受保人或為其所申報的所有資料而簽發本保單。除非牽涉詐騙行為，否則本保單在受保人在生期間而保單日期起計生效已達兩年，我們將不會就本保單的有效性提出爭議。

除非牽涉詐騙行為，否則於受保人在生期間，任何獲批准復效的保單，由獲批准當天起計兩年後，我們將不會就其有效性提出爭議。

錯誤填報年齡或性別： 若投保申請表內關於受保人之出生日期或性別有錯誤，我們將會以正確年齡及性別重新計算並調整保障的金額。如受保人於投保時的正確年齡超過可投保年齡，則我們的全部責任只限於退回所有已繳付的保費(扣除已支付之賠償額)。

非派發紅利： 本保單不會分享我們的盈餘或盈利。

自殺不保條款： 受保人若在保單日期或批准保單復效申請當日(以較後者為準)起計一年內自殺，無論其是否在神智清醒的情況下，我們的全部責任將只限於退還已支付之保費(扣除已支付或將獲支付之賠償額)。

Termination. All coverage under this Policy shall terminate when one of the following events occurs:

1. You submit a written request to terminate this Policy. Such request will constitute a surrender of this Policy.
2. The Insured dies.
3. On the Benefit Expiry Date as specified in the Policy Schedule.
4. The Grace Period as defined in the Premium Payments Provisions of this Policy ends.
5. Upon the diagnosis of a Cancer of the Insured giving rise to payment of Cancer Benefit.

Notice of Claim and Proof. We must receive reasonable and necessary proof that the Insured is first diagnosed of Carcinoma-in-situ/Early Stage Cancer, Cancer or Stage III/IV Cancer before the relevant benefit is payable. Notice of claim is required to be furnished in the form specified by us within 90 days from the first diagnosis of that Carcinoma-in-situ/Early Stage Cancer, Cancer or Stage III/IV Cancer of the Insured.

If the notice of claim is not given within the time specified, it must be shown that it will be given as soon as reasonably possible, or we will not pay the Benefit. Written proof of loss satisfactory to us, such as reasonable and necessary information, documents, medical evidence and reports signed by a Doctor which we require you to provide at your expense, must be received by us within 6 months, or soon thereafter as is reasonably possible, after we receive the written notice of claim.

We reserve the right to require you to provide any additional proof and documents in support of the claim.

Medical Examination. When a claim occurs, we may require the Insured to be examined by a Doctor at our choice.

Currency and Payment of Benefits. In this Policy, all amounts payable to or by us are expressed in the currency specified in the Policy Schedule. All benefits under this Policy will be payable by us at the office shown on the first page of this Policy.

Governing Law. This Policy is issued under and will be construed in accordance with the laws of the place of issue of this Policy as stated in the Policy Schedule. All the rights and entitlements under this Policy shall be subject to all applicable laws, regulations, guidelines, codes and requirements of relevant governmental or regulatory authorities as promulgated and amended from time to time.

POLICY OWNERSHIP PROVISIONS

Rights of Policy Owner. While the Insured is living, you may exercise all the rights given by this Policy or allowed by us. These rights include assigning this Policy; changing Beneficiaries; changing ownership; enjoying all benefits under this Policy and exercising all provisions of this Policy. The written consent of any Irrevocable Beneficiary is required to exercise any right under this Policy except the right to change the amount or form of premium payment and the right to reinstate this Policy, unless the Irrevocable Beneficiary predeceases the Insured in which case no such consent is required.

Assigning this Policy. This Policy may be assigned. However, for any assignment to be binding on us, our written acknowledgement of receipt of a copy of the assignment duly signed by you is necessary. Under no circumstances will we be responsible for the legal effect, validity or sufficiency of any assignment.

Once we receive a signed copy of the assignment, your rights and the interest of any Beneficiary other than an Irrevocable Beneficiary recorded by us before the assignment effective date or any other person will be subject to the assignment.

Changing the Policy Owner or Beneficiary. You may change the Policy Owner or any Beneficiary (subject to the written consent of any Irrevocable Beneficiary) during the Insured's lifetime. We do not limit the number of changes that may be made. To make a change, we must receive a written request satisfactory to us at our Head Office or Branch Office. Also, to change the Policy Owner, you must return this Policy to us. Any such change will take effect as of the date the request is signed, even if the Insured dies before we receive it. Each change will be subject to any payment we made or any other action we took before receiving the request.

終止： 在下列任何情況下，本保單的所有保障將會終止：

- (一) 你呈交書面要求終止本保單。此要求將會構成對本保單的退保。
- (二) 受保人身故。
- (三) 列明於保單計劃表內的保障到期日當日。
- (四) 本保單的繳付保費條款內定明之寬限期屆滿。
- (五) 在受保人經確診患上癌症而需要作出癌症保障的賠償後。

索償通知及證明： 在支付相關保障前，我們必須接獲合理及必要的證明受保人首次確診患上索償之原位癌／初期癌症、癌症或第三／四期癌症。你必須按照我們指定的方式在受保人首次確診患上該原位癌／初期癌症、癌症或第三／四期癌症的九十天內呈交索償通知給我們。

如在指定時間內，本公司並未接獲索償通知，則必須證實該索償通知是在合理的時間內儘快呈交給我們，否則，我們將不會作出賠償。你必須在我們接獲索償通知後六個月內呈交(或受保人可證實為合理的時間內儘快呈交)所有我們滿意的索償證明文件，包括有關合理及必要的資料、文件、醫學證據及報告，而該等醫學證據及報告必須具備醫生簽署，並由你負責有關支出。

我們保留要求你提供額外之有關證明文件的權利。

醫生檢驗： 在接獲索償的申報後，我們可要求受保人接受我們指定的醫生檢驗。

支付保單金額及所用貨幣： 在本保單內，所有由我們支付或收取的金額均為保單計劃表內註明的貨幣。本保單所有賠償將由我們於本保單第一頁內列明的辦事處支付。

監管法例： 本保單受於保單計劃表內所示的簽發地方之法例約束並據其詮釋。此保單下的所有權利及權益受限於有關政府或監管機構不時頒布及修訂的所有適用的法律、法規、指引、守則及要求。

保單擁有權條款

保單持有人的權利： 在受保人在生期間，你可行使本保單內註明或由我們批准的所有權利。此等權利包括轉讓本保單、更改受益人、更改擁有權、享有本保單的所有保障及行使本保單所有條款的權利。除更改保費數額或繳付方式的權利及復效本保單的權利外，以及除在不可更改的受益人於受保人在生時已身故的情況下，行使任何本保單的權利必須獲得任何不可更改的受益人的書面同意。

轉讓保單： 本保單可供轉讓。然而，為使我們受任何轉讓的約束，你簽署的轉讓文件副本必須獲我們的書面確認。無論在任何情況下，我們將不會就任何轉讓的法律效力、有效性或足夠性負上責任。

當我們收到已簽署的轉讓文件副本後，除在轉讓生效前已於我們的記錄中列為不可更改的受益人外，你的權利及任何受益人或任何其他人的利益，將受此轉讓限制。

更改保單持有人或受益人： 在受保人在生期間，你可更改保單持有人或受益人(須獲得任何不可更改的受益人的書面同意)。我們並不規限更改的次數。如作出更改，必須以符合我們要求的書面方式通知我們的總公司或分公司。此外，如更改保單持有人，你必須把保單送回給我們。即使受保人在我們接獲更改要求前已身故，任何該等改變將在作出要求的簽署日期起生效。每一項更改將受制於我們接獲更改通知前已支付的任何款項或已作出的任何其他行動。

PREMIUM PAYMENTS PROVISIONS

Premiums. The amount and intervals of premium payable is shown in the Policy Schedule. Premiums may be paid annually or at such other intervals acceptable to us. Subject to our acceptance, you may change the premium payment intervals by sending us a written request. This Policy shall not be in force until the required initial premium is received by our Head Office or Branch Office.

Where to Pay. All premiums are payable at our Head Office or Branch Office. Upon request, a receipt signed by our authorized officer will be given for any premium payment.

How to Pay. The method of premium payment is subject to the administrative rules specified by the Company from time to time.

Grace Period. If a premium is not paid when due, this Policy will remain in force for 31 days from such due date. These 31 days are called the Grace Period. If the due premium is still unpaid at the end of the Grace Period, all coverage under this Policy will be terminated.

We will deduct any overdue premium from any benefit proceeds payable during the Grace Period.

Renewal. While this Policy is in force and before the Benefit Expiry Date of this Policy, this Policy will be automatically renewed at the expiration of each term period for another term upon payment of the premium in accordance with the premium rate in effect of the same plan of the then attained age of the Insured on the date of renewal. The term of such renewal will be the original term of this Policy, if shorter, the number of years to the Benefit Expiry Date of this Policy.

Reinstatement. Reinstatement means to restore this Policy when this Policy is terminated at the end of the Grace Period. You can apply for reinstatement of this Policy by submitting the following to us:

1. your written request within 12 months after the due date of the last unpaid premium and before the Benefit Expiry Date;
2. evidence of insurability satisfactory to us; and
3. payment of all overdue premiums with interest.

The effective date of a reinstated Policy will be the date we approve the reinstatement application.

BENEFIT PROVISIONS

Benefit. Subject to the provisions contained herein, before the Benefit Expiry Date of this Policy and while this Policy is in force, we will pay the Death Benefit to the Beneficiary if the Insured dies; or we will pay the Carcinoma-in-situ/Early Stage Cancer Benefit if the Insured is diagnosed to be suffering from a Carcinoma-in-situ/Early Stage Cancer (or we will pay the relevant benefit(s) to the Beneficiary, if the Insured dies and a claim of Death Benefit is received by us at our Head Office or Branch Office before we approve the claim of such benefit(s)); or we will pay the Cancer Benefit and Extra Cancer Benefit (if the relevant Cancer is a Stage III/IV Cancer) if the Insured is diagnosed to be suffering from a Cancer (or we will pay the relevant benefit(s) to the Beneficiary, if the Insured dies and a claim of Death Benefit is received by us at our Head Office or Branch Office before we approve the claim of such benefit(s)). If this Policy or the right under this Policy to receive any money or moneys payable thereunder has been assigned, in which event the benefit will be payable to the assignee. The payment of benefit proceeds are subject to the adjustments provided in the Misstatement of Age or Gender, Grace Period, and Exclusions clauses of this Policy.

You can request in writing for a decrease in the Basic Sum Insured subject to our prevailing administrative rules. Your written request must be received by us at our Head Office or Branch Office. Any decrease will come into effect on the Monthly Anniversary Date that falls on the date we receive your written request or, if later, on the next Monthly Anniversary Date. The Basic Sum Insured remaining in force in this Policy after any decrease cannot be less than the minimum Basic Sum Insured as required under the then prevailing administrative rules of the Company. An approval of a decrease in the Basic Sum Insured must be endorsed on and attached to this Policy. No person (including our agents) other than we have the authority to make any changes or waive any of the terms of this Policy.

(1) Death Benefit

If the Insured dies when this Policy is in force, we shall pay the Beneficiary the Death Benefit. If the Primary Beneficiary is not living at the death of the Insured, we shall pay the Death Benefit to the Contingent Beneficiary. There may be more than one Beneficiary in each category. If you name more than one person in each category of Beneficiaries, such living Beneficiaries in that category will share the Death Benefit equally unless you have directed otherwise in writing in advance.

The amount of the Death Benefit is equal to the Death Benefit Amount as specified in the Policy Schedule of the Policy.

(2) Carcinoma-in-situ/Early Stage Cancer Benefit

A lump sum benefit will be payable upon the diagnosis of Carcinoma-in-situ/Early Stage Cancer of the Insured. The benefit amount is equal to 20% of the Basic Sum Insured shown in the Policy Schedule of the Policy.

The Carcinoma-in-situ/Early Stage Cancer Benefit payment can be made once only, regardless of the number of recurrence of the illness or frequency of treatment.

繳付保費條款

保費： 繳付保費的數額及頻率已在保單計劃表內註明。保費可以每年繳付或以其他我們接受的頻率繳付。你可以以書面方式申請更改繳付保費的頻率，但必須經我們同意，方為有效。本保單將會在你向我們的總公司或分公司繳交所需之第一期保費後才會生效。

在何處付款： 每一項保費須在我們的總公司或分公司辦事處繳付。在你提出要求時，我們可就任何保費的繳款發出收據。

繳費方法： 繳付保費方法須符合本公司不時修改的行政規定。

寬限期： 如保費到期仍未繳付，本保單將自該到期日起繼續生效三十一天。此三十一天稱為寬限期。如在寬限期屆滿前仍未能繳付到期的保費，則本保單的所有保障將會終止。

如我們在寬限期內須作出賠償，所有到期而仍未繳付的保費將會由賠償額中扣除。

續期： 在本保單生效期間及保障到期日前，於本保單每期屆滿後，本保單將在保費繳付後自動獲續期。新保費將根據受保人於續期時所到達的年齡及本公司當時的保費率計算。任何續期的期限將會與本保單原先的期限相同或於保障到期日屆滿，以較短的期限作為續期的期限。

保單復效： 保單復效指本保單在寬限期屆滿被終止後再度復效。你可提交以下項目給我們，作為保單復效之申請：

- (一) 在上次未繳付保費的到期日後十二個月內及保障到期日前提出書面申請；
- (二) 符合我們要求的可保資料的證據；及
- (三) 所有逾期未繳付之保費及利息。

保單復效的生效日期為我們批准你保單復效申請的日期。

保障條款

保障範圍： 於本保單生效期間及在保障到期日前，並按照保單條款所載，如受保人身故，我們將支付身故保障及身故現金津貼予受益人；或如受保人被確診患上原位癌／初期癌症，我們會支付原位癌／初期癌症保障予受保人(或如我們在批核有關保障前，受保人已身故及身故索償申請已獲我們總公司或分公司收妥，我們將支付該等保障予受益人)；或如受保人被確診患上癌症，我們會支付癌症保障及額外癌症保障(如相關癌症為第三／四期癌症)(或如我們在批核有關保障前，受保人已身故及身故索償申請已獲我們總公司或分公司收妥，我們將支付該等保障予受益人)。倘若本保單或本保單內所載有關接受賠款的權利已轉讓，則保障將會賠償予承讓人。所支付的賠償金額會因應本保單內錯誤填報年齡或性別、寬限期及不保事項等條款而作出調整。

你可根據我們當時之行政規則遞交書面要求減少基本保障額。你所遞交的書面要求必須獲我們的總公司或分公司收妥。任何減少基本保障額的要求將在我們接獲你書面要求當日(如為月結日)或緊接的月結日開始生效。減少後的基本保障額不得低於本公司當時的行政規例所定之基本保障額的最低要求。獲批准減少基本保障額的文件必須已被簽署作實，並附載於本保單內。除我們外，其他人士(包括我們的中介人)均無權更改或豁免本保單的任何條款。

(一) 身故保障

如受保人在本保單生效期間前身故，我們將支付身故保障予受益人。如第一受益人在受保人身故時已離世，我們將支付身故保障予第二受益人。在每一類別中可有多於一名的受益人。如你於每一類別受益人內提名多於一位受益人，除非你事先以書面作出指示，否則屬於該同一類別及在生的受益人將會平均分配該身故保障。

身故保障的金額相等於本保單之保單計劃表內註明的身故保障額。

(二) 原位癌／初期癌症保障

於受保人被確診患上原位癌／初期癌症時，將會以一筆過金額賠償。獲支付之賠償額相等於本保單之保單計劃表內註明的基本保障額的 20%。

不論疾病之復發次數或治療次數，本保單可獲支付最多一次原位癌／初期癌症保障賠償。

The aggregate benefit payment paid and/or payable under all policies and supplementary benefits under the same Insured issued by the Company at any time due to the Insured being diagnosed to be suffering from any illness within the meaning of the Carcinoma-in-situ/Early Stage Cancer will be limited to US\$50,000/HK\$400,000/MOP400,000 each time under the same Insured and subject to a per life limit. Comprehensive Cancer Benefit issued by the Company will be excluded for the purpose of determining the aggregate benefit payment. The benefit will be paid from the respective policies and/or supplementary benefits in accordance with our prevailing administrative rules.

(3) Cancer Benefit

A lump sum benefit will be payable upon the diagnosis of Cancer of the Insured. The benefit amount is equal to 100% of the Basic Sum Insured as specified in the Policy Schedule of this Policy net of any previous Carcinoma-in-situ/Early Stage Cancer Benefit paid or payable under this Policy.

(4) Extra Cancer Benefit

In addition to the Cancer Benefit, an extra lump sum benefit will be payable if the relevant Cancer is a Stage III/IV Cancer at the time of first diagnosis. The benefit amount is equal to 25% of the Basic Sum Insured as specified in the Policy Schedule of this Policy. Under no circumstances will the total benefit payments for Carcinoma-in-situ/Early Stage Cancer Benefit, Cancer Benefit and Extra Cancer Benefit exceed 125% of the Basic Sum Insured as specified in the Policy Schedule of this Policy.

Exclusions. The Carcinoma-in-situ/Early Stage Cancer Benefit, Cancer Benefit and Extra Cancer Benefit under the Benefits Provisions will not pay any benefit claim to a Carcinoma-in-situ/Early Stage Cancer, Cancer or Stage III/IV Cancer caused directly or indirectly, by or resulting from one or more of the following:

- Any Carcinoma-in-situ/Early Stage Cancer, Cancer or Stage III/IV Cancer which occurred within 60 days after the Effective Date of Coverage or the approval date of reinstatement, whichever is later;
- The Insured dies within 14 days after the diagnosis of a Carcinoma-in-situ/Early Stage Cancer, Cancer or Stage III/IV Cancer;
- All pre-existing conditions in respect of the Insured existed before the Effective Date of Coverage or the approval date of reinstatement, whichever is later, and presented signs and symptoms of which the Insured has been aware or should reasonably have been aware;
- Suicide, attempted suicide or injuries due to insanity, self-infliction or functional disorder of the mind;
- Drug addiction, alcoholism or intoxication by alcohol or drugs not prescribed by a Doctor;
- Inhaling gas (except from hazard incidental to occupation);
- Any Human Immunodeficiency Virus (HIV) and/or any HIV-related illnesses including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof; or
- All excluded condition(s) as specified in the Policy Schedule or endorsement(s), if any.

MediNet Pro. While this Policy is in force, the Insured who suffers from Carcinoma-in-situ/Early Stage Cancer, Cancer or Stage III/IV Cancer covered by this Policy will be eligible to apply for the services of MediNet Pro through the Provider. The Provider shall act as the principal party in providing the services of MediNet Pro to the Insured. At the time of the issue of this Policy, the Provider is Inter Partner Assistance Hong Kong Ltd. (hereinafter called "IPA"). The services of MediNet Pro include second medical opinion services and medical referral services provided by the Provider. Any hospital or Doctor referred by the Provider and chosen by you shall be acting as the principal party in giving these medical services. The Company and the Provider shall not be liable for any default in the medical services provided by the aforesaid hospital and Doctor. In addition, the Company shall not be responsible for any claims, liabilities, injuries, cost, demand and/or compensation which may arise out of or in connection with the services provided by the Provider. The terms and conditions of the services of MediNet Pro will be provided to you by the Provider at the time you apply for the service. You will have to pay the Provider a service fee which is determined by the Provider from time to time. We reserve the right to change the Provider, the scope of the services of MediNet Pro, or cease to provide the services of MediNet Pro from time to time.

以同一受保人計算，本公司在任何時間繕發之所有保單及附加保障因受保人被確診患上任何符合原位癌／初期癌症定義之病患而作出及／或將作出原位癌／初期癌症保障賠償之賠償金額將以個人最高賠償限額每次 50,000 美元／400,000 港元／400,000 澳門幣為限。本公司繕發之「癌症全面保」計劃將不會計算在總賠償金額之內。我們將根據當時之行政規則於相關保單及／或附加保障內作出賠償。

(三) 癌症保障

於受保人被確診患上癌症時，將會以一筆過金額賠償。獲支付之賠償額相等於本保單的保單計劃表內註明之基本保障額的 100%，扣除本保單任何已支付之原位癌／初期癌症保障。

(四) 額外癌症保障

除癌症保障外，如相關癌症於首次確診時為第三／四期癌症，額外保障將會以一筆過金額賠償。獲支付之賠償額相等於本保單的保單計劃表內註明之基本保障額的 25%。

在任何情況下，原位癌／初期癌症保障、癌症保障及額外癌症保障的總賠償額將不會超過本保單的保單計劃表內註明之基本保障額的 125%。

不保事項： 載於保障條款內的原位癌／初期癌症保障、癌症保障及額外癌症保障將不會支付任何保障的賠償予因以下一種或多種情況而直接或間接引致的原位癌／初期癌症、癌症或第三／四期癌症：

- 在保障生效日期或批准復效日期(以較後日期為準)的六十日內出現的原位癌／初期癌症、癌症或第三／四期癌症；
- 受保人在確診患上原位癌／初期癌症、癌症或第三／四期癌症後之十四天內身故；
- 在保障生效日期或批准復效日期(以較後日期為準)前，所有受保人本身已存在的情況及按受保人已呈現的病徵及病狀，受保人已知悉或據常理應該已知悉的情況；
- 自殺、企圖自殺或在神智不清醒、自傷身體或精神狀態異常的狀況下受傷；
- 藥癮、酗酒或因酒精或藥物中毒（除非由醫生處方）；
- 吸入氣體（因工作需要而引致則除外）；
- 任何人類免疫力缺乏症病毒及／或與此有關之病症，包括愛滋病及／或任何由此而產生的病症；或
- 在保單計劃表或附加修訂文件內所有註明之不保情況(如有)。

國際專業醫療網絡： 在本保單生效期間，當受保人患上受本保單所保障的原位癌／初期癌症、癌症或第三／四期癌症，便可透過醫療援助服務的提供者要求使用國際專業醫療網絡提供的服務。在向受保人提供國際專業醫療網絡的服務時，醫療援助服務的提供者擔當提供服務的角色。在保單計劃表內註明本保單的簽發日期時，國際救援(亞洲)有限公司(以下稱“IPA”)為醫療援助服務的提供者。國際專業醫療網絡的服務包括由醫療援助服務的提供者提供的主診醫生以外的醫療意見及醫療轉介服務。由醫療援助服務的提供者轉介的，並由你選擇的任何醫院或醫生將會提供醫療服務。本公司及醫療援助服務的提供者對上述醫院或醫生的任何醫療失誤將不會負責。此外，對醫療援助服務的提供者所提供的服務所引致的任何索償、責任、損害、費用、要求及／或賠償，本公司將一概不負責。國際專業醫療網絡的服務條款將於你申請使用其提供之服務時由醫療援助服務的提供者向你提供。你需要向醫療援助服務的提供者支付服務費，該費用由醫療援助服務的提供者釐定，並可不時更改。我們保留可不時更換醫療援助服務的提供者、改變國際專業醫療網絡的服務範圍及終止提供國際專業醫療網絡服務的權利。