

Application Supplement For Critical Illness/Cancer/Hospital/ Personal Accident Plan

危疾/癌症/醫療/意外計劃附加申請書

| | | |
|------------------------|---------------------------|--|
| Policy Number: 保單編號 | Proposed Insured: 準受保人 | Applicant/Owner: (if other than Proposed Insured) 保單申請人/持有人(如非準受保人) |
|------------------------|---------------------------|--|

Please tick appropriate box(es) 請於適當之空格內加上 號

Critical Illness Benefit 危疾保障

For Embrace Care Critical Illness Protector 安心守護危疾保障 (CID/CCD)

I/We hereby agree to accept that for critical illness cover, the disease must be diagnosed in any 3A hospitals in Mainland China*.
本人/吾等同意接受於中國內地有關危疾的診斷，只限於所有三級甲等之中國內地醫院*。

For Super Care Critical Illness Protector/Super Care Multiple Protection Benefit (if any)

星級「倍康健」危疾保障/星級「倍康健」多重危疾保障 (如有) (CIA/CCA/MCI/MCC)

I/We hereby agree to accept that for critical illness cover, the disease must be diagnosed in any 3A hospitals in Mainland China*.
本人/吾等同意接受於中國內地有關危疾的診斷，只限於所有三級甲等之中國內地醫院*。

For Super Care Early Stage Illness Benefit 星級「倍康健」早期危疾保障 (ESP/ECP/ESS/ECS)

I/We hereby agree to accept that for critical illness cover, the disease must be diagnosed in any 3A hospitals in Mainland China*.
本人/吾等同意接受於中國內地有關危疾的診斷，只限於所有三級甲等之中國內地醫院*。

For Living Well Benefit Rider Series 「安康健」危疾附加保障系列 (CIBL/CIBR/CIBPL/CIBPR/CIBSL/CIBSR)

I/We hereby agree to accept that for critical illness cover, the disease must be diagnosed in any 3A hospitals in Mainland China*; and the following 9 diseases are excluded: AIDS due to occupational accident, Blindness, Coma, Loss of hearing, Loss of speech, Major burns, Major head trauma, Paralysis and Severance of limbs.

本人/吾等同意接受於中國內地有關危疾的診斷，只限於所有三級甲等之中國內地醫院*；並不保以下九種疾病：因工作而感染到的愛滋病、失明、昏迷、失聰、喪失說話能力、嚴重皮膚燒傷、嚴重頭部創傷、癱瘓及斷肢。

I/We hereby agree to accept that no revival option for critical illness rider(s).

本人/吾等同意接受危疾保障附加計劃沒有復效權益。

I/We hereby agree to accept +25% geographical loading for the critical illness rider(s).

本人/吾等同意接受地域附加保費+25% 於「危疾保障」。

For Supreme Care Critical Illness Protector 「倍康健」危疾保障計劃 (CIP/CIC)

I/We hereby agree to accept that for critical illness cover, the disease must be diagnosed in any 3A hospitals in Mainland China*; and the following 9 diseases are excluded: AIDS due to occupational accident, Blindness, Coma, Loss of hearing, Loss of speech, Major burns, Major head trauma, Paralysis and Severance of limbs.

本人/吾等同意接受於中國內地有關危疾的診斷，只限於所有三級甲等之中國內地醫院*；並不保以下九種疾病：因工作而感染到的愛滋病、失明、昏迷、失聰、喪失說話能力、嚴重皮膚燒傷、嚴重頭部創傷、癱瘓及斷肢。

I/We hereby agree to accept +25% geographical loading for the critical illness rider(s).

本人/吾等同意接受地域附加保費+25% 於「危疾保障」。

Cancer Benefit 癌症保障

For VCare Cancer Protector 「倍康泰」癌症保障 (RCB/RCBR/RCBC/RCBRC)

I/We hereby agree to accept that for the diagnosis of Covered Cancer and all benefit(s) incurred in Mainland China is/are confined to all 3A hospitals in Mainland China*.

本人/吾等同意接受於中國內地有關癌症的診斷及所有利益，只限於所有三級甲等之中國內地醫院*。

* For covered hospitals in Mainland China, please refer to our company website for reference.
有關保障所覆蓋的中國內地醫院，請參照本公司網站。

Hospital Benefit 住院保障

For Hospital and Surgical Benefit 住院及手術保障 (HSC09)

I/We hereby agree to accept that all benefits (except top-up benefit, if any) under Hospital and Surgical Benefit (HSC09) incurred in Mainland China is/are confined to all 3A hospitals and selected hospitals in Mainland China*.

本人/吾等同意接受於中國內地有關住院及手術保障 (HSC09) 的所有利益(附加額外保障 (如有) 除外)，只限於所有三級甲等及指定之中國內地醫院*。

I/We hereby agree to accept that the top-up benefit (if any) of Hospital and Surgical Benefit (HSC09) cover worldwide hospitalization except the below country of origin and country of usual residence:

本人/吾等同意接受住院及手術保障 (HSC09) 的附加額外保障 (如有) 為環球醫療保障除了以下原居地國家及經常居住國家：

Country of origin and/or Country of usual residence:

原居地國家及/或經常居住國家： _____

For Hospital and Surgical Benefit 住院及手術保障 (HS09)

I/We hereby agree to accept that the benefit and top-up benefit (if any) cover worldwide hospitalization except the below country of origin and country of usual residence:

本人/吾等同意接受住院及手術保障及附加額外保障 (如有) 為環球醫療保障除了以下原居地國家及經常居住國家：

Country of origin and/or Country of usual residence:

原居地國家及/或經常居住國家： _____

For Health Protector Hospital & Surgical Plan/Select Medical Top Up Plan (Basic/Rider)/Hospital Cash Benefit
「倍康保」住院及手術保障計劃/「安心之選」升級醫療保障 (基本計劃/附加保障計劃)/住院現金保障 (HPHS/TU/TUR/HC)

I/We hereby agree to accept that the above selected plan(s)/benefit(s) covers worldwide hospitalization except the below country of origin and country of usual residence:

本人/吾等同意接受上述選擇的計劃/保障為環球醫療保障除了以下原居地國家及經常居住國家：

Country of origin and/or Country of usual residence:

原居地國家及/或經常居住國家： _____

Personal Accident Benefit 個人意外保障

For Personal Accident Benefit - Accidental Death & Dismemberment/The ONE Accident Protector
個人意外保障 - 意外死亡及傷殘保障/「智全為您」意外保障計劃 (PAADD/PAR)

I/We hereby agree to accept +50% geographical loading for above selected benefit.

本人/吾等同意接受地域附加保費+50% 於上述選擇的保障。

I/We also understand that the statement made above shall form a part of the policy with the captioned number.

本人/吾等亦明白到以上聲明將會成為上列編號保單之一部份。

| | | | | | |
|---|---------------------|---|---------------------|--|---------------------|
| _____ Name of Witness/Agent 見證人/保險代理姓名 | | Signature must be consistent with that in your life application form. 閣下簽署模式應與申請書上之簽署相同，以作核對。 | | | |
| _____ Signature of Witness/Agent 見證人/保險代理簽署 | _____ Date 日期 | _____ Signature of Proposed Insured 準受保人簽署 <small>(Signature is required for the person whose age is 18 or above) (滿18歲或以上之人士必須簽署)</small> | _____ Date 日期 | _____ Signature of Applicant/Owner 保單申請人/持有人簽署 <small>(if other than Proposed Insured) (如非準受保人)</small> | _____ Date 日期 |

Chubb. Insured.SM