

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/Insured: 準受保人/受保人	Applicant/Owner: (if other than Proposed Insured/Insured) 保單申請人/持有人 (如非準受保人/受保人)
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Please tick appropriate box(es) 請於適當之空格內加上 號

Critical Illness Benefit 危疾保障

- For Chubb Easy Select Critical Illness Plus 安達易選危疾加護保 (RPCI2/RPCI5)**
 I/We hereby confirm I/we understand and agree that for any diagnosis of critical illness received by Proposed Insured/Insured in the Mainland China, will only be covered in accordance with the policy and provided that such diagnosis is given by any 3A hospitals in the Mainland China*.
 本人/吾等特此確認，本人/吾等明白及同意準受保人/受保人在中國內地接受任何有關危疾的診斷，須根據保單條款受保及該診斷須由任何中國內地之三級甲等醫院*提供。
- For Embrace Care Critical Illness Protector 安心守護危疾保障 (CID/CCD)**
 I/We hereby confirm I/we understand and agree that for any diagnosis of critical illness received by Proposed Insured/Insured in the Mainland China, will only be covered in accordance with the policy and provided that such diagnosis is given by any 3A hospitals in the Mainland China*.
 本人/吾等特此確認，本人/吾等明白及同意準受保人/受保人在中國內地接受任何有關危疾的診斷，須根據保單條款受保及該診斷須由任何中國內地之三級甲等醫院*提供。
- 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 confirm I/we understand and agree that for any diagnosis of critical illness received by Proposed Insured/Insured in the Mainland China, will only be covered in accordance with the policy and provided that such diagnosis is given by any 3A hospitals in the Mainland China*.
 本人/吾等特此確認，本人/吾等明白及同意準受保人/受保人在中國內地接受任何有關危疾的診斷，須根據保單條款受保及該診斷須由任何中國內地之三級甲等醫院*提供。
- 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 confirm I/we understand and agree that for any diagnosis of critical illness received by Proposed Insured/Insured in the Mainland China, will only be covered in accordance with the policy and provided that such diagnosis is given by any 3A hospitals in the Mainland China*.
 本人/吾等特此確認，本人/吾等明白及同意準受保人/受保人在中國內地接受任何有關危疾的診斷，須根據保單條款受保及該診斷須由任何中國內地之三級甲等醫院*提供。
- 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 confirm I/we understand and agree that for any diagnosis of critical illness received by Proposed Insured/Insured in the Mainland China, will only be covered in accordance with the policy and provided that such diagnosis is given by any 3A hospitals in the 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/吾等特此確認，本人/吾等明白及同意準受保人/受保人在中國內地接受任何有關危疾的診斷，須根據保單條款受保及該診斷須由任何中國內地之三級甲等醫院*提供；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 the list of 3A and designated hospitals in the Mainland China, please refer to our company website for reference. The list will be updated from time to time.

*有關保障所覆蓋的中國內地醫院名單，請參照本公司網站。該名單將不時更新。

Cancer Benefit 癌症保障

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

I/We hereby confirm I/we understand and agree that for any diagnosis of covered cancer and all benefit(s) received by Proposed Insured/ Insured in the Mainland China, will only be covered in accordance with the policy and provided that such diagnosis is given by any 3A hospitals in the Mainland China*.

本人/吾等特此確認，本人/吾等明白及同意準受保人/受保人在中國內地接受任何有關癌症的診斷及所有利益，須根據保單條款受保及該診斷須由任何中國內地之三級甲等醫院*提供。

Hospital Benefit 住院保障

For Hospital and Surgical Benefit 住院及手術保障 (HSC9)

I/We hereby confirm I/we understand and agree that for all benefits (except top-up benefit, if any) under Hospital and Surgical Benefit (HSC9) received by Proposed Insured/Insured in the Mainland China, will only be covered in accordance with the policy and provided that such diagnosis is given by any 3A hospitals and designated hospitals* in the Mainland China*.

本人/吾等特此確認，本人/吾等明白及同意準受保人/受保人在中國內地接受任何有關住院及手術保障 (HSC9) 的所有利益 (附加額外保障 (如有) 除外)，須根據保單條款受保及該診斷須由任何中國內地之三級甲等醫院及指定之中國內地醫院*提供。

I/We agree to accept that the top-up benefit (if any) of Hospital and Surgical Benefit (HSC9) 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 (HSC9) 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 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 (HPSH/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。

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*有關保障所覆蓋的中國內地醫院名單，請參照本公司網站。該名單將不時更新。

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/Insured 準受保人/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/Insured) (如非準受保人/受保人)</small>	Date 日期