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## Section 1: Benefits Overview

Provides an overview of your insurance cover under the Basic Policy. Full details of the benefits under the Basic Policy are set out in Section 2 and Section 5.

We agree only on the basis of the terms and conditions contained in this Policy, and subject to payment of the relevant premium, to provide insurance cover to the Insured.

### What is covered?

Under this Policy, the Insured is entitled to the following core benefit:

Core Benefit	Compassionate Death Benefit
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### What's more?

iEasy Protect gives you the flexibility to tailor your cover according to your specific needs. The benefit details of the Modular Cover(s) are set out in respective Modular Cover(s) sections. While this Basic Policy is in force, you may terminate or add the Modular Cover(s) that is made available by us:

Modular Cover A	Term Life Protection
Modular Cover B	Accident Protection
Modular Cover C	Hospital Cash Protection
Modular Cover D	Critical Illness Protection

### How long is it covered for?

The Insured is covered from the Issue Date of the Basic Policy until the termination of it, unless the Basic Policy ends because one of the following has occurred:

- the Insured dies;
- you do not fully pay for all the issued Modular Cover(s) ;
- all issued Modular Cover(s) is(are) terminated or lapsed; or
- you surrender the Policy.

Even if your Policy ends, we will still process any claims and benefit payments under the Policy where the events leading to your claim are covered under the Policy and happened before the date of termination.

## Renewal Privilege

### What is it?

While the Modular Cover(s) is(are) in place, this Policy may be renewed, without issuance of a new policy contract, on each Anniversary Date prior to the Insured's eighty-fifth (85th) birthday by payment of the relevant premium in advance based on the premium rate in force at the time of renewal. We reserve the absolute right to revise the premium due under this Policy on the date of such renewal.

Sample



## Section 2: Benefits

Describes the insurance benefits available under your Basic Policy when the Basic Policy is effective which are subject to the terms and conditions stated here and in other Sections of the Basic Policy.

While this Policy is in force, the Company shall provide the benefits of this Basic Policy subject to the provisions, conditions and limitations contained herein or which may be endorsed hereinafter.

### 1. Compassionate Death Benefit

#### What is it?

While this Policy is in force, upon the death of the Insured, whether due to Accident or natural cause, the Company shall pay the Compassionate Death Benefit in the amount of Hong Kong Dollars Five Thousand (HK\$5,000) provided proof of such death is furnished to the Company.

This Compassionate Death Benefit will not affect any payments in the nature of a compassionate death benefit paid and / or payable under other policies and supplementary contracts issued by the Company and/or AIA Company Limited in respect of the same Insured.

The Compassionate Death Benefit payable in respect of the same Insured under all iEasy Protect policies will be limited to once per life.

We will deduct any balance of the premium due for the full year in which death occurs and any balance you owe for premiums for this Policy from the death benefit that we pay.



## Section 3: Claim Procedures

Explains how to make a claim under this Basic Policy.

### When you make a claim?

Subject to applicable law, for any case of death, please submit the claim and provide proof of death (as described below) within ninety (90) days after the Insured dies.

### What documents you need to submit?

You must fill in the claim forms that we provide with sufficient details to identify the Insured, and give us proof (including any other information and documents that we may reasonably ask you for) to support your claim at our Issuing Office at your own expense. We have the right to ask you for additional information and documents to support your claim. We will not be able to process your claim until we receive this information and the completed claim forms.

For a claim for death of the Insured, proof of death includes:

- (i) this Policy document; and
- (ii) certified true copies of documents proving that the Insured has died and the date of death; and
- (iii) proof of any Beneficiary's right to receive payment of the death benefit under this Policy; and
- (iv) any other information we may ask you for that we reasonably need to consider the claim.

And we may require an autopsy if one is needed and legally allowed.

You must meet our requirements regarding proof of claim as stated above before we will pay any benefit(s) under the Basic Policy and Modular Cover(s).

If you do not make your claim and provide proof as stated here, we may refuse the claim. However, we will not refuse your claim if you can show that you made the claim and provided us with all relevant proof as soon as was reasonably possible. We assess claims under the Basic Policy and any Modular Cover(s) attached to it separately and independently of each other and it may lead to different claim decisions.

### When we won't pay?

We have the right to cancel this Policy immediately if a claim is submitted that is fraudulent, unfounded, incorrect, incomplete or misleading in any way. In any of these cases, we have the right to recoup from you or the Beneficiary (in the case of payment of the death benefit) any payment we make under this Policy.

### Limitation of claim

We will not pay the Compassionate Death Benefit if death arises from suicide or a self-inflicted act by the Insured (regardless of his/her mental state) within 1 year after the Issue Date of this Basic Policy or most recent Commencement Date (if the Policy was reactivated) of this Basic Policy.



## SECTION 4: Premium

Explains your premium structure, what happens if you pre-pay, over-pay or miss a payment.

### Premium – When should you pay?

This Policy covers the Insured and is effective only if the Insured is alive. Your first premium is due and must be paid on or before the Issue Date shown on the Policy Information Page. As long as the Insured is alive, you must pay your subsequent regular premiums payments (if any) for the Modular Cover(s) shown on the Policy Information Page on or before each premium due date, either at our Issuing Office or to our authorized officer or cashier (as designated by us). Premium due dates are set based on the payment frequency you have chosen according to the choices we have made available (e.g. annual or monthly mode). If you send us a written request, you may change the frequency of your premium payments as long as the amount of each premium payment is not less than the minimum premium amount we require under our current rules and procedures.

### What happens if you pre-pay or over-pay premium?

If you pay us a premium before it is due (“Prepaid Premium”) or any amount which is more than the premium due under your Policy on a premium due date (“Overpayment”), we may pay you interest on these amounts from the date of payment at an interest rate that we will set. This interest rate is not guaranteed and we may change it from time to time. Our current rules and procedures set a maximum limit on the total amount of Prepaid Premium(s) and / or Overpayment(s) you can pay to us, and we will reject any Prepaid Premium or Overpayment which goes over this limit. You may withdraw any part or all of the Prepaid Premium or Overpayment you have paid, as well as any interest we have paid you on it, within the limit set out in our current rules and our procedures. We will automatically apply any Prepaid Premium, Overpayment and / or interest on these amounts that you do not withdraw to offset regular premium(s) due and any levy in future which are not paid by the end of the Grace Period.

### Grace Period & Default – What happens if premium payments are late / missed?

We will give you a grace period of an extra 31 days from the premium due date (“Grace Period”) to pay each regular premium. If you pay an overdue premium during the Grace Period, the respective Modular Cover(s) stays fully effective. If you do not do so, we will end your respective Modular Cover(s) at the end of Grace Period. If there is any covered claim you make during the Grace Period, we will pay the benefit after deducting the amount of your overdue premium.

### What is the premium for renewal?

On the Policy Anniversary of the Modular Cover(s), Modular Cover(s) will be renewed as set out in the “Renewal Privilege”. The regular premium of the Modular Cover(s) which we will charge for renewal for each subsequent Renewal Period is not guaranteed and will be based on the applicable premium rate we apply to the Insured’s age at the time of renewal.



## SECTION 5: Termination of Policy

Explains when the Policy ends and how it can reactivate.

### Termination – When your Policy/Modular Cover ends?

Your Policy (including your selected Modular Cover(s)) automatically ends on the earliest of the following dates:

- (a) the date of the Insured's death; and
- (b) the date you surrendered, or terminated this Policy; and
- (c) the Policy Anniversary Date of this Basic Policy immediately following the eighty-fifth (85<sup>th</sup>) birthday of the Insured; and
- (d) the end of the Grace Period, if you do not pay the regular premium due on this date by the end of the Grace Period; and
- (e) the date when all your Modular Cover(s) is(are) ended.

Even if your Policy ends, we will still process any claims and benefit payments under the Policy where the events leading to your claim are covered under the Policy and happened before the date of termination.

### Surrender – How to surrender the Policy/Modular Cover?

You may surrender this Policy/your Modular Cover at any time by giving us a written request to do so, and the Policy will end. This Policy/Modular Cover has no cash value and we do not pay you any benefits when you surrender it.

### Reinstatement – How to reactivate the Policy/Modular Cover?

If your Policy/Modular Cover (as applicable) has ended because you did not pay a premium by the end of the Grace Period, you can reinstate (put back) the Policy/Modular Cover and reactivate its coverage within 5 years from the date on which your Policy/Modular Cover ended, as long as we agree and you meet the following conditions:

- (a) you apply for reinstatement by filling in the form that we provide and submitting it to our Issuing Office; and
- (b) you are able to satisfy us by providing information and documents that the Insured's health still qualifies for your Policy/Modular Cover; and
- (c) you pay us all overdue premiums (with interest compounded to the date of reinstatement at an interest rate we set) and any outstanding levy; and
- (d) you have not surrendered the Policy/Modular Cover.

It is entirely up to us whether to agree to reinstate your Policy/Modular Cover and we do not need to give you any reason for our decision if we decide to reject your application for reinstatement.

If your Policy/Modular Cover is reinstated, coverage will reactivate from the date of reinstatement (i.e. Commencement Date) of the Policy/Modular Cover, which we will record in a written confirmation we issue to you. You will not be covered for any event that took place after your Policy/Modular Cover ended and before it reactivates on the date of reinstatement.



## SECTION 6: Owner, Insured and Beneficiary

Describes the main parties and how they are treated under this Policy.

### Owner (you)

You (the Owner) own this Policy and are the only person who has the right to make changes to or enforce rights under the Policy. You will also be paid all of the benefits payable under this Policy, except for the death benefit which will be paid to the Beneficiary / Beneficiaries you have chosen if the Insured dies.

### How to change the Owner?

You (the Owner) may change the Owner of this Policy at any time before the Policy ends by filing a notice with us using our prescribed form. This change is valid only after we accept and record the change by issuing an endorsement to your Policy to reflect it. The change will be effective as of the date of this endorsement provided both the new Owner and the Insured are alive on this date. We will only accept and record a change of ownership if you can provide us with all of the information we need to comply with requirements under the Anti-Money Laundering and Counter-Terrorist Financing Ordinance and any other applicable guidelines.

If the Owner of this Policy dies at any time before the Policy ends and the Insured is still alive, then the Insured will become the Owner.

### Insured

The Insured is the person you chose for us to cover under this Policy. The Insured cannot receive any benefit or enforce any rights under this Policy unless you (the Owner) are also the Insured.

### Beneficiary

The Beneficiary is any person you choose to receive part or all of the death benefit which will be paid under this Policy if the Insured dies. You can choose more than one Beneficiary and the share of the death benefit that each Beneficiary will receive. If you have chosen more than one Beneficiary but have not specified each Beneficiary's share of the death benefit, we will pay the Beneficiaries in equal shares.

### How to change a Beneficiary?

You (the Owner) may change a Beneficiary of this Policy at any time before the Policy ends by filing a notice with us using our prescribed form. This change is valid only after we accept and record the change by issuing an endorsement to your Policy to reflect it. The change will be effective as of the date of this endorsement provided you and the Insured are both alive on this date. We will only accept and record a change of Beneficiary if you can provide us with all of the information we need to comply with requirements under the Anti-Money Laundering and Counter-Terrorist Financing Ordinance and any other applicable guidelines.





## SECTION 7: Important Legal Rights and Obligations

Explains the important legal rights and obligations under your Policy.

### Your insurance contract

Your Policy is a legal contract between you and us. The Basic Policy and Modular Cover(s) take effect on the respective Issue Date after we receive a signed and dated application and the full amount of the first premium for the Modular Cover(s) from you. When the Policy takes effect, we will give you a Policy Information Page which shows the plan name of the Basic Policy and the product and/or code name and form number of any Modular Cover(s) which are attached to your Basic Policy.

This Policy is based on information that you and the Insured gave us when you applied for the Policy, or when you applied for its reinstatement. We rely on this information in deciding to give you coverage, and in deciding what you need to pay and any Special Terms to apply to your Policy. You are responsible for making sure that this information is accurate and complete. If any of this information omits facts or is inaccurate or misleading, and we would not have issued or reinstated the Policy if accurate information had been provided, we have the right to and may cancel your Policy and treat it as if it never existed. If we cancel the Policy, we will refund any premium and levy you have paid without interest, after deducting any benefits we have paid you and/or any amounts that you owe to us under the Policy. On the other hand, if we would have issued or reinstated the Policy on different terms and conditions if accurate information had been provided, we may instead choose to apply Special Terms to your Policy from the Issue Date or the reinstatement date of the Policy.

### How benefits are paid?

While the Insured is alive and before the Policy ends, we will pay all of the benefits payable under this Policy to you if you are alive or to your estate if you die. If the Insured dies, we will pay the death benefit under this Policy to the Beneficiary/Beneficiaries you have chosen. If a Beneficiary you have chosen dies before the Insured, we will pay that Beneficiary's share of the death benefit to you, or to your estate if you die.

Once we pay the Compassionate Death Benefit under the Basic Policy and all other benefits payable under the Modular Cover(s) (if any) as described in this clause, our obligations to you under the Basic Policy and/or Modular Cover(s) (if any) are fulfilled and come to an end.

### Misstatement of smoking habit – what happens?

If we discover that the Insured is a smoker on the date you applied for the Policy or its reinstatement and you did not disclose this to us in the application form we received, we have the right to and may cancel this Policy.

### Misstatement of age and/or sex – what happens?

If we discover that we were given the wrong age or sex for the Insured when you applied for the Policy, we will do one of the following:

1. Where a higher premium would have applied based on the Insured's correct age or sex, we will adjust the benefit payable based on what the premiums paid would have bought if we had been given the Insured's correct age and sex; or
2. Where a lower premium would have applied based on the Insured's correct age or sex, we will refund the extra premium and levy paid (over what would have been paid at the Insured's correct age or sex) without interest; or
3. Where the Insured would not have been eligible for insurance cover based on his/her correct age or sex, we have the right to and may cancel the Policy or any Modular Cover(s) and treat it as if it never existed. In that case, we will refund any premium and levy you have paid without interest, after deducting any benefits we have paid you and/or any amounts that you owe to us under the Policy.

We have the right to ask you for satisfactory proof of the Insured's age before we process any claim or pay any benefit under your Policy.

### **Freedom from restriction**

Unless otherwise specified, this Policy does not restrict where the Insured may live or his/her travel or occupation after the Issue Date or most recent Commencement Date of this Basic Policy or the Modular Cover (if the Policy was reactivated).

### **How changes are made?**

Any changes to the Policy (including any of its terms and conditions) must be in writing and set out in an endorsement which is signed by our duly authorised officer. We will not be bound by any change unless we have issued an endorsement regarding this change.

### **Currency and place of payment**

All amounts paid to us or by us under this Policy will be made in the currency shown on the Policy Information Page. However, if we choose, we may accept payment(s) to us under this Policy in another currency. All amounts we pay under this Policy will be paid by our Issuing Office.

### **No rights for others**

You and we are the only parties to this Policy. Any other person, who is not a party to this Policy (including but not limited to the Insured and a Beneficiary), has no right to enforce any of its terms.

### **Conformity with Law**

Any provision of the Policy which on its Issue Date or Commencement Date, is in conflict with the laws of the country or place in which this Policy is delivered or issued for delivery is hereby amended to conform to the minimum requirements of such laws and shall not affect this Policy which shall remain in full force and effect.

### **Governing law and jurisdiction over disputes**

This Policy is governed by and interpreted according to the laws of Hong Kong. The courts of Hong Kong have non-exclusive jurisdiction to consider and determine any dispute arising out of or in connection with this Policy.



## SECTION 8: Glossary of Terms

Gives the definition of important words and phrases used in the Policy.

Accident	means an unforeseen and involuntary event that occurs while this Basic Policy is in force.
Basic Policy	means this Policy (as may be amended by endorsement from time to time) excluding any Modular Cover.
Beneficiary	means the person or persons designated in the application form as the beneficiary under this Policy (as may be amended from time to time in accordance with this Policy).
Company / we / us / our	means AIA International Limited, a company incorporated in Bermuda with limited liability.
Grace Period	has the meaning set out in the section of “Premium”
Insured	means the person as shown on the Policy Information Page as the “Insured”.
Issue Age	in relation to the age of the Insured, means the age shown on the Policy Information Page as the “Issue Age”.
Issue Date / Commencement Date	is the date when coverage under this Policy or its relevant Modular Cover(s) takes effect. The Issue Date is shown on the Policy Information Page and the Commencement Date is indicated in the relevant endorsement if the original terms and coverage of the Policy are changed subsequently. Commencement Date is also the date of reinstatement of the Policy and/or its Modular cover(s) in case of any reinstatement.
Issuing Office	means AIA International Limited in Hong Kong at the address shown on the Policy Information Page; or such other address (if any) as we may notify you in writing from time to time.
Modular Cover(s)	means the coverage(s) in addition to the Basic Policy as chosen by the Owner and issued by the Company.
Owner / you / your	is the person who owns this Policy and shown on the Policy Information Page as the “Owner”, subject to the “How to change the Owner” part under the section of “Owner, Insured and Beneficiary” of the Policy, if applicable.
Policy	consists of:  (a) Basic Policy (including schedules, if any); (b) Modular Cover(s) (if any); (c) Policy Information Page; (d) application for the Basic Policy and for Modular Cover(s) (if any), including the application forms (if any), any subsequent amendments, declarations and statements duly made by the Owner and/or the Insured; and (e) endorsements to this Policy (if any).

Policy Anniversary / Policy Anniversaries	means the same date in each subsequent year as the Policy Date. If the Policy Date is 29 February of a leap year, then the Policy Anniversary will be 28 February in non-leap year.
Policy Date	as shown on the Policy Information Page, means the date from which Policy Anniversaries, policy months and premium due dates are determined.
Policy Information Page	means the schedule headed "Policy Information Page" issued in connection with this Basic Policy.
Renewal Period	as shown on the Policy Information Page, means the period of coverage you have chosen for each Modular Cover.
Special Terms	means the special terms you have agreed for your Policy, if any (including but not limited to, special terms to reflect increased risks in relation to residence, nationality or health).
Sum Assured	means the amount shown on the Policy Information Page as the "Amount of Benefits", as amended by any subsequent increase or decrease in cover due to your request.

## General Interpretation and Application

Where the context requires, words importing one gender include the other gender, and singular terms include the plural and vice versa.

Headings are for convenience only and do not affect the interpretation of this Policy. References to sections, clauses, provisions and schedules are to sections, clauses, provisions and schedules to this Policy.

Schedules to this Policy (if any) form part of this Policy.

## iEasy Protect

### Modular Cover A – Term Life Protection

This Modular Cover A is attached to your Policy but does not form part of the Basic Policy. It is issued in consideration of the payment of premiums applicable to this Modular Cover A stated on the Policy Information Page or relevant endorsement. The provisions of the Basic Policy to which this Modular Cover A is attached are incorporated by reference and shall apply unless otherwise specified herein.

Unless otherwise defined in this Modular Cover A, words and expressions defined in the Basic Policy shall have the same meanings under this Modular Cover A.

If your Policy Information Page or any other relevant endorsement show that you have a Basic Policy and this Modular Cover A are in force, we'll pay a benefit under the following circumstances.

#### **1.1 Death Benefit**

##### **What is it and how much will we pay?**

We will pay 100% of the Sum Assured if the Insured dies while this Modular Cover A is in place. We will deduct any balance of the premium due for the full year in which death occurs and any balance you owe for premiums for this Policy from the Death Benefit that we pay. The Modular Cover A will end once the Death Benefit is paid.



## Claim Procedures

Explains how to make a claim under this Modular Cover.

The Claims Procedures set out in the Basic Policy is applied and shall be supplemented by the following:

### When you make a claim?

Subject to applicable law, for any case of death, please submit your claim and provide proof of death (as described below) within ninety (90) days after the Insured dies.

### What documents you need to submit?

You must fill in the claim forms that we provide with sufficient details to identify the Insured, and give us proof (including any other information and documents that we may reasonably ask you for) to support your claim at our Issuing Office at your own expense. We have the right to ask you for additional information and documents to support your claim. We will not be able to process your claim until we receive this information and the completed claim forms.

For a claim for death of the Insured, proof of death includes:

- (i) this Policy document; and
- (ii) certified true copies of documents proving that the Insured has died and the date of death; and
- (iii) proof of any Beneficiary's right to receive payment of the death benefit under this Policy; and
- (iv) any other information we may ask you for that we reasonably need to consider the claim.

And we may require an autopsy if one is needed and legally allowed.

You must meet our requirements regarding proof of claim as stated above before we will pay any benefit(s) under the Modular Cover A.

If you do not make your claim and provide proof as stated here, we may refuse the claim. However, we will not refuse your claim if you can show that you made the claim and provided us with all relevant proof as soon as was reasonably possible. We assess claims under the Basic Policy and the Modular Cover A attached to it separately and independently of each other and it may lead to different claim decisions.

### Limitation of claim

We will not pay the Death Benefit if death arises from suicide or a self-inflicted act by the Insured (regardless of his/her mental state) within one (1) year after the Issue Date or most recent Commencement Date (if the Modular Cover A was reactivated)( whichever is later). Instead, we will pay an amount equal to any premium we received without interest, after deducting any amounts that you owe to us under the Policy (including any levy).



## Termination of this Modular Cover

Explains when this Modular Cover ends.

### Termination – When your Modular Cover ends?

This Modular Cover A automatically ends on the earliest of the following dates:

- (a) the date of the Insured's death; and
- (b) the date you surrendered, or terminated this Modular Cover A; and
- (c) the Policy Anniversary of this Modular Cover A immediately following the Insured's eighty-fifth (85<sup>th</sup>) birthday; and
- (d) the end of the Grace Period, if you do not pay the regular premium due on this date by the end of the Grace Period; and
- (e) when this Modular Cover A is converted to another whole life insurance policy.

When your Basic Policy is terminated, all your Modular Cover(s) will be terminated at the same time.

Even if your Modular Cover ends, we will still process any claims and benefit payments under this Modular Cover where the events leading to your claim are covered under this Modular Cover and happened before the date of termination.



## Important Legal Rights and Obligations

Explains the important legal rights and obligations under your Modular Cover.

### Conversion Privilege

While cover is in place and up to the Policy Anniversary immediately after the Insured turns age 70, you may convert this Modular Cover A by surrendering it in exchange for any whole life policy we offer at that time for this purpose, without the need to provide further evidence of insurability on the Insured, subject to our prevailing rules and procedures. The converted whole life policy may provide coverage on the Insured in an amount up to the current amount of Death Benefit payable under the Modula Cover A and shall start on the date of surrender of the Modular Cover A. The premium we will charge for this new policy will be based on the applicable premium rate we apply to the Insured's age at the time of surrender, and may include an extra premium if this Modular Cover A was originally issued with an extra premium.

### Incontestability - when we can contest payments?

We can contest or dispute the validity of your Policy and any payments under it at any time if we discover that you or the Insured acted fraudulently. However, unless there is fraud or you have failed to pay premium(s) by the premium due date, we cannot contest the validity of this Policy or refuse/dispute any payment after this Modular Cover A has been in effect continuously for 2 years (provided that the Insured has been alive throughout this period), starting from the Issue Date or the last Commencement Date of this Modular Cover A (if coverage under this Modular Cover A has reactivated). If we decide that we have reason to contest your Policy, we will treat it as if it never existed. In that case, we will refund any premium and levy you have paid without interest, after deducting any benefits we have paid you and/or any amounts that you owe to us under the Policy.



# iEasy Protect

## Modular Cover B – Accident Protection

This Modular Cover B is attached to your Policy but does not form part of the Basic Policy. It is issued in consideration of the payment of premiums applicable to this Modular Cover B stated on the Policy Information Page or relevant endorsement. The provisions of the Basic Policy to which this Modular Cover B is attached are incorporated by reference and shall apply unless otherwise specified herein.

Unless otherwise defined in this Modular Cover B, words and expressions defined in the Basic Policy shall have the same meanings under this Modular Cover B.

If your Policy Information Page or any other relevant endorsement show that you have a Basic Policy and this Modular Cover B are in force, we'll pay a benefit under the following circumstances.

### 1.1 Accidental Death & Dismemberment Benefit

#### What is it and how much will we pay?

When the Insured sustains any Covered Injury which results in any of the following losses within one hundred and eighty (180) days after (and including) the date of an Accident, we shall pay an Accidental Death & Dismemberment Benefit amount equal to the percentage of the Sum Assured corresponding to the relevant loss as shown below:

#### Schedule of Benefits for Accidental Death & Dismemberment

	Percentage of Sum Assured
1.1 Loss of life (Accidental Death Benefit)	100%
1.2 Permanent total Loss of Sight (both eyes)	100%
1.3 Loss of Limb or permanent total Loss of Use of limb(s) (2 or more limbs)	100%
1.4 Loss of Limb or permanent total Loss of Use of one limb and permanent total Loss of Sight of one eye	100%

If the Insured has a series of losses arising from the same Accident, we will not pay for more than one (1) of the losses and we have the right to determine the greatest amount payable as stated in this part.

### 1.2 Permanent Total Disability Benefit

#### What is it and how much will we pay?

We will pay 100% of Sum Assured as Permanent Total Disability Benefit in lump sum amount if an Accident leaves the Insured permanently and totally disabled within one hundred and eighty (180) days from the date of an Accident, and "permanently and totally disabled" means:

- the Insured is unable to perform at least three (3) out of six (6) "Activities of Daily Living" even with the aid of assistive device;
- always requires the physical assistance of another person throughout the entire activity;
- such disability must have persisted for a continuous period of at least 6 months from date of disability as diagnosed by a Registered Medical Practitioner; and
- in view of a Registered Medical Practitioner, be deemed permanent.

"Activities of Daily Living" are:

- a) **Transfer:** The ability to get in and out of a chair, bed or wheelchair;
- b) **Mobility:** The ability to move around indoors from room to room on level surfaces;
- c) **Contenance:** The ability to voluntarily control bladder and bowel functions so as to maintain personal hygiene;
- d) **Dressing:** The ability to put on and take off all necessary clothing, braces, artificial limbs or other surgical appliances;
- e) **Bathing/ Washing:** The ability to wash oneself in the bath or shower (including getting in or out of the bath or shower) or wash oneself by any other means; and
- f) **Eating:** The ability to feed oneself once food has been prepared and made available.

We will not pay the Permanent Total Disability Benefit on any disability arising from a Covered Injury where the Accidental Death and Dismemberment Benefit under Part 1.1 is payable.

### 1.3 Limitation of Benefits

#### What are the restrictions on Claims payment?

- (a) Regardless of the number of Accidents and losses sustained by the Insured, the total maximum liability of us under Part 1.1 Accidental Death & Dismemberment Benefit and Part 1.2 Permanent Total Disability Benefit shall not exceed one hundred percent (100%) of the Sum Assured.
- (b) Where the Sum Assured is decreased to zero as a result of benefit(s) paid under Part 1.1 Accidental Death & Dismemberment Benefit or Part 1.2 Permanent Total Disability Benefit herein, this Modular Cover B shall terminate.

## 1.4 Exclusions

### When we won't pay?

We won't pay the benefit(s) under this Modular Cover B if a claim for the benefit(s) arises from or involves any of these conditions or circumstances:

- a) war, declared or undeclared, or revolution;
- b) served in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order;
- c) violation or attempted violation of the law or resistance to arrest;
- d) suicide or attempted suicide or self-inflicted Injury or deliberate exposure to exceptional danger (except in an attempt to save human life), or is sustained whilst the insured is in a state of insanity;
- e) ptomaines or bacterial infection (except pyogenic infection which shall occur with and through an accidental cut or wound);
- f) accident occurring while or because the insured is under the influence of alcohol or any non-prescribed drug;
- g) pregnancy, miscarriage, childbirth or any complications concerning therewith;
- h) the insured entering, exiting, operating, servicing, or being transported by any aircraft, aerial device or conveyance, except as a fare-paying passenger (not as a pilot / operator or a member of the aircrew) in any properly licensed private aircraft and / or Commercial Aircraft;
- i) the Insured engaging in a sport in a professional capacity or where the Insured would or could earn income or remuneration from engaging in such sport;
- j) the Insured, while on duty as a professional driver, entering, driving, operating, servicing, riding in or exiting any land vehicle or conveyance outside the territorial limits of Hong Kong;
- k) assault, murder, riot, civil commotion, strikes or making an arrest while the insured is employed as a full or part time police officer, or cadet officer or is an officer or member of the Correctional Services Department; or
- l) riot, civil commotion or strikes while the insured 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.



## Claim Procedures

Explains how to make a claim under this Modular Cover.

The Claims Procedures set out in the Basic Policy is applied and shall be supplemented by the following:

### When you make a claim?

Subject to applicable law, for any case of loss, please submit your claim to us within ninety (90) days after the date of loss. For any case of death, please submit your claim and provide proof of death (as described below) within ninety (90) days after the Insured dies.

### What documents you need to submit?

You must fill in the claim forms that we provide with sufficient details to identify the Insured, and give us proof (including any other information and documents that we may reasonably ask you for) to support your claim at our Issuing Office at your own expense. We have the right to ask you for additional information and documents to support your claim. We will not be able to process your claim until we receive this information and the completed claim forms.

We have the right to ask for any additional proof and request medical examination(s) of the Insured obtained if needed to substantiate a claim. We have the right to require proof that the Insured is unable to perform at least three (3) out of six (6) "Activities of Daily Living" as stated under Part 1.2.

For a claim for death of the Insured, proof of death includes:

- (i) this Policy document; and
- (ii) certified true copies of documents proving that the Insured has died and the date of death; and
- (iii) proof of any Beneficiary's right to receive payment of the death benefit under this Policy; and
- (iv) any other information we may ask you for that we reasonably need to consider the claim.

And we may require an autopsy if one is needed and legally allowed.

You must meet our requirements regarding proof of claim as stated above before we will pay any benefit(s) under the Modular Cover B.

If you do not make your claim and provide proof as stated here, we may refuse the claim. However, we will not refuse your claim if you can show that you made the claim and provided us with all relevant proof as soon as was reasonably possible. We assess claims under the Basic Policy and the Modular Cover B attached to it separately and independently of each other and it may lead to different claim decisions.



## Termination of this Modular Cover

Explains when this Modular Cover ends.

### Termination – When your Modular Cover ends?

This Modular Cover B automatically ends on the earliest of the following dates:

- (a) the date of the Insured's death; and
- (b) the date you surrendered, or terminated this Modular Cover B; and
- (c) the Policy Anniversary of this Modular Cover B immediately following the Insured's eighty-fifth (85<sup>th</sup>) birthday; and
- (d) the end of the Grace Period, if you do not pay the regular premium due on this date by the end of the Grace Period; and
- (e) when total payment(s) of this Modular Cover B reach 100% of Sum Assured subject to the Limitations of Benefit applicable to Accidental Death and Dismemberment Benefit or Permanent Total Disability Benefit.

When your Basic Policy is terminated, all your Modular Cover(s) will be terminated at the same time.

Even if your Modular Cover ends, we will still process any claims and benefit payments under this Modular Cover where the events leading to your claim are covered under this Modular Cover and happened before the date of termination.



## Important Legal Rights and Obligations

Explains the important legal rights and obligations under your Modular Cover.

### Revision of Benefits , Restrictions and Premiums

On any Policy Anniversary or renewal, by giving a 30-day prior notice in writing by ordinary post to the your last known address in the Company's records, the Company reserves the right to revise, amend or modify the benefit structure and/or restrictions/limitations and/or the premium, including but not limited to the Schedule Of Benefits, and/or any other items of benefits or coverage as determined by the Company.

In the event that you disagree with such revision and notify the Company in writing within thirty (30) days after such revision takes effect, this Modular Cover B shall automatically terminate on the premium due date following our receipt of such notice.

Any change of benefits or coverage under this Modular Cover B as requested by you shall only take effect subject to the approval by the Company and on the Policy Anniversary or renewal. An appropriate endorsement shall be issued following each revision together with the revised Schedule of Benefits (if any).

### Change of Occupation

If the change of occupation is to one which is classified by us as not insurable, we will not be liable to cover any loss sustained pertaining to that occupation under this Policy.

In applying this provision, the classification of occupational risk and the premium rates shall be such as have been last promulgated by us prior to the occurrence of the loss for which we are liable or prior to date of proof of change in occupation.

Under this Modular Cover B, the Insured must immediately notify us of any change in his/her employment, occupations, duties or other pursuits.

### Limitations Of Time For Bringing Suit

Subject to applicable law, you shall not bring any action at law or in equity to recover on this Modular Cover B with sixty (60) days after proof of loss has been filed in accordance with our requirements and such action (if any) shall be brought within two (2) years from the date of our final decision in respect of any claim herein.

### Non-Participating

This Modular Cover B shall not share in the surplus earnings of the Company.



## Glossary of Terms

Gives the definition of important words and phrases used in this Modular Cover.

<b>Commercial Aircraft</b>	means a certified passenger aircraft provided by a commercial airline on any regularly scheduled flight and operated by a properly certified pilot flying between duly established and maintained airports, and which is certified and authorized by local government authorities for the transport of fare-paying passengers.
<b>Covered Injury</b>	means an Injury caused directly, independently and solely by an Accident that occurs after the later of the Issue Date or the latest Commencement Date of this Modular Cover B .
<b>Immediate Family Member</b>	means the legally married spouse or a child or parent of the Insured or the Owner (as the case may be).
<b>Injury</b>	means any abnormal bodily condition caused solely by Accident and independent of any other causes and not therefore due to illness or disease.
<b>Loss of Limb</b>	means loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle.
<b>Loss of Sight</b>	means the entire and irrecoverable loss of sight.
<b>Loss of Use</b>	means total and permanent functional disablement and is treated like the total loss of said limb or organ.
<b>Registered Medical Practitioner</b>	means any person qualified by degree in and licensed to practice western medicine who is legally authorized in the geographical area of his practice to render medical or surgical services, but excluding a Registered Medical Practitioner who is the Insured himself, an insurance agent, business partner(s) or employer / employee of the Insured or the Insured's Immediate Family Member, the Owner or any person related in similar fashion to the Owner.

This Modular Cover C is attached to your Policy but does not form part of the Basic Policy. It is issued in consideration of the payment of premiums applicable to this Modular Cover C stated on the Policy Information Page or relevant endorsement. The provisions of the Basic Policy to which this Modular Cover C is attached are incorporated by reference and shall apply unless otherwise specified herein.

Unless otherwise defined in this Modular Cover C, words and expressions defined in the Basic Policy shall have the same meanings under this Modular Cover C.

If your Policy Information Page or any other relevant endorsement show that you have a Basic Policy and this Modular Cover C are in force, we'll pay a benefit under the following circumstances.

### 1.1 Hospital Cash Benefit

#### What is it and how much will we pay?

If the Insured is hospitalised due to a Covered Illness or Covered Injury in this Modular Cover C on the recommendation of a Registered Medical Practitioner, while this Hospital Cash Benefit is in force, and subject to the terms and conditions (including Limitation of Benefit) set out herein, we shall pay the Hospital Cash Benefit as stated on the Policy Information Page for each day during which the Insured is Confined in Hospital. This benefit is limited to one (1) payment per day and up to a maximum of seven hundred fifty (750) days in respect of the Same Confinement caused by each Covered Illness or Covered Injury.

#### Limitation of benefits

Confinement of the Insured must qualify as a Reasonable and Customary Hospital Confinement for Hospital Cash Benefit to be payable by us. Moreover, if the Confinement occurs outside of the Covered Countries or Places, the following limitations shall apply:

- (i) the Hospital Cash Benefit shall be reduced to one half of the amount shown on the Policy Information Page;
- (ii) payment of the Hospital Cash Benefit shall be limited to a maximum of 90 days in respect of the Same Confinement; and
- (iii) the Hospital Cash Benefit paid shall be subject to a maximum aggregate limit of HK\$ 480 for each day that the Insured is Confined in Hospital.(which applies to the Hospital Cash Benefit paid under this hospital cash coverage and any and all similar benefits paid and/or payable under other insurance policies/hospital cash coverage issued by us and/or AIA Company Limited in respect of the same Insured.)



## 1.2 Exclusions

### When we won't pay?

This Modular Cover C does not cover any hospitalization, surgery or charges caused directly or indirectly, wholly or partly, by any one of the following occurrences nor shall they cover any Covered Illness the signs or symptoms, of which first occurred prior to the Issue Date of this Modular Cover C, or within thirty (30) days following the Issue Date or Commencement Date of this Modular Cover C, whichever is later:

- (a) any Injury or illness caused by
  - (i) self-destruction or intentional self-inflicted injuries or any attempted self-destruction while sane or insane;
  - (ii) war, declared or undeclared, strikes, riots, civil war, revolution or any warlike operations;
  - (iii) service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order;
  - (iv) any violation or attempted violation of the law or resistance to arrest;
- (b) pregnancy, complications of pregnancy and any procedures related to fertility, contraception and all kinds of assisted reproduction procedures;
- (c) any mental or psychiatric disorder, including but not limited to, anxiety, anorexia, depression, stress, fatigue, exhaustion, psychiatric complications of physical disorders, sleep disorders, drug or alcohol abuse, cognitive impairment, behavioral disorders, or any complications thereof;
- (d) cosmetic or plastic surgery or any elective surgery;
- (e) any form of dental care or surgery unless necessitated by Injury caused by an accident (excluding denture and related expenses);
- (f) routine health checks or convalescence, custodial, rest care, or any investigation(s) not directly related to hospital admission, diagnosis, illness or Injury;
- (g) any treatment or investigation which is not medically necessary or consistent in accordance with standards of good medical practice;
- (h) any congenital disorder that gives rise to signs or symptoms, or is diagnosed, before the Insured attains seventeen (17) years of age;
- (i) corrective aids and treatment of refractive errors unless necessitated by Injury caused by an Accident;
- (j) any fees and medical service which is not Reasonable and Customary;
- (k) treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs until the Insured has been continuously covered under this Supplementary Contract for a period of one hundred and twenty (120) days immediately preceding such treatment or surgery; or
- (l) Acquired Immunodeficiency Syndrome (AIDS) or any complications associated with infection by any Human Immunodeficiency Virus (HIV).



## Claim Procedures

Explains how to make a claim under this Modular Cover.  
The Claims Procedures set out in the Basic Policy is applied and shall be supplemented by the following:

### When you make a claim?

Subject to applicable law, please submit your claim to us within ninety(90) days after the date of being discharged from a Hospital (as described below).

### What documents you need to submit?

You must fill in the claim forms that we provide with sufficient details to identify the Insured, and give us proof (including any other information and documents that we may reasonably ask you for) to support your claim at our Issuing Office at your own expense. We have the right to ask you for additional information and documents to support your claim, including any Hospital's official statement of accounts and receipts which show the itemized hospital expenses. We will not be able to process your claim until we receive this information and the completed claim forms

You must meet our requirements regarding proof of claim as stated above before we will pay any benefit(s) under the Modular Cover C.

If you do not make your claim and provide proof as stated here, we may refuse the claim. However, we will not refuse your claim if you can show that you made the claim and provided us with all relevant proof as soon as was reasonably possible. We assess claims under the Basic Policy and the Modular Cover C attached to it separately and independently of each other and it may lead to different claim decisions.



## Termination of this Modular Cover

Explains when this Modular Cover ends.

### Termination – When your Modular Cover ends?

This Modular Cover C automatically ends on the earliest of the following dates:

- (a) the date of the Insured's death; and
- (b) the date you surrendered or terminated your Modular Cover C; and
- (c) the Policy Anniversary of this Modular Cover C immediately following the Insured's eighty-fifth (85<sup>th</sup>) birthday; and
- (d) the end of the Grace Period, if you do not pay the regular premium due on this date by the end of the Grace Period.

When your Basic Policy is terminated, all your Modular Cover(s) will be terminated at the same time.

Even if your Modular Cover ends, we will still process any claims and benefit payments under this Modular Cover where the events leading to your claim are covered under this Modular Cover and happened before the date of termination.

Sample



## Glossary of Terms

Gives the definition of important words and phrases used in this Modular Cover.

<b>Confinement / Confined</b>	means admission of the Insured to a Hospital as an in-patient following the later of the Issue Date or last Commencement Date, upon the recommendation of a Registered Medical Practitioner for a Continuous Physical Stay for Medically Necessary treatment, provided that the duration of such Stay is six (6) hours or more. For the avoidance of doubt, and notwithstanding any other provisions of this Modular Cover C, an admission to Hospital will not be, or will cease to be, regarded by the Company as a Confinement for purposes of this Modular Cover C where the ensuing stay on Hospital is not a Continuous Physical Stay as defined.
<b>Continuous Physical Stay / Stay</b>	means the continuous physical presence of the Insured as an in-patient on Hospital premises, without any physical absence or interruption throughout the period commencing from the Insured's admission to a Hospital until his full and formal discharge therefrom.
<b>Covered Countries or Places</b>	means Hong Kong, Macau, Malaysia, Thailand, Taiwan, Japan, South Korea, Singapore, United States of America, Canada, Australia, New Zealand and Western Europe
<b>Covered Illness</b>	means illness occurring more than 30 days after the later of the Issue Date and the latest Commencement Date of this Modular Cover C. In this Modular Cover C, an illness is regarded as having occurred when it has been investigated, diagnosed or treated or when its signs or symptoms have manifested which would cause an ordinary prudent person to seek diagnosis, care or treatment. In the event of any conflict or discrepancy of opinions relating to the signs or symptoms of an illness and their manifestation between a Registered Medical Practitioner and the Insured, the Company shall adopt and follow the Registered Medical Practitioner's professional opinion.
<b>Covered Injury</b>	means an Injury caused directly, independently and solely by an Accident that occurs after the later of the Issue Date or the latest Commencement Date of this Modular Cover C.
<b>Hospital</b>	means a lawfully operated institution licensed as a hospital for the care and treatment of injured or ill persons which provides facilities for diagnosis, major surgery and 24-hour nursing service and is not primarily a rest or convalescent home, or similar establishment or, other than incidentally, a place for alcoholics or drug addicts.
<b>Immediate Family Member</b>	means the legally married spouse or a child or parent of the Insured or the Owner (as the case may be).
<b>Injury</b>	means any abnormal bodily condition caused solely by Accident and independent of any other causes and not therefore due to illness or disease.
<b>Medically Necessary</b>	is a medical service, procedure or supply, when in the Company's opinion, is (a) consistent with generally accepted professional standards of medical practice; (b) is required to establish a diagnosis and to provide treatment; and (c) which cannot be safely delivered in a lower level of medical care. Experimental, screening and preventive services or supplies are not considered medically necessary.

<b>Out-Patient</b>	means an Insured who receives services and supplies in connection with treatment for Covered Illness or Covered Injury given in the clinic of a Registered Medical Practitioner / a Specialist, a day surgery centre, or in the outpatient department, emergency treatment room or day surgery centre of a Hospital.
<b>Reasonable and Customary</b>	in relation to a fee, a charge or an expense, means any fee or expense which (a) 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 Registered Medical Practitioner; (b) does not exceed the usual level of charges for similar treatment, supplies (inclusive of medication) or medical services in the locality where the expense is incurred, which for the avoidance of doubt, shall not exceed the level of such charges applicable to a Covered Room for treatment, supplies (inclusive of medication) or medical services provided during a covered Confinement; and (c) does not include charges that would not have been made if no insurance existed. The Company reserves the right to determine whether any particular Hospital/medical charge is a Reasonable and Customary charge with reference but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association in the locality. The Company reserves the right to adjust any and all benefits payable in relation to any Hospital/medical charges which in the opinion of the Company's medical examiner is not a Reasonable and Customary charge.
<b>Reasonable and Customary Hospital Confinement</b>	in relation to a Confinement, means a Confinement in Hospital for Injury or illness which is Medically Necessary, where the admission of the Insured, length of Confinement, and medical services and treatment received during Confinement: (a) are all in accordance with standards of good medical practice; and (b) do not exceed the usual standard for the treatment of similar Injury or illness at the location where such Confinement takes place. For the avoidance of doubt, a Confinement is not a Reasonable and Customary Hospital Confinement if it is in respect of a medical procedure or treatment which, having regard to standards of good medical practice: i) is routinely performed on other patients on an out-patient basis; and ii) could reasonably have been performed on the Insured as an Out-Patient.
<b>Registered Medical Practitioner</b>	means any person qualified by degree in and licensed to practice western medicine who is legally authorized in the geographical area of his practice to render medical or surgical services, but excluding a Registered Medical Practitioner who is the Insured himself, an insurance agent, business partner(s) or employer / employee of the Insured or an Immediate Family Member of the Insured, the Owner or any person related in similar fashion to the Owner.
<b>Same Confinement</b>	means that if two (2) or more Confinements are due to the same or related Injury or illness, or to any complications arising therefrom, such Confinements shall be regarded as one (1) Confinement if each of them is not separated by more than ninety (90) days from the paid or payable Confinement which immediately precedes it. This rule shall be observed in determining the limit of the benefits under the provision.
<b>Specialist</b>	means a Registered Medical Practitioner 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 by him.
<b>Western Europe</b>	for the purpose of this Modular Cover C, includes the following countries: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Monaco, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom and Vatican City.

Sample

# iEasy Protect

## Modular Cover D – Critical Illness Protection

This Modular Cover D is attached to your Policy but does not form part of the Basic Policy. It is issued in consideration of the payment of premiums applicable to this Modular Cover D stated on the Policy Information Page or relevant endorsement. The provisions of the Basic Policy to which this Modular Cover D is attached are incorporated by reference and shall apply unless otherwise specified herein.

Unless otherwise defined in this Modular Cover D, words and expressions defined in the Basic Policy shall have the same meanings under this Modular Cover D.

If your Policy Information Page or any other relevant endorsement show that you have a Basic Policy and this Modular Cover D are in force, we'll pay a benefit under the following circumstances.

### 1.1 Major Urban Critical Illness Benefit

#### What is it and how much will we pay?

If the Insured is Diagnosed to be suffering from a Cancer, Heart Attack or Stroke, upon receipt of due proof of such illnesses in accordance with claim procedures for this Modular Cover D, we shall pay this benefit equals to 100% of the Sum Assured.

This benefit is limited to and shall cease upon one (1) payment to the Owner equals to 100% of the Sum Assured for any and all Cancer, Heart Attack and Stroke.

### 1.2 Exclusions

#### When we won't pay?

We won't pay the benefit(s) under this Modular Cover D if a claim for the benefit(s) arises from or involves any of these conditions or circumstances:

- (a) any illness other than a Diagnosis of suffering from a Cancer, Heart Attack, or Stroke;
- (b) any illness the signs or symptoms of which first occurred prior to the later of the Issue Date or the latest Commencement Date of this Modular Cover D;
- (c) any illness the signs or symptoms of which first occurred within ninety (90) days following the later of the Issue Date or the latest Commencement Date of this Modular Cover D;
- (d) Cancer of the Insured, where in our opinion such Cancer was directly or indirectly due to AIDS or HIV Infection; and
- (e) any illness resulting from a physical or mental condition which existed before the Issue Date or the latest Commencement Date of this Modular Cover D (whichever is later) and which was not disclosed in the application for insurance or health statement.



## Claim Procedures

Explains how to make a claim under this Modular Cover.

The Claims Procedures set out in the Basic Policy is applied and shall be supplemented by the following:

### When you make a claim?

Subject to applicable law, please submit your claim to us after the Diagnosis of suffering from Cancer, Heart Attack or Stroke.

Proof of Cancer, Heart Attack or Stroke (as the case may be) must be furnished to us during the lifetime of the Insured and within six (6) months after the Diagnosis of the relevant illnesses or condition.

### What documents you need to submit?

You must fill in the claim forms that we provide with sufficient details to identify the Insured, and give us proof (including any other information and documents that we may reasonably ask you for) to support your claim at our Issuing Office at your own expense. We have the right to ask you for additional information and documents to support your claim, including original copies of any official statement of accounts and receipts which show the itemized expenses. We will not be able to process your claim until we receive this information and the completed claim forms.

Where a claim is based upon Cancer as defined, we shall be entitled to require the Insured to undergo a blood test, including a test for the detection of any human immunodeficiency virus, as a condition precedent to any acceptance by us of due proof of such illnesses.

You must meet our requirements regarding proof of claim as stated above before we will pay any benefit(s) under the Modular Cover D.

If you do not make your claim and provide proof as stated here, we may refuse the claim. However, we will not refuse your claim if you can show that you made the claim and provided us with all relevant proof as soon as was reasonably possible. We assess claims under the Basic Policy and the Modular Cover D attached to it separately and independently of each other and it may lead to different claim decisions.

### Grandfathered Critical Illness Clause

1. Where the Insured is covered under any other policy contract(s) or supplementary contract(s) providing coverage for critical illness or cancer (as the case may be) (“Grandfathered Critical Illness”) issued by the Company and/or AIA Company Limited (whether in Hong Kong or Macau) before December 31 2011 which does not contain any GRANDFATHERED CRITICAL ILLNESS CLAUSE (“Old Critical Illness Plan”), the Major Urban Critical Illness Benefit under this Modular Cover D shall be payable in accordance with this GRANDFATHERED CRITICAL ILLNESS CLAUSE (“Clause”), subject to other terms and conditions of this Policy. This Clause shall not apply to the following Old Critical Illness Plans:
  - (i) Cancer Aid Program
  - (ii) Supplementary AIA Female Health Contract (Form No. 3000B)
  - (iii) Supplementary Female Cancer Contract (Form No. 1990B)
  - (iv) Supplementary Female Cancer Contract (Form No. 1904B)
  - (v) Ladies Special Cancer Rider Supplementary Contract (Form No. 1904B)
2. For purposes of this Clause, the definition of “Cancer”, “Heart Attack” and “Stroke” under the Glossary of Terms of this Modular Cover D is amended by replacing its entirety with the following:

“Cancer”, “Heart Attack” and “Stroke” means either:

  - (a) “Cancer”, “Heart Attack” and “Stroke” as set out and defined respectively in the



- Glossary of Terms of this Modular Cover D; or
- (b) the same illness which is not within the meaning of the related definition as set out under clause (a) herein, but which fulfils the condition(s) and / or diagnostic requirement(s) for the same illness under the definition of critical illness or cancer (as the case may be) under an Old Critical Illness Plan, provided that i) coverage under the Old Critical Illness Plan for critical illness or cancer (as the case may be) has not been exhausted and remains in force at the time of Diagnosis of such illness under this Modular Cover D; ii) benefits have been received or paid, or will be received or paid, in respect of the relevant illness under the Old Critical Illness Plan; and iii) the signs or symptoms of the relevant illness first occur more than ninety (90) days following the later of the Issue Date or last Commencement Date of this Modular Cover D (“Grandfathered Critical Illness”).
3. This Clause shall be subject, not to the terms and conditions set out in the Old Critical Illness Plan, but to the terms and conditions applicable to this Modular Cover D, including but not limited to:
- (i) “Incontestability” clause; and
  - (ii) the “Exclusions” clause in the Modular Cover D.
4. This Clause shall be subject to the limitation that the aggregate of the benefit payments paid and / or payable in respect of:
- (i) a Grandfathered Critical Illness under this Modular Cover D;
  - (ii) any and all Grandfathered Critical Illnesses (as defined in the Old Critical Illness Plan(s)) under any and all other policies and supplementary contracts issued by the Company and / or AIA Company Limited (whether in Hong Kong or Macau) insuring the same life and which are stated to be subject to the Grandfathered Critical Illness limit herein;
  - (iii) any and all Critical Illnesses (as defined in the Old Critical Illness Plan(s)) on which the Grandfathered Critical Illness(es) is based, under any and all Old Critical Illness Plan(s) providing a Critical Illness benefit or payment for Critical Illness; and
  - (iv) any Cancer on which the Grandfathered Critical Illness(es) is based, under any and all Old Critical Illness Plan(s) providing a Cancer benefit or payment for Cancer;

which shall not exceed a per life maximum of US\$650,000 or HK\$ / MOP5,200,000, depending on the currency as stated on the Policy Information Page.

5. Notwithstanding Major Urban Critical Illness Benefit clause, where the benefit paid in respect of a Grandfathered Critical Illness (“First Payment”), is less than 100% of the Sum Assured due to application of the per life limit set out in Clause 4 of the GRANDFATHERED CRITICAL ILLNESS CLAUSE herein, our liability under Major Urban Critical Illness Benefit clause shall not terminate following the First Payment, and the remaining balance of Sum Assured (after deducting the First Payment) shall be applied towards any amount(s) which is payable under Major Urban Critical Illness Benefit clause.

Our liability under this Clause shall cease upon reaching 100% of the Sum Assured.



## Termination of this Modular Cover

Explains when this Modular Cover ends.

### Termination – When your Modular Cover ends?

This Modular Cover D automatically ends on the earliest of the following dates:

- (a) the date of the Insured's death; and
- (b) the date you surrendered, or terminated your Modular Cover D; and
- (c) the Policy Anniversary of this Modular Cover D immediately following the Insured's eighty-fifth (85<sup>th</sup>) birthday; and
- (d) the end of the Grace Period, if you do not pay the regular premium due on this date by the end of the Grace Period; and
- (e) the benefit(s) paid under Modular Cover D reach 100% of Sum Assured.

When your Basic Policy is terminated, all your Modular Cover(s) will be terminated at the same time.

Even if your Modular Cover ends, we will still process any claims and benefit payments under this Modular Cover where the events leading to your claim are covered under this Modular Cover and happened before the date of termination.



## Important Legal Rights and Obligations

Explains the important legal rights and obligations under your Modular Cover.

### Incontestability - when we can contest payments?

We can contest or dispute the validity of your Policy and any payments under it at any time if we discover that you or the Insured acted fraudulently. However, unless there is fraud or you have failed to pay premium(s) by the premium due date, we cannot contest the validity of this Policy or refuse/dispute any payment after this Modular Cover D has been in effect continuously for 2 years (provided that the Insured has been alive throughout this period), starting from the Issue Date or the last Commencement Date of this Modular Cover D (if coverage under the Policy / Modular Cover D has reactivated). If we decide that we have reason to contest your Policy, we will treat it as if it never existed. In that case, we will refund any premium and levy you have paid without interest, after deducting any benefits we have paid you and/or any amounts that you owe to us under the Policy.

Sample



## Glossary of Terms

Gives the definition of important words and phrases used in this Modular Cover D.

<b>AIDS</b>	shall have the meaning ascribed to such term by the World Health Organization from time to time.
<b>Cancer</b>	<p>means:</p> <ul style="list-style-type: none"><li>(a) any malignant tumour positively Diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue; or</li><li>(b) any occurrence of histologically confirmed leukemia, lymphoma or sarcoma.</li></ul> <p>Irrespective of the above, Cancer does not include any of the following:</p> <ul style="list-style-type: none"><li>(i) any cancer which is histologically classified as pre-malignant, non-invasive, or carcinoma in situ, or as having either borderline malignancy or low malignant potential;</li><li>(ii) any tumour of the thyroid histologically classified as T1N0M0 or a lower stage according to the TNM classification system;</li><li>(iii) any tumour of the prostate histologically classified as T1a or T1b or a lower stage according to the TNM classification system;</li><li>(iv) chronic lymphocytic leukemia classified as less than RAI Stage III;</li><li>(v) any cancer where HIV Infection is also present; and</li><li>(vi) any skin cancer, other than malignant melanoma,</li></ul> <p>provided that the signs or symptoms of the Cancer commence more than ninety (90) days following the later of the Issue Date and the latest Commencement Date of this Modular Cover D.</p>
<b>Diagnosis or Diagnosed</b>	<p>means the definitive Diagnosis made by a Registered Medical Practitioner as defined below, based upon such specific condition(s), as referred to herein in the definition of the particular illness concerned or, in the absence of such specific condition(s), based upon radiological, clinical, histological or laboratory evidence acceptable to the Company. Such Diagnosis must be supported by the Company's medical director who may base his / her opinion on the medical evidence submitted by the Insured and / or Owner and / or any additional evidence he may require.</p> <p>In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to call for an examination, of either the Insured or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by the Company and the opinion of such expert as to such Diagnosis shall be binding on both the Insured and the Company.</p>
<b>Heart Attack</b>	<p>means the death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met:</p> <ul style="list-style-type: none"><li>(a) a history of typical chest pain;</li><li>(b) new characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and</li><li>(c) either<ul style="list-style-type: none"><li>(i) elevation of cardiac enzymes (CPK-MB) at levels above the generally accepted laboratory levels of normal, or</li><li>(ii) troponins recorded at a level of Troponin I &gt; 0.5ng/ml or higher, or at a level of Troponin T &gt; 1.0ng/ml or higher,</li></ul></li></ul>

	provided that the signs or symptoms of the Heart Attack commence more than ninety (90) days following the later of the Issue Date and the latest Commencement Date of this Modular Cover D. Angina is specifically excluded.
<b>HIV Infection</b>	shall be deemed to have occurred where blood or other relevant test(s) indicate, in the opinion of the Company, either the presence of any human immunodeficiency virus, antigens or antibodies to such a virus.
<b>Registered Medical Practitioner</b>	means any person qualified by degree in and licensed to practice western medicine who is legally authorized in the geographical area of his practice to render medical or surgical services, but excluding a Registered Medical Practitioner who is an insurance agent of the Company, the Insured himself, an insurance agent, business partner(s) or employer / employee of the Insured or a member of the Insured's immediate family, the Owner or any person related in similar fashion to the Owner.
<b>Stroke</b>	means any cerebrovascular accident or incident producing neurological functional impairment, with objective neurological abnormal signs on physical examination, lasting at least four (4) weeks. Infarction of brain tissue, haemorrhage and embolism from an extra-cranial source are included. The Diagnosis of Stroke must be based on changes seen in a CT scan or MRI and such functional impairment must be confirmed by a Registered Medical Practitioner who is a neurologist. The following are excluded: (a) Cerebral symptoms due to transient ischaemic attacks; (b) Cerebral symptoms due to migraine; and (c) Vascular disease affecting the eye or optic nerve or vestibular functions, provided that the signs or symptoms of the Stroke commence more than ninety (90) days following the later of the Issue Date and the latest Commencement Date of this Modular Cover D.