

滙安健危疾保障計劃

HSBC Comprehensive Critical Illness Protection Plan

中文

ENG



HSBC Insurance
滙豐保險

危疾保障

保障自己 為突如其來的變化做好準備



HSBC Insurance
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滙安健危疾保障計劃

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滙豐人壽保險(國際)有限公司

滙豐人壽保險(國際)有限公司(「本公司」)是於百慕達註冊成立之有限公司。本公司為滙豐集團旗下從事承保業務的附屬公司之一。

香港特別行政區辦事處

香港九龍深旺道1號滙豐中心1座18樓

本公司獲保險業監管局(保監局)授權及受其監管,於香港特別行政區經營長期保險業務。

「滙安健危疾保障計劃」由本公司所承保。

香港上海滙豐銀行有限公司(簡稱「滙豐」)為本公司之保險代理商。本產品由本公司所承保,並只擬在香港特別行政區透過滙豐銷售。

有關滙豐與您於銷售過程或處理有關交易時引起的金錢糾紛,滙豐將與您把個案提交至金融糾紛調解計劃;然而,有關產品合同條款之任何糾紛,應直接由本公司與您共同解決。

本公司對本產品冊子所刊載資料的準確性承擔全部責任,並確認在作出一切合理查詢後,盡其所知所信,本產品冊子並無遺漏足以令其任何聲明具誤導成份的其他事實。本產品冊子所刊載之資料乃一摘要。有關詳盡的條款及細則,請參閱您的保單。

2018年7月

保障自己 為突如其來的變化做好準備

都市人每天過着營營役役的生活，可能令自己的健康付上沉重代價，罹患突如其來的各種危疾如癌症等，亦越來越普遍。據資料顯示，在2005至2015年間，新癌症病例大幅增長達33%¹。當中，9%的癌症病人為44歲以下的人士¹。顯然年輕一族亦不容忽視患上危疾的機會。隨着醫療費用上升，您和家人亦可能因這些突如其來的生活變化而蒙受影響。

「滙安健危疾保障計劃」（本「計劃」或本「保單」）是一份具備危疾保障的人壽保險計劃，讓您在面對這些挑戰時能獲得周全保障。

本計劃並非等同於或類似任何類型的存款。

您可獲享多少保障？

1. 人壽保障

受保人在保單期內可享人壽保障，若受保人不幸身故，受益人將可獲身故賠償（請參閱計劃摘要）。

2. 涵蓋達60種嚴重疾病² 保障關懷備至

• 基礎嚴重疾病保障 安心享受人生

「滙安健危疾保障計劃」為受保人提供多達60種嚴重疾病²的全面保障，涵蓋常見的嚴重疾病，如癌症、心臟病和中風等，保障期至99歲³。受保人如經註冊醫生確診患上任何一種於癌症或非癌症疾病組別內的受保嚴重疾病²（列明於嚴重疾病保障清單內）將可獲：

一筆過賠償（保障至受保人年滿99歲³）

癌症或非癌症組別



可獲**100%**保額



其後的保費將獲豁免



（包括基本計劃及自選附加保障）

• 增設多重嚴重疾病保障⁴ 讓您倍添安心

若確診患上任何一種受保的嚴重疾病，多重嚴重疾病保障⁴均可就癌症及非癌症組別分別提供最高至200%保額的賠償額。

於每個嚴重疾病組別的最高賠償額（保障直至受保人年滿85歲³）

癌症組別



最高賠償額至**200%**保額[#]

（=100%保額x2種受保嚴重疾病*）



非癌症組別



最高賠償額至**200%**保額[#]

（=100%保額x2種受保嚴重疾病*）

[#] 包括基礎嚴重疾病保障下的賠償額。

^{*} 每項危疾只可獲一次賠償（除罹患癌症、中風及心臟病，均可分別最多獲賠償兩次）。

請參閱例子以了解多重嚴重疾病保障的不保事項及限制。

3.68 種早期嚴重疾病 自選額外保障 (需繳付額外保費)

本計劃提供自選早期嚴重疾病保障 (預支保額)⁴，若受保人在85歲³前確診任何一種受保的嚴重疾病 (涵蓋68種)，此保障可預先支付基本計劃保額的20%，惟就某些疾病而言每個索償限額最高達300,000港幣／37,500美元。有關以上附加保障之詳細條款及細則以及不保事項，請參閱計劃摘要及相關的單張。

4. 額外保障

以下的附加保障 (受制於申請資格) 已包括在保單的基本計劃，無須另繳額外保費：

- **付款人供款保障**

您也可以為年齡⁵於18歲或以下的子女投保本計劃。如保單持有人不幸身故或暫時傷殘達至183日，隨後的保費將獲豁免直至保單持有人康復或付款人供款保障終止為止 (以較早者為準)。

- **失業延繳保費保障**

若保單持有人於年滿65歲³前連續失業30日或以上，繳付到期保費的寬限期可延長達365日，而期間受保人仍然獲享全面保障。

- **傷殘豁免保費保障**

若受保人於年滿65歲³前暫時傷殘，而且連續達183日而保單仍然生效，於傷殘當天起及延續不間斷的所有期間內所需繳付的其後保費將被豁免 (包括基本計劃及自選附加保障)。

除以上提及的早期嚴重疾病保障 (預支保額) 外，您在購買基本計劃時，亦可選擇以下自選附加保障 (需另繳保費)，以享有更周全的保障。

- **意外死亡及傷殘保障**

若受保人於年滿65歲³前因外來及性質猛烈的意外，導致身體受傷而直接引致 (或獨立於所有其他原因而引致) 身故或傷殘，我們將根據受傷的嚴重程度按保障金額的百分比支付賠償。

- **住院現金保障**

如受保人於年滿65歲³之前入住醫院超過24小時而保單仍然生效，每日可獲得現金資助，現金資助期可長達730日。若受保人需入住深切治療病房或在海外緊急入院，則可獲得雙倍現金資助。

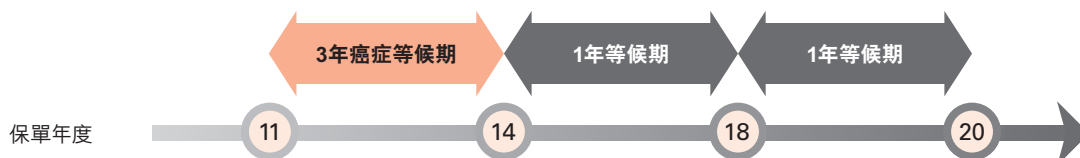
有關以上附加保障之詳細條款及細則以及不保事項，請參閱相關的單張 (如有) 及保單條款。

例子

以下數字適用於例子1及例子4及所示的金額為港幣。

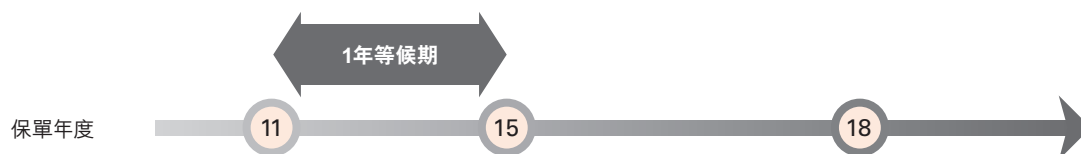
受保人年齡 ⁵	: 40歲 (女性, 非吸煙者)		
早期嚴重疾病保障 (預支保額)	: 未有選擇		
繳付保費期	: 10年	每年保費	: 81,580
已繳總保費	: 815,800	保額	: 1,000,000

例子1



保障	基礎嚴重疾病保障	多重嚴重疾病保障		
被診斷罹患	癌症	另一次癌症	心臟病	中風
保障額	癌症組別之下 (保額的 %)			
	100% (港幣1,000,000)	100% (港幣1,000,000)	0%	0%
保障額	非癌症組別之下 (保額的 %)			
	0%	0%	100% (港幣1,000,000)	100% (港幣1,000,000)
備註	在剩餘的保障年期, 將不獲派發每年紅利。	由於癌症組別的總已支付賠償 ⁶ 已達基本計劃保額的200%, 隨後將不能於癌症組別下再次索償。		由於非癌症組別的總已支付賠償 ⁶ 已達基本計劃保額的200%, 隨後將不能就任何危疾再次索償。
總賠償額	港幣4,000,000			

例子2



保障	基礎嚴重疾病保障	多重嚴重疾病保障	
被診斷罹患	癌症	心臟瓣膜手術	另一次心臟瓣膜手術
保障額	癌症組別之下 (保額的 %)		
	100% (港幣1,000,000)	0%	0%
	非癌症組別之下 (保額的 %)		
	0%	100% (港幣1,000,000)	0%
備註	在剩餘的保障年期，將不獲派發每年紅利。		除心臟病及中風外，其他嚴重疾病只可獲得一次賠償。因此將不能就心臟瓣膜手術再次索償。
總賠償額	港幣2,000,000		

例子3

保單年度



保障	基礎嚴重疾病保障	多重嚴重疾病保障	
被診斷罹患	癌症	另一次癌症	在同一次意外後失明及失聰
保障額	癌症組別之下 (保額的 %)		
	100% (港幣1,000,000)	0%	0%
	非癌症組別之下 (保額的 %)		
	0%	0%	100% (港幣1,000,000)
備註	在剩餘的保障年期，將不獲派發每年紅利。	由於未能符合3年癌症等候期的條款，此事件的賠償將不獲處理。	由於此兩項賠償為同一意外引起，賠償為保額的100%。
總賠償額	港幣2,000,000		

例子4

保單年度



保障	基礎嚴重疾病保障	恩恤身故賠償
被診斷罹患	癌症	受保人身故
保障額	癌症組別之下(保額的%)	
	100% (港幣1,000,000)	0%
保障額	非癌症組別之下(保額的%)	
	0%	0%
備註	由於受保人在10年繳付保費期內罹患癌症，未來所有保費(包括基本計劃及附加保障)將獲豁免。 在剩餘的保障年期，將不獲派發每年紅利。	賠償為保額的5%，加上累積紅利及利息總和(如有)。
總賠償額	港幣1,050,000 + 加上累積紅利及利息的總和(如有)	

註：

- 多重嚴重疾病保障受等候期約束，上述例子假設索償已經符合等候期條款，適用之等候期條款請參閱計劃摘要。
- 癌症組別及非癌症組別各自的最高總已支付賠償⁶為保額的200%。
- 上述例子僅供參考。詳情請參閱保單條款及細則。

計劃摘要

保費供款年期／ 受保年齡	保費供款年期	受保年齡⁵
	躉繳保費或3年或5年	15日至65歲 ⁵
	10年	15日至60歲 ⁵
	15年	15日至55歲 ⁵
	20年	15日至50歲 ⁵
保障年期	直至99歲 ³	
保單貨幣	港幣或美元	
最低保額 (以每保單計算)	200,000港幣／25,000美元	
最高保額 (以每受保人計算)	10,000,000港幣／1,250,000美元	
繳付保費方法	躉繳保費、按月或按年透過以下方式繳付： <ul style="list-style-type: none"> • 滙豐銀行戶口；或 • 支票（只適用於繳交首次保費，其後保費則不適用）；或 • 滙豐銀行信用卡（不適用於躉繳保費） 	
基礎嚴重疾病保障	若受保人於99歲 ³ 前，經註冊醫生診斷證實患上任何一種列明於癌症或非癌症組別之嚴重疾病（共60種），將可獲以下保障賠償： <ul style="list-style-type: none"> • 保單持有人可獲100%的保額，賠償額將會根據相關疾病組別已支付的早期嚴重疾病保障賠償總額（如適用）作出扣減，保單持有人將不能在此保障下再次索償，及； • 當總已支付賠償⁶等於或超過保額的100%，其後的基本計劃及附加保障之保費（如有）將被豁免。 	

多重嚴重疾病保障

若受保人於85歲³前，經註冊醫生診斷證實患上任何一種列明於兩個疾病組別之嚴重疾病（共60種），而總已支付賠償⁶等於或超過保額的100%，則保單持有人可獲相等於100%保額的多重嚴重疾病保障賠償。若為兩個疾病組別的首次索償，相關疾病組別於早期嚴重疾病保障下（如適用及未有在作出基礎嚴重疾病保障賠償時扣減）的賠償總額（如有）將會從多重嚴重疾病保障賠償中扣除。此保單下的兩個疾病組別當中每個組別的所有基礎嚴重疾病保障、多重嚴重疾病保障及早期嚴重疾病保障（如適用）之最高總賠償額為保額的200%。根據多重嚴重疾病保障作出的索償須符合以下多重嚴重疾病保障的索償資格。

多重嚴重疾病保障的索償資格

- 兩次嚴重疾病索償的首次診斷日期時間相距須為：
 - i) 最少一年；及
 - ii) 符合「三年癌症等候期」[^]之要求（假若兩個相關索償均屬於癌症疾病組別）；及
 - iii) 最少五年（假若在賠償非癌症組別下的「不能獨立生活」或「末期疾病」之後提出索償），以相距時間較長者為準方可在多重嚴重疾病保障下再次提出索償。
- 若於同一事件中確診超過一項嚴重疾病，本公司只會支付該同一事件（指具有相同確診日的同一疾病引致的或在意外中導致的兩項或以上的嚴重疾病）中賠償金額最高的一項嚴重疾病。
- **非癌症組別之嚴重疾病中，「心臟病」及「中風」可分別最多獲賠償兩次，該組別之其他嚴重疾病則最多只可獲賠償一次。**
- 多重嚴重疾病保障將於
 - i) 總已支付賠償⁶達至保額的400%時（癌症及非癌症組別最高可得到的保障是各200%）或
 - ii) 受保人已達85歲³時（以較早者為準），自動終止。

受保人經診斷患上嚴重疾病後仍生存不少於14日方可獲多重嚴重疾病保障賠償；若受保人經診斷患上嚴重疾病後生存少於14日，則可獲身故賠償。

三年癌症等候期

^「三年癌症等候期」是指：

- a) 對於與「緊接之對上一次癌症」屬不同器官的癌症而言，「三年癌症等候期」是指由「緊接之對上一次癌症」的診斷日期(不包括當日在內)起計的三年期；及
- b) 對於與「緊接之對上一次癌症」屬相同器官的癌症而言，「三年癌症等候期」是指由：
 - i) 沒有出現「緊接之對上一次癌症」的徵狀和病徵，及
 - ii) 沒有該癌症之病徵、臨床及／或影像證明之首個日期(不包括當日在內)開始起計的三年期。惟：
 - 在以上整段相關之三年期內，受保人必須沒有出現上述(a)或(b)條文(視乎屬於何種情況而定)所述之癌症的徵狀、病徵或診斷，亦沒有該癌症的病徵、臨床及或影像證明，並於定期覆診時由適當之專科註冊醫生確定及經臨床、放射結果、細胞組織及實驗分析證明作支持；及
 - 所述癌症的診斷日期及「緊接之對上一次癌症」的診斷日期必須最少相隔三年。

就「三年癌症等候期」的定義而言，若該器官有左邊及右邊之分(包括但不限於肺或腎)，則左邊及右邊均被視為同一器官。

「緊接之對上一次癌症」是指緊接之最近一次被診斷為癌症組別中列明的癌症，並已獲支付任何嚴重疾病保障賠償。

自選早期嚴重 疾病保障 (預支保額) (需另繳保費)

若受保人於85歲³前，經註冊醫生診斷證實患上任何一種列明於兩個疾病組別之早期嚴重疾病(共68種)，保單持有人可獲早期嚴重疾病保障賠償，此保障相等於基本計劃保額的20%(下列提及的某些疾病除外)。早期嚴重疾病及疾病組別的詳情，請參閱早期嚴重疾病保障(預支保額)單張。

早期嚴重疾病保障最高總賠償額將相等於基本計劃保額的100%。此自選附加保障的賠償申請均受以下條款所限：

- 在68種早期嚴重疾病中，每項只可獲賠償一次，惟「原位癌或初期癌症」及「冠狀血管成形術」則可分別最多獲賠償兩次。
- 身故保障、退保價值、基礎嚴重疾病保障和多重嚴重疾病保障將因應早期嚴重疾病保障支付的賠償而減少。此保單的保費則不會減少。

	<ul style="list-style-type: none"> 在基礎嚴重疾病保障作出賠償後，早期嚴重疾病保障（預支保額）將會自動終止。 部分早期嚴重疾病保障會於受保人年滿85歲³前終止（詳情請參閱早期嚴重疾病保障（預支保額）單張）。 若於同一事件中確診超過一種早期嚴重疾病，該同一事件中賠償金額最高的一種早期嚴重疾病將會被賠付。 <p>有關詳細條款及細則請參閱早期嚴重疾病保障（預支保額）的條款。</p>
年度紅利	<p>紅利每年由本公司酌情決定並於該保單年度結束時存入您的戶口內，惟此保單之下的總已支付賠償⁶須少於保額的100%，而您必須在寬限期前已繳付此保單周年內應繳的所有到期保費，或該等到期保費在自動保費貸款（如適用）作出後被視為已繳付。</p> <p>有關詳情請參閱分紅保單部分。</p>
退保價值	<p>指在保單附表2上列明之退保價值金額，並在任何時間以有關保額釐訂的金額。</p>
淨退保價值	<p>「淨退保價值」指任何時間，相等於退保價值扣除總已支付賠償⁶後的正數價值，加上任何累積紅利及利息的金額。</p>
身故賠償	<ul style="list-style-type: none"> 保額或已繳基本計劃總保費⁷（較高者）減去總已支付賠償⁶（如有），而其計算之數值將最少等於零，加上； 相等於保額之5%的恩恤身故賠償，加上； 累積非保證紅利及利息（如有）
涵蓋保障 (不需繳付額外保費)	<p>付款人供款保障</p> <p>失業延繳保費保障</p> <p>傷殘豁免保費保障</p>
自選保障 (需繳付額外保費)	<p>早期嚴重疾病保障（預支保額）</p> <p>意外死亡及傷殘保障</p> <p>住院現金保障</p>

主要不保事項— 基本計劃

- 在保單簽發日、保單生效日或最近一次保單復效日前（以最遲者為準）受保人已存在的任何醫療狀況，將不獲保障賠償。
- 在保單簽發日、保單生效日或最近一次保單復效日後90天內（以最遲者為準）受保人患上的任何嚴重疾病，將不獲保障賠償。
- 任何人類免疫力缺乏病毒（HIV）的疾病或與HIV有關之疾病包括後天免疫力缺乏症（即愛滋病）或因愛滋病引發之任何突變、衍生或變異，將不獲保障賠償（但「因輸血之手術和職業感染後天免疫力缺乏病毒」的嚴重疾病除外）。有關嚴重疾病的定義，請參閱保單附表4。
- 在總已支付賠償⁶達至基本計劃保額的100%時，「不能獨立生活」及「末期疾病」之保障將會即時終止。

以上僅為主要不保事項，有關不保事項之詳情，請參閱保單條款及相關的附加保障保單條款（如適用）。

本產品冊子所述內容只供參考之用，您應同時參閱保險計劃建議書及保單條款。

保障摘要

嚴重疾病清單

全面保障涵蓋達 60 種嚴重疾病	
疾病組別	
癌症組別 (最高賠償限額:可獲 200%的保額之賠償)	1. 癌症
非癌症組別 (最高賠償限額:可獲 200%的保額之賠償)	與心臟及血管有關的疾病
	2. 冠狀動脈搭橋手術
	3. 其他嚴重冠狀動脈疾病
	4. 心肌病
	5. 艾森門格氏症狀
	6. 心臟病
	7. 心臟瓣膜手術
	8. 原發性肺動脈高血壓
	9. 傳染性心內膜炎
	10. 分割性主動脈瘤
	11. 主動脈手術
	與神經系統有關的疾病
	12. 亞爾茲默氏病
	13. 細菌性腦膜炎
	14. 良性腦腫瘤
	15. 腦外科手術
	16. 慢性腎上腺功能不足(愛迪生氏病)
	17. 昏迷
	18. 克雅二氏病
	19. 腦炎
	20. 嚴重頭部創傷
	21. 運動神經原疾病
	22. 多發性硬化症
	23. 肌肉萎縮症
	24. 重症肌無力症
	25. 癱瘓
	26. 柏金遜病
	27. 小兒麻痺症/脊髓灰質炎
	28. 中風
	29. 結核腦膜炎
	30. 腦皮質壞死
31. 偏癱	

全面保障涵蓋達 60 種嚴重疾病

疾病組別

非癌症組別 (續)
(最高賠償限額: 可獲
200% 的保額之賠償)

與主要器官和功能有關的疾病

32. 復發性慢性胰臟炎
33. 克羅恩氏症
34. 末期肝衰竭
35. 末期肺病
36. 暴發型肝炎
37. 不可治癒的腎衰竭
38. 主要器官移植
39. 腎髓質囊腫病
40. 進行性硬化病
41. 嚴重類風濕關節炎
42. 嚴重潰瘍性結腸炎
43. 系統性紅斑狼瘡引致狼瘡性腎炎
44. 再生障礙性貧血

其他疾病

45. 糖尿病引致的雙腳截除
46. 失明
47. 象皮病
48. 失聰
49. 失去一肢和一隻眼睛
50. 喪失肢體
51. 嗜鉻細胞瘤
52. 第三級燒傷
53. 伊波拉
54. 因輸血之手術和職業感染後天免疫力缺乏病毒
55. 骨髓纖維化
56. 壞死性筋膜炎
57. 不能獨立生活 (保障期至年齡³74歲)
58. 喪失語言能力
59. 進行性核上神經麻痺症
60. 末期疾病

重要事項

冷靜期

「滙安健危疾保障計劃」是一份具備危疾保障的人壽保險計劃。部分保費將用作支付保險及有關費用，包括但不限於開立保單、售後服務及索償之費用。

如您對保單不滿意，您有權透過發出書面通知取消保單及取回所有已繳交的保費及保費徵費，但可能須經過市值調整（適用於躉繳保費保單）（見以下部分關於市值調整之詳情）。如要取消，您必須於「冷靜期」內（即是由交付該保單或由發出說明書可領取該保單之通知書予您或您的代表後21天內（以較早者為準）），在該通知書上親筆簽署作實及退回保單（若已收取），並確保滙豐人壽保險（國際）有限公司設於香港九龍深旺道1號滙豐中心1座18樓的辦事處直接收到該通知書及保單。

在冷靜期屆滿之後，若您在保單年期完結之前取消保單，您收到的預計淨退保價值總額可能少於您已支付的保費總額。

躉繳保費之市值調整

在冷靜期內，躉繳保費保單會受市值調整所影響。市值調整指於本公司收到取消保單通知時躉繳保費之投資價值低於已付躉繳保費金額的差額（如有）。

自殺條款

若受保人在簽發日期或保單復效日期（以較遲者為準）起一年內自殺身亡，無論自殺時是否精神錯亂，本公司的責任將只限於發還自保單日期起，已繳付給本公司的保費金額減去本公司所支付的任何金額。有關詳細條款及細則，請參閱基本計劃之保單條款。

保單貸款

您可申請保單貸款，惟貸款額（包括任何未償還的貸款）不得超過淨退保價值的90%。有關貸款息率可能不時變動並由本公司通知您。當保單貸款以及應計利息超過淨退保價值時，本保單可能會失效。

請注意本保單的任何債項將從本保單所支付的款項中扣減。本公司對任何債項的申索均優先於保單持有人或受益人或保單受讓人或其他人的任何申索。

在總已支付賠償⁶達到保額的100%之後，保單貸款申請將不獲批核。

稅務申報及金融罪行

本公司可不時要求您提供關於您及您保單的相關資料，以履行本公司及其他滙豐集團成員對香港及外地之法律或監管機構及政府或稅務機關負有的某些責任。若您未有向本公司提供其要求之資料或您對滙豐集團成員帶來金融罪行風險，便會導致以下於保單條款例出的後果，包括本公司可能：

- 作出所需行動讓本公司或滙豐集團成員符合其責任；
- 未能向您提供新服務或繼續提供所有服務；
- 被要求扣起原本應繳付予您或您的保單的款項或利益，並把該等款項或利益永久支付予稅務機關；及
- 終止您的保單。

如有任何利益或款項被扣起及／或保單被終止，您從保單獲取之款項加上您在保單終止前從保單獲取之款項總額（如有）可能會少於您已繳保費之總額。本公司建議您就您的稅務責任及有關您保單的稅務狀況尋求獨立專業意見。

保單終止條款

本公司有權於以下任何情況之下終止保單：

- 如果您未能在寬限期屆滿前繳付到期保費；或
- 保單貸款加累積利息大於淨退保價值；或
- 若本公司合理地認為繼續維持本保單或與您的關係會使本公司違反任何法律，或任何權力機關可能對本公司或滙豐集團成員採取行動或提出譴責。

有關終止條款的詳細條款及細則，請參閱保單條款。

退保

若您於保單期內任何時間退保，您將可取回相等於淨退保價值扣除債項⁹（如有）之金額。

適用法律

規管保單的法律為百慕達法律。然而，如在香港特別行政區提出任何爭議，則香港特別行政區法院的非專屬司法管轄權將適用。

申請資格

本計劃只供任何年齡⁵介乎15日至65歲的人士申請。本計劃受本公司就保單持有人及／或受保人之國籍及／或地址及／或居留國家不時釐定的相關規定限制。

保單貨幣

本計劃備有港幣或美元兩種貨幣，以供選擇。保費及賠償額可以保單貨幣外的其他貨幣支付。有關主要風險因素的詳情，請參閱「主要風險 — 保單貨幣風險」部分。

漏繳保費

應繳保費有30日的寬限期。倘若您在寬限期完結時未能付款，而不能作廢價值⁹大於零，您已作出的不能作廢選擇將會生效。如您未有作出不能作廢選擇，而不能作廢價值⁹大於未付保費金額，則本公司將授予一筆自動保費貸款，以支付到期保費。有關貸款將按本公司不時釐定的息率計息。如本保單的不能作廢價值⁹不足以支付到期保費，將導致保單失效。

主要風險

信貸風險及無力償債風險

本產品乃一份由本公司簽發的保單，因此，您受本公司的信貸風險所影響。您支付的保費將成為本公司資產的一部分，您對任何該等資產均沒有任何權利或擁有權。如追討賠償，您只可向本公司追索。

非保證利益

計算紅利的分配並非保證，並會由本公司不時釐定。派送紅利與否及所派送紅利的金額多少，取決於本公司就保單的資產之投資回報表現以及其他因素，包括但不限於賠償、失效率、開支等及其長期表現之展望。

主要風險因素進一步說明如下：

- **投資風險因素** — 保單資產的投資表現受息率水平、其前景展望（此將影響利息收入及資產價值）、增長資產的價格波動及其他各種市場風險因素所影響，包括但不限於貨幣風險、信貸息差及違約風險。
- **賠償因素** — 實際死亡率及發病率並不確定，以致實際的身故賠償或生活保障支付金額可能較預期為高，從而影響產品的整體表現。
- **續保因素** — 實際退保率（全數或部分退保）及保單失效率並不確定，保單組合現時的表現及未來回報因而會受影響。
- **開支因素** — 已支出及被分配予此組保單的實際直接（如佣金、核保、開立保單及售後服務的費用）及間接開支（如一般經營成本）可能較預期為高，從而影響產品的整體表現。

累積紅利所賺取之利息是根據非保證息率而釐定，本公司有酌情權不時調整息率。

延誤或漏繳到期的保費之風險

任何延誤或漏繳到期保費可能會導致保單失效，您可收回的款額（如有）或會明顯少於您已繳付的保費。

退保之風險

如您在早期全數或部分退保，您可收回的款額或會明顯地少於您已繳付的保費。

流動性風險

本保單乃為長期持有所設。如您有任何非預期事件而需要流動資金，可以根據保單相關條款申請保單貸款或作全數或部分退保，但這樣可能導致保單失效或保單較原有之保單期提早被終止，而可取回的款項（如有）可能會少於您已繳付的保費。您亦可申請提取積存於保單內的款額，惟可供提取的款額是非保證的。任何部份退保、保單貸款、應付貸款利息及提款均可能減少身故賠償及退保價值之金額。

通脹風險

由於通貨膨脹的緣故，**將來的生活費很可能較今天的為高**。因此，即使本公司履行其所有合約義務，**您或您所指定的受益人將來從保單收到的實質金額可能較低**。

保單貨幣風險

您須承受匯率風險。如保險計劃的貨幣單位並非本地貨幣，或如您選擇以保單貨幣以外的其他貨幣支付保費或收取賠償額，**您實際支付或收取的款額，將因應本公司不時釐定的保單貨幣兌本地／繳付保費貨幣的匯率而改變**。匯率之波動會對款額構成影響，包括但不限於繳付保費、保費徵費及支付的賠償額。

有關分紅保單

分紅保單

本計劃的保單屬包含保證及非保證利益的分紅保單。非保證利益由保單紅利組成，讓保單持有人分享人壽保險業務的財務表現。

年度保單紅利（如有）由本公司每年宣佈派發。年度紅利金額一經宣佈，將予以歸屬並將存入您的保單內。有關年度紅利的詳情，請參閱「計劃摘要」部分。

保單紅利並非保證，能否獲得派送保單紅利及其金額多少，取決於本公司保單的資產之投資回報表現以及其他因素，包括但不限於賠償、失效率、開支等及其長期表現之展望。有關主要風險因素的詳情，請參閱「主要風險—非保證利益」部分。若長遠表現優於預期，派送保單紅利金額將會增加；反之，紅利金額將會減少。

分紅保單相對其他保單的主要特點在於保單持有人除了可獲保證利益外，亦可於保險公司的表現優於支持保證利益所需的表現時，獲取額外的紅利。表現越佳，派送紅利越多；反之，派送紅利亦會減少。

保單紅利的理念

本公司會就派發給保單持有人的紅利水平定期進行檢討。過往的實際表現及管理層對長期表現之展望，將與預期水平比較作出評估，若出現差異，透過調整紅利分配，保單持有人會在公平及公正的方式下分擔收益及損失。

在考慮調整紅利分配的時候，本公司亦會採取平穩策略為保單持有人提供較穩定的回報，並只會因應一段期間內實際與預期表現出現顯著差幅，或管理層對長遠表現的期望有重大改變，才會作出調整。

為確保保單持有人之間的公平性，本公司將慎重考慮不同保單組別（例如不同產品、貨幣、保單簽發年份等）的經驗，務求每組保單持有人將獲得最能反映其保單表現的合理回報。為平衡保單持有人與股東之間的利益，本公司已成立一個專責委員會負責就分紅保單及紅利釐定的管理提供獨立意見。

投資政策與策略

本公司的資產策略為：

- i) 有助確保我們可兌現我們向您承諾的保證利益；
- ii) 透過非保證紅利提供具競爭力的長遠回報；及
- iii) 遵照一套既定的風險承受能力機制。

分紅保單的資產最主要由信貸質素良好（平均評級獲A級或以上）並具長遠發展前景的企業機構所發出之固定收益資產組成。本公司亦會利用增長資產，包括股票類投資及另類投資工具如房地產、私募股權和對沖基金，以及結構性產品包括衍生工具，以提供能反映長遠實質經濟增長的回報。

本公司的投資組合會適當地分散投資在不同類型的資產，並投資在不同地域市場（主要是亞洲，美國及歐洲）、貨幣（主要是港幣及美元）及行業。這些資產按照一套既定的風險偏好慎重地進行管理及監察。

目標資產分配

資產種類	分配比例%
固定收益	80% - 100%
增長資產	0% - 20%
– 股票	0% - 15%
– 另類投資工具	0% - 15%

實際比例可能會因市場波動而與上述範圍有些微偏差。

實際分配將考慮保單的資產過去的投資表現、當時的市場狀況和未來展望，以及保單的保證與非保證利益而定，考慮因素亦包括評估風險承受能力和合適時間範圍內之實質經濟增長。

積存息率

保單持有人可以選擇以不同方式收取紅利，包括將其存放於本計劃內積存生息（如有）。累積利息的息率並非保證的，並將會由本公司不時釐定。本公司將參考投資組合內債券的孳息率、當時的市場情況、債券孳息率的展望，以及保單持有人選擇將該金額積存的可能性等因素，而定期檢討此等積存息率。

本公司可能會不時檢討及調整制定紅利及積存息率的政策。欲了解更多最新資料，請瀏覽本公司網站 (<https://www.personal.hsbc.com.hk/1/2/chinese/hk/insurance/life/detail#policy>)。您亦可到上述網站，了解本公司以往的紅利派發作為參考。本公司業務的過去表現或現時的表现未必是未來表现的指標。

註：

- 1 有關數據來自香港癌症資料統計中心的「2015年癌症統計數字概覽」及癌症統計數據查詢系統 (CanSQS)。
- 2 嚴重疾病指列於保單內60種標題下之嚴重疾病。
- 3 年齡／歲數指受保人或保單持有人(視乎適用情況而定)的下一生日年齡。
- 4 有關詳細的條款及細則，請參閱相關產品單張、保單及主要推銷文件內的計劃摘要。
- 5 指當保單持有人或受保人(視乎適用情況而定)的下一生日為此年齡／歲數的保單周年日。
- 6 總已支付賠償指就兩個疾病組別(即癌症及非癌症組別)的已支付基礎嚴重疾病保障、多重嚴重疾病保障及早期嚴重疾病保障(如適用)之累積賠償總額。
- 7 在身故賠償中，已繳基本計劃總保費指受保人身故當日基本計劃的到期保費總額(額外附加保費及附加保障保費(如適用)除外)(無論是否已實際繳付)。
- 8 債項是指尚未償還的保單貸款及任何在保單貸款上累積的利息，加上尚未繳付的保費總和。
- 9 不能作廢的價值指，在授予自動保費貸款時，有關未付保費之到期前一天結算的淨退保價值。

更多資料

策劃未來的理財方案，是人生的重要一步。我們樂意助您評估目前及未來的需要，讓您進一步了解「滙安健危疾保障計劃」如何助您實踐個人目標。

歡迎蒞臨滙豐分行，以安排進行理財計劃評估。

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卓越大獎

保險界別 - 年度品牌保險公司



卓越大獎

保險界別 - 數碼創新



卓越大獎

保險界別 - 財富管理平台



卓越大獎

保險界別 - 產品/服務創新

INH-K-CCIP-PB(0718)C

Critical Illness Insurance

Insure yourself against life's unexpected events



HSBC
Insurance

HSBC Comprehensive Critical
Illness Protection Plan

HSBC COMPREHENSIVE CRITICAL ILLNESS PROTECTION PLAN

HSBC Life (International) Limited

HSBC Life (International) Limited ("the Company") is incorporated in Bermuda with limited liability, and is one of the HSBC Group's insurance underwriting subsidiaries.

Hong Kong SAR office

18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong

The Company is authorised and regulated by the Insurance Authority (IA) to carry on long-term insurance business in the Hong Kong SAR.

HSBC Comprehensive Critical Illness Protection Plan is underwritten by the Company.

The Hongkong and Shanghai Banking Corporation Limited (referred to as "HSBC") is an insurance agent of the Company. This product is a product underwritten by the Company and it is intended only for sale through HSBC in the Hong Kong SAR.

For monetary disputes arising between HSBC and you out of the selling process or processing of the related transaction, HSBC will enter into a Financial Dispute Resolution Scheme process with you; however any dispute over the contractual terms of the product should be resolved between the Company and you directly.

The Company accepts full responsibility for the accuracy of the information contained in the Product Brochure and confirms, having made all reasonable enquiries, that to the best of its knowledge and belief there are no other facts the omission of which would make any statement misleading. The information shown therein is intended as a general summary. Please refer to your insurance policy for the detailed terms and conditions.

July 2018

INSURE YOURSELF AGAINST LIFE'S UNEXPECTED EVENTS

Living busy lives in a fast-pace city can take its toll, with the number of people suffering from critical illnesses such as cancer becoming increasingly common. Hong Kong has seen a 33% increase in new cancer cases between 2005 and 2015¹. Of these, 9% are under the age of 44¹, a stark reminder that younger people are also vulnerable to serious illness. When rising medical costs are factored in, families like yours could be adversely affected by these unforeseen events.

The good news is that HSBC Comprehensive Critical Illness Protection Plan (the "Plan" or the "Policy") offers life insurance with critical illness element. This means that if the unexpected should occur, you and your family are well protected.

The Plan is not equivalent or similar to any kind of deposit.

HOW MUCH PROTECTION CAN YOU ENJOY?




1. Life cover

This Plan comes with life protection. In the unfortunate event of the death of the Life Insured while the Policy is in force, the Beneficiary(ies) will receive the Death Benefit. Please refer to the Product Summary for details.

2. Comprehensive coverage for up to 60 Critical Illnesses²



- **Enjoy peace of mind with Base Critical Illnesses Benefit**

The Plan provides the Life Insured with protection for up to 60 Critical Illnesses², covering diseases like cancer, heart attack and stroke until the age³ of 99. If the Life Insured is diagnosed by a Registered Medical Practitioner with one of the covered Critical Illnesses² in the Cancer or Non-Cancer Illness Groups as listed in the section of Critical Illness Benefit Schedule:

Single claim amount until Life Insured's age ³ of 99		
Cancer or Non-Cancer Illness Group	Any future premiums will be waived	
		
100% of Sum Insured will be payable		(for both Basic Plan and Supplementary Benefits)

- **Ease your worries with Multiple Critical Illness Benefit⁴**

While any one of the covered Critical Illnesses is diagnosed, the Multiple Critical Illness Benefit⁴ enables claims of up to 200 per cent for Cancer and Non-Cancer Illness Groups.

Maximum claim amount under each Illness Group until Life Insured's age ³ of 85	
Cancer Illness Group	Non-Cancer Illness Group
	
Up to 200% of Sum Insured [#] (= 100% Sum Insured x 2 covered diseases*)	Up to 200% of Sum Insured [#] (= 100% Sum Insured x 2 covered diseases*)

[#] Inclusive of the claim amount under Base Critical Illness Benefit.

* Each occurrence can be claimed one time only except in cases of cancer, stroke and heart attack, where a claim can be made twice if there is reoccurrence of such illnesses.

Please refer to the Examples for more details on the exclusions and limitations of the Multiple Critical Illness Benefit.

3. Optional coverage for 68 Early Stage Critical Illnesses (with additional premiums required)

With our optional Early Stage Critical Illness Benefit (Advance Payment)⁴, should the Life Insured be diagnosed with one of the 68 covered Early Stage Critical Illnesses before the age³ of 85, 20% of the Basic Plan Sum Insured will be paid in advance, subject to a cap of HKD300,000/USD37,500 per claim limit for certain illnesses. Please refer to the Product Summary and respective factsheet for detailed terms and conditions and exclusions.

4. Extra protection

The following Supplementary Benefits are embedded in the Basic Plan of the Policy, subject to eligibility, with no additional premiums required.

- **Payor's Benefit**
You can take out a Policy to cover your child whose age⁵ is 18 or under. If the Policyholder was to die or become temporarily disabled for a continuous period of 183 days, the subsequent premiums will be waived until the Policyholder recovers or the Payor's Benefit terminates (whichever is earlier).
- **Unemployment Benefit**
If the Policyholder has become unemployed for at least 30 consecutive days before the age³ of 65, the Grace Period for payment of the premiums will be extended for up to 365 days, during which the Life Insured will still enjoy the Policy's full protection.
- **Waiver of Premium on Disability Benefit**
If the Life Insured suffers disability while the Policy is in force and before the Life Insured's age³ of 65 and remains so disabled for a continuous period of 183 days, all subsequent premiums due (for the Basic Plan and the Supplementary Benefits) after such disability began and during its uninterrupted continuance will be waived.

In addition to Early Stage Critical Illness Benefit (Advance Payment) above, there are more optional Supplementary Benefits available for you to choose with additional premiums. These provide you with wider insurance protection, while they are optional to you for selection at the time when the Basic Plan is purchased.

- **Accidental Death and Dismemberment Benefit**
If the Life Insured dies or suffers major dismemberment resulting directly from or independently of all other causes from bodily injury caused by an external and violent accident before the Life Insured's age³ of 65, a certain percentage of the protection amount will be paid based on the severity of the injury.
- **Hospital Cash Benefit**
If the Life Insured is hospitalised for more than 24 hours while the Policy is in force and before the age³ of 65, a daily hospital cash payment will be paid, up to a maximum of 730 days. Double cash benefit will be paid if the Life Insured needs intensive care or any unplanned overseas hospitalisation.

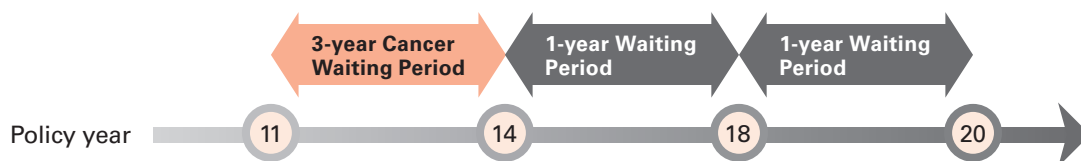
Please refer to the respective factsheets (if any) and Policy Provisions for detailed terms and conditions and exclusions of the above Supplementary Benefits.

EXAMPLES

The figures below are used for examples 1 to 4 and the amounts shown are illustrated in Hong Kong Dollars (HKD).

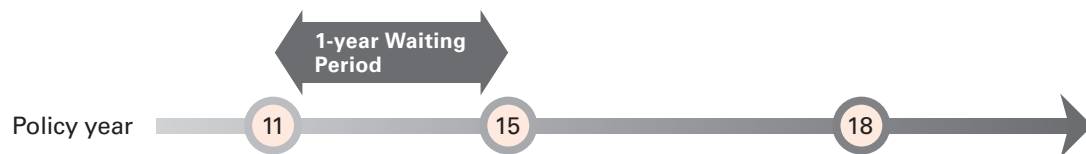
Age ⁵ of Life Insured	: 40 (Female, Non-smoker)		
Early Stage Critical Illness Benefit (Advance Payment)	: Not selected		
Premium payment period	: 10 years	Annual premium	: 81,580
Total premiums paid	: 815,800	Sum Insured	: 1,000,000

Example 1



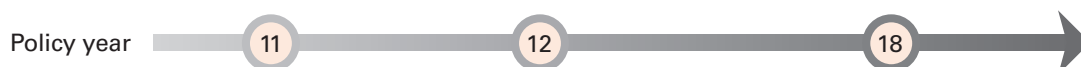
Benefit	Base Critical Illness Benefit	Multiple Critical Illness Benefit		
	Diagnosed with	Another Cancer	Heart Attack	Stroke
Benefit amount	Under Cancer Illness Group (% of Sum Insured)			
	100% (HKD1,000,000)	100% (HKD1,000,000)	0%	0%
Benefit amount	Under Non-Cancer Illness Group (% of Sum Insured)			
	0%	0%	100% (HKD1,000,000)	100% (HKD1,000,000)
Remarks	Annual dividends will not be credited for rest of the Policy Term	Total Claims Paid ⁶ under Cancer Illness Group has reached 200% of Sum Insured and no further claim can be made under this Group		Total Claims Paid ⁶ under Non-cancer Illness Group has reached 200% of Sum Insured and no further Critical Illness claim can be made
Total claim amount	HKD4,000,000			

Example 2



Benefit	Base Critical Illness Benefit	Multiple Critical Illness Benefit	
Diagnosed with	Cancer	Heart Valve Surgery	Another Heart Valve Surgery
Benefit amount	Under Cancer Illness Group (% of Sum Insured)		
	100% (HKD1,000,000)	0%	0%
	Under Non-Cancer Illness Group (% of Sum Insured)		
	0%	100% (HKD1,000,000)	0%
Remarks	Annual dividends will not be credited for rest of the Policy Term		The max. no. of each Critical Illness claim under Non-Cancer Illness Group is one only, except for claims under "Heart Attack" and "Stroke". No further claim for Heart Valve Surgery can be made
Total claim amount	HKD2,000,000		

Example 3



Benefit	Base Critical Illness Benefit	Multiple Critical Illness Benefit	
	Diagnosed with	Cancer	Another Cancer
Benefit amount	Under Cancer Illness Group (% of Sum Insured)		
	100% (HKD1,000,000)	0%	0%
	Under Non-Cancer Illness Group (% of Sum Insured)		
	0%	0%	100% (HKD1,000,000)
Remarks	Annual dividends will not be credited for rest of the Policy Term	The cancer claim cannot be processed since the 3-year Cancer Waiting period requirement is not fulfilled.	As the two claims arise from the same accident, the claim amount equals to 100% of Sum Insured
Total claim amount	HKD2,000,000		

Example 4



Benefit	Base Critical Illness Benefit	Compassionate Death Benefit
Diagnosed with	Cancer	The Life Insured has died
Benefit amount	Under Cancer Illness Group (% of Sum Insured)	
	100% (HKD1,000,000)	0%
	Under Non-Cancer Illness Group (% of Sum Insured)	
	0%	0%
Remarks	All future premiums will be waived (for Basic Plan and Supplementary Benefits) as the claim is made within the 10-year premium payment period. Annual dividends will not be credited for rest of the Policy Term	The Compassionate Death Benefit will be paid which is equal to 5% of the Sum Insured plus sum of accumulated dividends and interest (if any)
Total claim amount	HKD1,050,000 + sum of accumulated dividends and interest (if any)	

Notes:

- Multiple Critical Illness Benefit is subject to the waiting period between each claim. The example assumes that the waiting period between each claim is fulfilled. Please refer to Product Summary for the applicable waiting period.
- The maximum Total Claims Paid⁶ for the Cancer Illness Group and the Non-Cancer Illness Group is 200% of the Sum Insured each.
- The examples above are for reference only. Please refer to the Policy Provisions for detailed terms and conditions.

PRODUCT SUMMARY

Premium Payment Period / Issue Age	Premium Payment Period	Issue Age⁵
	Single Premium or 3-year or 5-year	15 days to Age ⁵ of 65
	10-year	15 days to Age ⁵ of 60
	15-year	15 days to Age ⁵ of 55
	20-year	15 days to Age ⁵ of 50
Benefit Term	Up to age ³ of 99	
Policy Currency	HKD / USD	
Minimum Sum Insured (per Policy)	HKD200,000 / USD25,000	
Maximum Sum Insured (per Life Insured)	HKD10M / USD1.25M	
Premium Payment Method	<p>Single premium, monthly or annual, through:</p> <ul style="list-style-type: none"> • HSBC bank account, or • Cheque (Only available for initial premium but not for subsequent premium), or • HSBC credit card (not applicable to single premium) 	
Base Critical Illness Benefit	<p>Should the Life Insured be diagnosed with any one of the 60 covered Critical Illnesses of the Cancer Illness Group or Non-Cancer Illness Group before age³ of 99 by a Registered Medical Practitioner, the following benefits will be payable:</p> <ul style="list-style-type: none"> • 100% of the Sum Insured (subject to deduction due to total claims paid under Early Stage Critical Illness Benefit of the corresponding Illness Group, if applicable) will be payable to the Policyholder. This benefit is only available for claims once and no further claims can be made under this Benefit once paid ; and • All the future outstanding premiums of the Basic Plan and Supplementary Benefits, if any, will be waived once Total Claims Paid⁶ is equal to or more than 100% of the Sum Insured. 	

Multiple Critical Illness Benefit

Should the Life Insured be diagnosed with any one of the 60 covered Critical Illnesses in any of the two Illness Groups before age³ of 85 by a Registered Medical Practitioner and Total Claims Paid⁶ is equal to or greater than 100% of the Sum Insured, Multiple Critical Illness Benefit equal to 100% of the Sum Insured will be payable to the Policyholder. If this is the first claim to be made under each of the two Illness Groups, total claims paid under Early Stage Critical Illness Benefit (if applicable and if it had not been included in Base Critical Illness Benefit payment deduction) in the corresponding Illness Group (if any) will be deducted from the amount payable under Multiple Critical Illness Benefit. The maximum aggregate claim amounts under this Policy for all Base Critical Illness Benefit, Multiple Critical Illness Benefit and Early Stage Critical Illness Benefit, if applicable, in each of the two Illness Groups is 200% of the Sum Insured. Any claim under the Multiple Critical Illness Benefit is subject to the following eligibility of Multiple Critical Illness Benefit.

Eligibility of Multiple Critical Illness Benefit

- To be eligible to make further Critical Illness claims under this Multiple Critical Illness Benefit, the period elapsed between the dates of first diagnosis of the two critical illness claims
 - i) is at least one year apart; and
 - ii) can fulfil the “Three-Year Cancer Waiting Period”[^] requirement if both claims belong to the Cancer Illness Group; and
 - iii) is at least five years apart if the subsequent claims are made against any covered Critical Illness after the prior claims for “Loss of Independence Existence” or “Terminal Illness” under the Non-Cancer Illness Group has been paid, whichever is the longest.
- In the case that more than one Critical Illness is diagnosed in the same event, (a single illness that causes two or more covered Critical Illnesses with the same diagnosis date or an accident that results in two or more of the covered Critical Illnesses) we will only pay the benefit relating to one of these Critical Illnesses for which the highest benefit amount is payable.
- Each of the Critical Illnesses in the Non-Cancer Illness Group can only be claimed once at most, except “Heart Attack” and “Stroke” which can be claimed twice respectively.
- Multiple Critical Illness Benefit will automatically terminate upon
 - i) the Total Claims Paid⁶ reaching 400% of the Sum Insured (where 200% of the Sum Insured is the maximum entitlement for each of the Cancer Illness Group and the Non-Cancer Illness Group respectively), or
 - ii) the Life Insured reaches age³ of 85, whichever is earlier.

	<p>Multiple Critical Illness Benefit is payable if the Life Insured has survived for no less than 14 days following the diagnosis of a Critical Illness; whereas Death Benefit is payable if the Life Insured has survived for less than 14 days following the diagnosis of a Critical Illness.</p>
<p>Three-Year Cancer Waiting Period</p>	<p>^ Three-Year Cancer Waiting Period means:</p> <ul style="list-style-type: none"> (a) in relation to cancer of a different organ than the Immediately Preceding Cancer, three years following (and excluding) the date of diagnosis of the Immediately Preceding Cancer; and (b) in relation to cancer of the same organ as the Immediately Preceding Cancer, three years following (and excluding) the first date as of which there are: <ul style="list-style-type: none"> (i) no signs and no symptoms, and (ii) no symptomatic, clinical and/or imaging evidence of the Immediately Preceding Cancer; provided that: <ul style="list-style-type: none"> – there have been no signs, nor symptoms, nor any diagnosis of the cancer described in clause (a) or (b) above (as the case may be), nor any symptomatic, clinical or imaging evidence of such cancer, for the entire duration of the above relevant three year period, as confirmed by a Registered Medical Practitioner in the appropriate medical specialty, and supported by clinical, radiological, histological and laboratory evidence in regular follow ups; and – the dates of diagnosis of cancer and the Immediately Preceding Cancer, respectively, are separated by at least three years. <p>For purposes of the definition of “Three-Year Cancer Waiting Period”, if an organ in the body has both a left and a right component (such as, but not limited to, the lungs or kidneys), the left side and right side of the organ shall be considered one and the same organ.</p> <p>Immediately Preceding Cancer means the immediate last diagnosed cancer under the Cancer Illness Group for which any of the Critical Illness Benefits has been paid.</p>
<p>Optional Early Stage Critical Illness Benefit (Advance Payment) (with additional premiums required)</p>	<p>Should the Life Insured be diagnosed with any one of the 68 covered Early Stage Critical Illnesses in any of the two Illness Groups before age³ of 85 by a Registered Medical Practitioner, Early Critical Illness Benefit equal to 20% of the Basic Plan Sum Insured (except for certain illnesses as mentioned below) will be payable to the Policyholder. Please refer to Early Stage Critical Illness Benefit (Advance Payment) factsheet for a detailed list of Early Stage Critical Illnesses and the Illness Groups.</p>

	<p>The maximum aggregate claim amount for Early Stage Critical Illness Benefit is 100% of the Basic Plan Sum Insured. Any claims under this optional Supplementary Benefit is subject to the following terms:</p> <ul style="list-style-type: none"> • Each of the 68 Early Stage Critical Illness can only be claimed once except “Carcinoma-in-situ or Early Stage Cancer” and “Coronary Angioplasty” which can be claimed twice respectively. • Per claim benefit amount limit for “Carcinoma-in-situ or Early Stage Cancer” and “Coronary Angioplasty” is HKD300,000/USD37,500 across all the Life Insured’s in-force Critical Illness policies issued by us. • Death Benefit, Surrender Value, Base Critical Illness Benefit and Multiple Critical Illness Benefit will be reduced by the amount of benefit paid under Early Stage Critical Illness Benefit accordingly. The premium payable under this Policy will not be reduced. • Upon the payment of any Base Critical Illness Benefit, this benefit will automatically terminate. • Coverage of some Early Stage Critical Illnesses terminates before the Life Insured’s age³ is 85 (please refer to Early Stage Critical Illness (Advance Payment) factsheet for details). • In the case that more than one Early Stage Critical Illness is diagnosed in the same event, the benefit relating to one of those Early Stage Critical Illness for which the highest benefit amount will be payable. <p>Please refer to the Policy Provisions of Early Stage Critical Illness Benefit (Advance Payment) for the detailed terms and conditions.</p>
Annual Dividend	<p>The dividend will be determined annually by the Company at the Company’s discretion and credited on each Policy Anniversary where the Total Claims Paid⁶ under this Policy is less than 100% of the Sum Insured, provided that all premiums due up to such Policy Anniversary have been paid before the expiry of the grace period or are deemed to be paid after the operation of the Automatic Premium Loan (if applicable).</p> <p>Please refer to section “More about Participating Policy” for more information.</p>
Surrender Value	<p>Surrender Value is the amount derived from the tabular Surrender Value shown in Policy Schedule 2 and is calculated based on the relevant Sum Insured at any time.</p>
Net Surrender Value	<p>Net Surrender Value is an amount equal to the positive balance of the Surrender Value less the Total Claims Paid⁶, plus any accumulated dividends with interest (if any).</p>

Death Benefit	<ul style="list-style-type: none"> • The higher of the Sum Insured or the Total Basic Plan Premium Paid⁷; less the Total Claims Paid⁶ (if any), subject to a minimum of zero; • Plus compassionate Death Benefit which is 5% of the Sum Insured; • Plus accumulated non-guaranteed dividends with interest (if any)
Embedded Benefits (no additional premiums required)	Payor's Benefit
	Unemployment Benefit
	Waiver of Premium on Disability Benefit
Optional Benefits (with additional premiums required)	Early Stage Critical Illness Benefit (Advance Payment)
	Accidental Death and Dismemberment Benefit
	Hospital Cash Benefit
Major Exclusion - Basic Plan	<ul style="list-style-type: none"> • Any pre-existing condition from which the Life Insured was suffering prior to the Issue Date, the Policy Date or the effective date of the last reinstatement, whichever is the latest; or • Any illness contracted by the Life Insured within the first ninety (90) days following the Issue Date, the Policy Date or the effective date of the last reinstatement, whichever is the latest, or • Any Human Immunodeficiency Virus (HIV) or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) or any mutations, derivation or variations thereof (except for the Critical Illness "HIV Due to Blood Transfusion and Occupationally Acquired HIV"). Please refer to Policy Schedule 4 for the definition of the Critical Illnesses. • "Loss of Independence Existence" and "Terminal Illness" will not be covered after Total Claims Paid⁶ reaches 100% of the Sum Insured. <p>The above are only the major exclusions and please refer to the Policy Provisions and the respective Supplementary Benefits Provisions (where applicable) for the detailed list of exclusions.</p>

The content in this product brochure is for reference only. You should read this document in conjunction with the respective insurance proposal and Policy Provisions for details.

BENEFIT SUMMARY

Critical Illness Benefit Schedule

Full Coverage of 60 Critical Illnesses	
Illness Group	
Cancer Illness Group (Maximum claim: 200% of the Sum Insured)	1. Cancer
Non - Cancer Illness Group (Maximum claim: 200% of the Sum Insured)	Conditions related to the Cardiovascular System
	2. Coronary Artery Bypass Surgery
	3. Other Serious Coronary Artery Disease
	4. Cardiomyopathy
	5. Eisenmenger's Syndrome
	6. Heart Attack
	7. Heart Valve Surgery
	8. Primary Pulmonary Arterial Hypertension
	9. Infective Endocarditis
	10. Dissecting Aortic Aneurysm
	11. Surgery to Aorta
	Conditions related to the Nervous System
	12. Alzheimer's Disease
	13. Bacterial Meningitis
	14. Benign Brain Tumour
	15. Brain Surgery
	16. Chronic Adrenal Insufficiency (Addison's Disease)
	17. Coma
	18. Creutzfeldt-Jacob Disease (CJD)
	19. Encephalitis
	20. Major Head Trauma
	21. Motor Neurone Disease
	22. Multiple Sclerosis
	23. Muscular Dystrophy
	24. Myasthenia Gravis
	25. Paralysis
	26. Parkinson's Disease
	27. Poliomyelitis
	28. Stroke
	29. Tuberculosis Meningitis
	30. Apallic Syndrome
31. Hemiplegia	

Full Coverage of 60 Critical Illnesses	
Illness Group	
Non - Cancer Illness Group (continued) (Maximum claim: 200% of the Sum Insured)	Conditions related to the Major Organs and Functions
	32. Chronic Relapsing Pancreatitis
	33. Crohn's Disease
	34. End Stage Liver Failure
	35. End Stage Lung Disease
	36. Fulminant Hepatitis
	37. Irreversible Kidney Failure
	38. Major Organ Transplant
	39. Medullary Cystic Disease
	40. Progressive Scleroderma
	41. Severe Rheumatoid Arthritis
	42. Severe Ulcerative Colitis
	43. Systemic Lupus Erythematosus with Lupus Nephritis
	44. Aplastic Anaemia
	Conditions related to Other Illnesses
	45. Amputation of Feet due to Complication from Diabetes
	46. Blindness
	47. Elephantiasis
	48. Loss of Hearing
	49. Loss of One Limb and One Eye
	50. Loss of Limbs
	51. Pheochromocytoma
	52. Third Degree Burns
	53. Ebola
	54. HIV Due to Blood Transfusion and Occupationally Acquired HIV
	55. Myelofibrosis
	56. Necrotising Fasciitis
	57. Loss of Independent Existence (Cover up to age ³ of 74)
	58. Loss of Speech
	59. Progressive Supranuclear Palsy
	60. Terminal Illness

IMPORTANT NOTES

Cooling-off Period

The HSBC Comprehensive Critical Illness Protection Plan is a life insurance plan with critical illness element. Part of the premium pays for the insurance and related costs including but not limited to policy acquisition, maintenance and claims costs.

If you are not satisfied with the Policy, you have a right to cancel it and obtain a refund of any premiums and levies paid, subject to any market value adjustment (applicable to single premium policies) (see section below for details of market value adjustment), by giving written notice. To cancel, you must sign on such notice, return the Policy (if received) and ensure that such notice and the Policy are received directly by the office of HSBC Life (International) Limited at 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong within the Cooling-off Period (that is, 21 days after the delivery of the Policy or issue of a notice informing the availability of the Policy to you or your representative, whichever is earlier).

After the expiration of the Cooling-off Period, if you cancel the Policy before the end of the policy term, the projected total Net Surrender Value that you receive may be less than the total premium you have paid.

Market value adjustment for single premium policy

During the Cooling-off Period, single premium policy is subject to market value adjustment, which refers to the amount of the shortfall (if any) by which the value of investment for the single premium at the time when the cancellation notice on the Policy is received by the Company has fallen below the amount of the single premium paid.

Suicide

If the Life Insured dies by suicide within one year of the Issue Date or from the effective date of reinstatement, whichever is later, whether sane or insane, the Company's liability will be limited to the amount of premiums paid to the Company less any amount paid by the Company to you since the Policy Date. Please refer to Policy Provisions of the Basic Plan for detailed terms and conditions.

Policy loan

You may apply for a Policy Loan provided that the amount borrowed (including any previous unpaid borrowed amount) does not exceed 90% of the Net Surrender Value. You will be advised of the rate of interest determined by the Company which may change from time to time. When the Policy Loan with accrued interest exceeds the Net Surrender Value, the Policy may lapse. Please be reminded that any Indebtedness⁵ on this Policy outstanding at the time of any payment under the Policy shall be deducted from the amount otherwise payable under this Policy. The Company's claim for any Indebtedness⁵ shall be prior to any claim of the Policyholder or the Beneficiary(ies) or the assignee(s) or other persons.

No application for Policy Loan will be accepted after the Total Claims Paid⁶ reaches 100% of the Sum Insured.

Tax reporting and financial crime

The Company may from time to time request information from you regarding you and your Policy for the Company and other members of the HSBC Group to meet certain obligations to legal or regulatory bodies and government or tax authorities in Hong Kong and overseas. If you fail to provide to the Company information that is requested from you or if you present a financial crime risk to a member of the HSBC Group, such consequences as set out in your policy terms include that the Company may:

- Take such actions as are necessary to enable it or a member of the HSBC Group to meet its obligations;
- Be unable to provide new, or continue to provide all the services to you;
- Be required to withhold payments or benefits that would otherwise be due to you or your Policy and permanently pay those over to tax authorities; and
- Terminate your Policy.

Should any benefits or payments be withheld or the Policy be terminated by the Company, the amount you get back plus the total amount you have received before policy termination (if any) may be less than what you have paid. The Company recommends that you seek your own independent professional advice on your tax liabilities and tax position in relation to your Policy.

Termination conditions

The Company has the right to terminate the Policy under any of the following circumstances:

- If you cannot make the overdue premium payment by the end of the Grace Period; or
- The Policy Loan with accrued interest exceeds the Net Surrender Value; or
- We reasonably consider that by continuing the Policy or the relationship with you, we may break any laws or the Company, or a member of the HSBC Group, may be exposed to action censure from any authority

Please refer to the Policy Provisions for detailed terms and conditions on termination.

Surrender policy

If you surrender the Policy, you will receive the Net Surrender Value of the Policy less Indebtedness⁸ (if any).

Applicable laws

The laws governing the Policy are the laws of Bermuda. However, in the event of any dispute arising in the Hong Kong SAR, the non-exclusive jurisdiction of the Hong Kong SAR courts will apply.

Eligibility

The Plan is generally available to anyone who is between 15 days after birth to age⁵ of 65. The Plan is subject to the relevant requirements on nationality and/or addresses and/or residency of the Policyholder and/or Life Insured as determined by the Company from time to time.

Policy currency

The Plan is available in Hong Kong dollars and US dollars. Both premiums and benefits can be paid in currencies other than the policy currency. Please refer to section "Key risks – Policy currency risk" for the details of key risk factors.

Missing payment of premium

There is a 30-day Grace Period for premium payments that are due. If you cannot make the payment by the end of the Grace Period, the non-forfeiture option which you have selected will then take effect provided that the Non-forfeiture Value⁹ is greater than zero. If no non-forfeiture option is elected, an Automatic Premium Loan will be granted to cover the unpaid premium provided that the Non-forfeiture Value⁹ is greater than the unpaid premium. Interest will apply on such loan at a rate determined by the Company which may change from time to time. When the Non-forfeiture Value⁹ is not enough to cover the unpaid premium, the Policy will lapse.

KEY RISKS

Credit and insolvency risks

The product is an insurance policy issued by the Company. **You are subject to the credit risk of the Company.** Your premiums paid will form part of the Company's assets. You do not have any rights or ownership over any of those assets. Your recourse is against the Company only.

Non-guaranteed benefits

The scales for calculating dividends are not guaranteed and are determined by the Company from time to time.

Whether dividends are payable and the size of the dividends to be paid **depend on how well the Company has performed with regard to investment returns on the assets supporting the policies, as well as other factors including but not limited to claims, lapse experience, expenses and the long-term future performance outlook.** The key risk factors are described below:

- **Investment risk factors – The investment performance of the assets supporting the policies could be affected by changes in interest rate and its outlook** (which affect both interest earnings and values of assets), fluctuations in price of growth assets and various market risks including but not limited to currency risk, credit spread and default risk.
- **Claims factors – The actual experience of mortality and morbidity is uncertain** which may lead to a higher than expected claim or living benefit payment and impact the overall performance of the product.
- **Persistency factors – The actual experience of policy surrender (full or partial) and policy lapse is uncertain**, and therefore it has impacts on both the current performance and future return of the portfolio of the policies.

- **Expense factors – The actual amount of any direct expenses** (e.g. commission, underwriting, policy acquisition and maintenance expenses) **and indirect expenses** (e.g. general overhead costs) **incurred and apportioned to the group of policies may be higher than expected** and impact the overall performance of the product.

The interests earned on the accumulated dividends are determined based on an interest rate that is not guaranteed and may be adjusted by the Company at its discretion from time to time.

Risks from the delay or missing the payment of premiums due

Any delay or missing of the payment of premiums due **may lead to policy lapse and the amount, if any, you get back may be significantly less than what you have paid.**

Risks from surrender

If you surrender your Policy in early years, **the surrender proceeds to be received under the Policy may be significantly less than the premiums paid.**

Liquidity risk

This Policy is designed to be held for a long-term period. Should you have liquidity needs for any unexpected events, you may apply for a Policy Loan or surrender the Policy in full or in part subject to the respective policy terms, however **this may cause the Policy to lapse or to be terminated earlier than the original policy term, and the amount (if any) you get back may be less than the premiums paid.** You may also apply for withdrawal of any amounts that are accumulated within the Policy but the amount available for withdrawal is not guaranteed. **Any partial surrender, Policy Loan, accrued loan interest and withdrawal will reduce the death benefit and Net Surrender Value.**

Inflation risk

Cost of living is likely to be higher in the future than it is today due to inflation, therefore **you or your assigned Beneficiary(ies) may receive less from the Policy in real terms in the future** even if the Company meets all its contractual obligations.

Policy currency risk

You are subject to exchange rate risks. If your Plan is denominated in currencies other than local currency, or, if you choose to pay premium or receive benefit in currencies other than the policy currency(ies), **the actual amount paid or received by you will be subject to change according to the prevailing exchange rate** between the policy currency and the local / payment currencies. The fluctuation in exchange rates may have impact on the amount of payments including but not limited to premium payments, levy payments and benefit payments.

MORE ABOUT PARTICIPATING POLICY

Participating policy

Policies under the Plan are participating policies that consist of both the guaranteed and non-guaranteed benefits. The non-guaranteed benefits comprise the policy dividends, which allow Policyholders to participate in the financial performance of the life insurance operation. The policy dividends, if any, are in form of annual dividends which are declared by the Company on an annual basis. Once declared, the amount of annual dividend for the year becomes vested and will be credited to your Policy. Please refer to "Product Summary" above for more details of annual dividends.

The policy dividends are not guaranteed, whether they are payable and the size of the dividends to be paid depend on how well the Company has performed with regard to investment returns on the assets supporting the policies, as well as other factors including but not limited to claims, lapse experience, expenses, and the long-term future performance outlook. Please refer to section "Key risks - Non-guaranteed benefit" for the details of key risk factors. If the performance over the long term is better than assumed level, then dividends paid would increase and if performance is worse than the assumed level then dividends paid would reduce.

The key feature of participating policies over other forms of insurance policies is that in addition to the guaranteed benefits receivable, Policyholders will also benefit from additional dividend payments if the insurance company's performance is better than that required to support the guaranteed benefits. The better the performance, the greater the dividend payments, and, conversely, the worse the performance, the lower the dividend payments.

Dividend philosophy

The Company conducts regular review on the level of dividends payable to Policyholders. Both the actual performance in the past and also management's outlook of the long term future performance will be assessed against the assumed level, and where variances arise, gains and losses will be shared with Policyholders in a fair and equitable manner through the adjustment of dividend scales.

When considering the adjustment of dividend scales, the Company also operates a smoothing philosophy in order to maintain a more stable payout to Policyholders, so the level of dividends will only be changed if the actual performance is significantly different from the assumed level over a period of time or if management's expectation of the long-term future performance changes substantially.

In order to ensure the fairness between Policyholders of the Plan, the Company will carefully consider the experiences of different groups of policies (e.g. different products, currencies, issue years etc.) so that each group of policies will receive a fair return reflecting mostly its own performance. To balance the interest between Policyholders and shareholders, a dedicated committee is established to provide independent advice on the management of the participating policies and the determination of dividends.

Investment policy and strategy

The Company follows an asset strategy that:

- i) Helps to ensure that we can meet the guaranteed benefits that we have committed to you;
- ii) Delivers to you competitive long-term returns through the non-guaranteed dividends; and
- iii) Abides by a pre-defined set of risk tolerances.

The assets supporting the participating policies predominantly consist of fixed income assets issued by corporate entities with good credit quality (average A-rated or above) and long-term prospects. Growth assets, including equity-type investments and alternative investments such as property, private equity and hedge fund, as well as structured products including derivatives, are utilized in order to deliver returns reflecting real economic growth in the long run.

Our investment portfolios are well diversified in different types of assets, and are invested in different geographical markets (mainly Asia, US and Europe), currencies (mainly HKD and USD) and industries. The assets are carefully managed and monitored according to a pre-defined set of risk appetite.

Target asset allocation

Asset type	Allocation%
Fixed income	80% - 100%
Growth assets	0% - 20%
- Equities	0% - 15%
- Alternative investments	0% - 15%

There could be slight deviation from the above range due to market fluctuation.

Actual allocations will take into consideration past investment performance of the assets supporting the policies, prevailing market conditions and future outlook and the guaranteed and non-guaranteed benefits of the policies. This includes assessing factors such as risk tolerance and real economic growth over the appropriate time horizon.

Accumulation interest rate

Policyholders can amongst other options, choose to leave the dividends in the Plan to accumulate with interests (if any). The rates of interest are not guaranteed and will be determined by the Company from time to time. The review on such accumulation interest rates will be conducted regularly with reference to the portfolio bond yields, prevailing market conditions, outlook on bond yields, and the likelihood of Policyholders leaving their payment for accumulation.

The Policy in determining the dividends and accumulation interest rates may be reviewed and adjusted by the Company from time to time. For more updated information, please visit our website [<https://www.personal.hsbc.com.hk/1/2/hk/insurance/life/detail#policy>]. You may also visit the above website to understand the Company's dividend history for reference. The past performance or current performance of the Company's business may not be a guide for future performances.

ENDNOTES

- 1 Source: "Overview of Hong Kong Cancer Statistics of 2015" from Hong Kong Cancer Registry and data generated from Cancer Statistics Query Systems (CanSQS).
- 2 Critical Illness refers to the 60 Critical Illnesses listed in the Policy Provision.
- 3 The Policy Anniversary at which the Policyholder or the Life Insured (as the case may be) reaches the specified age based on age at next birthday.
- 4 Please refer to the Policy Provision for the detailed terms and conditions.
- 5 Age means the age of the Life Insured or Policyholder where applicable at his or your next birthday.
- 6 Total Claims Paid refers to the total accumulated claims paid by the Company under the Policy including Base Critical Illness Benefit payment, Multiple Critical Illness Benefit payment and Early Stage Critical Illness Benefit payment (if applicable) under the two Illness Groups (Cancer Illness & Non-Cancer Illness Groups).
- 7 Total Basic Plan Premium Paid under Death Benefit refers to the total amount of premiums (excluding loaded premiums and premiums of Supplementary Benefits, if applicable) due (whether or not actually paid) in respect of the Basic Plan as of the date of death of the Life Insured.
- 8 Indebtedness is the sum of all outstanding Policy Loan, and any interest accrued on such Policy Loan, plus any outstanding premiums under this Policy.
- 9 Non-forfeiture Value means for the purpose Automatic Premium Loan, the Net Surrender Value calculated as at the date immediately preceding the due date of the relevant unpaid premium.

MORE INFORMATION

Planning for your financial future is important. Let us review your current and future needs to help you decide if HSBC Comprehensive Critical Illness Protection Plan is the right product to help you fulfil your personal goals.

You can visit any HSBC branch to arrange for a financial planning review with us.

Call 2233 3131

Go to www.hsbc.com.hk

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