



### VEB Care Series: Critical Care

This policy, together with the application form, the schedule, and any endorsements, constitute the entire contract of insurance between the **policyholder** and **us**, AIG Insurance Hong Kong Limited. We agree to provide the benefits set out in the schedule, subject to the terms and conditions and limitations of this policy provided that premium is paid when due.

This policy shows details of the cover and the terms and conditions that apply to it. The **policyholder** and **insured persons** must read this policy to make sure that they understand the cover provided.

This insurance is underwritten by AIG Insurance Hong Kong Limited, 46th Floor, One Island East, 18 Westlands Road, Island East, Hong Kong.

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## Policy Definitions

### Accident or Accidental

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place.

### Activities of daily living

Dressing, feeding, mobility, toileting, transferring and washing as described below:

1. Dressing means the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
2. Feeding means the ability to feed oneself food after its preparation and being made available.
3. Mobility means the ability to move indoors from room to room on level surfaces.
4. Toileting means the ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
5. Transferring means the ability to move from a bed to an upright chair or wheelchair, and vice versa.
6. Washing means the ability to wash in the bath, or shower or wash by other means.

### Bodily injury

Identifiable physical injury to an **insured person's** body which is caused by an **accident** solely and independently of any other causes and does not result from **sickness** or disease.

### Child or Children

Any person who is dependent on the **Policyholder** and is aged 6 months and older and less than 21 years of age or 25 years of age if in full-time education.

### Critical Illness

A disease or surgical procedure specified in the Table of Benefits in the Benefit section and defined in this **policy**, of which the date of **diagnosis** of the illness or the date of **diagnosis** of conditions leading to performance of the surgical procedure was made after the **waiting period**.

A critical illness is considered diagnosed only if **you** have been examined by one or more **physicians** each of whom are certified specialists with respect to the disease or illness corresponding to the critical illness. A written medical report(s) prepared by each **physician** which satisfies each and every diagnostic requirement must be provided to **us**.

### Clinical Psychologist

A qualified professional who has a Masters or Doctorate Degree in Clinical Psychology who is not:

- the **policyholder** or an **insured person**; or
- business partner, agent or any relation to the **policyholder, insured person** or **insured person's immediate family member**.

### Diagnosis

The definitive diagnosis made by a **physician** and confirmed by an oncologist or pathologist, based upon specific evidence in the definition of the particular **critical illness** concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to **us**. Such **diagnosis** must be supported by **our** appointed **physician** who may base his/her opinion on the medical evidence submitted by **you** or any additional evidence that he/she may require you to provide.

### Effective date

The start date of this policy as shown on the **schedule** or the date that **insured person** is added to this policy, if that date is later than the start date of this policy.

### Female organ

One of both breasts, one or both fallopian tubes, one or both ovaries, the cervix, uterus, vagina or vulva.

### Hospital

A facility for the medical treatment of bed patients and which:

- has diagnostic and surgical facilities
- a 24 hour a day nursing staff
- is supervised by **physician**, and
- is not a nursing home, rest home, home of aged, institution for mental or behavioral disorders, sanatorium, or a place for the treatment of alcoholics or drug addicts; even if located at the same place

### Immediate family member

The **insured person's** aunt, brother, brother-in-law, child, grandchild, grandparent, nephew, niece, parent, parent-in-law, sister, sister-in-law, **spouse** or uncle.

### Insured Person

Any person shown in the **schedule** as being an insured person.

### Male organ

One or both breasts, one or both testes, the penis or prostate.

### Limb

For a hand, means at or above the wrist and for a foot, means at or above the ankle.

### Physician

A qualified and registered medical practitioner licensed under any applicable laws to practice western medicine and acting within the scope of his or her licensing and training who is not:

- the **policyholder** or an **insured person**; or
- business partner, agent or any relation to the **policyholder, insured person** or **insured person's immediate family member**.

### Policyholder

The person that has applied for insurance cover and is identified on the **schedule** as the policyholder.

### Pre-existing condition

Any medical condition (whether diagnosed or not) for which, 5 years immediately prior to **your effective date, you**:

- received medication, advice or treatment; or
- experienced signs symptoms

Any condition which **you** were aware of or which would have caused an ordinary prudent person to seek treatment or diagnosis (whether diagnosed or not) 5 years immediately prior to **your effective date** will be considered to be a **pre-existing condition**.

### Psychiatrist

A qualified and registered medical practitioner specializing in psychiatry licensed under any applicable laws to practice within the scope of his or her licensing and training who is not:

- the **policyholder** or an **insured person**; or

- business partner, agent or any relation to the **policyholder, insured person or insured person's immediate family member.**

#### Schedule

The document showing details of the cover the **policyholder** has bought.

#### Sickness

A physical condition marked by a pathological deviation from the normal healthy state.

#### Spouse

The legal spouse of the **insured person** or a person who cohabits with the **insured person** in a marriage-like relationship and is registered at the same address.

#### Sum insured

The benefit amount as shown on the **schedule.**

#### Waiting Period

The period of 90 days immediately following **your effective date.** For **SARS**, this means the period of 15 days immediately following **your effective date.**

#### War

War means any activity arising out of or attempt to participate in the use of military force between nations and will include civil war, revolution and invasion.

#### We, us, our

AIG Insurance Hong Kong Limited.

#### You, your or yourself

An **insured person.**

#### General Policy Exclusions

The following exclusions apply to all sections of this policy.

We will not pay for any **critical illness** resulting from:

1. any act of **war**, acts of foreign enemies, hostilities, rebellion or warlike operations (whether **war** be declared or not);
2. travel onboard any military aircraft or flying as a pilot in any aircraft;
3. suicide or intentional injuries or any attempts thereat;
4. **bodily injury** sustained whilst **you** are directly involved in a violation of law which is criminal in nature;
5. psychosis, sleep disturbance disorder, mental or nervous disorders, anxiety, stress or depression (not applicable to Psychological Consultation Benefit);
6. drug abuse or drug accident, treatment for alcoholism, the influence of alcohol or any non-prescribed drug;
7. **bodily injury** sustained whilst **you** are participating in, practicing or training for a sport as a professional;
8. **you** acting or travelling against the advice of a **physician**;
9. Acquired Immune Deficiency Syndrome (AIDS), whether the condition is directly or indirectly related, or for any **critical illness** in the presence of any Human Immunodeficiency Virus (HIV). The exception is claims due to Occupational Aquired HIV or HIV due to Blood Transfusion;
10. congenital anomalies or any complications or conditions arising therefrom;
11. any **pre-existing condition** occurring within 5 consecutive years immediately after the **effective date**, last reinstatement date or date of any increase in the **sum insured** (to the extent of the increase only), whichever is later.

We will not pay for any **critical illness** if:

12. **you** are diagnosed, receive medical advice, have symptoms or tests, or receive any medication or treatment for any **critical illness** or have symptoms which would have caused an ordinary prudent person to seek treatment or diagnosis within the **waiting period**;
13. **you** do not survive after the **diagnosis** for a period of at least 30 days and for **SARS** at least 15 days (this exclusion shall be waived if the **critical illness** is caused by an **accident**);
14. if you have been diagnosed with the same **critical illness** before the **effective date of your policy.**

We will not be liable to provide any coverage or to make any payment if to do so would be in violation of any sanctions law or regulations which would expose **us, our** parent company or **our** ultimate controlling entity to any penalty under any sanctions law or regulation.

#### General Policy Conditions

##### 1. Entire contract and change in the policy

The **policy** contains the entire contract. Any changes in the **policy** must be agreed by **us** and must be endorsed hereon.

##### 2. Policy alteration

We may adjust the terms and conditions, including premiums charged and benefits offered, of the **policy** during the period of insurance. Premiums charged are not guaranteed and we reserve the right to adjust premium rates based on our assessment of the risk.

Before **we** make any changes, **we** will give the **policyholder** 30 days prior notice in writing to the **policyholder's** last known address.

##### 3. Automatic renewal of policy

Insurance coverage provided under this policy will be automatically renewed at the end of each period of insurance without any new policy issuance. However, we reserve the right not to invite or accept renewal of the policy.

##### 4. Age Limit for Insured Person

The insurance under this policy shall cover:

- a) For an adult – **you** are between 18 and 65 years old, renewable up to 69 years old. All cover will terminate on the next premium due date following **your** 70th birthday;
- b) For a child – any **child** who is dependent on the **policyholder** and is aged 6 months and older and less than 21 years of age or 25 years of age if in full-time education. All cover will terminate on the next premium due date following the 22nd or 26th birthday of the **child.**

##### 5. Excluded Occupations

Hazardous occupations are excluded under this **policy.** If your occupation falls within the following list no cover will be provided unless you declare this to **us** and **we** accept your application. In this case, our acceptance must be endorsed hereon.

Hazardous occupations include, but are not limited to, the job title or nature of blaster, professional athlete, jockey, detective, stuntman, stevedore, fisherman, driver (cross-border between Hong Kong and Mainland

China), pilot, caisson worker, lift technician, building wrecker, driller-underground, wild animal or circus trainer, secret service agent, container crane operator, and dynamite/explosive operator. Manual labour or active personal participation in underground work, offshore work, construction work or work outside a building or installation exceeding thirty (30) feet in height, employment on merchant vessels or employment with the naval, military or air force services is considered hazardous.

#### 6. Status Change

**You** or the **policyholder** must take full responsibility to inform **us** of any change in respect of the information provided to **us** for the purpose of this insurance, otherwise **we** reserve the right to refuse or invalidate all claims under this policy.

#### 7. Misstatement of Age

If **your** age declared in the **policyholder's** application for this insurance is younger than your actual age, **we** will only pay a part of the benefits covered under this policy based on the percentage of the premium paid compared with the premium that should have been paid for **your** age at **your effective date**.

If **your** age declared in the **policyholder's** application for this insurance is older than your actual age, **we** will pay the benefit shown on the **schedule** and **we** will refund to the **policyholder** the extra premium that has been paid without adding interest

#### 8. Premium payment

The premium is payable monthly as shown on the **schedule**. It is due on the first premium due date and subsequently on the 1st day of each month. Each premium paid purchases cover under the terms of this policy for the following calendar month in which it is due.

If any premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will continue as if it had been paid on the due date.

#### 9. Cancellation of policy

The **policyholder** may cancel this policy by giving **us** prior notice in writing to 46th Floor, One Island East, 18 Westlands Road, Island East, Hong Kong. Cover stops on the first day of the next premium due date after **we** receive notification of cancellation. **We** may cancel this policy by giving the **policyholder** 30 days notice in writing to the **policyholder's** last known address. In the event of cancellation of the policy by **us**, cover stops (and the policy will terminate) on the first day of the month immediately following the expiry of the 30 days notice of cancellation given by **us** in accordance with this paragraph.

In the event of cancellation by either party, benefits will only apply in the case that the date of **diagnosis** is prior to the date of termination of this policy.

In the event of **diagnosis** during the **waiting period**, the policy will be terminated with immediate effect.

For the avoidance of doubt, all cover for all **insured persons** under this policy shall cease when the **policyholder** ceases to be covered under this policy.

#### 10. Claims notification

**You** must tell **us** of any potential claim within 30 days of the date of **diagnosis**. Failure to give notice within 30 days will not invalidate any claim if it can be shown that the delay is reasonable, **we** have been informed as soon as possible and **we** are still able to fully investigate the claim.

Any notice served by **you** in connection with this policy must be sent to the following address unless otherwise agreed in writing by **us**:

Claims Manager, AIG Insurance Hong Kong Limited, 46th Floor, One Island East, 18 Westlands Road, Island East, Hong Kong.

#### 11. Claims evidence

**You** must provide at **your** own expense all reasonable and necessary evidence (including post-mortem examinations if applicable) in support of a claim. If **we** require additional medical evidence, **we** may ask **you** to undergo any medical examinations in connection with any claim as **we** may require at **our** own expense. **You** must co-operate with **us** in the course of **our** investigation to establish the validity of a claim if so required, failure to do so may result in **us** declining the claim due to insufficient evidence.

In the event of any dispute or disagreement regarding the appropriateness or correctness of the **diagnosis**, **we** have the right to call for an examination of the evidence used in arriving at such **diagnosis** by an independent acknowledged expert in the field of medicine concerned. The expert will be appointed by **us** and the opinion of such expert with regards to the **diagnosis** shall be binding on both **you** and **us**.

#### 12. Acceptance of benefit

Benefits will be paid to the **insured person** who is the subject of the claim except in the case of a **child**, then it will be paid to the **policyholder**. If **you** die from the **critical illness**, benefits will be paid to **your** estate and the receipt given by the personal representative of the estate with the meaning as defined under the Probate and Administration Ordinance Cap. 10, Laws of Hong Kong will discharge **our** liability under the policy.

If **we** have paid a claim under this policy and **you** or the **policyholder** have accepted this as full and final payment then **we** will not have to make any further payments for the same claim and the policy will be deemed terminated.

#### 13. Interest on benefit payable

**We** will not pay interest on any benefit payable under the policy.

#### 14. Rights of third parties

No person other than the **policyholder** or **us** may enforce any terms of this policy.

#### 15. Rights of recovery

If **we** or **our** authorized representatives have made any payments for a claim which is not covered under this policy or where the limit of liability exceeds the **sum insured** shown on the **schedule**, **we** have the right to recover the **sum insured** or excess from **you** or the **policyholder**.

#### 16. Data Privacy

The **Policyholder/Insured Person** agrees that:

(a) the personal data collected during the application process or administration of this policy may be used by AIG Insurance Hong Kong Limited ("AIGHK") for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining

reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation).

(b) AIG HK may use the **Policyholder's/Insured Person's** contact details (name, address, phone number and e-mail address) to contact him/her about other insurance products provided by the AIG group (assuming AIG HK has obtained the agreement of the **Policyholder/Insured Person** to use such contact details for this purpose).

(c) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purpose identified:

- i) third parties providing services related to the administration of this policy, including reinsurers (per (a) above);
- ii) financial institutions for the purpose of processing this policy and obtaining policy payments (per (a) above);
- iii) in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers (per (a) above);
- iv) for the purpose of conducting direct marketing activities (per (b) above), marketing companies authorized by the AIG group;
- v) another member of the AIG group (for all of the purposes stated in (a) and (b)) in any country; or
- vi) other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.

(d) The **Policyholder/Insured Person** may gain access to, or request correction of his/her personal data (in both cases, subject to a reasonable fee), or change the option he/she previously elected in relation to the use of his/her contact details for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or [cs.hk@aig.com](mailto:cs.hk@aig.com). The same addresses may be used to contact AIG HK with any comments in relation to the services it provides. The full version of AIG HK's Data Privacy Policy can be found at [www.aig.com.hk](http://www.aig.com.hk).

#### 17. Assignment

This policy cannot be assigned.

#### 18. Fraud

Any fraud, deliberate dishonesty, or deliberate non-disclosure of information connected with the **policyholder's** application, proposal and declaration (if provided) or in connection with a claim, will make this policy invalid. If this happens, **you** or the **policyholder** will lose any benefit due and must pay back any benefit that **we** have already paid. **We** will not refund any premiums.

#### 19. Clerical Error

Any clerical errors will not invalidate insurance otherwise valid nor continue insurance which would not have been valid.

#### 20. Law and jurisdiction

This policy will be governed by the law that applies in the Hong Kong Special Administrative Region of the People's Republic of China where **you** or the **policyholder** normally lives. The parties hereto agree to submit to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region of the People's Republic of China.

#### Enquiries

Every effort is made by **us** to ensure that **you** or the **policyholder** receives a high standard of service. For any enquiries, please contact:

Accident and Health Department  
AIG Insurance Hong Kong Limited

46th Floor, One Island East,  
18 Westlands Road, Island East, Hong Kong  
Email: [cs.hk@AIG.com](mailto:cs.hk@AIG.com)

Please include **your** name and policy number as shown on the **schedule** when **you** make the enquiry.

#### Benefits - Critical Care

If **you** are first diagnosed by a **physician**, after the **effective date** and following the **waiting period**, to be suffering a **critical illness** or **you** incur costs to undergo a covered surgery, **we** will pay **you** the respective **percentage of the sum insured** as specified below.

#### Table of Benefits

Item	Critical Illnesses	Percentage of the Sum Insured
1.	Stroke	100%
2.	Major Cancer	100%
3.	Heart Attack	100%
4.	Coronary Artery By-pass Surgery	100%
5.	Other Serious Coronary Artery Disease	100%
6.	Heart Valve Surgery	100%
7.	Fulminant Hepatitis	100%
8.	End Stage Liver Failure	100%
9.	Primary Pulmonary Hypertension	100%
10.	End-stage Lung Disease	100%
11.	Kidney Failure	100%
12.	Surgery to Aorta	100%
13.	Aplastic Anaemia	100%
14.	Major Organ / Bone Marrow Transplantation	100%
15.	Blindness	100%
16.	Deafness	100%
17.	Loss of Speech	100%
18.	Coma	100%
19.	Major Burns	100%
20.	Multiple Sclerosis	100%
21.	Paralysis	100%
22.	Poliomyelitis	100%
23.	Muscular Dystrophy	100%
24.	Alzheimer's Disease / Severe Dementia	100%
25.	Motor Neurone Disease	100%
26.	Parkinson's Disease	100%
27.	Encephalitis	100%
28.	Benign Brain Tumour	100%
29.	Major Head Trauma	100%
30.	Bacterial Meningitis	100%
31.	Apallic Syndrome	100%
32.	Systemic Lupus Erythematosus (SLE) caused with Lupus Nephritis	100%
33.	Crohn's Disease	100%
34.	Acute Necrotizing Pancreatitis	100%
35.	Terminal Illness	100%
36.	Loss of Independent Existence	100%
37.	Elephantiasis	100%
38.	HIV due to Blood Transfusion	100%
39.	Occupational Acquired HIV	100%
40.	Severe Rheumatoid Arthritis	100%
41.	Medullary Cystic Disease	100%

42. Cardiomyopathy	100%
43. Ebola	100%
44. Creutzfeldt-Jakob Disease	100%
45. Angioplasty and Other Invasive Treatments for Coronary Artery Disease	up to 10%
46. Severe Acute Respiratory Syndrome (SARS)	up to 10%
47. Cerebral Aneurysm Requiring Surgery	up to 40%
48. Carcinoma-in-situ of <b>female organ</b> or <b>male organ</b>	up to 20%

If we have paid for any of the **critical illnesses** 45 - 48 as listed above, the **sum insured** shown on the **schedule** shall be reduced by the amount paid and there shall be no further cover for the relevant **critical illness**.

The total amount payable by us in respect of one or more **critical illness** 1 - 48 listed above shall not exceed 100% of the **sum insured** as shown on the **schedule** regardless of the number of **critical illness** suffered. We shall bear no further liability after payment of 100% of the **sum insured**. Coverage of this policy will be terminated automatically after such payment.

In the case of item 46 - Severe Acute Respiratory Syndrome (SARS), upon first **diagnosis** of SARS after the **effective date** and following the **waiting period** by a **physician**, we shall pay up to ten percent (10%) of the **sum insured** shown on the **schedule** or HK\$20,000 whichever is lesser. If subsequently it is found that a false **diagnosis** of SARS was given, any payment made shall be returned to us and we shall have no further liability.

In the case of item 48 - Carcinoma-in-situ of **female organ** or **male organ**, upon first **diagnosis** after the **effective date** and following the **waiting period** by a **physician**, we shall pay twenty percent (20%) of the **sum insured** shown on the **schedule**. If you are subsequently diagnosed with Major Cancer at the same **primary site** as the previous **diagnosis** of Carcinoma-in-situ of **female organ** or **male organ**, the **sum insured** of Major Cancer shall be reduced by the amount paid.

#### Psychological Consultation Benefit

In the event of a payable claim for item 1-44, we will reimburse you for the reasonable and necessary charges for professional psychological counseling rendered by a **clinical psychologist** or **psychiatrist**, provided such rehabilitation services are undertaken upon the recommendation of your **physician**. Payment under this benefit is subject to the maximum of HKD1,500 per visit per day and HKD20,000 per disability per policy year. The maximum benefit payable to each eligible **child** is HKD1,500 per visit per day and HKD3,000 per disability per policy year.

The following additional restrictions and exclusions apply to this benefit

1. The psychological counseling should have been initiated within six months from the **diagnosis** date of **critical illness**.
2. No benefit will be payable for the same loss claimed under Accident Care and Hospital Care (if applicable) arising from the same cause

#### Critical Illness Definitions

##### Acute Necrotizing Pancreatitis

A **diagnosis** by a **physician** needing excision of necrotizing tissue or partial of pancreas. Pancreatic disease secondary to alcohol is excluded.

##### Alzheimer's Disease/Severe Dementia

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous professional supervision of you. This **diagnosis** must be supported by

the clinical confirmation of an appropriate consultant and supported by our appointed **physician**.

The following are excluded:

- (a) Non-organic diseases such as neurosis and psychiatric illnesses; and
- (b) Alcohol related brain damage.

##### Angioplasty and Other Invasive Treatments for Coronary Artery Disease

You undergo balloon angioplasty or a similar intra arterial catheter procedure to correct a narrowing of a minimum of 60% stenosis, in one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic angiography is excluded.

##### Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- (a) Blood product transfusion;
- (b) Marrow stimulating agents;
- (c) Immunosuppressive agents; or
- (d) Bone marrow transplantation.

The **diagnosis** must be confirmed by a haematologist.

##### Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. The **diagnosis** must be confirmed by a consultant neurologist holding such an appointment at a **hospital**. This condition has to be medically documented for at least 1 month.

##### Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The permanent neurological deficit must persist for at least 6 weeks after **diagnosis** and no claims can be admitted earlier. The **diagnosis** must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- a consultant neurologist.

##### Benign Brain Tumour

A benign tumour in the brain where all of the following conditions are met:

- (a) It is life threatening; and
- (b) It has caused damage to the brain; and
- (c) It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- (d) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- (a) Cysts;
- (b) Granulomas;
- (c) Vascular Malformations;
- (d) Haematomas; and
- (e) Tumours of the pituitary gland or spinal cord.



### Blindness

Total and irreversible loss of sight in both eyes as a result of **sickness** or **bodily injury**. The blindness must be confirmed by an ophthalmologist.

### Carcinoma-in-situ

A focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissue. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane. **Diagnosis** of carcinoma-in-situ must always be supported by a histopathological report.

Cervical Intraepithelial Neoplasia (CIN) classification including CIN I and CIN II are specifically excluded.

### Cardiomyopathy

The occurrence of a cardiomyopathy where the following conditions are met:

- there is persistent impairment of left ventricular function (diastolic or systolic) for at least 6 months, despite optimal treatment; and
- physical impairment to the degree of class IV of the New York Heart Association Classification of the Cardiac Impairment.

Cardiomyopathy directly related to alcohol misuse is excluded.

### Cerebral Aneurysm Requiring Surgery

Where **you** undergo intracranial surgery via a craniotomy to clip or otherwise repair or remove an aneurysm of one or more of the cerebral arteries.

### Crohn's disease

A disorder of the gastro-intestinal tract characterized by clinical complications of fistula formation, malabsorption, intestinal obstruction, intestinal perforation and secondary amyloidosis. **Diagnosis** must be confirmed by the characteristic histopathological features.

### Coma

A coma that persists for at least 96 hours. This **diagnosis** must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours; and
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed by a neurologist at least 30 days after the onset of the coma.

Coma resulting directly from alcohol or drug abuse is excluded.

### Coronary Artery By-pass Surgery

The undergoing of open-chest surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This **diagnosis** must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.

### Creutzfeldt-Jakob Disease

**Diagnosis** the Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform 2 or more **activities of daily living**.

Disease caused by human growth hormone treatment is excluded.

### Deafness

The irreversible loss of at least 80 decibels in all frequencies hearing in both ears as a result of **sickness** or **bodily injury**. This **diagnosis** must be supported by

audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

### Ebola

The infection of the Ebola virus where the following conditions are met:

- presence of the Ebola virus has been confirmed by laboratory testing;
- there are ongoing complications of the infections persisting beyond 30 days from the onset of symptoms; and
- the infection does not result in death.

### Elephantiasis

End-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels.

**Diagnosis** of elephantiasis must be clinically confirmed by an appropriate consultant, including laboratory confirmation of microfilariae, and be supported by **our** appointed **physician**. Lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

### Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This **diagnosis** must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

### End Stage Liver Failure

End-stage liver failure as evidenced by all of the following:

- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

### End-stage Lung Disease

End-stage lung disease causing chronic respiratory failure. This **diagnosis** must be supported by evidence of all of the following:

- FEV<sub>1</sub> test results which are consistently less than 1 litre; and
- Permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO<sub>2</sub> ≤ 55mmHg); and
- Dyspnea at rest.

The **diagnosis** must be confirmed by a respiratory **physician**.

### Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This **diagnosis** must be supported by all of the following:

- Rapid decreasing of liver size; and
- Necrosis involving entire lobules, leaving only a collapsed reticular framework; and
- Rapid deterioration of liver function tests; and
- Deepening jaundice; and
- Hepatic encephalopathy.

### Heart Attack

Death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. This **diagnosis** must be supported by three or more of the following five criteria which are consistent with a new heart attack:



- (a) History of typical chest pain;
- (b) New electrocardiogram (ECG) changes proving infarction;
- (c) Diagnostic elevation of cardiac enzyme CK-MB;
- (d) Diagnostic elevation of Troponin (T or I);
- (e) Left ventricular ejection fraction less than 50% measured 3 months or more after the event.

#### Heart Valve Surgery

The undergoing of open-heart surgery to replace or repair heart valve abnormalities. The **diagnosis** of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

#### HIV due to Blood Transfusion

Infection with the Human Immunodeficiency Virus (Type 1 or 2) through a medically necessary blood transfusion, provided that all of the following conditions are met:

- (a) the infection is due to a medically necessary blood transfusion received after the effective date; and
- (b) the institution which provided the transfusion admits liability for the HIV infection; and
- (c) **You** do not suffer from Thalassaemia Major or haemophilia.

This insurance will not apply and no benefits payment will be payable whenever any treatment that renders the HIV inactive or non-infectious is available.

#### Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

#### Loss of Independent Existence

Permanent inability to perform 3 or more **activities of daily living** for a continuous period of 6 months and must be confirmed by a **physician**.

All psychiatric related causes are excluded.

#### Loss of Speech

Total loss of the ability to speak as a result of **sickness** or **bodily injury** to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This **diagnosis** must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

#### Major Burns

Third degree burns (full thickness of the skin) covering at least 20% of the surface of **your** body.

Third Degree Burns means the damage or destruction of the skin to its full depth and damage to the tissues beneath.

#### Major Cancer

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue in the **primary site**. This **diagnosis** must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

The term malignant tumour includes leukaemia, lymphoma and sarcoma.

The following are excluded:

- (a) Tumours showing the malignant changes of carcinoma-in-situ (except for carcinoma-in-situ of **female organ** or **male organ** which we have paid under this **policy**) and tumours which are histologically described as pre-malignant or non-invasive, including, but not limited to: Carcinoma-in-Situ of the Breasts, Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- (b) Hyperkeratoses, basal cell and squamous skin cancers, and melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases;
- (c) Prostate cancers histologically described as TNM Classification T1a or T1b or Prostate cancers of another equivalent or lesser classification, T1N0M0 Papillary micro-carcinoma of the Thyroid less than 1 cm in diameter, Papillary micro-carcinoma of the Bladder, and Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- (d) All tumours in the presence of HIV infection.

#### Major Head Trauma

**Bodily injury** to the head resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the **accident**. This **diagnosis** must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- (a) Injury to the spinal cord; and
- (b) Head injury due to any other causes.

#### Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

- (a) Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- (b) One of the following human organs: heart, lung, liver, kidney, or pancreas that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

#### Medullary Cystic Disease

The following criteria are met:

- (a) the presence in the kidney of cysts in the medulla, tubular atrophy and interstitial fibrosis;
- (b) clinical manifestations of the anaemia, polyuria, and progressive deterioration in kidney function;
- (c) the **diagnosis** is confirmed by renal biopsy.

#### Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This **diagnosis** must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

#### Multiple Sclerosis

Definite occurrence of multiple sclerosis. The **diagnosis** must be supported by all of the following:

- (a) Investigations which confirm the **diagnosis** to be multiple sclerosis; and
- (b) Multiple neurological deficits which occurred over a continuous period of at least 6 months; and
- (c) Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are excluded.

### Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The **diagnosis** of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of **you** to perform at least 3 of the 6 **activities of daily living** for a continuous period of at least 6 months.

### Occupational Acquired HIV

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an **accident** occurring while **you** were carrying out the normal duties of **your** usual occupation. No payment will be made unless all the following are proven to **our** satisfaction:

- (a) proof of **accident** given rise to the infection; and
- (b) proof that the **accident** involved a definite source of the HIV infected fluids; and
- (c) proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented **accident**. This proof must include a negative HIV antibody test within 5 days of the **accident**.

HIV infection resulting from any other means including sexual activity and the use of intravenous drug is excluded.

This benefit is only payable if **you** are at or over 18 years of age and **your** occupation is a **physician**, nurse, laboratory technician, dentist (surgeon and nurse) or an ambulance paramedical worker in a medical center or dental clinic.

This insurance will not apply and no benefits payment will be payable whenever any treatment that renders the HIV inactive or non-infectious is available.

### Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

### Paralysis

Total loss of use of 2 entire **limbs** due to **sickness** or **bodily injury**. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

### Parkinson's Disease

The **diagnosis** of idiopathic Parkinson's Disease by a consultant neurologist. This **diagnosis** must be supported by all of the following conditions:

- (a) the disease cannot be controlled with medication; and
- (b) signs of progressive impairment; and
- (c) inability of the **you** to perform at least 3 of 6 **activities of daily living** for a continuous period of at least 6 months:

Drug-induced or toxic causes of Parkinsonism are excluded.

### Poliomyelitis

The occurrence of poliomyelitis where the following conditions are met:

- (a) The Polio virus is identified as the cause; and
- (b) **Paralysis** of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

### Primary Pulmonary Hypertension

Primary pulmonary hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis & Treatment – 39<sup>th</sup> Edition"):

- Class I:** No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
- Class II:** Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- Class III:** Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV:** Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

### Primary site

The site at which the first malignant change takes place as it relates to that particular **cancer**.

### Severe Acute Respiratory Syndrome (SARS)

Severe Acute Respiratory Syndrome / Atypical Pneumonia must be diagnosed and confirmed by clinical and pathological tests by the appropriate medical authority in the country of **diagnosis**.

### Severe Rheumatoid Arthritis

The following criteria are met:

- (a) the diagnostic criteria of the American College of the Rheumatology are met;
- (b) permanent inability to perform at least 2 **activities of daily living**;
- (c) widespread joint destruction and major clinical deformity of 3 or more of the following joint areas: hands, wrist, elbows, knees, hips, ankle, cervical spine or feet;
- (d) the condition has been present for at least 6 months.

### Stroke

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis. This **diagnosis** must be supported by all of the following conditions:

- (a) Evidence of permanent neurological damage confirmed by a neurologist at least 6 weeks after the event; and
- (b) Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the **diagnosis** of a new stroke.

The following are excluded:

- (a) Transient Ischaemic Attacks;
- (b) Brain damage due to an **accident**, infection, vasculitis, and inflammatory disease;
- (c) Vascular disease affecting the eye or optic nerve; and
- (d) Ischaemic disorders of the vestibular system.

### Surgery to Aorta

The undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra arterial techniques are excluded.



#### **Systemic Lupus Erythematosus (SLE) caused with Lupus Nephritis**

A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The **diagnosis** must be confirmed by a **physician** specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Messangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

#### **Terminal Illness**

The conclusive **diagnosis** of an illness which is expected to result in **your** death within 12 months. The **diagnosis** must be supported by a relevant specialist and confirmed by **our** appointed **physician**.

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## 僱員自購保障關懷系列：危疾保障

本保單連同申請表、保單列表及任何批註將構成**保單持有人與我們**（美亞保險香港有限公司）所訂立完整之保險契約。在保費如期支付的前提下，我們同意根據本保單的條款、條件和限制提供保單列表所載的保障。

本保單列明保障範圍及適用於本保單之條款和條件的詳細資料。**保單持有人及受保人**必須細閱本保單，以確保雙方均明白保障範圍。

本保險由美亞保險香港有限公司香港分行（地址為香港港島東華蘭路18號港島東中心46樓）承保。

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## 保單定義

### 意外或事故

在某一時間和地點，外在發生的任何突發、不可預料的特定事件。

### 日常生活活動

下述的穿衣、進食、移動、如廁、轉移及清潔：

1. 穿衣指能夠自行穿著、除掉、繫穩及鬆開所有衣物，如適用，亦包括支撐物、義肢或其他手術或醫療裝置。
2. 進食指在食物預備好後，能夠自行進食。
3. 移動指能夠在平地自行由室內的某一房間移動至同層的另一房間。
4. 如廁指能夠使用洗手間或透過使用保護性內衣或手術裝置（如適用）控制腸道及膀胱功能。
5. 轉移指能夠自行從床上轉移到坐椅或輪椅，反之亦然。
6. 清潔指能夠自行於浴缸，或以淋浴或其他方式進行清潔。

### 身體傷害

是指**受保人**遭遇**意外**事故，在別無其他原因且非因**疾病**而引致之可見身體損害。

### 兒童

任何受**保單持有人**撫養而年齡為6個月或以上至21歲以下的人士或25歲以下的全日制學生。

### 危疾

保障一節保障權益表所列及本**保單**所定義的疾病或手術程序，且導致進行手術程序的疾病**診斷**日期或狀況**診斷**日期在**等候期**之後。

危疾僅在**你**已經過一名或以上**醫生**檢查，而他們各自均為該種危疾對應疾病的認可專科醫生時，方會視為已被診斷。必須向**我們**提供由各名**醫生**撰寫且符合各項診斷要求的醫療報告。

### 臨床心理治療師

擁有臨床心理學碩士或博士學位資格，而並非：

- **保單持有人**或**受保人**；或
- 商業夥伴、代理或任何與**保單持有人**、**受保人**或**受保人的直系親屬**有關的人士。

### 診斷

是指由**醫生**根據相關**危疾**的定義中指定的跡象，或（如無相關指定跡象）根據**我們**接受的放射結果、臨床診所、組織細胞或實驗分析而作出的明確診斷，此診斷必須由腫瘤學醫生或病理組織學醫生確認。該**診斷**須獲**我們**指定的**醫生**根據**你**提交的醫療證明或任何所要求的其他額外證明加以認可。

### 生效日期

**保單列表**所示的本保單開始日，或如**受保人**加入本保單當日遲於本保單開始日，則以**受保人**加入本保單當日為準。

### 女性器官

一個或兩個乳房、一條或兩條輸卵管、一個或兩個卵巢、子宮頸，子宮，陰道或外陰。

### 醫院

具備為病人提供治療的病床設施，並：

- 設有診斷及外科手術的設施
- 有護士提供24小時護理服務
- 由**醫生**監管及
- 不包括靜養、護理、護老院、為精神及行為障礙人士服務的機構、療養院，戒酒或戒毒服務之醫療機構，不論這些機構是否設置於同一所醫院內

### 直系親屬

**受保人**的伯母／孀母／姑母／姨母／舅母、兄弟、妻舅／連襟、子女、孫／外孫、祖父母／外祖父母、侄女／外甥、侄女／外甥女、父母、配偶父母、姊妹、妯娌、

伴侶或伯父／叔父／姑父／姨丈／舅父。

### 受保人

名字列於**保單列表**內的受保人。

### 男性器官

一個或兩個乳房、一個或兩個睪丸、陰莖或前列腺。

### 肢體

對於手部指手腕或以上部份，對於腳部則指足踝或以上部份。

### 醫生

根據任何適用法律註冊的合格持牌醫生允許其提供西方醫療服務，在其牌照及受訓練範圍行事，而並非：

- **保單持有人**或**受保人**；或
- 商業夥伴、代理或任何與**保單持有人**、**受保人**或**受保人的直系親屬**有關的人士。

### 保單持有人

作為保險保障申請人並且於**保單列表**內列為保單持有人的人士。

### 受保前已存在之狀況

緊接**你的生效日期**前5年內，**你**曾：

- 接受藥物治療、醫生建議或治療；或
- 出現跡象或病徵；

的任何醫療狀況（不論診斷與否）。

緊接**你的生效日期**前5年內**你**所察覺到或引致平常謹慎行事的人尋求治療或診斷（不論診斷與否）的任何狀況，均視為**受保前已存在之狀況**。

### 精神科醫生

根據任何適用法律註冊的合格持牌精神科醫生允許在其牌照及受訓練範圍行事，而並非：

- **保單持有人**或**受保人**；或
- 商業夥伴、代理或任何與**保單持有人**、**受保人**或**受保人的直系親屬**有關的人士。

### 保單列表

詳列**保單持有人**所投購承保範圍之文件。

### 疾病

較正常健康狀況有病變差異的身體狀況。

### 伴侶

**受保人**之合法伴侶或與**受保人**以近似婚姻關係長期同居，並以同一地址登記的人士。

### 保額

**保單列表**所示的保障金額。

### 等候期

緊隨**你的生效日期**後的90日期間。對於**嚴重急性呼吸系統綜合症**，是指緊隨**你的生效日期**後的15日期間。

### 戰爭

戰爭是指因國家之間的軍事力量而引起或嘗試以軍事力量介入的任何活動，當中包括內戰、革命和入侵。

### 我們、我們的、我們自己

美亞保險香港有限公司。



美亞保險

你、你的或你本人  
受保人。

### 不承保事項

以下各項不承保範圍適用於本保單所有章節。

我們不會賠償因以下事項引致的任何**危疾**：

1. 任何**戰爭**行動、外敵行動、交戰、叛亂或類似戰爭的行動（無論宣戰與否）；
2. 乘搭任何軍用飛機或以飛機師身份駕駛任何飛機；
3. 自殺或故意令身體受傷或上述任何企圖；
4. 你直接牽涉於刑事性質並違反法律的事宜而導致的**身體傷害**；
5. 精神病、睡眠、精神或神經失調、焦慮、緊張或抑鬱（不適用於心理輔導保障）；
6. 濫用藥物或藥物事故、酗酒治療，受酒精或任何非處方藥物影響；
7. 你參與、練習職業運動或進行職業運動訓練而引致的**身體傷害**；
8. 你違反**醫生**勸喻行事或旅遊；
9. 後天免疫力缺乏綜合症（愛滋病）（不論狀況是直接還是間接相關），又或於存在任何人體免疫不全病毒時出現的任何**危疾**。因職業或輸血感染人體免疫不全病毒所致的索償除外。
10. 先天性異常或因此而引起的任何併發症或狀況；
11. 由**生效日期**、最後復效日或保額增加日（只限增加的部份）後連續 5 年內發生之**受保前已存在之狀況**（以較遲者為準）；

如有下列情況，我們不會就任何**危疾**作出賠償：

12. 你於**等候期**內就任何**危疾**而接受診斷、醫療見識、出現病徵或進行測試，或服用任何藥物或接受任何治療或出現會引致平常謹慎行事的人尋求治療或診斷的病徵；
13. 你在**診斷**後未能存活至少30日，**嚴重急性呼吸系統綜合症**則至少15日（如**危疾**是因**意外**引致的除外）；
14. 若你於你的**保單生效日期**前已被診斷出患有同一**危疾**。

我們將不負責提供本保單的任何保障或根據本保單支付任何款項，若我們就任何損失或索賠作出支付會違反任何制裁法律或規例，並由此導致我們、我們的母公司或我們的最終控制實體根據任何制裁法律或規例須繳納任何罰款。

### 基本保單條件

#### 1. 完整的保險契約及保單變動

保單包含完整的保險契約。任何保單的變動須經我們同意及就此批註。

#### 2. 更改保單

我們可在保險期內調整保單的條款和條件，包括收取的保費及提供的保障利益。所收取的保費並非保證不變，我們保留根據風險評估調整保費率的權利。

作出任何變更前，我們會在 30 日前以書面通知投遞至保單持有人的最後紀錄之地址。保單持有人亦可選擇取消保單及停止繳付保費。

#### 3. 自動續保

本保單的保險承保範圍會於保單到期日自動續保而毋須發出新保單。然而，我們保留不邀請或接受續保的權利。

#### 4. 受保人的年齡限制

本保單提供保障予：

- a) 成人—你為 18 至 65 歲，可續保至 69 歲，所有保障將於你 70 歲生日後的首個保費到期日終止；

- b) 兒童—任何受保單持有人撫養的兒童，年齡為 6 個月或以上至 21 歲以下或 25 歲以下的全日制學生。所有保障將於該兒童 22 或 26 歲生日後的首個保費到期日終止。

#### 5. 不承保職業

本保單不會承保危險之職業。如你的職業在以下不受保範圍內，我們不會提供保障，除非你向我們聲明而我們接受你的申請，在此情況下我們會就接納你的申請而在本保單附加批註。

危險之職業包括但不限於職位或職責是爆破工人、職業運動員、騎師、偵探、特技人員、貨船裝卸工人、漁民、中港司機（跨境香港及中國大陸）、飛機師、沉箱工人、電梯技工、拆卸舊建築工人、地下鑽孔工人、野生動物訓練員或馬戲訓練員、情報機構人員、貨櫃起重操作員及炸藥/爆炸物操作員。參與地底工作、離岸工作、地盤工作或進行體力勞動性工作或於建築物外牆或離地面三十(30)英尺工作或安裝、於商船上工作或從事海、陸、空軍服務均被視為危險之職業。

#### 6. 現況轉變

如就本保單所提供的資料有任何轉變，你或保單持有人須通知我們有關的變更，否則我們有權拒絕所有賠償或使其失效。

#### 7. 年齡錯誤陳述

如果你於保單持有人在保單上申報的年齡比你實際年齡年輕，我們只會按你在本保單已繳付的保費佔你在你的生效日期時的年齡須繳付的保費百分比，提供部份保障利益。

如果你於保單持有人在保單上申報的年齡比你實際年齡年長，我們會提供保單列表所載的保障利益，且不計利息向保單持有人退還多繳的保費。

#### 8. 繳付保費

保費按保單列表以每月方式繳付。於第一個保費到期日及隨後每月首日到期。每期繳付的保費乃用作購買該保費到期日後的月份本保單條款所示的保障。

如在到期日仍未繳付保費，則保單持有人須在 30 日內繳付。如在該期間仍未繳付保費，則保單會由未繳保費到期當日起自動取消。如在該 30 日期間繳付保費，則保障會繼續生效，猶如已在到期日繳付保費。

#### 9. 取消保單

如保單持有人欲取消保單，可以書面通知我們，並投遞至香港港島東華蘭路18號港島東中心46樓。保障會在我們收到取消保單通知後的首個保費到期日終止。我們亦可在30日前以書面通知並投遞至保單持有人的最後紀錄之地址取消本保單。保障及保單會在30日通知期滿後的下一個月首日終止。

如任何一方取消保單，則利益僅適用於日期為本保單終止日期前的**診斷**。

**診斷**於等候期內出現，本保單將立即終止。

為免存疑，當保單持有人不再於本保單受保時，所有受保人之保障將會隨之而結束。

#### 10. 索賠通知

你須於**診斷**日期後 30 日內以書面通知我們任何賠償申請。如未能在 30 日內發出通知，只要能證明延誤合理且你已盡快通知我們，而我們仍能全面調查有關索賠，則該索賠仍屬有效。

除我們另有書面協議外，任何由你提出與本保單有關的通知須送往以下地址：

香港港島東華蘭路 18 號港島東中心 46 樓，美亞保險香港有限公司，理賠經理。



#### 11. 索賠證明

你須自費提供所有合理和必需的證明（包括驗屍（如適用））以提供索賠的依據。如果我們要求額外的證明，我們或會要求你就任何索賠進行我們所要求的身體檢查，費用由我們承擔。在我們調查索賠是否有效期間，你必須遵照要求與我們合作，否則我們可能會因證據不足而拒絕你的索賠申請。

如對診斷的適當性或正確性有任何爭議或爭論，我們有權要求讓相關醫學領域的獨立公認專家對導致該診斷所用的證據進行檢查。該專家將由我們委任，而該專家就診斷發表的意見對你及我們均具約束力。

#### 12. 接受保障利益

除受保人為兒童，其保障利益會支付予保單持有人外，受保人可得到有關索賠的保障利益。倘你因危疾而身故，保障利益將付予你的遺產承繼人，而遺產代理人（定義見香港法例第 10 章《遺囑認證及遺產管理條例》）發出收據後，即表示我們已履行我們在本保單的責任。

如我們已根據本保單支付索賠，而你或保單持有人已接受此乃全部及最終賠償，則我們毋須再就同一索賠支付任何賠償，而本保單將視為已終止。

#### 13. 保障利益的利息

我們不會就本保單任何應付保障利益支付利息。

#### 14. 第三者權利

除保單持有人或我們外，其他人士不得執行本保單的任何條款。

#### 15. 追討權利

如我們或我們的授權代表所支付的賠償不屬本保單保障範圍或賠償限額超出保單列表上列明的保額，我們有權向你或保單持有人追回保額或超額的賠償。

#### 16. 私隱條例

保單持有人/ 受保人同意及確認：

- (a) 美亞保險香港有限公司（“美亞保險”）可按列於其私隱政策的用途使用於處理此保單申請或管理此保單所收集的個人資料，其用途包括核保及管理已申請的保單（包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權）；
- (b) 美亞保險可使用保單持有人/ 受保人的聯絡資料（姓名、地址、電話號碼及電郵地址）聯絡受保人有關其它由 AIG 集團提供之保險產品（如美亞保險已獲保單持有人/ 受保人同意可如此使用其聯絡資料）；
- (c) 美亞保險亦可向以下類別的人士（不論在香港或海外）轉交該些個人資料，作上述列明之用途：
  - (i) 提供有關本保單管理服務的第三者（包括再保險公司）（如上(a) 項所述）；
  - (ii) 財務機構，作處理此申請及收取保費（如上(a) 項所述）；
  - (iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜（如上(a) 項所述）；
  - (iv) AIG 集團授權的市場推廣公司，以作直銷之用（如上 (b) 項所述）；
  - (v) 其它在任何國家之 AIG 集團之成員公司，作上述 (a) 及(b) 項所有列明之用途；或
  - (vi) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。
- (d) 保單持有人/ 受保人可隨時致函到美亞保險香港有限公司之私隱事務主任（地址：香港郵政總局信箱 456 號或電郵：cs.hk@aig.com）查閱、或要求修改其個人資料（美亞保險可就查閱及修改要求收取合理費用），或更改有關其個人資料被使用作直銷用途的選擇。如對美亞保險提供的服務有任何意見，可按上述地址聯絡美亞保險。美亞保險私隱政策的全文載於 [www.aig.com.hk](http://www.aig.com.hk)。

#### 17. 轉讓

本保單不得轉讓。

#### 18. 欺詐

有關保單持有人的申請、建議書及聲明（如有提供）或索賠的任何欺詐、蓄意不誠或蓄意不披露資料事宜，均會使本保單失效。如果出現此情況，你或保單持有人會喪失所有應收的保障利益，並須償還我們已支付的所有保障利益。我們不會退還任何保費。

#### 19. 筆誤

任何筆誤不會令生效的保單因而失效，或令失效的保單因而生效。

#### 20. 法律及審判權

本保單受適用於你或保單持有人通常居住的中華人民共和國香港特別行政區的法例規管。本保單訂約方均同意接受中華人民共和國香港特別行政區法院之專有審判權。

#### 查詢

我們會竭盡所能確保你或保單持有人能享受優質服務。如有任何查詢，請聯絡：

香港島東華蘭路 18 號  
港島東中心 46 樓  
美亞保險香港有限公司  
人身意外及醫療保險部  
電郵：cs.hk@aig.com

查詢時請提供你的保單列表上所載之姓名及保單編號。

#### 保障—危疾保障

如你於生效日期及等候期後被醫生首次診斷患上危疾，或你進行受保之手術，我們則會按下述各保額百分率給你賠付。

#### 保障權益表

項目/危疾	保額百分率
1. 中風	100%
2. 癌症	100%
3. 心臟病	100%
4. 冠狀動脈搭橋外科手術	100%
5. 其他嚴重冠狀動脈疾病	100%
6. 心臟瓣膜手術	100%
7. 爆發性病毒性肝炎	100%
8. 末期肝病	100%
9. 原發性肺動脈高血壓	100%
10. 末期肺病	100%
11. 腎衰竭	100%
12. 主動脈外科手術	100%
13. 再生障礙性貧血	100%
14. 重要器官移植或骨髓移植手術	100%
15. 失明	100%
16. 失聰	100%
17. 喪失語言能力	100%
18. 昏迷	100%
19. 嚴重燒傷	100%
20. 多發性硬化症	100%
21. 癱瘓	100%
22. 脊髓灰質炎	100%
23. 肌肉營養不良症	100%
24. 亞爾茲默氏病/嚴重癡呆	100%
25. 運動神經元疾病	100%
26. 帕金森症	100%

27. 腦炎	100%
28. 良性腦腫瘤	100%
29. 嚴重頭部創傷	100%
30. 細菌性腦脊髓膜炎	100%
31. 植物人	100%
32. 系統性紅斑狼瘡併發狼瘡性腎炎	100%
33. 克隆氏病	100%
34. 急性壞死性胰腺炎	100%
35. 末期疾病	100%
36. 不能獨立生活	100%
37. 象皮病	100%
38. 因輸血感染人體免疫不全病毒	100%
39. 因職業感染人體免疫不全病毒	100%
40. 嚴重類風濕性關節炎	100%
41. 腎髓質囊腫病	100%
42. 心肌病	100%
43. 伊波拉	100%
44. 海綿性腦病變	100%
45. 血管成形手術及其他冠狀動脈疾病之創傷治療法	高達 10%
46. 嚴重急性呼吸系統綜合症	高達 10%
47. 腦動脈瘤手術	高達 40%
48. 女性器官或男性器官原位癌	高達 20%

如我們已就上列 45-48 項的任何危疾作出賠付，則保單列表所示之保額將扣除已賠付金額，並不再承保相關危疾。

我們就以上所列 1-48 項危疾之一項或多項所賠付的總額不會超過保單列表所示保額的 100%，不論所患危疾數目多寡。賠付 100%保額後我們再無責任，且賠付後本保單的保障範圍將自動終止。

對於第 46 項—嚴重急性呼吸系統綜合症，若在生效日期及等候期後被醫生診斷首次患上該症，我們將賠付保單列表所示保額的 10%或 20,000（以較低者為準）。倘其後發現錯誤診斷患上嚴重急性呼吸系統綜合症，則任何賠付須退還給我們，而我們再無責任。

對於第 48 項—女性器官或男性器官原位癌，若在生效日期及等候期後被醫生診斷首次患上該症，我們將賠付保單列表所示保額的 20%。若你隨後亦被診斷於同一原發部位患上癌症，癌症之保額會因而相繼遞減。

#### 心理輔導保障

如我們已就上列 1-44 項的任何危疾作出賠付，我們會賠償你經你的醫生建議下由臨床心理治療師或精神科醫生進行心理輔導所收取合理和必要的費用。此保障的最高賠償額為每日每次 HK\$1,500 及每症每保單年度 HK\$20,000。兒童的最高賠償額為每日每次 HK\$1,500 及每症每保單年度 HK\$3,000。

以下的限制適用於此保障：

1. 心理輔導必須於危疾診斷日期後 6 個月內開始。
2. 不會賠償基於同一原因於「基本意外保障」及「每日住院現金保障」（如適用）同時提出的索償。

#### 危疾定義

##### 急性壞死性胰腺炎

由醫生作出之診斷及需要進行壞死組織清除或胰腺部份切除的手術治療。因酒精作用所引致的急性壞死性胰腺炎不包括在保障範圍內。

##### 亞爾茲默氏病／嚴重癡呆

因亞爾茲默氏病或不可復原的器質性腦退化疾病所致，經臨床報告及造影檢驗確認為智能衰退或喪失，導致精神和社交能力顯著下降，且你持續需要他人專業照顧。其診斷需經適當醫生做臨床驗證及得到我們指定醫生的支持。

以下情況除外：

- (a) 非器質性疾病如神經官能病或精神病；及

- (b) 因酒精引致的腦損害。

##### 血管成形手術及其他冠狀動脈疾病之創傷治療法

經冠狀動脈造影證明你進行氣脹法血管成形手術或其他同類型的動脈導管內手術，用以糾正一條或以上之主要冠狀動脈收窄（達 60%狹窄）。此等血管化必須由心臟科專科醫生確認為醫療上必須進行。

此處所指冠狀動脈包括左主幹、左前降、左迴旋及右冠狀動脈。診斷性動脈造影並不包括在保障範圍內。

##### 再生障礙性貧血

因慢性及永久性的骨髓造血功能衰竭而導致貧血、中性球減少及血小板減少，且必須接受下列至少一項的治療：

- (a) 輸血；
- (b) 需接受骨髓刺激性藥物治療；
- (c) 需接受免疫系統抑制性藥物治療；或
- (d) 骨髓移植。

診斷必須經血液病專科醫生確認。

##### 植物人

大腦皮質全面壞死，但腦幹仍保持完好。其診斷需由醫院委派的神經科專科醫生診斷，及需由醫療文件證明此狀況已持續最少一個月以上。

##### 細菌性腦脊髓膜炎

因細菌感染引致腦膜或脊髓嚴重發炎，且導致明顯的、不可復原的和永久性的神經損害。其症狀必須於診斷後持續 6 個星期以上仍無改善跡象方可申請索賠。診斷必須由以下確認：

- 證明腦脊髓液受到細菌感染的腰椎穿刺；及
- 神經科專科醫生。

##### 良性腦腫瘤

腦部良性腫瘤並符合以下所有狀況：

- (a) 對生命有威脅；及
- (b) 對腦部已造成損害；及
- (c) 已經接受手術切除，如不可進行手術則已經導致永久性的神經損傷；及
- (d) 需由神經科專科醫生或神經科手術醫生經磁力共振掃描、電腦斷層掃描或其他可靠的造影技術確認其存在。

以下情況不包括在保障範圍內：

- (a) 腦囊腫；
- (b) 肉芽腫；
- (c) 腦動靜脈畸形；
- (d) 血腫；及
- (e) 腦垂體腫瘤或脊髓腫瘤。

##### 失明

因疾病或身體傷害導致的雙目視力永久性完全喪失，診斷必須經眼科專科醫生確認。

##### 原位癌

癌細胞在某一焦點範圍內獨立生長，但還未侵入其他的正常細胞組織。侵入是指滲透及/或活躍地破壞在基膜以外的正常細胞組織。原位癌的診斷需要以組織病理學的報告為準。

子宮頸原位癌的定義並不包括第一階段及第二階段之子宮頸表層細胞病變。

##### 心肌病

心肌病之診斷必須符合以下所有狀況：

- (a) 即使已接受最適當的治療，左心室功能（擴張或收縮）仍持續受損最少 6 個月；及

(b) 有關之受損程度已達到紐約心臟病學會制定的心臟損害分類標準中的第四級。

直接因濫用酒精而導致的心肌病並不在保障範圍內。

#### 腦動脈瘤手術

你進行顱內手術，經此手術以腦骨切開技術用夾子或其他方法修復或切除位於一條或以上腦動脈內的動脈瘤。

#### 克隆氏病

腸胃道失調及具有以下臨床併發症的特質：瘻管成形、吸收障礙、腸梗阻、腸穿孔、續發性澱粉變樣。**診斷**必須有組織病理學特徵方可確認。

#### 昏迷

昏迷持續達 96 小時，**診斷**必須有以下所有證明：

- 對外來刺激毫無反應達 96 小時；及
- 需利用生命維持系統維持生命；及
- 於昏迷最少 30 日後經神經科專科醫生檢查證明因腦部損害而導致永久性之神經機能缺損。

直接因濫用酒精或藥物引致的昏迷不在保障範圍內。

#### 冠狀動脈搭橋外科手術

治療冠狀動脈疾病的血管旁路移植手術，以矯正冠狀動脈收窄或阻塞而實際接受一條或以上冠狀動脈的開胸手術。**診斷**必須提供冠狀動脈造影報告以顯示出冠狀動脈有嚴重阻塞，以及由心臟科專科醫生確認為醫療上必須進行。

血管成形術和血管內手術、通過導管技術所完成的手術、「心肌打孔術」或激光治療術則不在保障範圍內。

#### 海綿性腦病變

**診斷**患上能引致神經系統缺損的海綿性腦病變或其變種，及因此原因而導致永久不能完成日常生活活動其中兩項或以上。

因人體生長激素治療所引致的病變並不在保障範圍內。

#### 失聰

因疾病或身體傷害而導致雙耳對至少 80 分貝的所有聲頻永久喪失聽力機能。**診斷**需經耳鼻喉科專科醫生確認及提供聽力測驗和聲域測驗的證明報告。

#### 伊波拉

受伊波拉病毒感染必須符合以下要求：

- 經實驗室測試證明伊波拉病毒確實存在；
- 由發現病徵日起計持續不斷出現因受感染的併發症超過 30 日；及
- 感染並未引致死亡。

#### 象皮病

指末期絲蟲病，其特質為身體組織因血液循環受阻或淋巴管堵塞而全面腫大。有關之**診斷**必須由適當的註冊醫生臨床證實及以微絲蚴的化驗結果確認，並且得到我們的指定醫生支持。因性病、外傷、手術後的疤痕、充血性心力衰竭或先天性淋巴系統不正常等情況所引致的淋巴水腫均不在保障範圍內。

#### 腦炎

指因病毒感染所致的嚴重腦實質發炎（大腦半球、腦幹或小腦）而導致永久性之神經機能缺損，其**診斷**需由神經科專科醫生提供醫療記錄文件證明永久性之神經機能缺損情況已持續最少 6 個星期。

#### 末期肝病

末期肝病必須具備以下所有證明：

- 永久性黃疸；及
- 腹水；及
- 肝性腦病。

因濫用酒精或藥物而引起的繼發性肝病不在保障範圍內。

#### 末期肺病

因末期肺病而導致慢性呼吸功能衰竭，其**診斷**必須具備以下所有證明：

- FEV<sub>1</sub> 測試持續性低於 1 升；及
- 病人血氧不足必須永久性進行輸氧治療；及
- 動脈血氧分析血氧分壓等於或低於 55mmHg (PaO<sub>2</sub> ≤ 55mmHg)；及
- 休息時出現呼吸困難。

**診斷**必須經呼吸系統專科醫生確認。

#### 爆發性病毒性肝炎

指由肝炎病毒所導致爆發性肝壞死，以致急性肝功能衰竭。**診斷**必須具備以下所有證明：

- 肝臟體積迅速縮小；及
- 肝小葉完全壞死，僅剩下倒塌的支架結構；及
- 肝臟功能測試急劇退化；及
- 黃疸不斷加深；及
- 肝性腦病。

#### 心臟病

指由於血液供應不足到有關的範圍而導致部份心肌壞死，其**診斷**必須同時符合下列三項或以上條件以符合診斷首次心臟病：

- 典型的胸痛症狀病歷；
- 心電圖(ECG)有新近的變化顯示心肌梗塞狀況；
- 心肌酵素(CK-MB)顯著升高；
- 心肌鈣蛋白(T或I)顯著升高；
- 於事故發生後3個月或以後的左心射血分數測量低於50%。

#### 心臟瓣手術

指必須以開胸手術去更換或修補缺損或異常的心臟瓣膜。心臟瓣膜疾病的**診斷**必須有心臟導管造影報告或心臟超聲波檢查報告的支持，以及由心臟病專科醫生確認為醫療上必須進行。

#### 因輸血感染愛滋病

因醫療所需之輸血而導致感染人體免疫不全病毒（1型或2型），並須符合以下所有狀況：

- 感染是因醫療所需之輸血而導致，並於生效日期後發生；及
- 輸血之機構承認會為該人體免疫不全病毒之感染負上責任；及
- 你並沒有患上重型地中海貧血或血友病。

若已有任何療法使人體免疫不全病毒處於非活躍或非傳染狀態，則此保險並不適用及我們不會做出任何賠償。

#### 腎衰竭

指雙腎功能均出現慢性及不可復原的衰竭，並需定期進行腎透析或接受腎臟移植手術。

#### 不能獨立生活

指永久不能完成日常生活活動其中 3 項或以上，而此狀況必須已持續達 6 個月或以上，且必須經醫生確認。

所有與精神心理因素有關之原因均不在保障範圍之內。

#### 喪失語言能力

指因疾病或身體傷害引起的聲帶損傷，而導致語言能力完全喪失，及此狀況需連續維持 12 個月或以上。**診斷**需經耳鼻喉科專科醫生確認及提供醫學證明。

所有與精神心理因素有關之原因均不在保障範圍之內。

### 嚴重燒傷

指三級燒傷（皮膚全層燒傷）達到你的身體表面最少 20%。

三級燒傷指深入所有皮膚層的損毀或破壞，及深入至皮下組織的損傷。

### 癌症

指惡性瘤，其特徵是惡性細胞不斷生長和擴散，並侵入及破壞原發部位的正常組織。此**診斷**必須由腫瘤學醫生或病理組織學醫生確認及有組織學證據證明腫瘤為惡性。

惡性腫瘤一詞包括白血病、淋巴瘤和肉瘤。

以下情況除外：

- 顯示由原位癌惡性轉變的腫瘤（若我們已就本保單**女性器官**或**男性器官**原位癌作出賠償則除外），及於組織學上為癌前病變的或非侵入性的腫瘤，包括但不限於乳腺原位癌、子宮頸表層細胞病變（包括CIN-1、CIN-2及CIN-3）；
- 皮膚癌中的表皮角化症，基底細胞癌及鱗狀細胞癌，及用Breslow組織學法檢查證實的厚度少於1.5毫米或Clark分級少於3級的黑色素瘤，除非證實已發生轉移的癌症則除外；
- 組織學描述為TNM分級為T1a和T1b的前列腺癌，或其他等同於或低於此級別的前列腺癌、直徑少於1厘米的甲狀腺TINOM0乳頭狀微小癌、膀胱乳頭狀的微小癌，及未達RAI第3期的慢性淋巴細胞性白血病；及
- 感染人體免疫不全病毒的所有腫瘤。

### 嚴重頭部創傷

指頭部因遭遇**身體傷害**而蒙受損傷及自**意外**發生之日起最少 6 個星期後仍導致永久性之神經機能缺損。其**診斷**需由神經科專科醫生出具醫療診斷證明以及清楚的磁力共振掃描、電腦斷層掃描、或其他可靠的造影技術的檢查結果。

以下情況除外：

- 脊髓損傷；及
- 任何其他原因引致的頭部損害。

### 重要器官移植或骨髓移植手術

指接受以下的移植：

- 使用人體的造血幹細胞取代全骨髓所進行的骨髓移植手術；或
- 以下其中之一種器官功能衰竭且不能復原，包括心臟、肺、肝臟、腎臟或胰臟。

任何其他幹細胞移植不在保障範圍內。

### 腎髓質囊腫病

必須符合以下要求：

- 於腎臟內發現腎髓質有囊腫、腎小管及間質性纖維化現象；及
- 貧血、多尿及腎功能逐漸衰退之臨床證明；及
- 有關**診斷**需有腎活組織檢查確定。

### 運動神經原疾病

指運動神經原病中的皮質脊髓束和脊髓前角細胞或延髓傳出神經元進行性的神經系出現持續退化的病徵，包括脊髓進行性肌萎縮症，進行性的延髓麻痺，肌萎縮性側索硬化症和原發性側索硬化症。其**診斷**需由神經科專科醫生確診並證實有永久性的神經機能缺損。

### 多發性硬化症

指多發性硬化症的確實發生。其**診斷**必須具備以下所有證明：

- 經各項測試明確證實**診斷**為多發硬化；及
- 多項性的神經機能缺損連續維持 6 個月或以上；及
- 上述病徵或神經機能缺損有詳細的病歷記錄，包括病情惡化及復原的病歷。

其他原因所引致的神經系統損害如系統性紅斑狼瘡或人體免疫不全病毒均不在保障範圍內。

### 肌肉營養不良症

指一組遺傳性的肌肉疾病，其特徵是肌肉無力和肌肉萎縮。**診斷**必須由神經內科專科醫生確認。此狀況亦導致你無法進行 6 項**日常生活活動**中的 3 項或以上且必須持續至少 6 個月以上。

### 因職業感染人體免疫不全病毒

指按照你的慣常職業於進行正常職務期間發生**意外**而導致感染人體免疫不全病毒。你必須提供以下所有我們要求的證明，否則我們不會作出任何賠償：

- 證明該感染是由**意外**引致；及
- 證明有關**意外**的確實來源是受到人體免疫不全病毒感染的液體所引起；及
- 提供證明文件記錄於**意外**發生日起計 180 日內，有關的人體免疫不全病毒血清由呈陰性反應轉為呈陽性反應。此證明亦必須包括於**意外**發生日起計 5 日內進行人體免疫不全病毒抗體測試呈陰性反應。

任何由其他途徑（包括性行為或使用注入靜脈內的藥物）所導致的人體免疫不全病毒感染均不在本保障範圍內。

此項保障只適用於你的年齡為 18 歲或以上且你的職業為醫療中心或牙科診所的醫生、護士、實驗室技術員、牙醫（外科醫生及護士）或救護車急救員。

若已有任何療法使人體免疫不全病毒處於非活躍或非傳染狀態，則此保險並不適用及我們不會作出任何賠償。

### 其他嚴重的冠狀動脈疾病

指經冠狀動脈造影證明最少一條冠狀動脈腔收縮達 75%及有其他兩條收縮達 60%，不論是否已進行任何類型的冠狀動脈手術。

此處所指的冠狀動脈包括左主幹、左前降、左迴旋及右冠狀動脈。

### 癱瘓

因**疾病**或**身體傷害**導致兩條整條肢體完全喪失機能。此狀況必須由神經科專科醫生確認。

自我傷害不在保障範圍內。

### 柏金遜症

經神經科專科醫生**診斷**的原發性柏金遜症。有關**診斷**需具有下列所有狀況：

- 不能以藥物治療控制病情；及
- 有跡象顯示機能持續衰退；及
- 你並沒有能力自行進行 6 項**日常生活活動**中的至少 3 項，且最少持續 6 個月以上；

因藥物或毒性所引起的柏金遜症不在保障範圍內。

### 脊髓灰質炎

脊髓灰質炎的發生必須符合以下狀況：

- 確認由脊髓灰質炎病毒所感染；及
- 必須有肢體肌或呼吸肌**癱瘓**症狀而有關症狀持續最少 3 個月。

### 原發性肺動脈高血壓

以各項檢查（包括心導管術）證實右心室大幅擴大而引致原發性肺動脈高血壓，導致永久性體能受損達到紐約心臟病學會制定的心臟損害分類標準中的第四級。

紐約心臟病學會對心臟損害的分類標準（資料來源：「Current Medical Diagnosis & Treatment - 第 39 版」）：

- 第一級：** 體力活動不受限。一般體力活動不引起過度的疲倦、氣促和心絞痛。  
**第二級：** 輕度體力活動受限。進行一般體力活動即引發症狀。  
**第三級：** 體力活動明顯受限。靜息時無不適，但進行少量日常活動就會引發症狀。  
**第四級：** 不能舒適的參與任何體力活動，甚或在休息時出現症狀。



### 原發部位

發生首次惡性病變的部位，該部位與該特定**癌症**有關。

### 嚴重急性呼吸系統綜合症

由作出此項**診斷**的國家所認可的醫療機構，經過臨床及病理學之測試後**診斷**及確認患上嚴重急性呼吸系統綜合症／非典型肺炎。

### 嚴重類風濕性關節炎

符合以下所有標準：

- (a) 符合American Collage of the Rheumatology的**診斷**標準；
- (b) 永久不能完成**日常生活活動**其中最少兩項；
- (c) 廣泛性關節損壞及下列中至少3個部位的關節出現嚴重臨床變形：手、手腕、手肘、膝、髖部、足踝、頸椎或足部；
- (d) 有關狀況已持續最少6個月。

### 中風

由於腦血管意外，包括腦細胞組織梗塞，產生腦及蛛網膜下腔出血、腦血栓形成或腦栓塞。有關**診斷**必須包括以下所有狀況：

- (a) 經神經科專科醫生確認永久性神經機能缺損及此狀況於事故發生日起計後 6 個星期仍持續；及
- (b) 須提供磁力共振掃描檢查結果或電腦斷層掃描檢查結果，或提供可符合**診斷**首次中風的其他可靠的造影技術檢查結果。

以下不在保障範圍內：

- (a) 短暫性腦缺血；
- (b) 因**意外**、感染、脈管炎及發炎性疾病所引致的腦損傷；
- (c) 因血管疾病而影響至眼部或視覺神經；及
- (d) 因供血不足而導致的前庭系統性疾病。

### 主動脈外科手術

必須以大型開胸手術或開腹手術去修補或治療主動脈瘤、主動脈縮窄、主動脈阻塞或主動脈夾層分離。此處所指的主動脈包括胸、腹部的主動脈，但並不包括其分支血管。

以微創或血管內之技術所作的手術均不在保障範圍內。

### 系統性紅斑狼瘡併發狼瘡性腎炎

多系統、多因子的自身免疫疾病，其特徵是產生自身抗體對抗各種自身抗原。系統性紅斑狼瘡只限於系統性紅斑狼瘡併發狼瘡性腎炎，因此引起腎功能損害。本保單所指的狼瘡性腎炎亦需符合以下列明由世衛對狼瘡性腎炎的分類標準中的第三至第五型，同時需透過腎活體組織檢查確診。有關**診斷**需由風濕病學及免疫學專科**醫生**確認。

世衛對狼瘡性腎炎的分類標準：

- 第一型 輕微病變型狼瘡性腎小球腎炎
- 第二型 系膜增殖型狼瘡性腎小球腎炎
- 第三型 局部及節段增殖型狼瘡性腎小球腎炎
- 第四型 彌漫性增殖型狼瘡性腎小球腎炎
- 第五型 廣泛的腎小球基底膜增厚的膜型狼瘡性腎小球腎炎

### 末期危疾

預期可引致你於 12 個月內死亡的疾病的**確定診斷**。有關**診斷**必須獲相關專科醫生確診，並須獲得**我們**指定的**醫生**確認。

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(此中文譯本乃供參考之用，如有異議，均以英文為準)