

自選附加保障冊子 Optional Supplementary Benefit Factsheet

中文

ENG

請選擇已購買之自選附加保障：

[盈達年金計劃之認知障礙保障](#)

[滙豐裕達年金計劃之認知障礙保障](#)

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[完全及永久傷殘保障](#)

[傷殘豁免保費保障](#)

Please select the purchased optional supplementary benefit(s):

[Dementia Protection for EarlyIncome Annuity Plan](#)

[Dementia Protection for HSBC Flourish Income Annuity Plan](#)

[Accidental Death and Dismemberment Benefit for CCIP](#)

[Accidental Death and Dismemberment Benefit](#)

[Critical Illness Select \(Additional Payment\)](#)

[Early Stage Critical Illness Benefit](#)

[Female Benefit](#)

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[Major Illness Benefit \(Advance Payment\) for UL](#)

[Major Illness Benefit \(for Chinese Mainlander\)](#)

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[Total and Permanent Disability Benefit](#)

[Waiver of Premium on Disability Benefit](#)

盈達年金計劃—認知障礙保障

聲明：此單張所載資料乃一般摘要，請與盈達年金計劃(「基本計劃」)之產品冊子及建議書一併閱讀。
有關此附加保障的詳盡條款及細則(增值服務除外)及不保事項請細閱其條款。

投保資格	<ul style="list-style-type: none">若受保人的受保年齡[^]是介乎 55 歲至 70 歲，便可繳付額外保費以投保此附加保障。不適用於盈達年金計劃的 1 年儲蓄期或合計保費金額保單。
保障範圍	<ul style="list-style-type: none">若受保人於以下期間確診患有嚴重認知障礙，可以獲得的保障如下：<ul style="list-style-type: none">儲蓄期：您可收回已繳付予此保障的全數保費，而此附加保障將於保費退還後隨即終止。年金期：每月認知障礙入息將會派發給您指定的認知障礙保障收益人(請參閱以下定義)或您自己，直至受保人身故或年屆 99 歲[^](以較早者為準)。
認知障礙保障收益人	您需指定其中一位身故賠償受益人為「收益人」以收取每月認知障礙入息。在保單生效期間，您亦可以書面通知本公司更改認知障礙保障收益人。 除收取每月認知障礙入息外，您也可以指定收益人一旦在受保人被診斷患上嚴重認知障礙後收取基本計劃之每月年金金額，惟每月年金金額的支付方式必須為「現金提取」。
嚴重認知障礙定義	「嚴重認知障礙」指由專科註冊醫生並是腦神經專科醫生、精神科專科醫生或神經精神科專科醫生明確診斷的嚴重永久性認知障礙而受保人因此永久需要他人持續監護的情況，並在滿分為 30 分的簡短智能測驗中，得分低於 10 分。
保費供款年期	此保障的供款年期與基本計劃的供款年期相同。您應於整個保費供款年期繳付保費。在獲得任何本附加保障的保障金額前，您須繳清所有未繳付的本附加保障保費。
保費釐定	保費在整個保費供款年期是不變及保證的，及根據受保人的受保年齡 [^] 及性別，每月認知障礙入息和基本計劃年金期而釐定。
保障金額	認知障礙保障內的每月認知障礙入息保障金額等於基本計劃的每月保證年金金額，上限為每位受保人每月 3,750 美元或其等值。 注： <ul style="list-style-type: none">此自選附加保障並沒有任何退保利益。請細閱盈達年金計劃之產品冊子了解基本計劃的退保利益。您可要求調低本附加保障之每月認知障礙入息，本附加保障內的所有的每月認知障礙入息亦將根據此作出調整，已繳保費將不會獲退還。若本附加保障的基本計劃之每月保證年金金額減少，本公司有絕對酌情權降低本附加保障的每月認知障礙入息。但調低每月認知障礙入息後，已繳保費將不會獲退還，而剩餘保費將會相應減少。
保障終止	本附加保障將在以下情況下自動終止(以較早者為準)： <ul style="list-style-type: none">(a) 根據相關此保單條款，當基本保障終止、到期、失效或退保(如有)；或(b) 保障終止日；或(c) 於儲蓄期間因受保人罹患嚴重認知障礙而獲本保障已繳保費之退還；或(d) 每月認知障礙賠償已獲首次支付(惟本保障終止並不影響我們往後所支付之每月認知障礙入息)。

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不保事項

不保事項：

- (i) 受保人在簽發日期、保單日期或保單復效的生效日期(以較遲者為準)前已有的任何已存在的狀況。
- (ii) 因以下任何情況(直接或間接)導致或促成(全部或部分)的嚴重認知障礙，本保單概不會支付任何保障：
 - (a) 任何自己蓄意造成的傷害或企圖自殺，不論神志是否清醒；或
 - (b) 受到酒精或非由註冊醫生處方的藥物影響而中毒；或
 - (c) 任何人體免疫力缺乏病毒(HIV) 或任何與 HIV 有關的疾病，包括後天免疫力缺乏症(即愛滋病)，或任何由此而致的突變、衍化或變異；或
 - (d) 所有精神疾病相關成因；或
 - (e) 可逆轉之器質退化性腦病。

「已存在的狀況」指以下描述的任何狀況或疾病：

- 以前曾存在或一直存在；或
- 致病因素以前存在或一直存在；或
- 受保人知曉該狀況或疾病及其病徵或病狀；或
- 任何化驗室的測試或調查顯示可能有該狀況或疾病的存在；或
- 受保人出現認知障礙徵兆或病徵，其包括但不限於喪失記憶力、難以管理時間、不能夠在工作場所、家居或社區獨立活動或缺乏能力照顧自己。

如您需要更多資料或對「已存在的狀況」存有疑問，您須尋求獨立專業意見。

重要事項

- 索償必須於受保人發覺患上嚴重認知障礙後 90 日內提出。
- 您須在索償後定期提交受保人在生證明，否則本公司或會停止支付每月認知障礙入息。

主要風險

- **信貸風險及無力償債風險** — 您須承受我們的信貸風險。
- **通脹風險** — 由於通貨膨脹，**將來的生活費用很可能較今天的為高**。因此，您或您的受益人將來從保單收取的實際金額可能較低。
- **延誤或漏繳到期保費的風險** — 如有任何延誤或漏繳基本保障及/或自選附加保障到期保費，**或會導致保單失效，您可收回的款額(如有)可能會明顯少於您已繳付的保費**。
- **退保風險** — 如您在早期退保，您可收回的款額或會明顯少於您已繳付的保費。**認知障礙保障並沒有任何退保利益**。如您部分退保基本計劃，此認知障礙保障的保障額將作出調減。

增值服務

- 由 Preferred Global Health (「PGH」) 提供環球醫療關顧服務；
 - 免費獲享的「全自動視網膜圖像分析 — 認知健康風險評估」；
 - 免費獲享的認知障礙症健康諮詢。
- 有關詳情，請參閱增值服務的條款及細則。

適用於增值服務之條款及細則：

適用於由 Preferred Global Health (「PGH」) 提供環球醫療關顧服務之條款及細則

1. PGH 環球醫療關顧服務提供予盈達年金計劃(「本保單」)之認知障礙保障的受保人，並被醫生確診患有嚴重認知障礙(於產品冊子及保單條款內已界定)。
2. PGH 提供的環球醫療關顧服務不受其他特殊不保事項條款約束，並且遵循與本保單相同的不保事項條款。請參閱本保單完整的不保事項條款及細則。
3. 不論受保人擁有多少盈達年金計劃保單，每位受保人於其保單期內只享有一次服務。
4. 受保人須要在保單仍生效時向滙豐人壽保險(國際)有限公司(「本公司」)提交指定的表格以啟用環球醫療關顧服務。若受保人被確診患有嚴重認知障礙，在保單中受保人指定的最新認知障礙保障收益人可以代表受保人提交指定表格。
5. 環球醫療關顧服務包括以下各項：
 - a. 診斷核實及治療方案：一種用於以病歷和醫學影像初步診斷的綜合評估。哈佛醫學院附屬醫院或根據《美國新聞與世界報導》被評選為排名前 1% 的美國醫院的專家(「專家」)將會透過多名專家審閱後確定或提供另一種診斷建議，並制定治療計劃方案。受保人會收到包含專家們意見和建議的診斷核實及治療方案報告，報告之翻譯本可按要求提供。
 - b. 醫生與醫生對話：於診斷核實及治療方案報告完成後，可要求受保人的當地醫生與專家就具體情況和治療計劃進行了專業討論。醫生間的對話是保密，並且沒有第三方(包括受保人)的參與。首次醫生與醫生對話是免費的，若受保人要求之隨後對話，將會向客戶收取額外費用。

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6. PGH與美國當地醫院可將受保人的個人健康資料用於治療目的，例如醫生、醫院和其他醫療保健提供者之間的協調、管理或提供醫療保健和相關服務、或在醫療保健提供者之間進行諮詢時與病患相關的資料、或於轉介病患時醫療保健提供者之間轉移。受保人的健康資料可能會轉移到受保人於醫療記錄中居住地以外，並轉移到美國，以便美國當地頂級醫院的檢查專家提供他們的醫療服務。PGH與美國的醫院和專業醫護人員均須遵守美國《健康保險流通與責任法案》之私隱規例，客戶受這些規例所保護。
7. 本公司對環球醫療關顧服務的質素不會承擔任何責任，也不控制PGH向受保人提供環球醫療關顧服務範圍，本公司亦不會對受保人使用該服務所造成的任何費用、損失或損害承擔責任。本公司有絕對酌情權隨時修訂和更改盈達年金計劃之認知障礙保障之服務條款及細則，而無需事先通知保單持有人或受保人。

適用於免費「全自動視網膜圖像分析－認知健康風險評估」(「健康檢測」)及認知障礙症健康諮詢(「健康諮詢」)的受滙豐保險規定的相關條款及細則

8. 健康檢測將透過由康訊生物分析有限公司提供以中文大學研發為基礎的「全自動視網膜圖像分析－認知健康風險評估」。此健康檢測是為促進健康應用以及只適用於未有認知障礙症狀的成年人仕。健康檢測服務的中央數據處理系統由康訊生物分析有限公司運作及管理。本公司將不會承擔由該健康檢測服務的科技應用引起之任何責任。
9. 健康諮詢將由香港路德會社會服務處(「路德會」)合資格護士為受保人及其一位家庭成員提供。
10. 有興趣及合資格的受保人需於有關文件提及的指定服務期內預約所提供的健康檢測及健康諮詢，否則該等服務會被視為無效。這些服務不可用作銷售、兌換現金、折扣或轉換其他服務。如有任何爭議，本公司及路德會保留最終決定權。健康檢測及健康諮詢不涉及任何保險中介或銷售人員與您接洽或討論任何保險事宜。
11. 健康檢測及健康諮詢由路德會提供及負責其行政部份。本公司只負責為您揀選相關的服務提供機構並贊助健康檢測及健康諮詢的相關費用(受本公司規定的相關條款及細則約束)，如有任何爭議或有關與獨立第三方提供的服務質素，本公司一概不承擔任何責任。

2021年2月

- ▲ 受保年齡指受保人的下一次生日年齡。
- ▲ 指當受保人的下一次生日為此年齡的保單周年日。

HSBC Life (International) Limited 滙豐人壽保險(國際)有限公司(「本公司」)是註冊成立於百慕達之有限公司。本公司為滙豐集團旗下從事保險業務的附屬公司之一。

本公司獲保險業監管局授權及受其監管於香港特別行政區經營長期保險業務。

認知障礙保障為盈達年金計劃的一項自選附加保障。

香港上海滙豐銀行有限公司(「滙豐」)乃根據保險業條例(香港法例第41章)註冊為本公司於香港特別行政區分銷人壽保險之保險代理機構。此乃本公司之產品而非滙豐之產品，並只擬在香港特別行政區透過滙豐銷售。

對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心的職權範圍)，滙豐須與您進行金融糾紛調解計劃程序；此外，有關涉及您上述保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

本公司對本單張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。

Preferred Global Health(「PGH」)是一家獨立的病人組織，於1997年在美国馬薩諸塞州的波士頓成立，旨在診斷出嚴重疾病後為其成員尋求最佳的醫療效果。PGH及其個人護理專員和醫護關顧服務團隊並不提供醫療建議。PGH不僱用某些醫生或醫院、不從中獲得報酬，也不是某些醫生或醫院的關聯公司或代表。

香港路德會社會服務處於一九七七年成立，服務範圍包括幼兒園、兒童及家庭服務、寄養服務、輔導服務中心、綜合青少年服務中心、學校社工、社區發展、復康服務、長者中心、耆年日間護理中心及耆年院舍，單位遍佈港九、新界及離島。

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滙豐裕達年金計劃—認知障礙保障

聲明：此單張所載資料乃一般摘要，請與滙豐裕達年金計劃(「基本計劃」)之產品冊子及建議書一併閱讀。
有關此附加保障的詳盡條款及細則(增值服務除外)及不保事項請細閱其條款。

投保資格	<ul style="list-style-type: none">若受保人的受保年齡[^]是介乎 55 歲至 70 歲，便可繳付額外保費以投保此附加保障。不適用於滙豐裕達年金計劃的 1 年儲蓄期或合計保費金額保單。
保障範圍	<ul style="list-style-type: none">若受保人於以下期間確診患有嚴重認知障礙，可以獲得的保障如下：<ul style="list-style-type: none">儲蓄期：您可收回已繳付予此保障的全數保費，而此附加保障將於保費退還後隨即終止。年金期：每月認知障礙入息將會派發給您指定的認知障礙保障收益人(請參閱以下定義)或您自己，直至受保人身故或年屆 99 歲[^](以較早者為準)。
認知障礙保障收益人	您需指定其中一位身故賠償受益人為「收益人」以收取每月認知障礙入息。在保單生效期間，您亦可以書面通知本公司更改認知障礙保障收益人。 除收取每月認知障礙入息外，您也可以指定收益人一旦在受保人被診斷患上嚴重認知障礙後收取基本計劃之每月年金金額，惟每月年金金額的支付方式必須為「現金提取」。
嚴重認知障礙定義	「嚴重認知障礙」指由專科註冊醫生並是腦神經專科醫生、精神科專科醫生或神經精神科專科醫生明確診斷的嚴重永久性認知障礙而受保人因此永久需要他人持續監護的情況，並在滿分為 30 分的簡短智能測驗中，得分低於 10 分。
保費供款年期	此保障的供款年期與基本計劃的供款年期相同。您應於整個保費供款年期繳付保費。在獲得任何本附加保障的保障金額前，您須繳清所有未繳付的本附加保障保費。
保費釐定	保費在整個保費供款年期是不變及保證的，及根據受保人的受保年齡 [^] 及性別，每月認知障礙入息和基本計劃年金期而釐定。
保障金額	認知障礙保障內的每月認知障礙入息保障金額等於基本計劃的每月保證年金金額，而年金期首 10 年的每月保證年金金額逐年遞增 3%，其後保持不變，上限為每位受保人每月港幣 30,000 元 / 3,750 美元或其等值。 注： <ul style="list-style-type: none">此自選附加保障並沒有任何退保利益。請細閱滙豐裕達年金計劃之產品冊子了解基本計劃的退保利益。您可要求調低本附加保障之投保時每月認知障礙入息，本附加保障內的所有的每月認知障礙入息亦將根據此作出調整，已繳保費將不會獲退還。若本附加保障的基本計劃之投保時每月保證年金金額減少，本公司有絕對酌情權降低本附加保障的投保時每月認知障礙入息。但調低投保時每月認知障礙入息後，已繳保費將不會獲退還，而剩餘保費將會相應減少。

(轉下頁)



保障終止

本附加保障將在以下情況下自動終止(以較早者為準)：

- (a) 根據相關此保單條款，當基本保障終止、到期、失效或退保(如有)；或
- (b) 保障終止日；或
- (c) 於儲蓄期間因受保人罹患嚴重認知障礙而獲本保障已繳保費之退還；或
- (d) 每月認知障礙賠償已獲首次支付(惟本保障終止並不影響我們往後所支付之每月認知障礙入息)。

不保事項

不保事項：

- (i) 受保人在簽發日期、保單日期或保單復效的生效日期(以較遲者為準)前已有的任何已存在的狀況。
- (ii) 因以下任何情況(直接或間接)導致或促成(全部或部分)的嚴重認知障礙，本保單概不會支付任何保障：
 - (a) 任何自己蓄意造成的傷害或企圖自殺，不論神志是否清醒；或
 - (b) 受到酒精或非由註冊醫生處方的藥物影響而中毒；或
 - (c) 任何人體免疫力缺乏病毒(HIV)或任何與HIV有關的疾病，包括後天免疫力缺乏症(即愛滋病)，或任何由此而致的突變、衍化或變異；或
 - (d) 所有精神疾病相關成因；或
 - (e) 可逆轉之器質退化性腦病。

「已存在的狀況」指以下描述的任何狀況或疾病：

- 以前曾存在或一直存在；或
- 致病因素以前存在或一直存在；或
- 受保人知曉該狀況或疾病及其病徵或病狀；或
- 任何化驗室的測試或調查顯示可能有該狀況或疾病的存在；或
- 受保人出現認知障礙徵兆或病徵，其包括但不限於喪失記憶力、難以管理時間、不能夠在工作場所、家居或社區獨立活動或缺乏能力照顧自己。

如您需要更多資料或對「已存在的狀況」存有疑問，您須尋求獨立專業意見。

重要事項

- 索償必須於受保人發覺患上嚴重認知障礙後90日內提出。
- 您須在索償後定期提交受保人在生證明，否則本公司或會停止支付每月認知障礙入息。

主要風險

- **信貸風險及無力償債風險** — 您須承受我們的信貸風險。
- **通脹風險** — 由於通貨膨脹，**將來的生活費用很可能較今天的為高**。因此，您或您的受益人將來從保單收取的實際金額可能較低。
- 延誤或漏繳到期保費的風險 — 如有任何延誤或漏繳基本保障及/或自選附加保障到期保費，**或會導致保單失效，您可收回的款額(如有)可能會明顯少於您已繳付的保費**。
- 退保風險 — 如您在早期退保，您可收回的款額或會明顯少於您已繳付的保費。**認知障礙保障並沒有任何退保利益**。如您部分退保基本計劃，此認知障礙保障的保障額將作出調減。

增值服務

- 由 Preferred Global Health (「PGH」) 提供環球醫療關顧服務；
- 免費獲享的「全自動視網膜圖像分析 — 認知健康風險評估」；
- 免費獲享的認知障礙症健康諮詢。

有關詳情，請參閱增值服務的條款及細則。



適用於增值服務之條款及細則：

適用於由 Preferred Global Health (「PGH」) 提供環球醫療關顧服務之條款及細則

1. PGH 環球醫療關顧服務提供予滙豐裕達年金計劃(「本保單」)之認知障礙保障的受保人，並被醫生確診患有嚴重認知障礙(於產品冊子及保單條款內已界定)。
2. PGH 提供的環球醫療關顧服務不受其他特殊不保事項條款約束，並且遵循與本保單相同的不保事項條款。請參閱本保單完整的不保事項條款及細則。
3. 不論受保人擁有多少滙豐裕達年金計劃保單，每位受保人於其保單期內只享有一次服務。
4. 受保人須要在保單仍生效時向滙豐人壽保險(國際)有限公司(「本公司」)提交指定的表格以啟用環球醫療關顧服務。若受保人被確診患有嚴重認知障礙，在保單中受保人指定的最新認知障礙保障收益人可以代表受保人提交指定表格。
5. 環球醫療關顧服務包括以下各項：
 - a. 診斷核實及治療方案：一種用於以病歷和醫學影像初步診斷的綜合評估。哈佛醫學院附屬醫院或根據《美國新聞與世界報導》被評選為排名前 1% 的美國醫院的專家(「專家」)將會透過多名專家審閱後確定或提供另一種診斷建議，並制定治療計劃方案。受保人會收到包含專家們意見和建議的診斷核實及治療方案報告，報告之翻譯本可按要求提供。
 - b. 醫生與醫生對話：於診斷核實及治療方案報告完成後，可要求受保人的當地醫生與專家就具體情況和治療計劃進行了專業討論。醫生間的對話是保密，並且沒有第三方(包括受保人)的參與。首次醫生與醫生對話是免費的，若受保人要求之隨後對話，將會向客戶收取額外費用。
6. PGH 與美國當地醫院可將受保人的個人健康資料用於治療目的，例如醫生、醫院和其他醫療保健提供者之間的協調、管理或提供醫療保健和相關服務、或在醫療保健提供者之間進行諮詢時與病患相關的資料、或於轉介病患時醫療保健提供者之間轉移。受保人的健康資料可能會轉移到受保人於醫療記錄中居住地以外，並轉移到美國，以便美國當地頂級醫院的檢查專家提供他們的醫療服務。PGH 與美國的醫院和專業醫護人員均須遵守美國《健康保險流通與責任法案》之私隱規例，客戶受這些規例所保護。
7. 本公司對環球醫療關顧服務的質素不會承擔任何責任，也不控制 PGH 向受保人提供環球醫療關顧服務範圍，本公司亦不會對受保人使用該服務所造成的任何費用、損失或損害承擔責任。本公司有絕對酌情權隨時修訂和更改滙豐裕達年金計劃之認知障礙保障之服務條款及細則，而無需事先通知保單持有人或受保人。

適用於免費「全自動視網膜圖像分析 — 認知健康風險評估」(「健康檢測」)及認知障礙症健康諮詢(「健康諮詢」)的受滙豐保險規定的相關條款及細則

8. 健康檢測將透過由康訊生物分析有限公司提供以中文大學研發為基礎的「全自動視網膜圖像分析 — 認知健康風險評估」。此健康檢測是為促進健康應用以及只適用於未有認知障礙症狀的成年人仕。健康檢測服務的中央數據處理系統由康訊生物分析有限公司運作及管理。本公司將不會承擔由該健康檢測服務的科技應用引起之任何責任。
9. 健康諮詢將由香港路德會社會服務處(「路德會」)合資格護士為受保人及其一位家庭成員提供。本公司將不會承擔由路德會履行的健康諮詢而可能造成的任何直接或間接損失、損害或利益損失。
10. 有興趣及合資格的受保人需於有關文件提及的指定服務期內預約所提供的健康檢測及健康諮詢，否則該等服務會被視為無效。這些服務不可用作銷售、兌換現金、折扣或轉換其他服務。如有任何爭議，本公司及路德會保留最終決定權。健康檢測及健康諮詢不涉及任何保險中介或銷售人員與您接洽或討論任何保險事宜。
11. 健康檢測及健康諮詢由路德會提供及負責其行政部份。對於認知測試評估及認知障礙症的健康諮詢服務，本公司只負責為您揀選相關的服務提供機構並贊助健康檢測及健康諮詢的相關費用(受本公司規定的相關條款及細則約束)，如有任何爭議或有關與任何獨立第三方提供的服務質素，本公司一概不承擔任何責任。

2021年7月

^ 受保年齡指受保人的下一次生日年齡。

▲ 指當受保人的下一次生日為此年齡的保單周年日。

HSBC Life (International) Limited 滙豐人壽保險(國際)有限公司(「本公司」)是註冊成立於百慕達之有限公司。本公司為滙豐集團旗下從事保險業務的附屬公司之一。

本公司獲保險業監管局授權及受其監管於香港特別行政區經營長期保險業務。

認知障礙保障為滙豐裕達年金計劃的一項自選附加保障。

香港上海滙豐銀行有限公司(「滙豐」)乃根據保險業條例(香港法例第41章)註冊為本公司於香港特別行政區分銷人壽保險之保險代理機構。此乃本公司之產品而非滙豐之產品，並只擬在香港特別行政區透過滙豐銷售。

對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心的職權範圍)，滙豐須與您進行金融糾紛調解計劃程序；此外，有關涉及您上述保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

本公司對本單張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。

Preferred Global Health (「PGH」)是一家獨立的病人組織，於1997年在美国馬薩諸塞州的波士頓成立，旨在診斷出嚴重疾病後為其成員尋求最佳的醫療效果。PGH 及其個人護理專員和醫護關顧服務團隊並不提供醫療建議。PGH 不僱用某些醫生或醫院、不從中獲得報酬，也不是某些醫生或醫院的關聯公司或代表。

香港路德會社會服務處於一九七七年成立，服務範圍包括幼兒園、兒童及家庭服務、寄養服務、輔導服務中心、綜合青少年服務中心、學校社工、社區發展、復康服務、長者中心、耆年日間護理中心及耆年院舍，單位遍佈港九、新界及離島。

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附加保障

意外死亡及傷殘保障 (適用於滙安健危疾保障計劃)

投保資格

- 只要受保人介乎 5 至 60 歲*，便可投保此保障。

保障範圍

- 若受保人因意外而導致死亡或嚴重傷殘，將可按保障金額的百分比獲得賠償。詳情請參閱下列附表。
- 此保障所提供的賠償總額將不會超過保障金額的 100%。
- 一些較為輕微的傷殘，例如喪失手指，亦可獲賠償。
- 保障期直至受保人年滿 65 歲[▲]。

意外傷亡或傷殘保障	保障金額的百分比	意外傷亡或傷殘保障	保障金額的百分比
1 意外死亡	100%	14 喪失其他手指 (大拇指除外) • 三個右關節 • 兩個右關節 • 一個右關節 • 三個左關節 • 兩個左關節 • 一個左關節	10% 8% 5% 8% 5% 2%
2 四肢永久癱瘓並無法痊癒	100%		
3 喪失雙眼視力	100%		
4 完全及永久傷殘	100%		
5 喪失任何二肢	100%		
6 喪失雙耳聽覺及喪失語言能力	100%		
7 喪失一眼視力	50%	15 喪失腳趾 • 所有腳趾：一足 • 大腳趾：兩個關節 • 大腳趾：一個關節	15% 5% 3%
8 喪失一肢	50%		
9 喪失聽覺 • 雙耳 • 單耳	75% 15%		
10 喪失語言能力	50%	16 足腿因意外而導致縮短最少 5 公分	8%
11 喪失拇指及其他四指 • 右手 • 左手	70% 50%		
12 喪失四隻手指 (大拇指除外) • 右手 • 左手	40% 30%	17 皮膚組織嚴重燒傷 — 燒傷全身 人體皮膚面積： • 相等或超過 10%，但少於 15% • 相等或超過 15%，但少於 20% • 相等或超過 20%	50% 75% 100%
	13 喪失一隻拇指 • 兩個右關節 • 一個右關節 • 兩個左關節 • 一個左關節		

(轉下頁)



(續)

保費供款年期

- 保費供款年期與基本計劃相同，或直至此保障終止（較早者為準）。您應該就整個保費供款年期繳付保費。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）可能會較您已繳付的保費明顯地減少。

保費釐定

- 保費是根據受保人的年齡[▲]、保費供款年期和此保障的保障金額而釐定。

不保事項

若死亡或傷殘乃直接或間接因下列任何情況引致，本公司將不會作出賠償：

- (a) 在不論神智是否清醒的情況下自殺或企圖自殺；
- (b) 蓄意自殘；
- (c) 參與危險性運動（包括必須使用繩子或嚮導的爬山活動、地底岩洞探險、跳傘、徒手潛水或其他水下活動、冬季運動、任何運用足部以外的競賽、越野賽跑或打馬球），已於投保申請書中列明者除外；
- (d) 意外或非意外地服食或吸食任何毒品、藥物、鎮靜劑或毒藥，惟遵照註冊醫生處方者除外；
- (e) 意外或非意外地吸入任何氣體或煙氣，但在執行職務時意外地吸入者除外；
- (f) 身體上或精神上之虛弱或疾病；
- (g) 觸犯或企圖觸犯刑事罪行；
- (h) 戰爭或由戰爭引起的任何行動。「戰爭」一詞，包括任何已宣布與否的戰爭，包括內戰及游擊戰，或涉及任何國家或地區武裝部隊或國際組織部隊之任何其他衝突；
- (i) 在任何處於戰爭狀態國家或地區的武裝部隊或任何輔助文職部隊中服役；或在國際組織的任何部隊中服役，或
- (j) 如受保人進入、操作、服務或乘搭於任何設計於地球大氣層之內或外飛行之航運工具，或自其上升或下降，但受保人以乘客或機艙服務員之身份乘搭商業航空公司經營之固定航線除外。

保障終止

本意外死亡及傷殘保障將在以下情況下自動終止（以較早者為準），而閣下亦毋須繳付本意外死亡及傷殘保障的保費：

- (a) 當本保單終止、到期、失效或退保；
- (b) 本公司已支付本意外死亡及傷殘保障金額的 100%；及
- (c) 受保人年齡滿 65 歲[▲]的保單周年日。

重要事項

- 必須於身故或傷殘當日起 90 日內提出索償。
- 通脹風險 — 未來的生活費或會因通脹而比今天的生活費為高，即使本公司履行所有有關合約條款及責任，您由此保單獲發之金額在通脹調整後的實際水平可能相對下降。

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(續)

保費供款年期	投保年齡 *
躉繳保費或 3 年或 5 年或 10 年	5 至 60 歲 *
20 年	5 至 50 歲 *
15 年	5 至 55 歲 *

2021 年 2 月

* 視乎所選基本計劃的投保年齡範圍而定。年齡指您的下一次生日年齡。

▲ 指當您的下一次生日為此年齡的保單周年日。

HSBC Life (International) Limited 滙豐人壽保險 (國際) 有限公司 (「本公司」) 是註冊成立於百慕達之有限公司。本公司為滙豐集團旗下從事保險業務的附屬公司之一。

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。

意外死亡及傷殘保障是由本公司所承保之滙安健危疾保障計劃之自選附加保障。

香港上海滙豐銀行有限公司 (「滙豐」) 乃根據保險業條例 (香港法例第 41 章) 註冊為本公司於香港特別行政區分銷人壽保險之保險代理機構。此乃本公司之產品而非滙豐之產品，並只擬在香港特別行政區透過滙豐銷售。

對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議 (定義見金融糾紛調解計劃的金融糾紛調解中心的職權範圍)，滙豐須與您進行金融糾紛調解計劃程序；此外，有關涉及您上述保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

所載資料乃一摘要，請與基本計劃之產品冊子及建議書一併閱讀。請細閱保單有關詳盡條款及細則條件。

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附加保障

意外死亡及傷殘保障

投保資格

- 若受保人的受保年齡[^]是在基本計劃^{*}的投保年齡範圍內及介乎 5 至 60 歲，便可繳付額外保費以投保此附加保障。

保障範圍

- 若受保人因意外而導致死亡或嚴重傷殘，將可按保障金額的百分比獲得賠償。詳情請參閱下列附表。
- 此保障所提供的賠償總額將不會超過保障金額的 100%。
- 一些較為輕微的傷殘，例如喪失手指，亦可獲賠償。
- 保障期直至受保人年滿 65 歲[▲]。

意外死亡或意外傷殘	保障金額的百分比	意外死亡或意外傷殘	保障金額的百分比
1 意外死亡	100%	14 喪失其他手指(拇指除外) • 三個右關節 • 兩個右關節 • 一個右關節 • 三個左關節 • 兩個左關節 • 一個左關節	10% 8% 5% 8% 5% 2%
2 四肢永久癱瘓並無法痊癒	100%		
3 喪失雙眼視力	100%		
4 完全及永久傷殘	100%		
5 喪失任何二肢	100%	15 喪失腳趾 • 所有腳趾：一足 • 大腳趾：兩個關節 • 大腳趾：一個關節	15% 5% 3%
6 喪失雙耳聽覺及喪失語言能力	100%		
7 喪失一眼視力	50%		
8 喪失一肢	50%	16 足腿因意外而導致縮短最少 5 公分	8%
9 喪失聽覺 • 雙耳 • 單耳	75%	17 皮膚組織嚴重燒傷 — 燒傷全身人體皮膚面積： • 相等或超過 10%，但少於 15% • 相等或超過 15%，但少於 20% • 相等或超過 20%	50% 75% 100%
	10 喪失語言能力		
11 喪失拇指及其他四指 • 右手 • 左手	70%		
	50%		
12 喪失四隻手指(拇指除外) • 右手 • 左手	40%		
	30%		
13 喪失一隻拇指 • 兩個右關節 • 一個右關節 • 兩個左關節 • 一個左關節	30%		
	15%		
	20%		
	10%		

(轉下頁)



(續)

保費供款年期

- 保費供款年期直至受保人年滿 65 歲[▲]。您應該就整個保費供款年期繳付保費。任何延誤或漏繳到期保費可能會導致保單失效，您可收回的金額（如有）可能會較您已繳付的保費明顯地減少。

保費釐定

- 保費是根據此保障的保障金額而釐定。保費一經釐定，將保持定額。

不保事項

- 若死亡或傷殘乃直接或間接因下列任何情況引致，本公司將不會作出賠償：
 - (1) 在不論神智是否清醒的情況下自殺或企圖自殺；
 - (2) 蓄意自殘；
 - (3) 參與危險性運動（包括必須使用繩子或嚮導的爬山活動、地底岩洞探險、跳傘、徒手潛水或其他水下活動、冬季運動、任何運用足部以外的競賽、越野賽跑或打馬球），已於投保申請書中列明者除外；
 - (4) 意外或非意外地服食或吸食任何毒品、藥物、鎮靜劑或毒藥，惟遵照註冊醫生處方者除外；
 - (5) 意外或非意外地吸入任何氣體或煙氣，但在執行職務時意外地吸入者除外；
 - (6) 身體上或精神上之虛弱或疾病；
 - (7) 觸犯或企圖觸犯刑事罪行；
 - (8) 戰爭或由戰爭引起的任何行動。「戰爭」一詞，包括任何已宣布與否的戰爭，包括內戰及游擊戰，或涉及任何國家或地區武裝部隊或國際組織部隊之任何其他衝突；
 - (9) 在任何處於戰爭狀態國家或地區的武裝部隊或任何輔助文職部隊中服役；或在國際組織的任何部隊中服役，或
 - (10) 如受保人進入、操作、服務或乘搭於任何設計於地球大氣層之內或外飛行之航運工具，或自其上升或下降，但受保人以乘客或機艙服務員之身份乘搭商業航空公司經營之固定航線除外。

保障終止

- 此保障將在以下情況下自動終止（以較早者為準），而您亦毋須繳付此保障的保費：
 - (1) 當保單終止、失效、或（如適用）到期、退保、轉作減額清繳保險或轉作展期壽險；
 - (2) 本公司已支付意外死亡及傷殘保障之保障金額的 100%；及
 - (3) 受保人受保年齡[▲]滿 65 歲的保單周年日。

(轉下頁)



(續)

重要事項

- 必須於身故或傷殘當日起 90 日內提出索償。
- 受保人必須在意外發生後 90 日內身故或傷殘，方可獲意外死亡或意外傷殘的賠償。
- 通脹風險 — 由於通貨膨脹，將來的生活費用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，您將來從保單收取的實際金額可能較低。
- 所載資料乃一摘要，請與基本計劃之產品冊子及建議書一併閱讀。有關此附加保障的詳盡條款及細則請細閱其條款。

2021 年 2 月

^ 受保年齡指受保人的下一次生日年齡。

* 請參閱基本計劃之產品冊子的投保年齡範圍。

▲ 指當受保人的下一次生日為此年齡的保單周年日。

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意外死亡及傷殘保障是由本公司所承保之自選附加保障。

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對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心的職權範圍)，滙豐須與您進行金融糾紛調解計劃程序；此外，有關涉及您上述保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

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附加保障

特選危疾保障 (額外賠償)

投保資格

- 若受保人的受保年齡[^]是在基本計劃^{*}的投保年齡範圍內及介乎出生後 15 日起至 60 歲，便可繳付額外保費以投保此附加保障。

保障範圍

- 若受保人不幸患上下表所指的任何一種特選危疾，您將可獲現金賠償(即保障金額)。
- 保單保額於支付此保障後將維持不變。
- 保障期直至受保人年滿 65 歲[^]。
- 於此保障受保的特選危疾包括：

1 突發性心臟病	20 象皮病
2 冠狀動脈搭橋移植手術	21 心瓣置換
3 中風	22 主動脈手術
4 癌症	23 暴發的病毒性肝炎
5 腎衰竭	24 肺動脈高血壓
6 截癱／癱瘓	25 慢性肝病
7 主要器官移植	26 末期疾病
8 失明	27 細菌感染腦膜炎
9 失聰	28 嚴重燒傷
10 喪失語言能力	29 腦炎
11 喪失肢體	30 再生障礙性貧血
12 昏迷	31 心肌疾病
13 良性腦腫瘤	32 溶血性鏈球菌引致壞疽
14 嚴重頭部創傷	33 嚴重類風濕性關節炎
15 脊髓灰質炎	34 分割性主動脈瘤
16 伊波拉	35 植物性狀況(持續性)
17 柏金遜症	36 其他嚴重的冠狀動脈疾病
18 阿耳滋海默氏症	37 因輸血而感染愛滋病
19 運動神經疾病	38 因職業而感染人體免疫力缺乏病毒

保費供款年期

- 保費供款年期直至受保人年滿 65 歲[^]或直至此保障終止(以較早者為準)。您應該就整個保費供款年期繳付保費。任何延誤或漏繳到期保費可能會導致保單失效，您可收回的金額(如有)可能會較您已繳付的保費明顯地減少。

保費釐定

- 保費在整個保費期是根據受保人投保時的受保年齡[^]、受保人的性別和保障金額而釐定，惟受制於保費調整風險。

(轉下頁)



(續)

不保事項

「特選危疾」不包括以下情況：

- (1) 任何(全部或部分)由後天免疫力缺乏症或愛滋病(AIDS)或人體免疫力缺乏病毒(HIV)產生、引致或促成的危疾。因輸血而感染愛滋病及因職業而感染人體免疫力缺乏病毒除外。
- (2) 任何在保單簽發日期或此保障生效日期或最後保單復效日期(以較後者為準)起計的首365日(屬「保證核保」類別的申請)或首60日(屬「簡易核保」類別的申請)內確診的危疾。
- (3) 任何在保單簽發日期前,或在保單簽發日期或此保障生效日期或最後保單復效日期(以較後者為準)起計的首365日(屬「保證核保」類別的申請)或首60日(屬「簡易核保」類別的申請)內已首次出現跡象或病徵的危疾。
- (4) 任何由以下一項成因直接或間接(全部或部分)引致或促成的危疾：
 - (a) 任何先天缺陷；或
 - (b) 任何自己蓄意造成的傷害或企圖自殺,不論神志是否清醒；或
 - (c) 任何已存在的病狀(根據下列定義)；或
 - (d) 受到酒精或非由註冊醫生處方的藥物影響而中毒；或
 - (e) 違反或企圖違反法律或拒捕或參與任何犯罪的活動；或
 - (f) 乘搭飛機,除非為商用客機上的付費乘客。
- (5) 如受保人在保單簽發日期或此保障生效日期或最後保單復效日期(以較後者為準)前曾患上任何類型或形式的癌症,本公司將不會作出癌症的賠償。
- (6) 如受保人在保單簽發日期或此保障生效日期或最後保單復效日期(以較後者為準)前曾經患上糖尿病或患上任何形式的血管疾病或接受有關手術,包括但不限於冠狀動脈搭橋移植手術、突發性心臟病、心瓣置換、主動脈手術或中風,本公司將不會作出冠狀動脈搭橋移植手術、突發性心臟病、心瓣置換、主動脈手術或中風(包括腦血管意外引致的癱瘓)的賠償。

以上4(c)的已存在的病狀是指任何健康狀況或疾病在保單簽發日期或此保障生效日期或最後保單復效日期(以較後者為準)前：

- 曾經出現或之前一直存在；
- 其病因曾經出現或之前一直存在；
- 受保人對該狀況或疾病已有認知、曾經接受有關治療或醫學諮詢；或
- 曾經被任何實驗室測試或調查顯示受保人有可能患上該狀況或疾病。

(轉下頁)



(續)

保障終止

- 此保障將在以下情況下自動終止(以較早者為準)，而您亦毋須繳付此保障的保費：
 - (1) 當保單終止、失效、或(如適用)到期、退保、轉作減額清繳保險或轉作展期壽險；
 - (2) 本公司已支付此特選危疾保障(額外賠償)的保障金額；及
 - (3) 受保人受保年齡[^]滿 65 歲的保單周年日。

重要事項

- 必須於受保人發覺患上其中一項受保特選危疾後 90 日內提出索償。
- 特選危疾保障(額外賠償)「簡易核保」的最高賠償金額不可超過基本計劃保費總額的 50%、或每一位受保人計港幣 1,000,000 元 / 125,000 美元(受保年齡[^] 50 或以下)或港幣 500,000 元 / 62,500 美元(受保年齡[^] 51 至 60)，以較低者為準。
- 如購買多份嚴重疾病保障(包括特選危疾保障(額外賠償))，每一位受保人就嚴重疾病保障可得的最高保障金額為港幣 6,000,000 元 / 750,000 美元。
- 通脹風險 — 由於通貨膨脹，將來的生活費用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，您將來從保單收取的實際金額可能較低。
- 保費調整風險 — 保費或於任何一個保單周年日作出調整。於保費調整時，保費率的任何調整是根據多種因素，包括但不限於實際索償經驗，未來索償經驗之展望，已支出的開支等而作出。本公司將會在保費調整生效前以不少於 30 日之書面形式通知保單持有人。
- 所載資料乃一摘要，請與基本計劃之產品冊子及建議書一併閱讀。有關此附加保障的詳盡條款及細則請細閱其條款。
- 您可在冷靜期過後要求取消以上保障。您必須於至少 10 日前以書面方式通知本公司取消此保障之意願。有關詳細條款及細則，以及不保事項之詳情，請參閱附加保障之保單條款。

2021 年 2 月

[^] 受保年齡指受保人的下一次生日年齡。

* 請參閱基本計劃之產品冊子內的投保年齡範圍。

[▲] 指當受保人的下一次生日為此年齡的保單周年日。

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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。

特選危疾保障(額外賠償)是由本公司所承保之自選附加保障。

香港上海滙豐銀行有限公司(「滙豐」)乃根據保險業條例(香港法例第 41 章)註冊為本公司於香港特別行政區分銷人壽保險之保險代理機構。此乃本公司之產品而非滙豐之產品，並只擬在香港特別行政區透過滙豐銷售。

對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心的職權範圍)，滙豐須與您進行金融糾紛調解計劃程序；此外，有關涉及您上述保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

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附加保障

早期嚴重疾病保障 (預支保額)

(適用於滙安健危疾保障計劃)

投保資格

- 只要受保人年齡介乎 15 天至 65 歲*, 便可投保此附加保障。

保障範圍

- 若受保人不幸患上以下任何一種受保的早期嚴重疾病，您將可獲一筆過現金賠償(即保障金額)。
- 於每次賠償，保障金額相等於基本計劃保額的 20%。惟受保人於本公司簽發的所有其他的生效中之危疾保單中，同一次「原位癌或初期癌症」及「冠狀血管成形術」作出的賠償限額為港幣 300,000 元 / 37,500 美元。當總已支付賠償(即由本公司支付早期嚴重疾病保障(預支保額)的累積賠償)達基本計劃保額的 100%，保障將自動終止。
- 每項早期嚴重疾病只可獲賠償一次，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。
- 如第一次及第二次的「原位癌或初期癌症」在不同器官發生，就「原位癌或初期癌症」的早期嚴重疾病保障可獲第二次賠償。為免生疑問，若體內某一器官由左及右部份構成(包括但不限於肺或腎)，則該器官的左邊及右邊將被視為一個及相同的器官。
- 受保的早期嚴重疾病包括：

癌症組別
1 原位癌或初期癌症
非癌症組別
心血管系統相關疾病
2 冠狀血管成形術
3 微創進行直接的冠狀動脈搭橋手術
4 早期心肌病
5 腔靜脈過濾器植入
6 心臟起搏器或除顫器植入
7 心包膜切除術
8 心瓣膜疾病的次級創傷性治療
9 繼發性肺動脈高血壓
10 中度嚴重傳染性心內膜炎
神經系統相關疾病
11 中度嚴重亞爾茲默氏病
12 中度嚴重細菌性腦膜炎
13 腦下垂體腫瘤切除手術
14 因腎上腺腺瘤切除腎上腺
15 中度嚴重昏迷

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16 中度嚴重克雅二氏症
17 中度嚴重腦炎
18 中度嚴重腦部損傷
19 腦硬膜下血腫手術
20 早期運動神經元疾病
21 早期多發性硬化
22 中度嚴重肌肉萎縮症
23 中度嚴重重症肌無力症
24 中度嚴重癱瘓
25 中度嚴重柏金遜症
26 中度嚴重小兒麻痺症／脊髓灰質炎
27 頸動脈血管成形術及支架置入術
28 大腦內分流器植入
29 大腦動脈瘤的血管介入治療
30 結核性脊髓炎
主要器官和功能相關疾病
31 急性壞死及出血性胰腺炎
32 中度嚴重克羅恩氏病
33 肝臟手術
34 慢性肺病
35 單肺切除手術
36 膽道重建手術
37 肝炎連肝硬化
38 中度嚴重腎臟疾病
39 主要器官移植(於器官移植輪候冊名單上)
40 單腎切除手術
41 早期系統性硬皮症
42 中度嚴重類風濕關節炎
43 中度嚴重潰瘍性結腸炎
44 中度嚴重系統性紅斑狼瘡
其他疾病相關狀況
45 糖尿病引致的單腳截除
46 糖尿病視網膜病變
47 單眼失明
48 早期象皮病
49 單耳失聰
50 失去一肢
51 周邊動脈疾病的血管介入治療
52 中度嚴重嗜鉻細胞瘤
53 意外引致的臉部燒傷
54 意外引致的中度嚴重身體燒傷
55 意外受傷所需的面容重建手術
56 骨質疏鬆症連骨折(保障期至年齡 ¹ 74歲)

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(續)

兒童嚴重疾病(保障期至年齡 ¹ 18歲)
57 出血性登革熱
58 甲型及乙型血友病
59 川崎病
60 成骨不全症
61 風濕性心瓣疾病
62 嚴重哮喘
63 嚴重腦癇症
64 兒童嚴重類風濕關節炎
65 斯蒂爾病
66 一型糖尿病
67 一型青少年脊髓性肌肉萎縮症
68 威爾遜病

保費供款年期

- 保費供款年期與基本計劃相同，或直至此附加保障終止(以較早者為準)。您應該就整個保費供款年期繳付保費。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)可能會較您已繳付的保費明顯地減少。

保費釐定

- 保費[†]是根據受保人的年齡¹、性別、保障金額、保費供款年期和吸煙習慣而釐定。

不受保項目

- 「早期嚴重疾病」不包括以下情況：
 - 受保人在保單的簽發日期、本保障生效日期或最後一次保單復效的生效日期(以最遲者為準)前已患上的任何疾病；或
 - 受保人在保單的簽發日期、本保障生效日期或最後一次保單復效的生效日期(以最遲者為準)起計 90 日內患上的任何疾病；或
 - 任何人體免疫力缺乏病毒(HIV)或任何與 HIV 有關的疾病，包括後天免疫力缺乏症(即愛滋病)，或任何由此而致的突變、衍化或變異。

保障終止

- 本保障將在以下情況下自動終止(以較早者為準)，而您亦毋須繳付此保障的保費：
 - 當本保單終止、到期、失效或退保(如適用)；或
 - 總已支付賠償等於或多於保單基本計劃保額的 100%(如適用)；或
 - 受保人年齡¹滿 85 歲的保單周年日。

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重要事項

- 必須於受保人發覺患上早期嚴重疾病後 90 日內提出索償。
- 基本計劃的身故賠償、退保價值、基礎嚴重疾病保障和多重嚴重疾病保障將因應本保單下之基本保障及保障的應繳保費將不會減少。
- 支付任何基礎嚴重疾病保障後，此保障將自動終止。
- 早期嚴重疾病保障的保障期於年齡 85 歲[†]終止，部分早期嚴重疾病保障的保障期於年齡 85 歲[†]前終止（詳情請參閱上文有關「保障範圍」一項）。若本附加保障有任何未繳保費，必須於本公司按照本保單支付任何賠償前繳付。
- 若於同一事件中確診超過一項早期嚴重疾病，本公司只支付該同一事件中保障金額最高的一項疾病。
- 通脹風險 — 未來的生活費或會因通脹而比今天的生活費為高，即使本公司履行所有有關合約條款及責任，您由此保單獲發之金額在通脹調整後的實際水平可能相對下降。

2021 年 2 月

* 視乎所選之基本計劃的投保年齡範圍而定。年齡指您的下次生日年齡。

[†] 指當您的下一次生日為此年齡的保單周年日。

† 保費將於保單年期內維持不變。

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所載資料乃一摘要，請與基本計劃之產品冊子及建議書一併閱讀。請細閱保單有關詳盡條款及細則。

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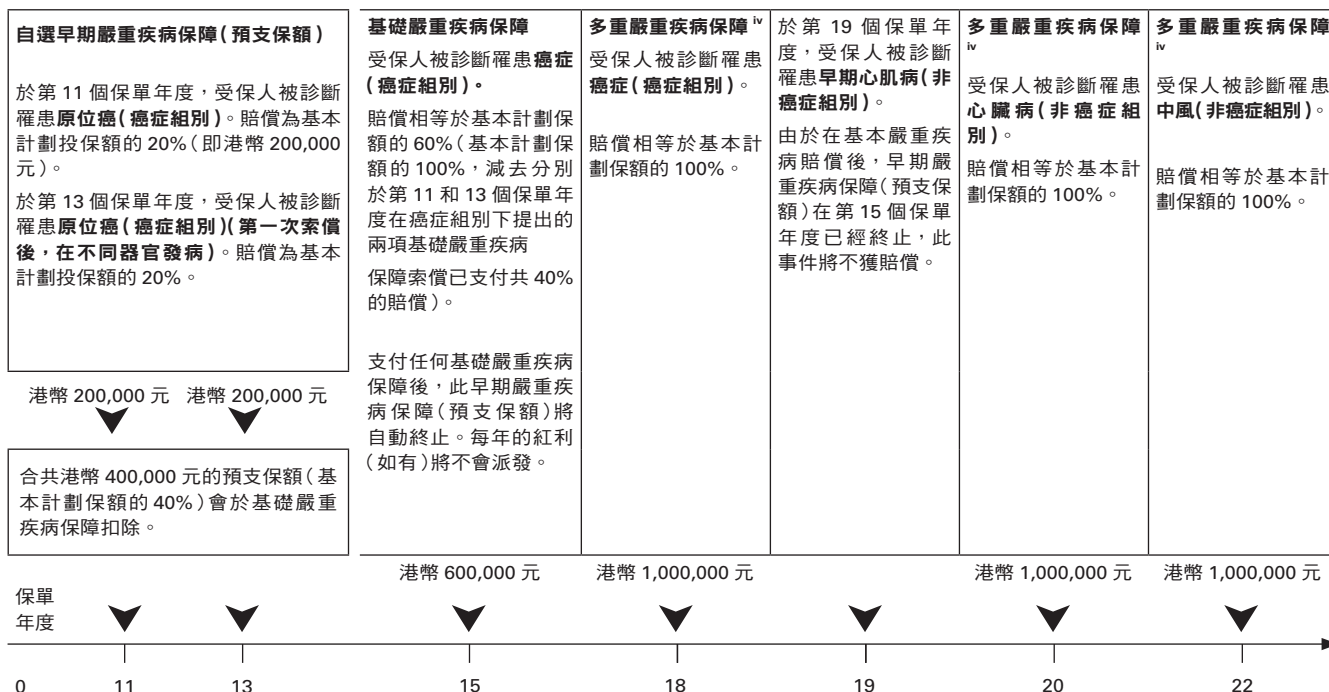


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說明例子 (已投保自選早期嚴重疾病保障 (預支保額))

例子 1

受保人年齡 ⁱ	: 40 歲 (女性, 非吸煙)
基本計劃保額	: 港幣 1,000,000 元
繳付保費期	: 10 年
每年保費 ⁱⁱ	: 港幣 86,160 元
已繳總保費 ⁱⁱ	: 港幣 861,600 元



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例子 2

受保人年齡 ⁱ	: 40 歲 (女性, 非吸煙)
基本計劃保額	: 港幣 2,000,000 元
繳付保費期	: 10 年
每年保費 ⁱⁱⁱ	: 港幣 172,320 元
已繳總保費 ⁱⁱⁱ	: 港幣 1,723,200 元

自選早期嚴重疾病保障 (預支保額)

於第 13 個保單年度, 受保人被診斷罹患**原位癌 (癌症組別)**。

保障金額相等於基本計劃保額的 20% (即港幣 400,000 元), 惟**原位癌 (癌症組別)**作出的最高總賠償為港幣 300,000 元。

因此, 賠償為港幣 300,000 元。

港幣 300,000 元

合共港幣 300,000 元的預支保額會於基礎嚴重疾病保障扣除。

自選早期嚴重疾病保障 (預支保額)

於第 18 個保單年度, 受保人被診斷罹患**早期心肌病 (非癌症組別)**。

賠償為基本計劃投保額的 20%。

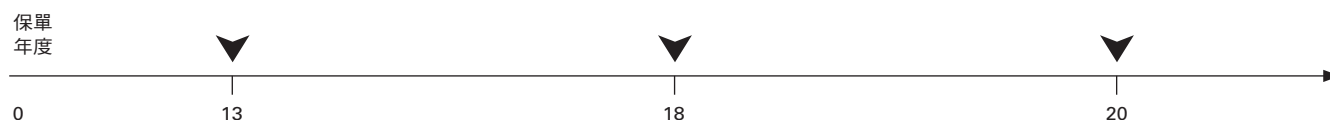
港幣 400,000 元

港幣 400,000 元預支保額會於基礎嚴重疾病保障扣除。

自選早期嚴重疾病保障 (預支保額)

於第 20 個保單年度, 受保人再次被診斷罹患**早期心肌病 (非癌症組別)**。

然而, 此事件將不獲賠償, 因為每項早期嚴重疾病只可獲賠償一次, 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。



例註：

- i 年齡指您的下一次生日年齡。
- ii 已包括自選早期嚴重疾病保障 (預支保額) 的額外保費 (每年保費：港幣 4,580 元)。
- iii 已包括自選早期嚴重疾病保障 (預支保額) 的額外保費 (每年保費：港幣 9,160 元)。
- iv 若受保人經由註冊醫生診斷證明患上任何一項嚴重疾病, 並符合有關嚴重疾病保障索償之等候期, 本公司將支付閣下多重嚴重疾病保障, 其數額相等於：
 - (i) 如屬兩個疾病組別的首次嚴重疾病索償, 保額的 100%, 扣減相關疾病組別屬於早期嚴重疾病保障 (若本保單曾作出早期嚴重疾病保障 (如已選擇) 賠償而有關數額未有在作出基礎嚴重疾病保障賠償時扣減) 的已支付之賠償額 (如有); 或
 - (ii) 如屬其他情況, 保額的 100%。

說明例子僅供參考。請參閱基本計劃的產品冊子的其他說明例子。

詳情請參閱保單條款及細則。

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附加保障

女性保障

投保資格

- 若受保人是女性及受保年齡[▲]是在基本計劃*的投保年齡範圍內及介乎 19 至 60 歲，您便可繳付額外保費以投保此附加保障。

保障範圍

- 此保障提供下表所示的婦科疾病、妊娠併發症及先天性異常疾病的保障。
- 婦科疾病保障包括原位癌及系統性紅斑狼瘡。
- 妊娠併發症保障包括懷孕期間常見的併發症。
- 先天性異常疾病保障包括受保人子女患有一些常見的嬰兒先天性疾病，如唐氏綜合症。
- 此保障的每一保障類別保障金額為基本計劃保額的 25%，而最高可達港幣 240,000 元 / 30,000 美元。
- 保單保額不會因支付此附加保障的賠償而減少。

保障類別	受保疾病
婦科疾病保障 (保障期至受保人年滿 65 歲 [▲])	<ul style="list-style-type: none"> 原位癌(乳房、子宮頸、陰道、卵巢、輸卵管或子宮) 系統性紅斑狼瘡之狼瘡腎炎
妊娠併發症保障 (保障期至受保人年滿 45 歲 [▲])	<ul style="list-style-type: none"> 瀰漫性血管內凝血症 絨毛膜癌及葡萄胎 宮外孕
先天性異常疾病保障 (保障期至受保人年滿 45 歲 [▲])	<ul style="list-style-type: none"> 唐氏綜合症 脊柱裂 法樂氏四聯症 肛門直腸閉鎖 食道氣管漏 / 食道閉鎖 動脈導管未閉 顎裂或顎裂及唇裂 先天性欠兩肢 主要血管移位 先天性腦積水 肌肉營養不良症 新生嬰兒夭折

保費供款年期

- 保費供款年期直至受保人年滿 65 歲[▲]。您應該就整個保費供款年期繳付保費。任何延誤或漏繳到期保費可能會導致保單失效，您可收回的金額(如有)可能會較您已繳付的保費明顯地減少。

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保費釐定

- 保費是根據受保人的受保年齡[^]及保障金額而釐定。
- 保費或於任何一個保單周年日根據受保人的受保年齡[^]遞增。本公司將會在保費調整生效前以不少於 30 日之書面形式通知保單持有人。

不保事項

- (1)「婦科疾病」不包括：
 - (i) 受保人在保單簽發日期或此保障之生效日期或最後保單復效日期（以較遲者為準）前已患上的疾病；或
 - (ii) 受保人在保單簽發日期或此保障之生效日期或最後保單復效日期（以較遲者為準）起計 60 日內患上的疾病；或
 - (iii) 任何人體免疫力缺乏病毒 (HIV) 或任何與 HIV 有關的疾病，包括後天免疫力缺乏症（即愛滋病），或其任何突變、衍化或變異。
- (2) 在保單簽發日期或此保障的生效日期或保單復效日（以較遲者為準）後的 300 日內診斷證實的「妊娠併發症」或「先天性異常疾病」，將不會獲得任何賠償。
- (3) 有關不育之治療（包括試管內授精）所引致的「妊娠併發症」或「先天性異常疾病」，將不會獲得任何賠償。
- (4) 若受保人在首次診斷證實患上「婦科疾病」後 30 日內死亡，將不會獲得任何賠償。
- (5) 若受保人在首次診斷證實患上「妊娠併發症」後 30 日內死亡，將不會獲得任何賠償。
- (6) 若「子女」於出生 30 日內死亡（新生嬰兒夭折除外），將不會獲得任何賠償。
- (7) 在不論神智是否清醒的情況下企圖自殺或蓄意感染的疾病或自我傷殘，將不會獲得任何賠償。
- (8) 蓄意濫用藥物、毒藥及／或酒精，將不會獲得任何賠償。

保障終止

- 此保障將在以下情況下自動終止（以較早者為準），而您亦毋須繳付此保障的保費：
 - (1) 當保單終止、失效、或（如適用）到期、退保、轉作減額清繳保險或轉作展期壽險；
 - (2) 本公司已就「女性保障」三個保障類別各支付 100 % 保障金額；及
 - (3) 受保人受保年齡[^]滿 65 歲的保單周年日。

(轉下頁)



(續)

重要事項

- 必須於受保人被診斷證實患上「婦科疾病」、「妊娠併發症」或其子女被診斷證實患上「先天性異常疾病」當日起計 90 日內提出索償。
- 就「女性保障」的每個保障類別只可各自支付一次。
- 受保人不會受保於超過一份由本公司簽發的「女性保障」。
- 投保「女性保障」時，必須連同「嚴重疾病保障」一併申請。
- 本公司亦可在不少於 30 日前，以書面通知您中斷本保障。
- 通脹風險 — 由於通貨膨脹，將來的生活費用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，您將來從保單收取的實際金額可能較低。
- 保費調整風險 — 保費或於任何一個保單周年日作出調整。於保費調整時，保費率的任何調整是根據多種因素，包括但不限於實際索償經驗，未來索償經驗之展望，已支出的開支等而作出。本公司將會在保費調整生效前以不少於 30 日之書面形式通知保單持有人。
- 所載資料乃一摘要，請與基本計劃之產品冊子及建議書一併閱讀。有關此附加保障的詳盡條款及細則請細閱其條款。

2021 年 2 月

- ^ 受保年齡指受保人的下一次生日年齡。
- * 請參閱基本計劃之產品冊子內的投保年齡範圍。
- ▲ 指當受保人的下一次生日為此年齡的保單周年日。

HSBC Life (International) Limited 滙豐人壽保險(國際)有限公司(「本公司」)是註冊成立於百慕達之有限公司。本公司為滙豐集團旗下從事保險業務的附屬公司之一。

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。

女性保障是由本公司所承保之自選附加保障。

香港上海滙豐銀行有限公司(「滙豐」)乃根據保險業條例(香港法例第 41 章)註冊為本公司於香港特別行政區分銷人壽保險之保險代理機構。此乃本公司之產品而非滙豐之產品，並只擬在香港特別行政區透過滙豐銷售。

對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心的職權範圍)，滙豐須與您進行金融糾紛調解計劃程序；此外，有關涉及您上述保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

(轉下頁)



附加保障**住院現金保障****投保資格**

- 若受保人的受保年齡[^]是在基本計劃^{*}的投保年齡範圍內及介乎 19 至 60 歲，便可繳付額外保費以投保此附加保障。

保障範圍

- 如受保人入住醫院超過 24 小時，您可獲得每日住院現金。
- 每次受保人住院您將可獲得最多長達 730 日的每日住院現金。
- 若受保人需入住深切治療病房，或在海外因意外或緊急入院，您將可獲得雙倍每日住院現金。若受保人在中國內地入院，您則可獲得每日住院現金的 50%。
- 保障期至受保人年滿 65 歲[^]。
- 您可選擇以下其中一項計劃：

	計劃 A	計劃 B
每日住院現金	港幣 800 元 / 100 美元	港幣 1,600 元 / 200 美元
深切治療	每日住院現金的 200%	
香港及中國內地以外因意外或緊急入院	每日住院現金的 200%	
中國內地住院	每日住院現金的 50%	
每次住院最高賠償日數	730 日	

保費供款年期

- 保費供款年期直至受保人年滿 65[^] 歲。您應該就整個保費供款年期繳付保費。任何延誤或漏繳到期保費可能會導致保單失效，您可收回的金額（如有）可能會較您已繳付的保費明顯地減少。

保費釐定

- 保費是根據受保人的受保年齡[^]及所選的計劃類別而釐定。
- 保費於每個保單周年日隨受保人的受保年齡[^]遞增。本公司將會在保費調整生效前以不少於 30 日之書面形式通知保單持有人。

(轉下頁)



(續)

不保事項

- 本公司毋須就下列各項負責及支付任何賠償：
 - (1) 美容或整容外科手術、牙科或口腔外科護理及治療（在醫院手術室內處於全身麻醉的情況下進行者除外）、眼睛折射能力、視力測驗或配眼鏡或助聽器，外科、機械性或化學避孕方法，或不育治療或體外受精，或男性或女性的絕育。
 - (2) 先天缺陷、已存在的病狀及一些在保單簽發日期、本保障之生效日期或最後保單復效日（以較遲者為準）之後首六個月或首年內（視情況而定）出現的傷病⁺。
 - (3) 直接或間接因與人體免疫力缺乏病毒有關的傷病而引致的費用，包括後天免疫力缺乏症（愛滋病）及／或因愛滋病而產生的任何突變、衍化或變異，並因在本保障生效日之前感染人體免疫力缺乏病毒而病發。就本不受保項目而言，若本保障生效日後五年內出現與人體免疫力缺乏病毒有關的傷病，在沒有明確和具說服力的相反證據之情況下，將不可推翻地推定為因在本保障生效日之前感染人體免疫力缺乏病毒而病發。
 - (4) 懷孕、分娩（包括診斷懷孕的測驗及外科手術分娩）、流產、墮胎，以及產前或產後護理。
 - (5) 例行或一般檢查或例行驗血、健康檢查、與受保傷病的治療或診斷無關的檢查或化驗、為免疫或檢疫而接受的接種、藥物或防疫注射。
 - (6) 直接或間接源自以下各項的治療：精神病、老人護理、老人心理病或老人精神病，包括但不限於精神變態、神經官能症、抑鬱症、焦慮、厭食症、飢餓症、精神分裂及其他行為失常。
 - (7) 直接或間接因下列各項而引致的受傷、病痛、不適或疾病：
 - (a) 吸毒、性病、酗酒或蓄意濫用藥物或酒精、企圖自殺或故意自傷身體或參與非法活動。
 - (b) 高風險職業或活動，包括但不限於以下各項：
 - (i) 海陸空軍服務或行動；
 - (ii) 深海潛水、攀山、飛行、跳傘、水上降傘、危險技巧或特技、洞穴探險、賽車或賽馬，或任何危險或帶有污染物質的工作或活動。
 - (c) 戰爭或任何戰事（不論宣戰與否）、侵略、外敵行動、敵對行動（不論宣戰與否）、內戰、叛亂、革命、起義或軍事政變或奪權，或恐怖主義行動。
 - (8) 在任何原故或實際上已成為居籍或永久居留地的場所居住和接受護理服務所引致的費用。
 - (9) 主要因接受診斷掃描、X光檢查、物理治療、療養、復康、休養或長期護理而住院。

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(續)

保障終止

- 本保障將在以下情況下自動終止(以較早者為準),而您亦毋須繳付本保障的保費:
 - (1) 當保單終止、失效、或(如適用)到期、退保、轉作減額清繳保險或轉作展期壽險;及
 - (2) 受保人受保年齡[^]滿 65 歲的保單周年日。

重要事項

- 必須在治療完結後 60 日內提出索償。
- 受保人不會受保於超過一份由本公司簽發的「住院現金保障」。
- 本公司不會根據本保障支付任何賠償予暫時或長期身在香港特別行政區以外國家的受保人,但暫時居留不超過 90 日,以及病況或治療乃完全由於在外國發生的意外或緊急情況者除外。
- 本公司可在不少於 30 日前,以書面通知您中斷本保障。
- 通脹風險 — 由於通貨膨脹,將來的生活費用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,您將來從保單收取的實際金額可能較低。
- 保費調整風險 — 保費或於任何一個保單周年日作出調整。於保費調整時,保費率的任何調整是根據多種因素,包括但不限於實際索償經驗,未來索償經驗之展望,已支出的開支等而作出。本公司將會在保費調整生效前以不少於 30 日之書面形式通知保單持有人。
- 所載資料乃一摘要,請與基本計劃之產品冊子及建議書一併閱讀。有關此附加保障的詳盡條款及細則請細閱其條款。

2021 年 2 月

[^] 受保年齡指受保人的下一次生日年齡。

* 請參閱基本計劃之產品冊子內的投保年齡範圍。

[▲] 指當受保人的下一次生日為此年齡的保單周年日。

[†] 就該些傷病之詳情,請參閱此附加保障的保單條款。

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附加保障

嚴重疾病保障 (預支保額) (適用於駿富保障萬用壽險計劃)

投保資格

- 若受保人的受保年齡[^]是在基本計劃^{*}的投保年齡範圍內及介乎出生後 15 日起至 65 歲，便可繳付額外保費以投保此附加保障。

保障範圍

- 若受保人不幸患上下表所指的任何一種嚴重疾病，您將可獲預支基本計劃的身故賠償的 100%。在本公司支付身故賠償後，您的保單將會被終止[‡]。
- 保障期直至受保人的年滿 99 歲[^]，下表另有指明者除外。
- 於此保障受保的嚴重疾病包括：

1 亞爾茲默氏病	31 失聰
2 糖尿病引致的雙腳截除	32 不能獨立生活 (覆蓋受保年齡 [^] 由 18 歲的保單周年日後至 74 歲的保單周年日前)
3 腦皮質壞死	33 喪失肢體
4 再生障礙性貧血	34 失去一肢和一隻眼睛
5 細菌性腦膜炎	35 喪失語言能力
6 良性腦腫瘤	36 嚴重頭部創傷
7 失明	37 主要器官移植
8 腦外科手術	38 囊腫性腎髓病
9 癌症	39 運動神經原疾病
10 心肌病	40 多發性硬化症
11 慢性腎上腺功能不足 (愛迪生氏病)	41 肌肉萎縮症
12 復發性慢性胰臟炎	42 重症肌無力症
13 昏迷	43 骨髓纖維化
14 冠狀動脈搭橋手術	44 壞死性筋膜炎
15 克雅二氏病	45 其他嚴重冠狀動脈疾病
16 克羅恩氏病	46 癱瘓
17 分割性主動脈瘤	47 柏金遜症
18 伊波拉	48 嗜鉻細胞瘤
19 艾森門格氏症狀	49 小兒麻痺症 / 脊髓灰質炎
20 象皮病	50 原發性肺動脈血壓高
21 腦炎	51 進行性硬皮病
22 末期肝衰竭	52 進行性核上性麻痺
23 末期肺病	53 嚴重類風濕關節炎
24 暴發型肝炎	54 嚴重潰瘍性結腸炎
25 心臟病	55 中風
26 心臟瓣膜手術	56 主動脈手術
27 偏癱	57 系統性紅斑狼瘡引致狼瘡性腎炎
28 因輸血之手術和職業感染後天免疫力缺乏病毒	58 末期疾病 (由受保年齡 [^] 達 65 歲的保單周年日開始覆蓋)
29 傳染性心內膜炎	59 第三級燒傷
30 不可治癒的腎衰竭	60 結核腦膜炎

(轉下頁)



(續)

保費供款年期

- 保費供款年期與基本計劃相同。您應該就整個保費供款年期繳付保費。任何延誤或漏繳到期保費可能會導致保單失效，您可收回的金額(如有)可能會較您已繳付的保費明顯地減少。

保費釐定

- 保費在整個保費期是根據受保人投保時的受保年齡[^]及性別、基本計劃的投保額和受保人的吸煙習慣而釐定。此保障的保費將在扣除保單保費費用後被計算入基本計劃的戶口價值。

各項費用

- 此保障的保費將會在扣除保單保費費用後被計算入保單的戶口價值。
- 此保障的每月保險費用(由本公司不時釐定)是通過扣除本保單的戶口價值支付，以提供本保障。

有關此保障下之費用詳情，請細閱相關基本計劃的產品冊子及此保障的條款。

不保事項

- 「嚴重疾病」不包括以下情況：
 - (1) 受保人在保單簽發日期、此保障之生效日期、最後一次保單復效的生效日期或最後一次更改受保人的生效日期(以較遲者為準)前已患上的疾病；或
 - (2) 受保人在保單簽發日期、此保障之生效日期、最後一次保單復效的生效日期或最後一次更改受保人的生效日期(以較遲者為準)起計 60 日內患上的疾病，因意外產生的疾病除外；或
 - (3) 任何人體免疫力缺乏病毒(HIV)或任何與 HIV 有關的疾病，包括後天免疫力缺乏症(即愛滋病)，或任何由此而致的突變、衍化或變異。(不適用於「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)。

保障終止

- 此保障將在以下情況下自動終止(以較早者為準)，而您亦毋須繳付此保障的保費：
 - (1) 當保單終止、失效、或(如適用)到期、退保、轉作減額清繳保險或轉作展期壽險；及
 - (2) 本公司已支付本嚴重疾病保障(預支保額)賠償。

(轉下頁)



(續)

重要事項

- 必須於發覺受保人患上其中一種嚴重疾病後 90 日內提出索償。
- 若受保人在中國內地經診斷證實患上其中一種嚴重疾病，必須遞交本公司認可及由指定中國內地醫院[#]提供的醫療證明文件。
- 在本公司支付此附加保障後，保單以及所有附加保障(如有)將會終止。
- 通脹風險 — 由於通貨膨脹，將來的生活費用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，您將來從保單收取的實際金額可能較低。
- 保費調整風險 — 保費或於任何一個保單周年日作出調整。於保費調整時，保費率的任何調整是根據多種因素，包括但不限於實際索償經驗，未來索償經驗之展望，已支出的開支等而作出。本公司將會在保費調整生效前以不少於 30 日之書面形式通知保單持有人。
- 所載資料乃一摘要，請與基本計劃之產品冊子及建議書一併閱讀。有關此附加保障的詳盡條款及細則請細閱其條款。
- 您可在冷靜期過後要求取消以上保障。您必須於至少 10 日前以書面方式通知本公司取消此保障之意願。有關詳細條款及細則，以及不保事項之詳情，請參閱附加保障之保單條款。

2021 年 2 月

[^] 受保年齡指受保人的下一次生日年齡。

^{*} 請參閱基本計劃之產品冊子內的投保年齡範圍。

[†] 有關受保嚴重疾病，不受保事項的定義詳情及有關本保障的賠償條件，請參閱嚴重疾病保障(預支保額)條款。

[▲] 指當受保人的下一次生日為此年齡的保單周年日。

[#] 有關「嚴重疾病保障 — 指定中國內地醫院名單」，請瀏覽 www.hsbc.com.hk (滙豐首頁 > 保險 > 下載表格及文件 > 人壽保險) 或致電滙豐保險服務熱線 (852) 2583 8000。請注意本公司會不時更新此醫院名單而不需另行通知。

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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。

嚴重疾病保障(預支保額)是由本公司所承保之自選附加保障。

香港上海滙豐銀行有限公司(「滙豐」)乃根據保險業條例(香港法例第 41 章)註冊為本公司於香港特別行政區分銷人壽保險之保險代理機構。此乃本公司之產品而非滙豐之產品，並只擬在香港特別行政區透過滙豐銷售。

對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心的職權範圍)，滙豐須與您進行金融糾紛調解計劃程序；此外，有關涉及您上述保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

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附加保障

嚴重疾病保障

(適用於中國內地受保人)

投保資格

- 若受保人的受保年齡[^]是在基本計劃*的投保年齡範圍內及介乎 19 至 60 歲，便可繳付額外保費以投保此附加保障。

保障範圍

- 若受保人不幸患上以下任何一種嚴重疾病，您將可獲賠償(即保障金額)。
- 您可選擇「額外賠償」或「預支保額」的賠償方式。根據「額外賠償」方式，保單保額於支付賠償後將維持不變；若選擇「預支保額」方式，保單的保額於支付賠償後相應遞減。

	額外賠償	預支保額
支付保障金額後	保單保額維持不變。	保單保額相應遞減。保證現金價值及保費亦將根據保單保額減額後遞減。
保障期至	受保人年滿 65 歲 [▲] 或基本計劃之保障期完結時，以較早者為準。	受保人年滿 99 歲 [▲] 或基本計劃之保障期完結時，以較早者為準。

- 常見的嚴重疾病包括突發性心臟病、中風、癌症和末期疾病。
- 於此保障受保的嚴重疾病包括：

1 突發性心臟病	19 運動神經疾病
2 冠狀動脈搭橋移植手術	20 肌肉營養不良症
3 中風	21 心瓣置換
4 癌症	22 主動脈手術
5 腎衰竭	23 暴發的病毒性肝炎
6 截癱／癱瘓	24 肺動脈高血壓
7 主要器官移植	25 慢性肝病
8 失明	26 末期疾病
9 失聰	27 細菌感染腦膜炎
10 喪失語言能力	28 嚴重燒傷
11 喪失肢體	29 腦炎
12 昏迷	30 再生障礙性貧血
13 良性腦腫瘤	31 心肌疾病
14 腦部損傷	32 喪失獨立生活能力
15 脊髓灰質炎	33 嚴重類風濕性關節炎
16 多發性硬化	34 植物人
17 柏金遜症	35 植物性狀況(持續性)
18 阿耳滋海默氏症	

(轉下頁)



(續)

保費供款年期

- 「額外賠償」的保費供款年期直至受保人年滿 65 歲^{▲†}。「預支保額」的保費供款年期直至受保人年滿 99 歲^{▲†}。您應該就整個保費供款年期繳付保費。任何延誤或漏繳到期保費可能會導致保單失效，您可收回的金額(如有)可能會較您已繳付的保費明顯地減少。

保費釐定

- 保費是根據受保人的受保年齡[^]及性別、保障金額和受保人的吸煙習慣而釐定。若此保障附加在定期壽險計劃內，保費將於受保人在基本計劃續保／保費調整時根據當時的受保年齡[^]增加。

不保事項

- 「嚴重疾病」不包括以下情況：
 - (1) 受保人在保單簽發日期或此保障之生效日期或最後保單復效日期(以較遲者為準)前已患上的疾病；或
 - (2) 受保人在保單簽發日期或此保障之生效日期或最後保單復效日期(以較遲者為準)起計 60 日內患上的疾病；或
 - (3) 任何人體免疫力缺乏病毒 (HIV) 或任何與 HIV 有關的疾病，包括後天免疫力缺乏症(即愛滋病)，或任何由此而致的突變、衍化或變異。

保障終止

- 此保障將在以下情況下自動終止(以較早者為準)，而您亦毋須繳付此保障的保費：
 - (1) 當保單終止、失效、或(如適用)到期、退保、轉作減額清繳保險或轉作展期壽險；
 - (2) 本公司已支付此嚴重疾病保障的保障金額；及
 - (3) 受保人受保年齡[^]滿 65 歲的保單周年日。(只適用於額外賠償)

(轉下頁)



(續)

重要事項

- 必須於發覺受保人患上其中一種嚴重疾病後 90 日內提出索償。
- 若受保人在中國內地經診斷證實患上其中一種嚴重疾病，必須遞交本公司認可及由指定中國內地醫院 # 提供的醫療證明文件。
- 就預支保額的賠償方式而言，您可選擇相等於基本計劃保額 50% 的保障金額。
- 就額外賠償的賠償方式而言，您可選擇高達基本計劃保額 50% 的保障金額。
- 如購買多份嚴重疾病保障 (包括額外賠償及預支保額)，每一位受保人就嚴重疾病保障可得的最高賠償額為港幣 2,000,000 元 / 250,000 美元。
- 通脹風險 — 由於通貨膨脹，將來的生活費用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，您將來從保單收取的實際金額可能較低。
- 保費調整風險 — 保費或於任何一個保單周年日作出調整。於保費調整時，保費率的任何調整是根據多種因素，包括但不限於實際索償經驗，未來索償經驗之展望，已支出的開支等而作出。本公司將會在保費調整生效前以不少於 30 日之書面形式通知保單持有人。
- 所載資料乃一摘要，請與基本計劃之產品冊子及建議書一併閱讀。有關此附加保障的詳盡條款及細則請細閱其條款。
- 您可在冷靜期過後要求取消以上保障。您必須於至少 10 日前以書面方式通知本公司取消此保障之意願。有關詳細條款及細則，以及不保事項之詳情，請參閱附加保障之保單條款。

2021 年 2 月

[^] 受保年齡指受保人的下一次生日年齡。

* 請參閱基本計劃之產品冊子內的投保年齡範圍。

[▲] 指當受保人的下一次生日為此年齡的保單周年日。

[†] 受制於此保障所屬的基本計劃的保障期。

[#] 有關「嚴重疾病保障 — 指定中國內地醫院名單」，請瀏覽 www.hsbc.com.hk (滙豐首頁 > 保險 > 下載表格及文件 > 人壽保險) 或致電滙豐保險服務熱線 (852) 2583 8000。請注意本公司會不時更新此醫院名單而不需另行通知。

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附加保障

嚴重疾病保障

投保資格

- 若受保人的受保年齡[^]是在基本計劃*的投保年齡範圍內及介乎19至60歲。便可繳付額外保費以投保此附加保障。

保障範圍

- 若受保人不幸患上以下任何一種嚴重疾病，您將可獲賠償(即保障金額)。
- 您可選擇「額外賠償」或「預支保額」的賠償方式。根據「額外賠償」方式，保單保額於支付賠償後將維持不變；若選擇「預支保額」方式，保單的保額於支付賠償後相應遞減。

	額外賠償	預支保額
支付保障金額後	保單保額維持不變。	保單保額相應遞減。保證現金價值及保費亦將根據保單保額減額後遞減。
保障期至	受保人年滿65歲 [▲] 或基本計劃之保障期完結時，以較早者為準。	受保人年滿99歲 [▲] 或基本計劃之保障期完結時，以較早者為準。

- 常見的嚴重疾病包括突發性心臟病、中風、癌症和末期疾病。
- 於此保障受保的嚴重疾病包括：

1 突發性心臟病	19 運動神經疾病
2 冠狀動脈搭橋移植手術	20 肌肉營養不良症
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5 腎衰竭	23 暴發的病毒性肝炎
6 截癱／癱瘓	24 肺動脈高血壓
7 主要器官移植	25 慢性肝病
8 失明	26 末期疾病
9 失聰	27 細菌感染腦膜炎
10 喪失語言能力	28 嚴重燒傷
11 喪失肢體	29 腦炎
12 昏迷	30 再生障礙性貧血
13 良性腦腫瘤	31 心肌疾病
14 腦部損傷	32 喪失獨立生活能力
15 脊髓灰質炎	33 嚴重類風濕性關節炎
16 多發性硬化	34 植物人
17 帕金森症	35 植物性狀況(持續性)
18 阿耳滋海默氏症	

(轉下頁)



(續)

保費供款年期

- 「額外賠償」的保費供款年期直至受保人年滿 65 歲^{▲†}。「預支保額」的保費供款年期直至受保人年滿 99 歲^{▲†}。您應該就整個保費供款年期繳付保費。任何延誤或漏繳到期保費可能會導致保單失效，您可收回的金額（如有）可能會較您已繳付的保費明顯地減少。

保費釐定

- 保費在整個保費期是根據受保人投保時的受保年齡[▲]及性別、保障金額和受保人的吸煙習慣而釐定。若此保障附加在定期壽險計劃內，保費將於受保人在基本計劃續保／保費調整時根據當時的受保年齡[▲]增加。

不保事項

- 「嚴重疾病」不包括以下情況：
 - (1) 受保人在保單簽發日期或此保障之生效日期或最後保單復效日期（以較遲者為準）前已患上的疾病；或
 - (2) 受保人在保單簽發日期或此保障之生效日期或最後保單復效日期（以較遲者為準）起計 60 日內患上的疾病；或
 - (3) 任何人體免疫力缺乏病毒 (HIV) 或任何與 HIV 有關的疾病，包括後天免疫力缺乏症（即愛滋病），或任何由此而致的突變、衍化或變異。

保障終止

- 此保障將在以下情況下自動終止（以較早者為準），而您亦毋須繳付此保障的保費：
 - (1) 當保單終止、失效、或（如適用）到期、退保、轉作減額清繳保險或轉作展期壽險；
 - (2) 本公司已支付此嚴重疾病保障的保障金額；及
 - (3) 受保人受保年齡[▲]滿 65 歲的保單周年日。（只適用於額外賠償）

(轉下頁)



(續)

重要事項

- 必須於發覺受保人患上其中一種嚴重疾病後 90 日內提出索償。
- 若受保人在中國內地經診斷證實患上其中一種嚴重疾病，必須遞交本公司認可及由指定中國內地醫院[#]提供的醫療證明文件。
- 就預支保額的賠償方式而言，您可選擇相等於基本計劃保額 50% 至 100% 的保障金額。保單於預支基本計劃 100% 保額後，此保障所屬之保單隨即終止。
- 就額外賠償的賠償方式而言，您可選擇高達基本計劃保額 100% 的保障金額。
- 如購買多份嚴重疾病保障（包括額外賠償及預支保額），每一位受保人就嚴重疾病保障可得的最高賠償額為港幣 6,000,000 元 / 750,000 美元。
- 通脹風險 — 由於通貨膨脹，將來的生活費用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，您將來從保單收取的實際金額可能較低。
- 保費調整風險 — 保費或於任何一個保單周年日作出調整。於保費調整時，保費率的任何調整是根據多種因素，包括但不限於實際索償經驗，未來索償經驗之展望，已支出的開支等而作出。本公司將會在保費調整生效前以不少於 30 日之書面形式通知保單持有人。
- 所載資料乃一摘要，請與基本計劃之產品冊子及建議書一併閱讀。有關此附加保障的詳盡條款及細則請細閱其條款。
- 您可在冷靜期過後要求取消以上保障。您必須於至少 10 日前以書面方式通知本公司取消此保障之意願。有關詳細條款及細則，以及不保事項之詳情，請參閱附加保障之保單條款。

2021 年 2 月

[^] 受保年齡指受保人的下一次生日年齡。

^{*} 請參閱基本計劃之產品冊子內的投保年齡範圍。

[▲] 指當受保人的下一次生日為此年齡的保單周年日。

[†] 受制於此保障所屬的基本計劃的保障期。

[#] 有關「嚴重疾病保障 — 指定中國內地醫院名單」，請瀏覽 www.hsbc.com.hk (滙豐首頁 > 保險 > 下載表格及文件 > 人壽保險) 或致電滙豐保險服務熱線 (852) 2583 8000。請注意本公司會不時更新此醫院名單而不需另行通知。

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附加保障

完全及永久傷殘保障

投保資格

- 若受保人的受保年齡[^]是在基本計劃^{*}的投保年齡範圍內及介乎 19 至 60 歲，便可繳付額外保費以投保此附加保障。

保障範圍

- 假如受保人不幸傷殘超過 183 日，而此後無法從事任何賺取薪酬的工作，您將可獲得賠償。
- 在支付任何此保障的保障金額後，保單保額將相應減少。保證現金價值及保費亦將根據保單保額減額後相應遞減。
- 若此保障附加在樂安居供樓保障計劃內，其保障金額將等於樂安居供樓保障計劃之保額。該保額會每月更改，因此，此保障的保障金額亦會隨之更改。
- 保障期直至受保人年滿 65 歲[▲]。

保費供款年期

- 保費供款年期直至受保人年滿 65 歲[▲]。您應該就整個保費供款年期繳付保費。任何延誤或漏繳到期保費可能會導致保單失效，您可收回的金額（如有）可能會較您已繳付的保費明顯地減少。

保費釐定

- 保費是根據受保人的受保年齡[^]及性別、保障金額和受保人的吸煙習慣而釐定。若此保障附加在定期壽險計劃內，保費將於受保人在基本計劃續保／保費調整時根據當時的受保年齡[^]增加。否則，保費一經釐定將於整個保費供款年期內維持不變。

不保事項

- 若此保障乃直接或間接因下列任何情況引致，本公司將不會支付賠償：
 - (1) 受保人在保單簽發日期或此保障之生效日期或最後保單復效日期（以較遲者為準）前已患上的疾病；
 - (2) 蓄意自殘；
 - (3) 神經失常或患有精神虛弱或精神病；
 - (4) 觸犯或企圖觸犯刑事罪行；
 - (5) 意外或非意外地服用或吸食任何毒品、藥物、鎮靜劑或毒藥，惟遵照註冊醫生處方者除外；
 - (6) 參與危險性運動（包括必須使用繩子或嚮導的爬山活動、地底岩洞探險、跳傘、徒手潛水或其他水下活動、冬季運動、任何運用足部以外的競賽、越野賽跑或打馬球），已於投保申請書中列明者除外；
 - (7) 如受保人進入、操作、服務或乘搭於任何設計於地球大氣層之內或外飛行之航運工具，或受保人脫離該航運工具而上升或下降，但受保人以乘客或機艙服務員之身分乘搭商業航空公司經營之固定航線除外。

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保障終止

- 此保障將在以下情況下自動終止(以較早者為準)，而您亦毋須繳付此保障的保費：
 - (1) 當保單終止、失效、或(如適用)到期、退保、轉作減額清繳保險或轉作展期壽險；
 - (2) 本公司已支付此完全及永久傷殘保障的保障金額；及
 - (3) 受保人受保年齡[^]滿 65 歲的保單周年日。

重要事項

- 必須於受保人知悉其完全及永久傷殘後的 90 日內提出索償。
- 若就此附加保障支付基本計劃的 100% 保額，此保障所屬的保單隨即終止。
- 就有關完全及永久傷殘保障而言，每一位受保人可得的最高賠償為港幣 24,000,000 元 / 3,000,000 美元。
- 通脹風險 — 由於通貨膨脹，將來的生活費用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，您將來從保單收取的實際金額可能較低。
- 所載資料乃一摘要，請與基本計劃之產品冊子及建議書一併閱讀。有關此附加保障的詳盡條款及細則請細閱其條款。

2021 年 2 月

[^] 受保年齡指受保人的下一次生日年齡。

* 請參閱基本計劃之產品冊子內的投保年齡範圍。

[▲] 指當受保人的下一次生日為此年齡的保單周年日。

HSBC Life (International) Limited 滙豐人壽保險(國際)有限公司(「本公司」)是註冊成立於百慕達之有限公司。本公司為滙豐集團旗下從事保險業務的附屬公司之一。

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。

完全及永久傷殘保障是由本公司所承保之自選附加保障。

香港上海滙豐銀行有限公司(「滙豐」)乃根據保險業條例(香港法例第 41 章)註冊為本公司於香港特別行政區分銷人壽保險之保險代理機構。此乃本公司之產品而非滙豐之產品，並只擬在香港特別行政區透過滙豐銷售。

對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心的職權範圍)，滙豐須與您進行金融糾紛調解計劃程序；此外，有關涉及您上述保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

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附加保障

傷殘豁免保費保障

投保資格

- 若受保人持有香港或澳門身份證及受保年齡[^]是在基本計劃^{*}的投保年齡範圍內及介乎 19 至 60 歲，便可繳付額外保費以投保此附加保障。

保障範圍

- 若受保人不幸傷殘超過 183 日，本公司將會代您繳付日後的保費，直至受保人完全康復或保費供款年期結束（以較早者為準）為止。

保費供款年期

- 保費供款年期直至受保人年滿 65 歲[^]。您應該就整個保費供款年期繳付保費。任何延誤或漏繳到期保費可能會導致保單失效，您可收回的金額（如有）可能會較您已繳付的保費明顯地減少。

保費釐定

- 保費是根據受保人的受保年齡[^]及性別、保障金額和受保人的吸煙習慣。若此保障附加在定期壽險計劃內，保費將於受保人在基本計劃續保／保費調整時根據當時的受保年齡[^]增加。否則，保費一經釐定將於整個保費供款年期內維持不變。

不保事項

- 若傷殘乃直接或間接因下列任何情況引致，本公司將不會豁免保費：
 - (1) 受保人在保單簽發日期或此保障之生效日期或最後保單復效日期（以較遲者為準）前已患上的疾病；
 - (2) 蓄意自殘；
 - (3) 神經失常或患有精神虛弱或精神病；
 - (4) 觸犯或企圖觸犯刑事罪行；
 - (5) 意外或非意外地服用或吸食任何毒品、藥物、鎮靜劑或毒藥，惟遵照註冊醫生處方者除外；
 - (6) 參加危險性運動（包括必須使用繩子或嚮導的爬山活動、地底岩洞探險、跳傘、徒手潛水或其他水下活動、冬季運動、任何運用足部以外的競賽、越野賽跑或打馬球），已於投保申請書中列明者除外；
 - (7) 如受保人進入、操作、服務或乘搭於任何設計於地球大氣層之內或外飛行之航運工具，或受保人脫離該航運工具而上升或下降，但受保人以乘客或機艙服務員之身分乘搭商業航空公司經營之固定航線除外。

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保障終止

- 此保障將在以下情況下自動終止(以較早者為準)，而您亦毋須繳付此保障的保費：
 - (1) 當保單終止、失效、或(如適用)到期、退保、轉作減額清繳保險或轉作展期壽險；及
 - (2) 受保人受保年齡[^]滿 65 歲的保單周年日。

重要事項

- 支付保障須傷殘至少 183 日。傷殘是指受保人因疾病或身體受傷而無法從事任何賺取薪酬的工作或正常的工作(視情況而定)。在該傷殘持續 730 日後，如受保人並不會因此傷殘而完全阻礙其從事任何受薪工作，此保障將會停止支付保障。
- 保費豁免金額包括基本計劃及附加保障的保費。
- 必須於開始傷殘起計 90 日內提出索償。
- 通脹風險 — 由於通貨膨脹，將來的生活費用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，您將來從保單收取的實際金額可能較低。
- 所載資料乃一摘要，請與基本計劃之產品冊子及建議書一併閱讀。有關此附加保障的詳盡條款及細則請細閱其條款。

2021 年 2 月

[^] 受保年齡指受保人的下一次生日年齡。

* 請參閱基本計劃之產品冊子內的投保年齡範圍。

[▲] 指當受保人的下一次生日為此年齡的保單周年日。

HSBC Life (International) Limited 滙豐人壽保險(國際)有限公司(「本公司」)是註冊成立於百慕達之有限公司。本公司為滙豐集團旗下從事保險業務的附屬公司之一。

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傷殘豁免保費保障是由本公司所承保之自選附加保障。

香港上海滙豐銀行有限公司(「滙豐」)乃根據保險業條例(香港法例第 41 章)註冊為本公司於香港特別行政區分銷人壽保險之保險代理機構。此乃本公司之產品而非滙豐之產品，並只擬在香港特別行政區透過滙豐銷售。

對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心的職權範圍)，滙豐須與您進行金融糾紛調解計劃程序；此外，有關涉及您上述保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

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Dementia Protection for EarlyIncome Annuity Plan

Disclaimer: The information shown is intended as a general summary. You should read this factsheet in conjunction with the respective product brochure of EarlyIncome Annuity Plan ("the Basic Plan") and illustration.

Please refer to the provisions of this Supplementary Benefit for the detailed terms and conditions (except the value-added services) and exclusions.

Who is eligible for this benefit?

- You can opt for this benefit at an additional premium if the Life Insured's Insurance Age^A is between 55 and 70.
- Not applicable for EarlyIncome Annuity Plan with 1 year accumulation period or aggregate premium policies.

What does it cover?

- The following payment will be made if the Life Insured is diagnosed with **Severe Dementia** during the periods below:
 - Accumulation period: You will receive all your premiums paid for this benefit** and this Supplementary Benefit will cease after the refund of premium.
 - Annuity period: the Monthly Dementia Income will be paid to your designated Dementia Benefit Recipient (see below for definition) or you until the death of the Life Insured or age 99^A of the Life Insured (whichever is earlier).**

Dementia Benefit Recipient

You need to designate one of the death benefit beneficiaries to be the "recipient" to receive the Monthly Dementia Income; You may also send us a written request to change the recipient while this Policy is still in effect.

In addition to receiving the Monthly Dementia Income, you may also designate the recipient to receive the Monthly Annuity Payment of the Basic Plan if the life insured is diagnosed with Severe Dementia and the cash out annuity option is elected under the Basic Plan.

Severe Dementia definition

Severe Dementia means an unequivocal diagnosis by a Registered Medical Practitioner who is a specialist of Neurologist, Psychiatrist or Neuropsychiatrist of severe permanent cognitive impairment resulting in the permanent need for continuous supervision of the Life Insured, with a Mini Mental State Examination score of less than 10 out of 30-point questionnaire.

What is this premium payment period?

The premium payment period is the same as the Basic Plan. You should pay the premium for the entire premium payment period. Any outstanding premiums for this Supplementary Benefit must be paid before any benefits are payable under this Supplementary Benefit.

How is the premium of the benefit determined?

The premium is level and guaranteed over the Premium Payment period, and is determined according to the Insurance Age^A and gender of Life Insured, Monthly Dementia Income and the Basic Plan income period.

What's the Benefit Amount?

Monthly Dementia Income is same as Monthly Guaranteed Annuity Payment of the Basic Plan, subject to a maximum amount of USD3,750 or its equivalent per month per Life Insured.

Note:

- No surrender benefit for this Supplementary Benefit.** For the surrender benefit of the Basic Plan, please refer to the product brochure of EarlyIncome Annuity Plan.
- You may request to reduce the coverage of this Supplementary Benefit by reducing the Monthly Dementia Income amount. The paid premium for this Supplementary Benefit will not be refunded.
- If the Monthly Guaranteed Annuity Payment of the Basic Plan to which this Supplementary Benefit is attached is reduced, we reserve the right to reduce the Monthly Dementia Income amount of this Supplementary Benefit by the same amount. The paid premium for this Supplementary Benefit will not be refunded after the reduction of Monthly Dementia Income amount and the remaining premium for this Supplementary Benefit will be reduced accordingly.

When will this Supplementary Benefit terminate?

This Supplementary Benefit will automatically terminate from the earliest of the following dates:

- If whenever applicable, the Basic Plan terminates, expires, lapses, is surrendered in accordance with the relevant provisions of this Policy; or
- The Benefit Cessation Date; or
- Upon the refund of premiums paid for this benefit as the result of Life Insured's diagnosis of Severe Dementia during accumulation period; or
- Upon the first payment of the Monthly Dementia Income (termination of this benefit shall not prejudice the ongoing payment of the Monthly Dementia Income by us).

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What doesn't it cover?

Exclusions:

- (i) Any Pre-existing Condition from which the Life Insured was suffering prior to the Issue Date, the Policy Date or the effective date of reinstatement, whichever is the latest;
- (ii) Any Severe Dementia resulting directly or indirectly from, or caused by or contributed by (in whole or in part), any of the following:
 - (a) Any self-inflicted injury or attempted suicide while sane or insane; or
 - (b) Intoxication by alcohol or drugs not prescribed by a Registered Medical Practitioner; or
 - (c) Any Human Immunodeficiency Virus (HIV) or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) or any mutations, derivation or variations thereof; or
 - (d) All psychiatric related causes; or
 - (e) Reversible organic brain disorder.

“Pre-existing Condition” means any condition or illness:

- Which existed or was existing; or
- Where its cause existed or was existing; or
- Where the Life Insured had knowledge, signs or symptoms of the condition or illness; or
- Where any laboratory test or investigation showed the likely presence of the condition or illness; or
- Where the Life Insured has demonstrated signs or symptoms of cognitive impairment including but not limited to memory loss, difficulty with time relationships, unable to function independently either at work, home or in the community or is not fully capable of self-care.

If you need more details or are in doubt about these conditions, you should seek independent professional advice.

Important Notes

- A claim must be submitted within 90 days of becoming aware that the Life Insured suffers from Severe Dementia.
- Periodic provision of evidence about the survivorship of the Life Insured is required if a claim is made, otherwise suspension of the Monthly Dementia Income Benefit payment may be resulted in.

Key Risks

- **Credit and insolvency risks – You are subject to the credit risk of the Company.**
- **Risk of inflation will likely cause the future cost of living to rise.** You or your assigned Beneficiary(ies) will receive an amount that is less in real terms in the future.
- Risks from the delay or missing the payment of premiums due – Any delay in or missing of the payment of premiums due for the basic plan and/or this optional Supplementary Benefit **may lead to policy lapses and the amount, if any, you get back may be significantly less than what you have paid.**
- Risk from surrender – You may receive an amount significantly less than the premiums paid for the policy if you surrender the policy in early years. **For Dementia Protection, there is no surrender benefit.** If you surrender a portion of the Basic Plan, the benefit amount of Dementia Protection will also be reduced accordingly.

Value-Added Services

- Global Medical Care Services provided by Preferred Global Health;
 - Complimentary Automatic Retinal Image Analysis Test;
 - Complimentary Health Advice for Dementia.
- For details, please refer to the Terms and Conditions applicable to the Value-Added Services.

Terms and Conditions applicable to the Value Added Services:

Terms and Conditions applicable to Global Medical Care Services (“GMC Services”) provided by Preferred Global Health (“PGH”)

1. The GMC Services offered and described herein are provided by PGH to the Life Insured of Dementia Protection of Early Income Annuity Plan (“Policy”) who have received a diagnosis of Severe Dementia (as defined in the Factsheet and Provisions of this Supplementary Benefit) by registered medical practitioner.
2. The provision of GMC Services by PGH are not subject to other special exclusions, and follow the same exclusions as the Policy. Please refer to the provisions of the Policy for full exclusions and terms.
3. Each Life Insured of the Policy is entitled PGH Services once per life (regardless of how many Policies a Life Insured owns) during his/her policy term(s).
4. The Life Insured need to submit a prescribed form to HSBC Life (International) Limited (“the Company”) in order to activate the GMC Services, under a condition that the Policy is still in-force at the time of service activation. If the Life Insured has received a diagnosis of Severe Dementia, the latest Dementia Benefit Recipient designated by the Life Insured within the Policy can submit the prescribed form on behalf of the Life Insured.
5. The GMC Services include each of the following,
 - a. Diagnosis Verification and Treatment Planning (DVTP): A comprehensive evaluation of the medical records and imaging used in identifying the primary diagnosis. Specialist(s) from Harvard Medical School affiliated hospitals or from other top 1% hospitals in the U.S. as ranked by U.S. News & World Report (“the Specialist(s)”) will either confirm or provide an alternative diagnosis following a multi-specialist review and develop treatment plan options. The Life Insured will receive a Diagnosis Verification and Treatment Plan Report with the Specialists’ opinions and advice. The translation of this report can be provided upon request.
 - b. Doctor-to-Doctor Dialogue (DDD): A professional discussion between the Life Insured’s local doctor and the Specialist(s) in the U.S. over the specific case and treatment plan. It is an enhancement that can be requested after the Diagnosis Verification and Treatment Plan Report is ready. The dialogue is a confidential discussion between medical doctors without the participation of third parties, including the Life Insured. The Doctor-to-Doctor Dialogue is an included, free benefit, for the first time. Subsequent sessions if requested by the customer will be at an additional charge to the customer.

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6. PGH and hospitals in the U.S. may use the Life Insured's personal health information for treatment purposes, such as the coordination, management, or provision of healthcare and related services among doctors, hospitals and other health care providers, or during the consultation between health care providers regarding a patient, or the referral of a patient from one healthcare provider to another. The Life Insured's health information might be transferred outside of the Life Insured's place of residence where the Life Insured's medical records are held and to the U.S. for the reviewing specialists at top hospitals to provide their medical service. PGH and the hospitals and medical professionals in the U.S. comply with HIPAA privacy regulations and customers are protected under these regulations.
7. The Company is not responsible for the quality of the GMC Services and has no control over the scope of GMC Services provided by PGH to the Life Insured, and the Company is not liable for any costs, losses or damages suffered by the Life Insured for the use of such Services. The Company has the absolute discretion to revise and change the terms and conditions for the offering of the Services under the Dementia Protection of EarlyIncome Annuity Plan at any time without giving the Policyholder or Life Insured prior notice.

Terms and Conditions applicable to Complimentary Automatic Retinal Image Analysis Test ("Health Check") and Complimentary Health Advice for Dementia ("Health Advice")

8. The Health Check will be carried out using the "Automatic Retinal Image Analysis – Risk Assessment of Cognitive Health" offered by Health View Bioanalytic Limited, which was developed by the Chinese University of Hong Kong. This Health Check is for health promotion purpose and it is only for adults who do not have symptoms of cognitive impairment. The central data processing system of the cognitive health check is operated and managed by Health View Bioanalytic Limited. The Company shall bear no responsibility or liability whatsoever with regards to any matters arising from or in connection with the application of the technology related to the Health Check.
9. The Health Advice will be provided to both the Life Insured and a family member of the Life Insured by a qualified nurse of Hong Kong Lutheran Social Service ("HKLSS").
10. Any eligible customers who are interested are required to book the Health Check and Health Advice within the designated service period stated in the relevant document; otherwise, the services offered will be considered invalid. The services described cannot be sold, or redeemed for cash, discounts or other services. Any disputes in relation to these services are subject to the final decision of the Company and HKLSS. No meeting or discussion for insurance matters with any insurance intermediaries or sales person are required for this Health Check and Health Advice.
11. The Health Check and the Health Advice are provided by HKLSS, who is also responsible for the administration of the Health Check and Health Advice. The Company is only responsible for procuring and sponsoring the relevant cost (subject to relevant terms and conditions imposed by the Company) of the Health Check and Health Advice for you, and the Company shall not be liable for any disputes, or quality of any service which are provided by independent third party(ies).

February 2021

[^] Insurance Age means age at next birthday of the Life Insured.

[▲] The Policy Anniversary at which the Life Insured reaches the specified age based on age at next birthday.

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

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

Dementia Protection is an optional Supplementary Benefit to the EarlyIncome Annuity Plan, which is underwritten by the Company.

The Hongkong and Shanghai Banking Corporation Limited ("HSBC") is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agency of the Company for the distribution of life insurance products in the Hong Kong SAR. This product is a product of the Company but not HSBC, and it is only intended for sale through HSBC in the Hong Kong SAR.

In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

The Company accepts full responsibility for the accuracy of the information contained in this factsheet 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.

PGH is an independent patient organisation founded in 1997 in Boston, Massachusetts, USA, to seek the best medical outcome for its members following the diagnosis of a critical illness. PGH and its Personal Care Managers and Care Management team do not provide medical advice. PGH does not employ certain doctors or hospitals, does not receive remuneration from these, nor is it an affiliate or representative of certain doctors or hospitals.

Hong Kong Lutheran Social Service was established in 1977. Its services include nursery school, children and family services, foster care service, counselling service centres, integrated children and youth services centres, school social workers, community development, rehabilitation services, elderly centres and day care centres for the elderly with service units located in Hong Kong Island, Kowloon, the New Territories and the Outlying Islands.

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Dementia Protection for HSBC Flourish Income Annuity Plan

Disclaimer: The information shown is intended as a general summary. You should read this factsheet in conjunction with the respective product brochure of HSBC Flourish Income Annuity Plan ("the Basic Plan") and illustration.

Please refer to the provisions of this Supplementary Benefit for the detailed terms and conditions (except the value-added services) and exclusions.

Who is eligible for this benefit?

- You can opt for this benefit at an additional premium if the Life Insured's Insurance Age[^] is between 55 and 70.
- Not applicable for HSBC Flourish Income Annuity Plan with 1 year accumulation period or aggregate premium policies.

What does it cover?

- The following payment will be made if the Life Insured is diagnosed with **Severe Dementia** during the periods below:
 - **Accumulation period: You will receive all your premiums paid for this benefit** and this Supplementary Benefit will cease after the refund of premium.
 - **Annuity period: the Monthly Dementia Income will be paid to your designated Dementia Benefit Recipient (see below for definition) or you until the death of the Life Insured or age 99[^] of the Life Insured (whichever is earlier).**

Dementia Benefit Recipient

You need to designate one of the death benefit beneficiaries to be the "recipient" to receive the Monthly Dementia Income; You may also send us a written request to change the recipient while this Policy is still in effect.

In addition to receiving the Monthly Dementia Income, you may also designate the recipient to receive the Monthly Annuity Payment of the Basic Plan if the life insured is diagnosed with Severe Dementia and the cash out annuity option is elected under the Basic Plan.

Severe Dementia definition

Severe Dementia means an unequivocal diagnosis by a Registered Medical Practitioner who is a specialist of Neurologist, Psychiatrist or Neuropsychiatrist of severe permanent cognitive impairment resulting in the permanent need for continuous supervision of the Life Insured, with a Mini Mental State Examination score of less than 10 out of 30-point questionnaire.

What is this premium payment period?

The premium payment period is the same as the Basic Plan. You should pay the premium for the entire premium payment period. Any outstanding premiums for this Supplementary Benefit must be paid before any benefits are payable under this Supplementary Benefit.

How is the premium of the benefit determined?

The premium is level and guaranteed over the Premium Payment period, and is determined according to the Insurance Age[^] and gender of Life Insured, Monthly Dementia Income and the Basic Plan income period.

What's the Benefit Amount?

Monthly Dementia Income is same as Monthly Guaranteed Annuity Payment of the Basic Plan, which will increase at 3% each year during the first 10 years of the annuity period and stay level thereafter, subject to a maximum amount of HKD30,000/USD3,750 or its equivalent per month per Life Insured.

Note:

- **No surrender benefit for this Supplementary Benefit.** For the surrender benefit of the Basic Plan, please refer to the product brochure of HSBC Flourish Income Annuity Plan.
- You may request to reduce the coverage of this Supplementary Benefit by reducing the Initial Monthly Dementia Income amount. The paid premium for this Supplementary Benefit will not be refunded.
- If the Initial Monthly Guaranteed Annuity Payment of the Basic Plan to which this Supplementary Benefit is attached is reduced, we reserve the right to reduce the Initial Monthly Dementia Income amount of this Supplementary Benefit by the same amount. The paid premium for this Supplementary Benefit will not be refunded after the reduction of Initial Monthly Dementia Income amount and the remaining premium for this Supplementary Benefit will be reduced accordingly.

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When will this Supplementary Benefit terminate?	<p>This Supplementary Benefit will automatically terminate from the earliest of the following dates:</p> <ul style="list-style-type: none"> (a) If whenever applicable, the Basic Plan terminates, expires, lapses, is surrendered in accordance with the relevant provisions of this Policy; or (b) The Benefit Cessation Date; or (c) Upon the refund of premiums paid for this benefit as the result of Life Insured's diagnosis of Severe Dementia during accumulation period; or (d) Upon the first payment of the Monthly Dementia Income (termination of this benefit shall not prejudice the ongoing payment of the Monthly Dementia Income by us).
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What doesn't it cover?	<p>Exclusions:</p> <ul style="list-style-type: none"> (i) Any Pre-existing Condition from which the Life Insured was suffering prior to the Issue Date, the Policy Date or the effective date of reinstatement, whichever is the latest; (ii) Any Severe Dementia resulting directly or indirectly from, or caused by or contributed by (in whole or in part), any of the following: <ul style="list-style-type: none"> (a) Any self-inflicted injury or attempted suicide while sane or insane; or (b) Intoxication by alcohol or drugs not prescribed by a Registered Medical Practitioner; or (c) Any Human Immunodeficiency Virus (HIV) or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) or any mutations, derivation or variations thereof; or (d) All psychiatric related causes; or (e) Reversible organic brain disorder. <p>"Pre-existing Condition" means any condition or illness:</p> <ul style="list-style-type: none"> • Which existed or was existing; or • Where its cause existed or was existing; or • Where the Life Insured had knowledge, signs or symptoms of the condition or illness; or • Where any laboratory test or investigation showed the likely presence of the condition or illness; or • Where the Life Insured has demonstrated signs or symptoms of cognitive impairment including but not limited to memory loss, difficulty with time relationships, unable to function independently either at work, home or in the community or is not fully capable of self-care. <p>If you need more details or are in doubt about these conditions, you should seek independent professional advice.</p>
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Important Notes	<ul style="list-style-type: none"> • A claim must be submitted within 90 days of becoming aware that the Life Insured suffers from Severe Dementia. • Periodic provision of evidence about the survivorship of the Life Insured is required if a claim is made, otherwise suspension of the Monthly Dementia Income Benefit payment may be resulted in.
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Key Risks	<ul style="list-style-type: none"> • Credit and insolvency risks – You are subject to the credit risk of the Company. • Risk of inflation will likely cause the future cost of living to rise. You or your assigned Beneficiary(ies) will receive an amount that is less in real terms in the future. • Risks from the delay or missing the payment of premiums due – Any delay in or missing of the payment of premiums due for the basic plan and/or this optional Supplementary Benefit may lead to policy lapses and the amount, if any, you get back may be significantly less than what you have paid. • Risk from surrender – You may receive an amount significantly less than the premiums paid for the policy if you surrender the policy in early years. For Dementia Protection, there is no surrender benefit. If you surrender a portion of the Basic Plan, the benefit amount of Dementia Protection will also be reduced accordingly.
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Value-Added Services	<ul style="list-style-type: none"> • Global Medical Care Services provided by Preferred Global Health; • Complimentary Automatic Retinal Image Analysis Test; • Complimentary Health Advice for Dementia. <p>For details, please refer to the Terms and Conditions applicable to the Value-Added Services.</p>
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Terms and Conditions applicable to the Value Added Services:

Terms and Conditions applicable to Global Medical Care Services ("GMC Services") provided by Preferred Global Health ("PGH")

1. The GMC Services offered and described herein are provided by PGH to the Life Insured of Dementia Protection of HSBC Flourish Income Annuity Plan ("Policy") who have received a diagnosis of Severe Dementia (as defined in the Factsheet and Provisions of this Supplementary Benefit) by registered medical practitioner.
2. The provision of GMC Services by PGH are not subject to other special exclusions, and follow the same exclusions as the Policy. Please refer to the provisions of the Policy for full exclusions and terms.
3. Each Life Insured of the Policy is entitled PGH Services once per life (regardless of how many Policies a Life Insured owns) during his/her policy term(s).
4. The Life Insured need to submit a prescribed form to HSBC Life (International) Limited ("the Company") in order to activate the GMC Services, under a condition that the Policy is still in-force at the time of service activation. If the Life Insured has received a diagnosis of Severe Dementia, the latest Dementia Benefit Recipient designated by the Life Insured within the Policy can submit the prescribed form on behalf of the Life Insured.
5. The GMC Services include each of the following,
 - a. **Diagnosis Verification and Treatment Planning ("DVTP"):** A comprehensive evaluation of the medical records and imaging used in identifying the primary diagnosis. Specialist(s) from Harvard Medical School affiliated hospitals or from other top 1% hospitals in the US as ranked by US News & World Report ("the Specialist(s)") will either confirm or provide an alternative diagnosis following a multi-specialist review and develop treatment plan options. The Life Insured will receive a Diagnosis Verification and Treatment Plan Report with the Specialists' opinions and advice. The translation of this report can be provided upon request.
 - b. **Doctor-to-Doctor Dialogue ("DDD"):** A professional discussion between the Life Insured's local doctor and the Specialist(s) in the US over the specific case and treatment plan. It is an enhancement that can be requested after the Diagnosis Verification and Treatment Plan Report is ready. The dialogue is a confidential discussion between medical doctors without the participation of third parties, including the Life Insured. The Doctor-to-Doctor Dialogue is an included, free benefit, for the first time. Subsequent sessions if requested by the customer will be at an additional charge to the customer.
6. PGH and hospitals in the US may use the Life Insured's personal health information for treatment purposes, such as the coordination, management, or provision of healthcare and related services among doctors, hospitals and other health care providers, or during the consultation between health care providers regarding a patient, or the referral of a patient from one healthcare provider to another. The Life Insured's health information might be transferred outside of the Life Insured's place of residence where the Life Insured's medical records are held and to the US for the reviewing specialists at top hospitals to provide their medical service. PGH and the hospitals and medical professionals in the US need to comply with HIPAA privacy regulations and customers are protected under these regulations.
7. The Company is not responsible for the quality of the GMC Services and has no control over the scope of GMC Services provided by PGH to the Life Insured, and the Company is not liable for any costs, losses or damages suffered by the Life Insured for the use of such Services. The Company has the absolute discretion to revise and change the terms and conditions for the offering of the Services under the Dementia Protection of HSBC Flourish Income Annuity Plan at any time without giving the Policyholder or Life Insured prior notice.

Terms and Conditions applicable to Complimentary Automatic Retinal Image Analysis Test ("Health Check") and Complimentary Health Advice for Dementia ("Health Advice")

8. The Health Check will be carried out using the "Automatic Retinal Image Analysis – Risk Assessment of Cognitive Health" offered by Health View Bioanalytic Limited, which was developed by the Chinese University of Hong Kong. This Health Check is for health promotion purpose and it is only for adults who do not have symptoms of cognitive impairment. The central data processing system of the cognitive health check is operated and managed by Health View Bioanalytic Limited. The Company shall bear no responsibility or liability whatsoever with regards to any matters arising from or in connection with the application of the technology related to the Health Check.
9. The Health Advice will be provided to both the Life Insured and a family member of the Life Insured by a qualified nurse of Hong Kong Lutheran Social Service ("HKLSS"). The Company shall neither be responsible nor liable for any loss, damage or costs which may be incurred (directly or indirectly) due or relating to any health advice provided by HKLSS or any third party.
10. Any eligible customers who are interested are required to book the Health Check and Health Advice within the designated service period stated in the relevant document; otherwise, the services offered will be considered invalid. The services described cannot be sold, or redeemed for cash, discounts or other services. Any disputes in relation to these services are subject to the final decision of the Company and HKLSS. No meeting or discussion for insurance matters with any insurance intermediaries or sales person are required for this Health Check and Health Advice.
11. The Health Check and the Health Advice are provided by HKLSS, which is also responsible for the administration of the Health Check and Health Advice. In respect of the Cognitive Health Check and the Health Advice for dementia, the Company is only responsible for procuring and sponsoring the relevant cost (subject to relevant terms and conditions imposed by the Company) of the Health Check and Health Advice for you, and the Company shall not be liable for any disputes, or quality of any service which are provided by any independent third party(ies).

July 2021

[^] Insurance Age means age at next birthday of the Life Insured.

[▲] The Policy Anniversary at which the Life Insured reaches the specified age based on age at next birthday.

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

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

Dementia Protection is an optional Supplementary Benefit to the HSBC Flourish Income Annuity Plan, which is underwritten by the Company.

The Hongkong and Shanghai Banking Corporation Limited ("HSBC") is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agency of the Company for the distribution of life insurance products in the Hong Kong SAR. This product is a product of the Company but not HSBC, and it is only intended for sale through HSBC in the Hong Kong SAR.

In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

The Company accepts full responsibility for the accuracy of the information contained in this factsheet 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.

PGH is an independent patient organisation founded in 1997 in Boston, Massachusetts, USA, to seek the best medical outcome for its members following the diagnosis of a critical illness. PGH and its Personal Care Managers and Care Management team do not provide medical advice. PGH does not employ certain doctors or hospitals, does not receive remuneration from these, nor is it an affiliate or representative of certain doctors or hospitals.

Hong Kong Lutheran Social Service was established in 1977. Its services include nursery school, children and family services, foster care service, counselling service centres, integrated children and youth services centres, school social workers, community development, rehabilitation services, elderly centres and day care centres for the elderly with service units located in Hong Kong Island, Kowloon, the New Territories and the Outlying Islands.

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Additional protection

Accidental Death and Dismemberment Benefit for HSBC Comprehensive Critical Illness Protection Plan

Are you eligible for this benefit?

- You may opt for this benefit if the Life Insured is between the Age* of 5 and 60.

What does it cover?

- If the Life Insured dies or suffers major dismemberment as a result of an accident, we will pay a percentage of the Protection Amount. Please refer to the protection table below.
- Total payment made under this benefit shall not exceed 100% of the Protection Amount.
- This also covers less severe dismemberment, such as loss of a finger.
- This cover lasts until the Life Insured reaches the Age[▲] of 65.

Accidental Death or Dismemberment	% of Protection Amount	Accidental Death or Dismemberment	% of Protection Amount
1 Accidental Death	100%	14 Loss of fingers (other than the thumb) <ul style="list-style-type: none"> three right joints two right joints one right joint three left joints two left joints one left joint 	10% 8% 5% 8% 5% 2%
2 Permanent and incurable paralysis of all limbs	100%		
3 Loss of sight of both eyes	100%		
4 Total and permanent disability	100%		
5 Loss of two limbs	100%	15 Loss of toes <ul style="list-style-type: none"> all – one foot great – both joints great – one joint 	15% 5% 3%
6 Loss of speech and hearing	100%		
7 Loss of sight of one eye	50%		
8 Loss of one limb	50%	16 Shortening of a leg by at least 5cm	8%
9 Loss of hearing in <ul style="list-style-type: none"> both ears one ear 	75% 15%		
10 Loss of speech	50%	17 Full thickness skin destruction due to burns: Damage as a percentage of total body surface area <ul style="list-style-type: none"> equal to or greater than 10% but less than 15% equal to or greater than 15% but less than 20% equal to or greater than 20% 	50% 75% 100%
11 Loss of four fingers and thumb in <ul style="list-style-type: none"> right hand left hand 	70% 50%		
12 Loss of four fingers (other than the thumb) in <ul style="list-style-type: none"> right hand left hand 	40% 30%		
13 Loss of one thumb in <ul style="list-style-type: none"> both right joints one right joint both left joints one left joint 	30% 15% 20% 10%		

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What is the premium payment period?

- The premium payment period is the same as Basic Plan or until termination of this benefit (whichever is earlier). You should pay the premium for the entire premium payment term. 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.

How is the premium of this benefit determined?

- The premium is determined according to the Life Insured's Age[▲], the premium payment period and the Protection Amount of this benefit.

What doesn't it cover?

No benefit will be paid if the death or dismemberment results directly or indirectly from any of the following:

- (a) Suicide or trying to commit suicide, while sane or insane;
- (b) Wilful self-inflicted injury;
- (c) Engaging in hazardous sports (including mountaineering necessitating the use of ropes or guides, pot-holing, parachuting, skin-diving or other underwater pastimes, winter sports, racing of any kind other than on foot, steeple chasing or polo), other than those stated in the application;
- (d) Taking or absorbing, accidentally or otherwise, any drug, medicine, sedative or poison, except as prescribed by a Registered Medical Practitioner;
- (e) Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty;
- (f) Physical or mental infirmity, or any disease;
- (g) Committing or trying to commit a criminal offence;
- (h) War or any act incidental to war. The word "war" includes any war, declared or undeclared, including civil war and guerrilla war, or any other conflict involving any country/region's armed forces or any force of an international body;
- (i) Service in the armed forces, or any auxiliary civilian force, of any country/region at war; or service in any force of an international body; or
- (j) Entering, operating, or servicing, riding in or on, ascending or descending from any kind of device designed for flight in or beyond the earth's atmosphere except while the Life Insured is a passenger or air crew in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.

What is the termination condition?

This Accidental Death and Dismemberment Benefit will automatically terminate from the earliest of the following dates and the premium for this Accidental Death And Dismemberment Benefit shall cease to be payable:

- (a) The time this Policy terminates, expires, lapses or is surrendered;
- (b) On the payment of a total amount of 100% of the Protection Amount of this Accidental Death and Dismemberment Benefit; and
- (c) On the Policy Anniversary at which the Life Insured's Age[▲] is 65.

Important notes

- A claim must be submitted within 90 days following death or dismemberment.
- Inflation risk — cost of living is likely to be higher in the future than it is today due to inflation, therefore you may receive less from the policy in real term in the future even if the Company meets all of its contractual obligations.

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Premium Payment Period	Issue Age*
Single Premium or 3-year or 5-year or 10-year	Age* of 5 to Age* of 60
20-year	Age* of 5 to Age* of 50
15-year	Age* of 5 to Age* of 55

February 2021

* Subject to the range of issue age of the Basic Plan to which this benefit is attached. Age means your age at your next birthday.

▲ The Policy anniversary at which the Life Insured reaches the specified age based on age at next birthday.

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

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

Accidental Death and Dismemberment Benefit is an optional Supplementary Benefit of HSBC Comprehensive Critical Illness Protection Plan. Both are underwritten by the Company.

The Hongkong and Shanghai Banking Corporation Limited ("HSBC") is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agency of the Company for the distribution of life insurance products in the Hong Kong SAR. This product is a product of the Company but not HSBC, and it is only intended for sale through HSBC in the Hong Kong SAR.

In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

The information shown is intended as a general summary. You should read this factsheet in conjunction with the respective product brochure of Basic Plan and illustration. Please refer to the policy provisions for the detail terms and conditions.

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Additional protection

Accidental Death and Dismemberment Benefit

Who is eligible for this benefit?

- Provided that the Insurance Age[^] of the Life Insured is within the issue age range of the Basic Plan* and is between 5 and 60, you can opt for this Supplementary Benefit at an additional premium.

What does it cover?

- If the Life Insured dies or suffers major dismemberment as a result of an accident, we will pay a percentage of the Protection Amount. Please refer to the benefit table below.
- Total payment made under this benefit shall not exceed 100% of the Protection Amount.
- This also covers less severe dismemberment, such as loss of a finger.
- This cover lasts up to the Life Insured's age of 65[^].

Accidental Death or Dismemberment	% of Protection Amount	Accidental Death or Dismemberment	% of Protection Amount
1 Accidental Death	100%	14 Loss of fingers (other than thumbs) <ul style="list-style-type: none"> • three right joints • two right joints • one right joint • three left joints • two left joints • one left joint 	10% 8% 5% 8% 5% 2%
2 Permanent and incurable paralysis of all limbs	100%		
3 Loss of sight of both eyes	100%		
4 Total and permanent disability	100%		
5 Loss of two limbs	100%	15 Loss of toes <ul style="list-style-type: none"> • all – one foot • great – both joints • great – one joint 	15% 5% 3%
6 Loss of speech and hearing	100%		
7 Loss of sight of one eye	50%		
8 Loss of one limb	50%	16 Shortening of a leg by at least 5cm	8%
9 Loss of hearing in <ul style="list-style-type: none"> • both ears • one ear 	75% 15%		
10 Loss of speech	50%	17 Full thickness skin destruction due to burns: Damage as a percentage of total body surface area <ul style="list-style-type: none"> • equal to or greater than 10% but less than • equal to or greater than 15% but less than • equal to or greater than 20% 	50% 75% 100%
11 Loss of four fingers and thumb of <ul style="list-style-type: none"> • right hand • left hand 	70% 50%		
12 Loss of four fingers (other than thumbs) of <ul style="list-style-type: none"> • right hand • left hand 	40% 30%		
13 Loss of one thumb in <ul style="list-style-type: none"> • both right joints • one right joint • both left joints • one left joint 	30% 15% 20% 10%		

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- What is the premium payment period?**
- The premium payment period is up to age of 65[▲] of the Life Insured. You should pay the premium for the entire premium payment period. 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.
-
- How is the premium of this benefit determined?**
- The premium is determined according to the Protection Amount of this benefit. Once determined, the premium will stay level.
-
- What doesn't it cover?**
- No benefit will be paid if the death or dismemberment results directly or indirectly from any of the following:
 - (1) Suicide or trying to commit suicide, while sane or insane;
 - (2) Wilful self-inflicted injury;
 - (3) Engaging in hazardous sports (including mountaineering necessitating the use of ropes or guides, pot-holing, parachuting, skin-diving or other underwater pastimes, winter sports, racing of any kind other than on foot, steeple chasing or polo), other than those stated in the application;
 - (4) Taking or absorbing, accidentally or otherwise, any drug, medicine, sedative or poison, except as prescribed by a Registered Medical Practitioner;
 - (5) Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty;
 - (6) Physical or mental infirmity, or any disease;
 - (7) Committing or trying to commit a criminal offence;
 - (8) War or any act incidental to war. The word "war" includes any war, declared or undeclared, including civil war and guerrilla war, or any other conflict involving any country/region's armed forces or any force of an international body;
 - (9) Service in the armed forces, or any auxiliary civilian force, of any country/region at war; or service in any force of an international body; or
 - (10) Entering, operating, or servicing, riding in or on, ascending or descending from any kind of device designed for flight in or beyond the earth's atmosphere except while the Life Insured is a passenger or air crew in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.
-
- When will this Supplementary Benefit terminate?**
- This benefit will automatically terminate from the earliest of the following dates and the premium for this benefit shall cease to be payable:
 - (1) The time the Policy terminates, lapses, or whenever applicable, expires, is surrendered, is converted to reduced paid-up insurance or is converted to extended term insurance;
 - (2) On the payment of a total amount of 100% of the Protection Amount of this Accidental Death and Dismemberment Benefit; and
 - (3) On the Policy Anniversary at which the Insurance Age[▲] of the Life Insured is 65.

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Important notes

- A claim must be submitted within 90 days following death or dismemberment.
 - Death or dismemberment has to occur within 90 days following the accident in order to claim for the accidental death or accidental dismemberment benefit.
 - Inflation Risk — cost of living is likely to be higher in the future than it is today due to inflation, therefore you may receive less from the Policy in real term in the future even if the Company meets all of its contractual obligations.
 - The information shown is intended as a general summary. You should read this factsheet in conjunction with the respective product brochure of Basic Plan and illustration. Please refer to the provisions of this Supplementary Benefit for the detailed terms and conditions.
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[^] Insurance Age means age at next birthday of the Life Insured.

^{*} Please refer to the product brochure of the Basic Plan for the issue age range.

[▲] The Policy Anniversary at which the Life Insured reaches the specified age based on age at next birthday.

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In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

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Additional protection

Critical Illness Select (Additional Payment)

Who is eligible for this benefit?

- Provided that the Insurance Age[^] of the Life Insured is within the issue age range of the Basic Plan* and is between 15 days after birth and 60, you can opt for this Supplementary Benefit at an additional premium.

What does it cover?

- In the event that the Life Insured suffers from one of the Critical Illnesses as mentioned in the table below, you will receive a lump sum cash payment (Protection Amount).
- The original sum insured of the Policy remains unchanged following a claim for this benefit.
- This cover lasts up to Life Insured's age of 65[^].
- Critical Illnesses that are covered under this benefit are:

1 Heart Attack	20 Elephantiasis
2 Coronary Artery Bypass Grafting	21 Heart Valve Replacement
3 Stroke	22 Surgery to Aorta
4 Cancer	23 Fulminant Viral Hepatitis
5 Kidney Failure	24 Pulmonary Arterial Hypertension
6 Paraplegia/Paralysis	25 Chronic Liver Disease
7 Major Organ Transplant	26 Terminal Illness
8 Blindness	27 Bacterial Meningitis
9 Loss of Hearing	28 Major Burns
10 Loss of Speech	29 Encephalitis
11 Loss of Limbs	30 Aplastic Anaemia
12 Coma	31 Cardiomyopathy
13 Benign Brain Tumour	32 Necrotising Fasciitis
14 Major Head Trauma	33 Severe Rheumatoid Arthritis
15 Poliomyelitis	34 Dissecting Aortic Aneurysm
16 Ebola	35 Vegetative State (Persistent)
17 Parkinson's Disease	36 Other Serious Coronary Artery Disease
18 Alzheimer's Disease	37 AIDS Through Blood Transfusion
19 Motor Neurone Disease	38 Occupational Acquired HIV

What is the premium payment period?

- The premium payment period is up to age of 65[^] of the Life Insured or until termination of this benefit (whichever is earlier). You should pay the premium for the entire premium payment period. 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.

How is the premium of this benefit determined?

- During the premium payment period, the premium is determined according to the Insurance Age[^] of the Life Insured at the time of policy issuance, sex of the Life Insured and the Protection Amount, subject to Premium Adjustment Risk.

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(continued)

What doesn't it cover?

"Critical Illness" does not include:

- (1) Any Critical Illness resulting from, or caused or contributed by (in whole or in part) Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV), except AIDS Through Blood Transfusion and Occupational Acquired HIV.
- (2) Any Critical Illness diagnosed within the first 365 days (for application subject to 'guaranteed approval') or the first 60 days (for application subject to 'simplified underwriting') of the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest.
- (3) Any Critical Illness, where the signs or symptoms first occurred prior to the Issue Date of the Policy, or within 365 days (for application subject to 'guaranteed approval') or 60 days (for application subject to 'simplified underwriting') following the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest.
- (4) Any Critical Illness resulting directly or indirectly from, or caused by or contributed by (in whole or in part), any of the following:
 - (a) Any congenital defect; or
 - (b) Any self-inflicted injury or attempted suicide while sane or insane; or
 - (c) Any pre-existing condition (as defined below); or
 - (d) Intoxication by alcohol or drugs not prescribed by a Registered Medical Practitioner; or
 - (e) Violation or attempted violation of the law or resistance to arrest or participation in any criminal act; or
 - (f) Travel in any aircraft, except as a fare paying passenger in a commercial aircraft.
- (5) No claim for Cancer will be paid if the Life Insured has had any type or form of cancer prior to the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest.
- (6) No claim will be paid for Coronary Artery Bypass Grafting, Heart Attack, Heart Valve Replacement, Surgery to Aorta or Stroke (including paralysis as a result of cerebrovascular accident) if the Life Insured has a history of diabetes or any form of vascular disease or surgery including, but not limited to, Coronary Artery Bypass Grafting, Heart Attack, Heart Valve Replacement, Surgery to Aorta or Stroke prior to the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest.

For the purposes of 4 (c) above, pre-existing condition means any condition or illness:

- Which existed or was existing;
- Where its cause existed or was existing;
- Where the Life Insured had knowledge, received treatment or medical consultation of the condition or illness; or
- Where any laboratory test or investigation showed the likely presence of the condition or illness;

prior to the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest.

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When will this Supplementary Benefit terminate?

- This benefit will automatically terminate from the earliest of the following dates and the premium for this benefit shall cease to be payable:
 - (1) The time the Policy terminates, lapses, or whenever applicable, expires, is surrendered, is converted to reduced paid-up insurance or is converted to extended term insurance;
 - (2) On the payment of the Protection Amount of this Critical Illness Select (Additional Payment) Benefit; and
 - (3) On the Policy Anniversary at which the Insurance Age[^] of Life Insured is 65.

Important notes

- A claim must be submitted within 90 days of becoming aware that the Life Insured suffers from one of the Critical Illness.
- Benefit payable under the Critical Illness Select (Additional Payment) (simplified underwriting) shall not exceed 50% of total premium payable of the Basic Plan or HKD1,000,000/USD125,000 (Insurance Age[^] 50 or below) or HKD500,000/USD62,500 (Insurance Age[^] 51 to 60) per Life Insured, whichever is lower.
- Total benefit payable under multiple major illness benefit cover (including Critical Illness Select (Additional Payment)) is subject to a maximum of HKD6,000,000/USD750,000 per life insured.
- Inflation Risk — cost of living is likely to be higher in the future than it is today due to inflation, therefore you may receive less from the Policy in real term in the future even if the Company meets all of its contractual obligations.
- Premium Adjustment Risk — Premium may be adjusted at any Policy Anniversary. Any change in premium rate at the time of adjustment is based on factors including but not limited to actual claims experiences, outlook of future claims experiences, expenses incurred, etc. A notice of such premium adjustment will be sent to the Policyholder no less than 30 days prior to it taking effect.
- The information shown is intended as a general summary. You should read this factsheet in conjunction with the respective product brochure of Basic Plan and illustration. Please refer to the provisions of this Supplementary Benefit for the detailed terms and conditions.
- You can request to cancel the above benefit after the cooling-off period. You must give at least 10 days' prior written notice to the Company that you wish to cancel the benefit. Please refer to the relevant policy provisions for the detailed terms, conditions and exclusions.

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[^] Insurance Age means age at next birthday of the Life Insured.

* Please refer to the product brochure of the Basic Plan for the issue age range.

[^] The Policy Anniversary at which the Life Insured reaches the specified age based on age at next birthday.

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Critical Illness Select (Additional Payment) is an optional Supplementary Benefit underwritten by the Company.

The Hongkong and Shanghai Banking Corporation Limited ("HSBC") is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agency of the Company for the distribution of life insurance products in the Hong Kong SAR. This product is a product of the Company but not HSBC, and it is only intended for sale through HSBC in the Hong Kong SAR.

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Additional protection

Early Stage Critical Illness Benefit (Advance Payment)

for HSBC Comprehensive Critical Illness Protection Plan
Are you eligible for this benefit?

- You may opt for this benefit if the Life Insured is between the Age* of 15 days and 65.

What doesn't it cover?

- In the event that the Life Insured suffers from one of the covered Early Stage Critical Illness(es), you will receive a lump sum cash payment (ie the protection amount).
- In each claim, the protection amount is equal to 20% of the Sum Insured of Basic Plan. For Carcinoma-in-situ or Early Stage Cancer and Coronary Angioplasty, this protection amount is subject to a per claim limit of HKD300,000/USD37,500 across all Life Insured's in-force critical illness insurance policies issued by the Company. This benefit will automatically terminate when the Total Claims Paid (ie total accumulated claims paid in respect of Early Stage Critical Illness Benefit (Advance Payment) made by the Company) is 100% of the Sum Insured of Basic Plan.
- Each of the 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.
- Early Stage Critical Illness Benefit for the condition of "Carcinoma-in-situ or Early Stage Cancer" will be payable for the second time upon the diagnosis of "Carcinoma-in-situ or Early Stage Cancer" at a different organ from that of the first. For the avoidance of doubt, 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.
- Early Stage Critical Illness(es) that are covered include:

Cancer Illness Group
1 Carcinoma-in-situ or Early Stage Cancer
Non-Cancer Illness Group
Conditions related to the Cardiovascular System
2 Coronary Angioplasty
3 Minimal Invasive Direct Coronary Artery By-pass
4 Early Cardiomyopathy
5 Insertion of a Veno-cava Filter
6 Insertion of pacemaker or defibrillator
7 Pericardiectomy
8 Less Invasive Treatments for Heart Valve Disease
9 Secondary Pulmonary Hypertension
10 Moderately Severe Infective Endocarditis
Conditions related to the Nervous System
11 Moderately Severe Alzheimer's Disease
12 Moderately Severe Bacterial Meningitis
13 Surgical Removal of Pituitary Tumour
14 Adrenalectomy for Adrenal Adenoma
15 Moderately Severe Coma

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(continued)

16 Moderately Severe Creutzfeldt-Jacob Disease (CJD)
17 Moderately Severe Encephalitis
18 Moderately Severe Brain Damage
19 Surgery for Subdural Haematoma
20 Early Motor Neurone Disease
21 Early Multiple Sclerosis
22 Moderately Severe Muscular Dystrophy
23 Moderately Severe Myasthenia Gravis
24 Moderately Severe Paralysis
25 Moderately Severe Parkinson's Disease
26 Moderately Severe Poliomyelitis
27 Angioplasty and Stenting for Carotid Arteries
28 Cerebral Shunt Insertion
29 Endovascular Treatment for Cerebral Aneurysm
30 Tuberculous Myelitis
Conditions related to the Major Organs and Functions
31 Acute Necrohemorrhagic Pancreatitis
32 Moderately Severe Crohn's Disease
33 Liver Surgery
34 Chronic Lung Disease
35 Surgical Removal of One Lung
36 Biliary Tract Reconstruction Surgery
37 Hepatitis with Cirrhosis
38 Moderately Severe Kidney Disease
39 Major Organ Transplantation (on Waitlist)
40 Surgical Removal of One Kidney
41 Early Systemic Scleroderma
42 Moderately Severe Rheumatoid Arthritis
43 Moderately Severe Ulcerative Colitis
44 Moderately Severe Systemic Lupus Erythematosus
Conditions related to Other Illnesses
45 Amputation of One Foot due to Complication from Diabetes
46 Diabetic Retinopathy
47 Loss of Sight in One Eye
48 Early Elephantiasis
49 Loss of Hearing in One Ear
50 Loss of One Limb
51 Endovascular Treatment of Peripheral Arterial Disease
52 Moderately Severe Pheochromocytoma
53 Facial Burns due to Accident
54 Moderately Severe Burns to Body due to Accident
55 Facial Reconstructive Surgery for Injury due to Accident
56 Osteoporosis with Fractures (cover up to Age of 74)

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Severe Child Diseases (cover up to Age[¶] of 18)	
57	Dengue Hemorrhagic Fever
58	Haemophilia A and Haemophilia B
59	Kawasaki Disease
60	Osteogenesis Imperfecta
61	Rheumatic Fever with Valvular Impairment
62	Severe Asthma
63	Severe Epilepsy
64	Severe Juvenile Rheumatoid Arthritis
65	Still's Disease
66	Type 1 Diabetes Mellitus
67	Type 1 Juvenile Spinal Amyotrophy
68	Wilson's Disease

What is the premium payment period?

- The premium payment period is the same as Basic Plan or until termination of this benefit (whichever is earlier). You should pay the premium for the entire premium payment term. 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.

How is the premium of this benefit determined?

- The premium[†] is determined according to the Life Insured's Age, sex, the protection amount, premium payment period and whether the Life Insured smokes.

What doesn't it cover?

- "Early Stage Critical Illness" does not include:
 - Any pre-existing condition from which the Life Insured was suffering prior to the Issue Date of this Policy, the effective date of this benefit, or the effective date of last reinstatement, whichever is the latest; or
 - Any illness contracted by the Life Insured within the 90 days following the Issue Date of this Policy, the effective date of this benefit or the effective date of 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.

What is the termination condition?

- This benefit will automatically terminate from the earliest of the following dates and the premium for this benefit will cease to be payable:
 - If whenever applicable, this Policy terminates, expires, lapses, or is surrendered; or
 - If whenever applicable, the "Total Claims Paid" is equal to or more than 100% of the Sum Insured of basic plan; or
 - On the Policy Anniversary at which the Life Insured's Age[¶] is 85.

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Important notes

- A claim must be submitted within 90 days of becoming aware that the Life Insured suffers from an Early Stage Critical Illness.
 - Death benefit, surrender value, Base Critical Illness Benefit and Multiple Critical Illness Benefit of Basic Plan will be reduced by the amount paid under this benefit accordingly. The premium payable under both the Basic Plan and this benefit will not be reduced.
 - Upon the payment of any Base Critical Illness Benefit, this benefit will automatically terminate.
 - Coverage of Early Stage Critical Illness(es) terminates at Age[¶] of 85. Some Early Stage Critical Illness(es) terminates before Age[¶] of 85 (please refer to section "What does it cover?" of this factsheet for details). Any outstanding premiums for this Supplementary Benefit must be paid before any benefits are payable under this Policy.
 - In the case that more than one early stage critical illnesses are diagnosed in the same event, the benefit relating to one of those early stage critical illnesses for which the highest protection amount will be payable.
 - Inflation risk — cost of living is likely to be higher in the future than it is today due to inflation, therefore you may receive less from the policy in real term in the future even if the Company meets all of its contractual obligations.
-

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* Subject to the range of issue age of the Basic Plan to which this benefit is attached. Age means your age at your next birthday.

¶ The Policy Anniversary at which the Life Insured reaches the specified age based on age at next birthday.

† Remains level during the policy term.

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Early Stage Critical Illness Benefit (Advance Payment) is an optional Supplementary Benefit of HSBC Comprehensive Critical Illness Protection Plan. Both are underwritten by the Company.

The Hongkong and Shanghai Banking Corporation Limited ("HSBC") is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agency of the Company for the distribution of life insurance products in the Hong Kong SAR. This product is a product of the Company but not HSBC, and it is only intended for sale through HSBC in the Hong Kong SAR.

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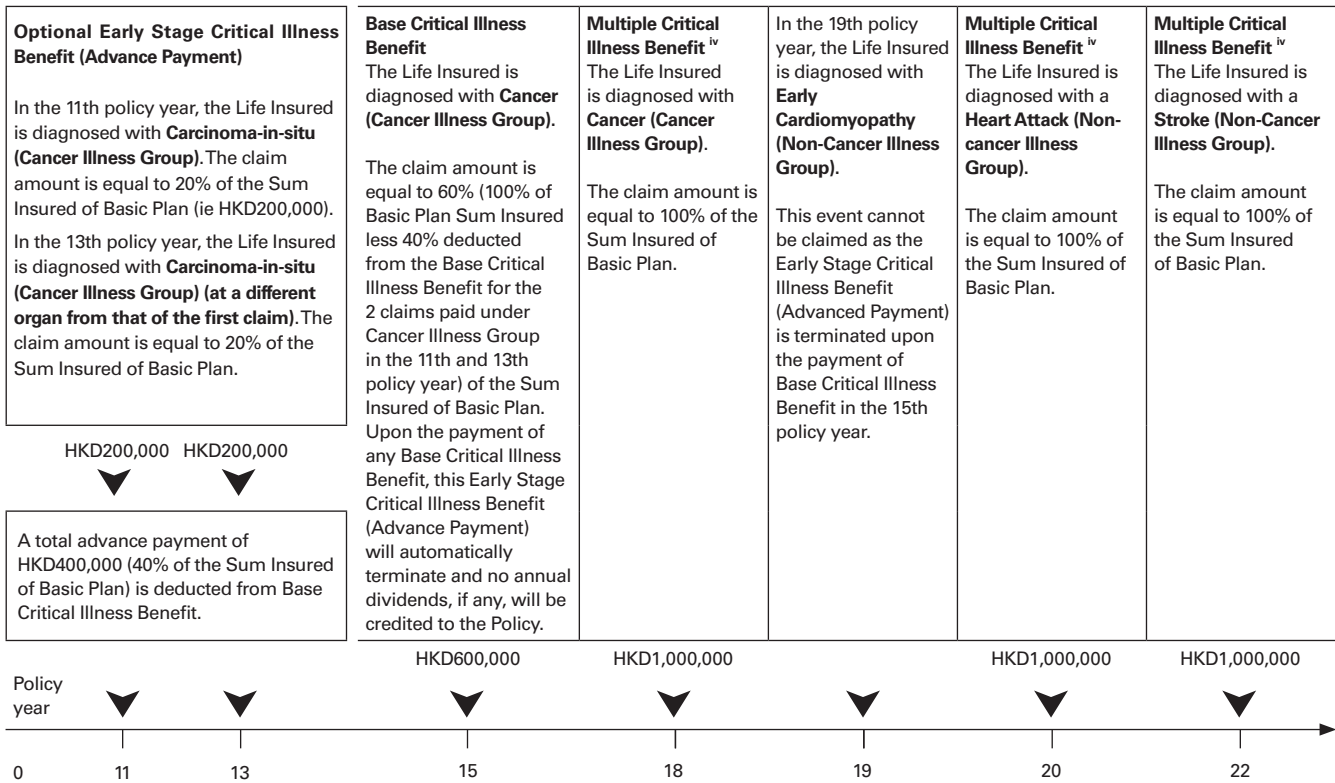


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Illustrative Examples (with Early Stage Critical Illness Benefit (Advance payment) selected)

Example 1

Age of Life Insured ⁱ	: 40 (Female, Non-smoker)
Sum Insured of Basic Plan	: HKD1,000,000
Premium payment period	: 10 years
Annual premium ⁱⁱ	: HKD86,160
Total premiums paid ⁱⁱⁱ	: HKD861,600



(continued)

Example 2

Age of Life Insured ⁱ	: 40 (Female, Non-smoker)
Sum Insured of Basic Plan	: HKD2,000,000
Premium payment period	: 10 years
Annual premium ⁱⁱⁱ	: HKD172,320
Total premiums paid ⁱⁱⁱ	: HKD1,723,200

Optional Early Stage Critical Illness Benefit (Advance Payment)
 In the 13th policy year, the Life Insured is diagnosed with **Carcinoma-in-situ (Cancer Illness Group)**.

Benefit is equal to 20% of the Basic Plan Sum Insured (ie HKD400,000), subject to the per claim benefit amount limit for **Carcinoma-in-situ (Cancer Illness Group)** which is HKD300,000.

Therefore, the claim amount is equal to HKD300,000

HKD300,000

An advance payment of HKD300,000 is deducted from Base Critical Illness Benefit.

Optional Early Stage Critical Illness Benefit (Advance Payment)
 In the 18th policy year, the Life Insured is diagnosed with **Early Cardiomyopathy (Non-cancer Illness Group)**.

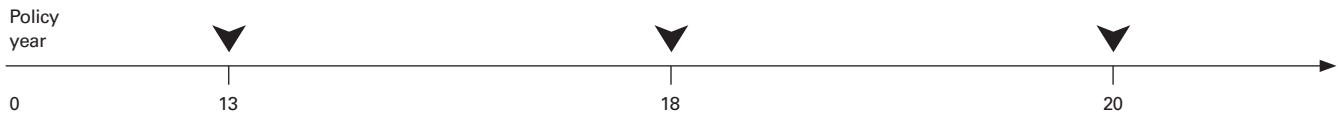
The claim amount is equal to 20% of the Sum Insured of Basic Plan.

HKD400,000

An advance payment of HKD400,000 is deducted from Base Critical Illness Benefit.

Optional Early Stage Critical Illness Benefit (Advance Payment)
 In the 20th policy year, the Life Insured is diagnosed with **Early Cardiomyopathy (Non-cancer Illness Group)** again.

This event cannot be claimed as the same illness has been claimed in the 18th policy year. Each of the 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.



Example notes:

- i Age means your age at your next birthday.
- ii Additional premium for the optional Early Stage Critical Illness Benefit (Advance Payment) is included (Annual premium HKD4,580).
- iii Additional premium for the optional Early Stage Critical Illness Benefit (Advance Payment) is included (Annual premium HKD9,160).
- iv Multiple Critical Illness Benefit is subject to relevant waiting period for the respective Critical Illness Benefit claim, if the Life Insured is diagnosed with any one of the Critical Illnesses by a Registered Medical Practitioner, the Company will pay you an amount of Multiple Critical Illness Benefit is equal to 100% of the Sum Insured minus the relevant amount of claims being paid under Early Stage Critical Illness Benefit (applicable for the first claim against Critical Illness Benefit made under each of the 2 Illness Groups and only if claims has been made under the Early Stage Critical Illness Benefit, if selected, and such amount claimed has/have not been deducted from the Base Critical Illness Benefit payment in respect of the corresponding Illness Group, if any); or otherwise, 100% of the Sum Insured.

The illustrative examples are for reference only. Please refer to the product brochure for the Basic Plan for other illustrative examples. Please refer to the policy provisions for the detail terms and conditions.

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Additional protection

Female Benefit

Who is eligible for this benefit?

Provided that the Life Insured is female and her Insurance Age[^] is within the issue age range of the Basic Plan* and is between 19 and 60, you can opt for the Supplementary Benefit at an additional premium.

What does it cover?

- This benefit provides protection for Female Diseases, Pregnancy Complications and Congenital Anomalies as set out in the table below.
- Female Diseases include Carcinoma-in-situ and Systemic Lupus Erythematosus.
- Pregnancy Complications covers some common complications that arise from pregnancy.
- Congenital Anomalies covers common congenital diseases of the Child of Life Insured such as Down's Syndrome.
- The Protection Amount for each coverage is 25% of the sum insured of the Basic Plan subject to a maximum of HKD240,000/USD30,000.
- The sum insured of the Policy will not be affected as a result of the payment of any benefit under this Supplementary Benefit.

Coverage	Covered illness
Female Disease <i>(coverage until the age of 65[^] of the Life Insured)</i>	<ul style="list-style-type: none"> • Carcinoma-in-situ (breast, cervix uteri, vagina, ovary, fallopian tube or uterus) • Systemic Lupus Erythematosus with Lupus Nephritis
Pregnancy Complications <i>(coverage until the age of 45[^] of the Life Insured)</i>	<ul style="list-style-type: none"> • Disseminated Intravascular Coagulation • Choriocarcinoma and Hydatidiform Mole • Ectopic Pregnancy
Congenital Anomalies <i>(coverage until the age of 45[^] of the Life Insured)</i>	<ul style="list-style-type: none"> • Down's Syndrome • Spina Bifida • Tetralogy of Fallot • Anorectal Atresia • Tricho-oesophageal Fistula/Oesophageal Atresia • Patent Ductus Arteriosus • Cleft Palate, Cleft Lip and Palate • Absence of Two limbs • Transposition of Great Vessels • Congenital Hydrocephalus • Muscular Dystrophy • Neonatal Death of the Child

What is the premium payment period?

- The premium payment period is up to the age of 65[^] of the Life Insured. You should pay the premium for the entire premium payment period. 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.

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How is the premium of this benefit determined?

- The premium is determined according to the Insurance Age[^] of Life Insured and the Protection Amount.
- The premium may increase with the Insurance Age[^] of the Life Insured at any Policy Anniversary. A notice of such premium adjustment will be sent to the Policyholder no less than 30 days prior to it taking effect.

What doesn't it cover?

- (1) "Female Disease" does not include:
 - (i) Any pre-existing condition from which the Life Insured was suffering prior to the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest; or
 - (ii) Any illness contracted by the Life Insured within the first 60 days following the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest; or
 - (iii) Any Human Immunodeficiency Virus (HIV) or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) or any mutations, derivation or variations thereof.
- (2) No benefit will be paid for Pregnancy Complications or Congenital Anomalies arising within 300 days after the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is later.
- (3) No benefit will be paid for Pregnancy Complications or Congenital Anomalies resulting from fertility treatment, including in-vitro fertilisation.
- (4) No benefit will be paid for Female Disease if the Life Insured survives less than 30 days after the Life Insured has been first diagnosed as suffering from a Female Disease.
- (5) No benefit will be paid for Pregnancy Complications if the Life Insured survives less than 30 days after the Life Insured has been first diagnosed as suffering from a Pregnancy Complication.
- (6) No benefit will be paid for Congenital Anomalies if the Child survives less than 30 days after birth except Neonatal death of the Child.
- (7) No benefit will be paid for attempted suicide or self-inflicted illness or injury while sane or insane.
- (8) No benefit will be paid for wilful misuse of drugs, poison and/or alcohol.

When will this Supplementary Benefit terminate?

- This benefit will automatically terminate from the earliest of the following dates and the premium for this benefit shall cease to be payable:
 - (1) The time the Policy terminates, lapses, or whenever applicable, expires, is surrendered, is converted to reduced paid-up insurance or is converted to extended term insurance;
 - (2) When 100% of the Protection Amount of the Female Benefit has been paid for each of the three coverage; and
 - (3) On the Policy Anniversary at which the Insurance Age[^] of the Life Insured is 65.

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Important notes

- A claim has to be submitted within 90 days after the Life Insured becoming aware of suffering from a Female Disease, Pregnancy Complication or her Child is suffering from a Congenital Anomaly.
 - Only one claim is payable under each of the three coverage.
 - The Life Insured should not be insured by more than one Female Benefit with the Company.
 - Female Benefit may only be taken in conjunction with Major Illness Benefit.
 - The Company may discontinue this benefit by serving written notice to you no less than 30 days prior to effecting such discontinuance.
 - Inflation risk — cost of living is likely to be higher in the future than it is today due to inflation, therefore you may receive less from the Policy in real term in the future even if the Company meets all of its contractual obligations.
 - Premium Adjustment Risk — Premium may be adjusted at any Policy Anniversary. Any change in premium rate at the time of adjustment is based on factors including but not limited to actual claims experiences, outlook of future claims experiences, expenses incurred, etc. A notice of such premium adjustment will be sent to the Policyholder no less than 30 days prior to it taking effect.
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[^] Insurance Age means age at next birthday of the Life Insured.

* Please refer to the product brochure of the Basic Plan for the issue age range.

[▲] The Policy Anniversary at which the Life Insured reaches the specified age based on age at next birthday.

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Additional protection

Hospital Cash Benefit

Who is eligible for this benefit?

- Provided that the Insurance Age[^] of the Life Insured is within the issue age range of the Basic Plan* and is between 19 and 60, you can opt for this Supplementary Benefit at an additional premium.

What does it cover?

- If the Life Insured is hospitalised for more than 24 hours, you will receive a daily cash payment.
- The daily cash payment is up to a maximum of 730 days per hospitalisation.
- You will receive double daily cash payment if the Life Insured needs intensive care treatment or any unplanned overseas hospitalisation and you will receive only half of the daily cash payment if hospitalization is inside the Mainland China.
- This cover lasts up to Life Insured's age of 65[^].
- You can choose from two levels of benefit:

	Plan A	Plan B
Daily cash payment	HKD800/USD100	HKD1,600/USD200
Intensive care treatment	200% of the daily cash payment	
Unplanned hospitalisation outside Hong Kong or Mainland China	200% of the daily cash payment	
Hospitalisation in Mainland China	50% of the daily cash payment	
Maximum number of days per hospitalisation	730 days	

What is the premium payment period?

- The premium payment period is up to the age of 65[^] of the Life Insured. You should pay the premium for the entire premium payment period. 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.

How is the premium of the benefit determined?

- The premium is determined according to the Insurance Age[^] of the Life Insured and the level of benefit selected.
- The premium will increase with the Insurance Age[^] of the Life Insured at every Policy Anniversary. A notice of such premium adjustment will be sent to the Policyholder no less than 30 days prior to it taking effect.

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What doesn't it cover?

- The Company shall not be liable for and shall not pay any claims in respect of:
 - (1) Cosmetic or plastic surgery, dental oral or oro-surgical care and Treatment of any kind (save and except where provided in an operating theatre of a Hospital under general anaesthetic), eye refraction, eye tests or fitting of glasses or hearing aids. Surgical mechanical or chemical contraceptive methods of birth control or Treatment pertaining to infertility or in-vitro fertilization, or sterilization of either sex.
 - (2) Congenital and Pre-existing Conditions and certain Disabilities occurring during the first six months or first year (as the case may be) after the Issue Date of the Policy, effective date of this benefit or the effective date of last reinstatement (whichever is the latest).
 - (3) Expenses directly or indirectly arising from Human Immunodeficiency Virus (HIV) related Disability, including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutation, derivations or variations thereof, which proceeds from an HIV infection occurring prior to the effective dates of this benefit. For purposes of this exclusion, and HIV related disability emerging within five years of the effective date of this benefit will be conclusively presumed to proceed from an HIV infection occurring prior to the effective date of this benefit, in the absence of clear and convincing evidence to the contrary.
 - (4) Pregnancy, childbirth (including diagnostic tests for pregnancy and surgical delivery), miscarriage, abortion and prenatal or postnatal care.
 - (5) Routine or general checkups or routine blood tests, health examinations, checkups or tests not incidental to Treatment or diagnosis of a covered Disability, inoculation, medication or vaccination for immunization or quarantine purposes.
 - (6) Treatment directly or indirectly arising from any insanity, geriatric, pschyco-geriatric or psychiatric condition including but not confined to psychoses, neuroses, depression of any kind, anxiety, anorexia nervosa, bulimia, schizophrenia and other behavioral disorders.
 - (7) Injury, Illness, Sickness or Disease directly or indirectly resulting from or consequent upon:
 - (a) Drug addiction, venereal diseases, alcoholism, or wilful misuse of drugs or alcohol, attempted suicide or intentional self-inflicted injury or participating in an illegal activity.
 - (b) High risk occupations or activities including but not limited to engaging in or taking part in:
 - (i) Naval, military or air force service or operations;
 - (ii) Deep sea diving, mountaineering, aviation, parachuting, parasailing, daring feats or stunts, pot-holing, driving or riding in any kind of race, or work or activities involving dangerous or contaminable substances;
 - (c) War or any act of war, declared or undeclared, invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or terrorist act.
 - (8) Charges for accommodation and nursing in any establishment which for any reason is or has effectively become the place of domicile or permanent abode.
 - (9) Hospitalisation primarily for diagnostic scanning, X-ray examinations or physical therapy, convalescence, rehabilitation, rest or extended care.

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When will this Supplementary Benefit terminate?

This benefit will automatically terminate from the earlier of the following dates and the premium for this benefit shall cease to be payable:

- (1) The time the Policy terminates, lapses, or whenever applicable, expires, is surrendered, is converted to reduced paid-up insurance or is converted to extended term insurance; and
- (2) On the Policy Anniversary at which the Insurance Age[^] of the Life Insured is 65.

Important notes

- A claim has to be submitted within 60 days following termination of Treatment.
- The Life Insured shall not be covered by more than one Hospital Cash Benefit issued by the Company.
- No benefit shall be paid under this benefit if the Life Insured is on temporary or permanent location in a country or countries other than the Hong Kong SAR except where such temporary location does not exceed 90 days and the medical condition or Treatment has been incurred solely as the result of an Accident or emergency situation occurring in that other country or those other countries.
- The Company may discontinue this benefit by serving written notice to you no less than 30 days prior to effecting such discontinuance.
- Inflation risk — cost of living is likely to be higher in the future than it is today due to inflation, therefore you may receive less from the Policy in real term in the future even if the Company meets all of its contractual obligations.
- Premium Adjustment Risk — Premium may be adjusted at any Policy Anniversary. Any change in premium rate at the time of adjustment is based on factors including but not limited to actual claims experiences, outlook of future claims experiences, expenses incurred, etc. A notice of such premium adjustment will be sent to the Policyholder no less than 30 days prior to it taking effect.
- The information shown is intended as a general summary. You should read this factsheet in conjunction with the respective product brochure of Basic Plan and illustration. Please refer to the provisions of this Supplementary Benefit for the detailed terms and conditions.

February 2021

[^] Insurance Age means age at next birthday of the Life Insured.

* Please refer to the product brochure of the Basic Plan for the issue age range.

[^] The Policy Anniversary at which the Life Insured reaches the specified age based on age at next birthday.

‡ Please refer to the provisions of this Supplementary Benefit for such Disabilities.

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

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

Hospital Cash Benefit is an optional Supplementary Benefit underwritten by the Company.

The Hongkong and Shanghai Banking Corporation Limited (“HSBC”) is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agency of the Company for the distribution of life insurance products in the Hong Kong SAR. This product is a product of the Company but not HSBC, and it is only intended for sale through HSBC in the Hong Kong SAR.

In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

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Additional protection

Major Illness Benefit (Advance Payment) for Goal Access Universal Life Plan (Protection)

Who is eligible for this benefit?

- Provided that the Insurance Age[^] of the Life Insured is between 15 days after birth and 65 and is within the issue age range of the Basic Plan^{*}, you can opt for this Supplementary Benefit at an additional premium.

What does it cover?

- In the event that the Life Insured suffers from one of the Major Illnesses as mentioned in the table below, you will receive 100% of the Death Benefit of the Basic Plan in advance. Your Policy will be terminated after the Death Benefit has been paid[†].
- The cover lasts until the age of 99[^] of the Life Insured unless otherwise as specified in the table below.
- Major Illnesses that are covered under this benefit are:

1	Alzheimer's Disease	31	Loss of Hearing
2	Amputation of Feet due to Complications from Diabetes	32	Loss of Independent Existence (Cover starts after the Policy Anniversary at which Insurance Age [^] is 18 and before the Policy Anniversary at which Insurance Age [^] is 74)
3	Apallic Syndrome	33	Loss of Limbs
4	Aplastic Anaemia	34	Loss of One Limb and One Eye
5	Bacterial Meningitis	35	Loss of Speech
6	Benign Brain Tumour	36	Major Head Trauma
7	Blindness	37	Major Organ Transplant
8	Brain Surgery	38	Medullary Cystic Disease
9	Cancer	39	Motor Neurone Disease
10	Cardiomyopathy	40	Multiple Sclerosis
11	Chronic Adrenal Insufficiency (Addison's Disease)	41	Muscular Dystrophy
12	Chronic Relapsing Pancreatitis	42	Myasthenia Gravis
13	Coma	43	Myelofibrosis
14	Coronary Artery Bypass Surgery	44	Necrotising Fasciitis
15	Creutzfeldt-Jacob Disease (CJD)	45	Other Serious Coronary Artery Disease
16	Crohn's Disease	46	Paralysis
17	Dissecting Aortic Aneurysm	47	Parkinson's Disease
18	Ebola	48	Pheochromocytoma
19	Eisenmenger's Syndrome	49	Poliomyelitis
20	Elephantiasis	50	Primary Pulmonary Arterial Hypertension
21	Encephalitis	51	Progressive Scleroderma
22	End Stage Liver Failure	52	Progressive Supranuclear Palsy
23	End Stage Lung Disease	53	Severe Rheumatoid Arthritis
24	Fulminant Hepatitis	54	Severe Ulcerative Colitis
25	Heart Attack	55	Stroke
26	Heart Valve Surgery	56	Surgery to Aorta
27	Hemiplegia	57	Systemic Lupus Erythematosus with Lupus Nephritis
28	HIV Due to Blood Transfusion and Occupationally Acquired HIV	58	Terminal Illness (Cover starts on the Policy Anniversary at which Insurance Age [^] is 65)
29	Infective Endocarditis	59	Third Degree Burns
30	Irreversible Kidney Failure	60	Tuberculosis Meningitis

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- What is the premium payment period?**
- The premium payment period follows that of the Basic Plan. You should pay the premium for the entire premium payment period. 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.

- How is the premium of this benefit determined?**
- During the premium payment period, the premium is determined according to the Insurance Age^A and sex of the Life Insured, the sum insured of the Basic Plan and whether the Life Insured smokes at the time of the policy issuance. The premium for this benefit, after deduction of Policy Premium Charge, will be allocated to the Account Value of the Basic Plan.

- What are the charges for this benefit?**
- A Policy Premium Charge deduction will be applied to premiums for this benefit before such premiums are allocated to the Account Value of the Policy.
 - A monthly Insurance Charge for this benefit, which may be increased by the Company from time to time, is paid via deduction from the Account Value of the Policy to provide protection of this benefit.

For details of these charges, please refer to the respective product brochure of Basic Plan and the provisions of this benefit.

- What doesn't it cover?**
- "Major Illness" does not include:
 - (1) Any pre-existing condition from which the Life Insured was suffering prior to the Issue Date of the Policy, the effective date of this benefit or the effective date of last reinstatement/last change of Life Insured, whichever is the latest; or
 - (2) Any illness contracted by the Life Insured within the first 60 days following the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement/last change of Life Insured, whichever is the latest, except caused by Accident; or
 - (3) 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 Major Illness "HIV Due to Blood Transfusion and Occupationally Acquired HIV").

- When will this Supplementary Benefit terminate?**
- This benefit will automatically terminate from the earlier of the following dates and the premium for this benefit shall cease to be payable:
 - (1) The time the Policy terminates, lapses, or whenever applicable, expires, is surrendered, is converted to reduced paid-up insurance or is converted to extended term insurance; and
 - (2) On the payment of this Major Illness Benefit (Advance Payment).

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Important notes

- A claim must be submitted within 90 days of becoming aware that the Life Insured suffers from one of the Major Illness.
- If the Life Insured is diagnosed in the Mainland China as suffering from one of the major illnesses, medical evidence proof which establishes the validity of the claim must be provided by a Designated Mainland China Hospital[#].
- When this Supplementary Benefit becomes payable, the Policy together with all Supplementary Benefits (if any) will be terminated.
- Inflation risk-cost of living is likely to be higher in the future than it is today due to inflation, therefore you may receive less from the Policy in real term in the future even if the Company meets all of its contractual obligations.
- Premium Adjustment Risk-Premium may be adjusted at any Policy Anniversary. Any change in premium rate at the time of adjustment is based on factors including but not limited to actual claims experiences, outlook of future claims experiences, expenses incurred, etc. A notice of such premium adjustment will be sent to the Policyholder no less than 30 days prior to it taking effect.
- The information shown is intended as a general summary. You should read this factsheet in conjunction with the respective product brochure of Basic Plan and illustration. Please refer to the provisions of this Supplementary Benefit for the detailed terms and conditions.
- You can request to cancel the above benefit after the cooling-off period. You must give at least 10 days' prior written notice to the Company that you wish to cancel the benefit. Please refer to the relevant policy provisions for the detailed terms, conditions and exclusions.

February 2021

[^] Insurance Age means age at next birthday of the Life Insured.

^{*} Please refer to the product brochure of the Basic Plan for the issue age range.

[‡] Please refer to Major Illness Benefit (Advance Payment) provisions for details of the definition of covered Major Illnesses, exclusions and the conditions for payment of this benefit.

[▲] The Policy Anniversary at which the Life Insured reaches the specified age based on age at next birthday.

[#] For the "Major Illness Benefit – Designated Mainland China Hospitals List", please refer to www.hsbc.com.hk (HSBC > Insurance > Download Forms and Documents > Life Insurance) or call our HSBC Insurance Service Hotline on (852) 2583 8000. Please note that the hospital list may be updated from time to time by the Company without any prior notice.

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

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

Major Illness Benefit (Advance Payment) is an optional Supplementary Benefit underwritten by the Company.

The Hongkong and Shanghai Banking Corporation Limited ("HSBC") is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agency of the Company for the distribution of life insurance products in the Hong Kong SAR. This product is a product of the Company but not HSBC, and it is only intended for sale through HSBC in the Hong Kong SAR.

In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

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Additional protection

Major Illness Benefit

(applicable to Chinese Mainlander Life Insured)

Who is eligible for this benefit?

- Provided that the Insurance Age[^] of the Life Insured is within the issue age range of the Basic Plan* and is between 19 and 60, you can opt for this Supplementary Benefit at an additional premium.

What does it cover?

- In the event that the Life Insured suffers from one of the Major Illnesses, you will receive a lump sum cash payment (Protection Amount).
- There is a choice of benefit payment option(s) – additional payment or advance payment. Under additional payment option, the original sum insured of the Policy remains unchanged following a claim for this benefit. Under the advance payment option, the sum insured of the Policy is reduced by the amount of the payment.

	Additional payment	Advance payment
After payment of a Major Illness Benefit	Sum insured of the Policy remains unchanged.	Sum insured of the Policy will be reduced by the payment. The guaranteed cash values and premium will also be reduced in accordance with the reduced sum insured of the Policy.
This cover lasts	Up to Life Insured's age of 65 [^] , or expiry of the benefit period of the Basic Plan, whichever is earlier.	Up to Life Insured's age of 99 [^] , or expiry of the benefit period of the Basic Plan, whichever is earlier.

- Common Major Illnesses include heart attack, stroke, cancer and terminal illness.
- Major illnesses that are covered under this benefit include:

1 Heart Attack	19 Motor Neurone Disease
2 Coronary Artery Bypass Grafting	20 Muscular Dystrophy
3 Stroke	21 Heart Valve Replacement
4 Cancer	22 Surgery to Aorta
5 Kidney Failure	23 Fulminant Viral Hepatitis
6 Paraplegia/Paralysis	24 Pulmonary Arterial Hypertension
7 Major Organ Transplant	25 Chronic Liver Disease
8 Blindness	26 Terminal Illness
9 Loss of Hearing	27 Bacterial Meningitis
10 Loss of Speech	28 Major Burns
11 Loss of Limbs	29 Encephalitis
12 Coma	30 Aplastic Anaemia
13 Benign Brain Tumour	31 Cardiomyopathy
14 Brain Damage	32 Loss of Independent Existence
15 Poliomyelitis	33 Severe Rheumatoid Arthritis
16 Multiple Sclerosis	34 Apallic Syndrome
17 Parkinson's Disease	35 Vegetative State (Persistent)
18 Alzheimer's Disease	

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What is the premium payment period?

- The premium payment period is up to the age of 65^{▲†} and 99^{▲†} of the Life Insured for Additional Payment option and Advanced Payment option respectively. You should pay the premium for the entire premium payment period. 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.

How is the premium of the benefit determined?

- The premium is determined according to the Insurance Age[▲] and sex of the Life Insured, the Protection Amount and whether the Life Insured smokes. If this benefit is attached to a term life plan, the premium will increase according to the Insurance Age[▲] of the Life Insured upon each renewal/premium adjustment of the Basic Plan.

What doesn't it cover?

- "Major Illness" does not include:
 - (1) Any pre-existing condition from which the Life Insured was suffering prior to the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest; or
 - (2) Any illness contracted by the Life Insured within the first 60 days following the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest; or
 - (3) Any Human Immunodeficiency Virus (HIV) or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) or any mutations, derivation or variations thereof.

When will this Supplementary Benefit terminate?

- This benefit will automatically terminate from the earliest of the following dates and the premium for this benefit shall cease to be payable:
 - (1) The time the Policy terminates, lapses, or whenever applicable, expires, is surrendered, is converted to reduced paid-up insurance or is converted to extended term insurance;
 - (2) On the payment of the Protection Amount of this Major Illness Benefit; and
 - (3) On the Policy Anniversary at which the Insurance Age[▲] of the Life Insured is 65 (whereby applicable to Additional Payment option is elected).

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Important notes

- A claim must be submitted within 90 days of becoming aware that the Life Insured suffers from a Major Illness.
- If the Life Insured is diagnosed in the Mainland China as suffering from a Major Illness, medical evidence proof that is satisfactory to us must be provided by a designated Mainland China Hospital[#].
- Under the advance payment option, you can select the Protection Amount equivalent to 50% of sum insured of the Basic Plan.
- Under the additional payment option, you can select the Protection Amount of up to 50% of sum insured of the Basic Plan.
- Total benefit payable under multiple Major Illness Benefit cover (both additional and advance payment options) is subject to a maximum of HKD2,000,000/USD250,000 per Life Insured.
- Inflation risk — cost of living is likely to be higher in the future than it is today due to inflation, therefore you may receive less from the Policy in real term in the future even if the Company meets all of its contractual obligations.
- Premium Adjustment Risk — premium may be adjusted at any Policy Anniversary. Any change in premium rate at the time of adjustment is based on factors including but not limited to actual claims experiences, outlook of future claims experiences, expenses incurred, etc. A notice of such premium adjustment will be sent to the Policyholder no less than 30 days prior to it taking effect.
- The information shown is intended as a general summary. You should read this factsheet in conjunction with the respective product brochure of Basic Plan and illustration. Please refer to the provisions of this Supplementary Benefit for the detailed terms and conditions.
- You can request to cancel the above benefit after the cooling-off period. You must give at least 10 days' prior written notice to the Company that you wish to cancel the benefit. Please refer to the relevant policy provisions for the detailed terms, conditions and exclusions.

February 2021

[^] Insurance Age means age at next birthday of the Life Insured.

^{*} Please refer to the product brochure of the Basic Plan for the issue age range.

[^] The Policy Anniversary at which the Life Insured reaches the specified age based on age at next birthday

[†] Subject to the benefit period of the Basic Plan to which this benefit is attached.

[#] For the "Major Illness Benefit — Designated Mainland China Hospitals List", please refer to www.hsbc.com.hk (HSBC > Insurance > Download Forms and Documents > Life Insurance) or call our HSBC Insurance Service Hotline on (852) 2583 8000. Please note that the hospital list may be updated from time to time by the Company without any prior notice.

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Major Illness Benefit is an optional Supplementary Benefit underwritten by the Company.

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In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

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Additional protection

Major Illness Benefit

Who is eligible for this benefit?

- Provided that the Insurance Age[^] of the Life Insured is within the issue age range of the Basic Plan* and is between 19 and 60, you can opt for this Supplementary Benefit at an additional premium.

What does it cover?

- In the event that the Life Insured suffers from one of the Major Illnesses, you will receive a lump sum cash payment (Protection Amount).
- There is a choice of benefit payment option(s) – additional payment or advance payment. Under additional payment option, the original sum insured of the Policy remains unchanged following a claim for this benefit. Under the advance payment option, the sum insured of the Policy is reduced by the amount of the payment.

	Additional payment	Advance payment
After payment of a Major Illness Benefit	Sum insured of the Policy remains unchanged.	Sum insured of the Policy will be reduced by the payment. The guaranteed cash values and premium will also be reduced in accordance with the reduced sum insured of the Policy.
This cover lasts	Up to Life Insured's age of 65 [^] , or expiry of the benefit period of the Basic Plan, whichever is earlier.	Up to Life Insured's age of 99 [^] , or expiry of the benefit period of the Basic Plan, whichever is earlier.

- Common Major Illnesses include heart attack, stroke, cancer and terminal illness.
- Major Illnesses that are covered under this benefit include:

1 Heart Attack	19 Motor Neurone Disease
2 Coronary Artery Bypass Grafting	20 Muscular Dystrophy
3 Stroke	21 Heart Valve Replacement
4 Cancer	22 Surgery to Aorta
5 Kidney Failure	23 Fulminant Viral Hepatitis
6 Paraplegia/Paralysis	24 Pulmonary Arterial Hypertension
7 Major Organ Transplant	25 Chronic Liver Disease
8 Blindness	26 Terminal Illness
9 Loss of Hearing	27 Bacterial Meningitis
10 Loss of Speech	28 Major Burns
11 Loss of Limbs	29 Encephalitis
12 Coma	30 Aplastic Anaemia
13 Benign Brain Tumour	31 Cardiomyopathy
14 Brain Damage	32 Loss of Independent Existence
15 Poliomyelitis	33 Severe Rheumatoid Arthritis
16 Multiple Sclerosis	34 Apallic Syndrome
17 Parkinson's Disease	35 Vegetative State (Persistent)
18 Alzheimer's Disease	

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What is the premium payment period?

- The premium payment period is up to the age of 65^{▲†} and 99^{▲†} of the Life Insured for Additional Payment option and Advanced Payment option respectively. You should pay the premium for the entire premium payment period. 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.

How is the premium of the benefit determined?

- The premium is determined according to the Insurance Age[▲] and sex of the Life Insured, the Protection Amount and whether the Life Insured smokes. If this benefit is attached to a term life plan, the premium will increase according to the Insurance Age[▲] of the Life Insured upon each renewal/premium adjustment of the Basic Plan.

What doesn't it cover?

- "Major Illness" does not include:
 - (1) Any pre-existing condition from which the Life Insured was suffering prior to the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest; or
 - (2) Any illness contracted by the Life Insured within the first 60 days following the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest; or
 - (3) Any Human Immunodeficiency Virus (HIV) or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) or any mutations, derivation or variations thereof.

When will this Supplementary Benefit terminate?

- This benefit will automatically terminate from the earliest of the following dates and the premium for this benefit shall cease to be payable:
 - (1) The time the Policy terminates, lapses, or whenever applicable, expires, is surrendered, is converted to reduced paid-up insurance or is converted to extended term insurance;
 - (2) On the payment of the Protection Amount of this Major Illness Benefit; and
 - (3) On the Policy Anniversary at which the Insurance Age[▲] of the Life Insured is 65 (whereby applicable to Additional Payment option is elected).

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Important notes

- A claim must be submitted within 90 days of becoming aware that the Life Insured suffers from a Major Illness.
- If the Life Insured is diagnosed in the Mainland China as suffering from a Major Illness, medical evidence proof that is satisfactory to us must be provided by a Designated Mainland China Hospital[#].
- Under the advance payment option, you can select the Protection Amount equivalent to 50% to 100% of sum insured of the Basic Plan. Once 100% of sum insured of the Basic Plan is paid, the Policy to which this benefit is attached will terminate.
- Under the additional payment option, you can select the Protection Amount of up to 100% of sum insured of the Basic Plan.
- Total benefit payable under multiple Major Illness Benefit cover (both additional and advance payment options) is subject to a maximum of HKD6,000,000/USD750,000 per Life Insured.
- Inflation risk — cost of living is likely to be higher in the future than it is today due to inflation, therefore you may receive less from the Policy in real term in the future even if the Company meets all of its contractual obligations.
- Premium Adjustment Risk — premium may be adjusted at any Policy Anniversary. Any change in premium rate at the time of adjustment is based on factors including but not limited to actual claims experiences, outlook of future claims experiences, expenses incurred, etc. A notice of such premium adjustment will be sent to the Policyholder no less than 30 days prior to it taking effect.
- The information shown is intended as a general summary. You should read this factsheet in conjunction with the respective product brochure of Basic Plan and illustration. Please refer to the provisions of this Supplementary Benefit for the detailed terms and conditions.
- You can request to cancel the above benefit after the cooling-off period. You must give at least 10 days' prior written notice to the Company that you wish to cancel the benefit. Please refer to the relevant policy provisions for the detailed terms, conditions and exclusions.

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[^] Insurance Age means age at next birthday of the Life Insured.

^{*} Please refer to the product brochure of the Basic Plan for the issue age range.

[^] The Policy Anniversary at which the Life Insured reaches the specified age based on age at next birthday.

[†] Subject to the benefit period of the Basic Plan to which this benefit is attached.

[#] For the "Major Illness Benefit — Designated Mainland China Hospitals List", please refer to www.hsbc.com.hk (HSBC > Insurance > Download Forms and Documents > Life Insurance) or call our HSBC Insurance Service Hotline on (852) 2583 8000. Please note that the hospital list may be updated from time to time by the Company without any prior notice.

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Major Illness Benefit is an optional Supplementary Benefit underwritten by the Company.

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In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

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Additional protection

Total and Permanent Disability Benefit

Who is eligible for this benefit?

- Provided that the Insurance Age[^] of the Life Insured is within the issue age range of the Basic Plan* and is between 19 and 60, you can opt for this Supplementary Benefit at an additional premium.

What does it cover?

- This benefit covers disability that lasts for a continuous period of 183 days and that disability stops the Life Insured from working in any gainful occupation for the rest of the Life Insured's life.
- After any payment is made under this Supplementary Benefit, sum insured of the Policy will be reduced by such amount. The guaranteed cash values and premium payable will also be reduced accordingly as a result of the reduced sum insured of the Policy.
- If this Supplementary Benefit is attached to a Mortgage Protection Plan, its Protection Amount is equivalent to the then sum insured of the Mortgage Protection Plan. Such sum insured, and hence this Supplementary Benefit Protection Amount, changes monthly.
- This cover lasts up to Life Insured's age of 65[^].

What is the premium payment period?

- The premium payment period is up to age of 65[^] of the Life Insured. You should pay the premium for the entire premium payment period. 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.

How is the premium of this benefit determined?

- The premium is determined according to the Insurance Age[^] and sex of the Life Insured, the Protection Amount and whether the Life Insured smokes. If this benefit is attached to a term life plan, the premium will increase according to the Insurance Age[^] of the Life Insured upon each renewal/premium adjustment of the Basic Plan. Otherwise, the premium will stay level during the entire premium payment period.

What doesn't it cover?

- No benefit will be paid if this benefit was resulted directly or indirectly from any of the following:
 - (1) Any pre-existing condition from which the Life Insured was suffering prior to the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest;
 - (2) Wilful self-inflicted injury;
 - (3) Insanity or mental infirmity or disease;
 - (4) Committing or trying to commit a criminal offence;
 - (5) Taking or absorbing, accidentally or otherwise, any drug, medicine, sedative or poison, except as prescribed by a Registered Medical Practitioner;
 - (6) Engaging in hazardous sports (including mountaineering necessitating the use of ropes or guides, pot-holing, parachuting, skin-diving or other underwater pastimes, winter sports, racing of any kind other than on foot, steeple chasing or polo), other than those stated in the application;
 - (7) Entering, operating, or servicing, riding in or on, ascending or descending from any kind of device designed for flight in or beyond the earth's atmosphere except while the Life Insured is a passenger or air crew in an air craft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passage route.

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When will this Supplementary Benefit terminate?

- This benefit will automatically terminate from the earliest of the following dates and the premium for this benefit shall cease to be payable:
 - (1) The time the Policy terminates, lapses, or whenever applicable, expires, is surrendered, is converted to reduced paid-up insurance or is converted to extended term insurance;
 - (2) On the payment of Protection Amount of this Total and Permanent Disability Benefit; and
 - (3) On the Policy Anniversary at which the Insurance Age[^] of Life Insured is 65.

Important notes

- A claim must be submitted within 90 days of becoming aware that the Life Insured suffers from a Total and Permanent Disability.
- If the payment under this Supplementary Benefit Protection amounts to 100% of the sum insured of the Basic Plan, the Policy to which this benefit is attached will terminate.
- Benefit payable under the Total and Permanent Disability Benefit cover is subject to a maximum of HKD24,000,000/USD3,000,000 per life insured.
- Inflation Risk – cost of living is likely to be higher in the future than it is today due to inflation, therefore you may receive less from the Policy in real term in the future even if the Company meets all of its contractual obligations.
- The information shown is intended as a general summary. You should read this factsheet in conjunction with the respective product brochure of Basic Plan and illustration. Please refer to the provisions of this Supplementary Benefit for the detailed terms and conditions.

February 2021

[^] Insurance Age means age at next birthday of the Life Insured.

* Please refer to the product brochure of the Basic Plan for the issue age range.

[^] The Policy Anniversary at which the Life Insured reaches the specified age based on age at next birthday.

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Total and Permanent Disability Benefit is an optional Supplementary Benefit underwritten by the Company.

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In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

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Additional Protection

Waiver of Premium on Disability Benefit

Who is eligible for this benefit?

- Provided that the Life Insured holds a Hong Kong or Macau Identity Card, the Insurance Age[^] of the Life Insured is within the issue age range of the Basic Plan* and is between 19 and 60, you can opt for this Supplementary Benefit at an additional premium.

What does it cover?

- If the Life Insured becomes disabled for at least 183 days, the Company will pay future premiums on your behalf until the Life Insured's full recovery or till the end of the premium payment period (whichever is earlier).

What is the premium payment period?

- The premium payment period is up to age of 65[^] of the Life Insured. You should pay the premium for the entire premium payment period. 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.

How is the premium of this benefit determined?

- The premium is determined according to the Insurance Age[^] and sex of the Life Insured, the Protection Amount and whether the Life Insured smokes. If this benefit is attached to a term life plan, the premium will increase according to the Insurance Age[^] of the Life Insured upon each renewal/premium adjustment of the Basic Plan. Otherwise, the premium will stay level during the entire premium payment period.

What doesn't it cover?

- No premium will be waived if Disability was resulted directly or indirectly from any of the following:
 - (1) Any pre-existing condition from which the Life Insured was suffering prior to the Issue Date of the Policy or the effective date of this benefit or the effective date of last reinstatement, whichever is the latest;
 - (2) Wilful self-inflicted injury;
 - (3) Insanity or mental infirmity or disease;
 - (4) Committing or trying to commit a criminal offence;
 - (5) Taking or absorbing, accidentally or otherwise, any drug, medicine, sedative or poison, except as prescribed by a Registered Medical Practitioner;
 - (6) Engaging in hazardous sports (including mountaineering necessitating the use of ropes or guides, pot-holing, parachuting, skin-diving or other underwater pastimes, winter sports, racing of any kind other than on foot, steeple chasing or polo), other than those stated in the application;
 - (7) Entering, operating, or servicing, riding in or on, ascending or descending from any kind of device designed for flight in or beyond the earth's atmosphere except while the Life Insured is a passenger or air crew in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.

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(continued)

When will this Supplementary Benefit terminate?

- This benefit will automatically terminate from the earlier of the following dates and the premium for this benefit shall cease to be payable:
 - (1) The time the Policy terminates, lapses, or whenever applicable, expires, is surrendered, is converted to reduced paid-up insurance or is converted to extended term insurance; and
 - (2) On the Policy Anniversary at which the Insurance Age[^] of the Life Insured is 65.

Important notes

- Benefits are payable where the Disability lasts for at least 183 days. Disability refers to the Life Insured's inability, as caused by disease or bodily injury, to work in any gainful occupation or regular occupation (as the case may be). After a continuous period of 730 days of such disability, this benefit will cease to be payable if such inability does not wholly prevent the Life Insured from working in any gainful occupation.
- Premium waived includes the premiums of both the Basic Plan and any Supplementary Benefits.
- A claim must be made within 90 days of the commencement of Disability.
- Inflation Risk – cost of living is likely to be higher in the future than it is today due to inflation, therefore you may receive less from the Policy in real term in the future even if the Company meets all of its contractual obligations.
- The information shown is intended as a general summary. You should read this factsheet in conjunction with the respective product brochure of Basic Plan and illustration. Please refer to the policy provisions of this Supplementary Benefit for the detailed terms and conditions.

February 2021

[^] Insurance Age means age at next birthday of the Life Insured.

* Please refer to the product brochure of the Basic Plan for the issue age range.

[^] The Policy Anniversary at which the Life Insured reaches the specified age based on age at next birthday.

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

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

Waiver of Premium on Disability Benefit is an optional Supplementary Benefit underwritten by the Company.

The Hongkong and Shanghai Banking Corporation Limited ("HSBC") is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agency of the Company for the distribution of life insurance products in the Hong Kong SAR. This product is a product of the Company but not HSBC, and it is only intended for sale through HSBC in the Hong Kong SAR.

In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

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