

Hospital Cash Benefit

This Supplementary Benefit (i.e. Hospital Cash Benefit) forms part of the Policy. Should any provisions of this Supplementary Benefit be inconsistent with any provisions of the Policy, the former shall prevail for the purpose of this Supplementary Benefit. Definitions used in this Supplementary Benefit where defined in the Policy shall have the same meaning as in the Policy except where specifically provided for in this Supplementary Benefit.

1. Definitions

“Accident” shall mean an unforeseen and unexpected event of violent, accidental, external and visible nature which shall independently of any other cause be the sole cause of bodily injury.

“Disability” or **“Disabilities”** shall mean Injury, Sickness, Disease or Illness and shall include all disabilities arising from the same cause including any and all complications arising therefrom, except that where after 90 days following the latest medical treatment or consultation no further treatment for the said disability is required, any subsequent disability from the same cause shall be considered a separate disability.

“Hospital” shall mean an establishment recognized, constituted and registered as such under the laws of the territory in which that establishment is situated as a hospital for the care and treatment of sick and injured persons as paying bed patients, and which (i) has facilities for diagnosis and major surgery, (ii) provides 24 hours a day nursing services by qualified and registered nurses, (iii) is under the supervision of a qualified and registered physician, and (iv) is not primarily a clinic, a place for alcoholics or drug addicts, a sanatorium, a nature care clinic, a health hydro, a nursing, rest or convalescent home or home for the aged or similar establishment.

“Hospital Confinement” shall mean confinement in a Hospital which must be for a minimum period of 6 consecutive hours before any Hospital Cash Benefits hereunder are payable.

“In-patient” shall mean a patient in a Hospital who occupies a bed over-night and for a minimum period of 6 consecutive hours, except that no minimum period of Hospital Confinement is required in respect of an operation incurred at a recognised day care centre owned and operated as such by a Hospital.

“Injury” shall mean bodily damage to the Life Insured caused solely by an Accident.

“Pre-existing Conditions” shall mean:

- (a) Disabilities which existed prior to the Issue Date of this Policy or the effective date of this Benefit or the effective date of last reinstatement, whichever is later, and which presented signs or symptoms of which the Life Insured was aware or should reasonably have been aware.
- (b) The following Disabilities when occurring during the first year after the Issue Date of this Policy or the effective date of this Benefit or the effective date of last reinstatement, whichever is later (but not to the exclusion of all others):
 - (i) Tumours of Internal Organs
 - (ii) Haemorrhoids
 - (iii) Diseased Tonsils Requiring Surgery

- (iv) Pathological Abnormalities of Nasal Septum or Turbinates
 - (v) Hyperthyroidism
 - (vi) Cataracts
 - (vii) Sinus Conditions requiring surgery
 - (viii) Hallux Valgus
- (c) The following Disabilities when occurring during the first six months after the Issue Date of this Policy or the effective date of this Benefit or the effective date of last reinstatement, whichever is later (but not to the exclusion of all others):
- (i) Tuberculosis
 - (ii) Anal Fistulae
 - (iii) Gall Stones
 - (iv) Calculii of Kidney, Urethra or Bladder
 - (v) Hypertension or Cardio Vascular Disease
 - (vi) Gastric or Duodenal Ulcer
 - (vii) Tumours of skin, muscular tissue, bone tumours or malignancies of blood or bone marrow
 - (viii) Diabetes Mellitus

“Registered Medical Practitioner” means any Medical Practitioner duly qualified and legally registered as such under the Medical Registration Ordinance of the Hong Kong SAR or any amendment thereto, or otherwise authorised and entitled to practise western medicine in any other country/region as accepted by us in accordance with the laws of that country/region and who is other than the Life Insured or the Policyholder or a member of the Life Insured’s or the Policyholder’s immediate family.

“Sickness”, “Diseases” or “Illness” shall mean a physical condition marked by a pathological deviation from the normal healthy state.

“Treatment” shall mean surgical or medical procedures, the sole purpose of which is the cure or relief of Injury, Sickness, Disease or Illness.

2. Benefit

- (a) Subject to all the terms herein, we will pay the Protection Amount of Hospital Cash Benefit as defined and stated in Policy Schedule on a daily basis when upon recommendation of a Registered Medical Practitioner the Life Insured is registered as an In-patient in a Hospital for the treatment of a covered Disability. The Benefit shall be payable from the first day of Hospital Confinement up to the date of discharge but not exceeding 730 days per Disability while this Benefit is in force.
- (b) This Benefit shall take effect from the Effective Date of this Benefit or the date of last reinstatement, whichever is later, provided the premium for this Benefit due has been received by the Company.

- (c) Should intensive care treatment during hospitalisation, or hospitalisation outside the Hong Kong SAR and mainland China in the case of Accidents or emergencies certified by a Registered Medical Practitioner be required, the amount payable for those days will be double that of the limits as the Protection Amount stated in the Policy Schedule.
- (d) Should hospitalisation inside mainland China certified by a Registered Medical Practitioner be required, the amount payable for those days will be 50% of the limits as the Protection Amount of Hospital Cash Benefit as defined and stated in Policy Schedule. Subject to all the terms herein, the Benefit shall be payable from the first day of Hospital Confinement up to the date of discharge but not exceeding 90 days per Disability while this Benefit is in force.

3. Exceptions

The Company shall not be liable for and shall not pay any claims in respect of any of the following:

- (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.
- (3) Any signs or symptoms first occurred or diagnosed prior to the Issue Date, or within the first thirty (30) days following the Issue Date, the Policy Effective Date or the effective date of last reinstatement, whichever is the earliest.
- (4) 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.
- (5) Pregnancy, childbirth (including diagnostic tests for pregnancy and surgical delivery), miscarriage, abortion and prenatal or postnatal care.
- (6) Routine or general check ups or routine blood tests, health examinations, check ups or tests not incidental to treatment or diagnosis of a covered disability, inoculation, medication or vaccination for immunization or quarantine purposes.
- (7) 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.
- (8) 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.
- (9) Charges for accommodation and nursing in any establishment which for any reason is or has effectively become the place of domicile or permanent abode.
- (10) Hospitalisation primarily for diagnostic scanning, X-ray examinations or physical therapy, convalescence, rehabilitation, rest or extended care.

4. Renewal Privilege

The Company has the right to adjust the premium for this Benefit upon no less than 30 days written notice to the Policyholder prior to such effective date of adjustment. This Benefit shall be automatically renewed, subject to any premium adjustment and the Discontinuance and Termination provisions, on every 10 years from the Policy Effective Date of Basic Plan subject to the continued payment of premiums when due until the Policy is terminated.

5. Duplicate Application

A Life Insured shall not be covered under more than one Policy attached with Hospital Cash Benefit issued by the Company. In the event that a Life Insured is covered under more than one such Policy, the Company will consider that Life Insured to be insured under the Policy which provides the greatest amount of Hospital Cash Benefit. When the Hospital Cash Benefit under each such Policy is identical, the Company will consider that Life Insured to be insured under the Policy first issued. The Company will refund any duplicated insurance premium payment which may have been made by or on behalf of that Life Insured.

6. Claim

- (a) A claim must be made within 90 days after termination of Treatment for the Disability for which the claim is being made. If the claim is not made within that period, we will not be liable to pay the Hospital Cash Benefit unless we are satisfied that it was not reasonably possible to make such a claim within the period specified in the above, and that the claim was made as soon as was reasonably possible.
- (b) The Life Insured shall furnish the certificates, information and evidence as we may require at his own expense.
- (c) It is a condition precedent to any liability being assumed by the Company that satisfactory proof of a valid claim has been received.
- (d) No benefit shall be paid under this Benefit if the Life Insured is on temporary or permanent location in a country/region or countries/regions 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/region or those other countries/regions.

- (e) All amount payable under this Benefit will be made in Hong Kong Dollar. If the currency and the Protection Amount is expressed in a currency other than Hong Kong dollars, amount payable will be converted to Hong Kong Dollars at the prevailing exchange rate (as determined by us) on the date that the payment takes place. The payment will be made by the Company or other company within HSBC Insurance Group as authorised by the Company from time to time.

7. Discontinuance

This Benefit may be discontinued upon written request to the Company and upon the endorsement by the Company on this Policy of such discontinuance.

The Company may similarly discontinue the Benefit by serving written notice to the Policyholder no less than 30 days prior to effecting such discontinuance.

8. Termination

This Benefit will automatically terminate and the premium for this Benefit shall cease to be payable:

- (a) if whenever applicable, this Policy terminates, expires, lapses, is surrendered in accordance with the relevant provisions of this Policy; or
- (b) the Benefit Cessation Date as stated in Policy Schedule 1.

9. Rights of Third Parties

This Supplementary Benefit forms part of the Policy and no person other than you and us will have any rights to enforce the provisions of this Supplementary Benefit.