

# Chubb Assured Medical Series

Stay Protected Amidst Change

CHUBB®  
安達人壽





# Chubb Assured Medical Series

The world has changed, uncertainty is the new normal. At times like this we feel uncertain that the coverage we have will protect us today and in the future. At Chubb Life we're embracing change. Our Chubb Assured Medical Series ("Chubb Assured") is a Hospital & Surgical plan providing full cover<sup>(1)</sup> for eligible medical expenses. Chubb Assured supports you and your family during the ever-changing today and tomorrow, so that you can be certain of your medical cover even in the most uncertain times.

## Why Chubb Assured?

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### Flexible options

- 3 options on Area of Cover <sup>(2)(3)(4)</sup>: Worldwide, Worldwide excluding US, Asia (including Australia and New Zealand)
- 2 Room Classes<sup>(5)</sup>: Standard Private, Semi-Private
- 3 options on Annual Deductible<sup>(6)</sup>: HK\$0/ HK\$25,000/ HK\$50,000



### Full cover for medical expenses

Medical expenses such as Surgeon's fees, intensive care, advanced diagnostic imaging, pre- and post-hospitalization/ Day Surgery consultation are fully covered up to the applicable Annual Limit and Lifetime Limit.



### No Claim Deductible Dollars

If no benefits have been paid by us under this Policy for 2 consecutive years immediately preceding a Policy Anniversary, Chubb Assured offers a 10% discount on your selected Annual Deductible Option in the following Policy Year. Such discount will be applied once every 2 consecutive Policy Years and can accumulate and reach up to 100% of the Annual Deductible Option. This means that your Annual Deductible can be reduced to zero.

Your entitlement to the No Claim Deductible Dollars will not be affected by the payment of the following benefit items:

- Hospital Cash Benefit
- Lower Room Class Cash Benefit
- Caregiver Daily Cash Benefit<sup>(7)</sup>
- Day Surgery Benefit
- Day Surgery Cash Benefit

For details, please refer to the illustration "How does No Claim Deductible Dollars work?".



### Waiver of Annual Deductible (Attentive Care Benefit)

The Annual Deductible will be waived upon the diagnosis of 14 Designated Critical Illnesses (including Cancer, Stroke and Heart Attack) so the Insured can focus on recovery.



### Cashless hospitalization<sup>(8) (10)</sup> - local and overseas

The Insured can enjoy cashless hospitalization at designated private Hospitals in Hong Kong and overseas. We will pay the Hospital and surgical expenses directly on the Insured's behalf subject to the pre-approved limit, so that the Insured can save the hassle of settling Hospital bills and making a claim.



### Maximized value for your family

- **Caregiver Daily Cash Benefit<Unique\*>**

Caring for a loved one takes financial and emotional toll on the Caregiver. If the Insured is Confined in a Hospital for 3 days or more, a daily cash benefit is payable to the Caregiver (if he or she is also an insured person under another Chubb Assured policy) to help him or her cope with the difficult time.

- **Child Discount<sup>(9)</sup>**

A 50% discount will be offered to the Premium on each Premium Due Date where the Owner is the parent or guardian of the Insured and is also an insured person under another Chubb Assured policy.



### Generous protection for serious Illnesses

- **Cancer Treatment covers the most advanced and up-to-date therapies**

With full cover for non-surgical cancer Treatments, the Insured doesn't need to worry about medical bills adding up if the Insured is diagnosed with cancer. Treatments such as chemotherapy, radiotherapy, target therapy, immunotherapy, hormonal therapy and proton therapy are fully covered up to the applicable Annual Limit and Lifetime Limit so the Insured can focus on recovery.

- **Stroke Rehabilitation Benefit**

If the Insured is diagnosed with Stroke, Chubb Assured offers extra protection to address the Insured's daily needs and self-care capabilities after being discharged from Hospital. These include:

- home facility enhancements
- professional medical support
- Disability subsidy

\* Based on available market information as of 30 August 2020.



### Value-added services

- **24/7 Hotline<sup>(10)</sup>**

Our hotline is at your service 24 hours a day, 7 days a week.

- **Alternative Medical Advice Service<sup>(10)</sup>**

The Insured is offered membership to Alternative Medical Advice Service. Once diagnosed with Designated Critical Illnesses, the Insured can use this service to access independent medical advice provided by a panel of world-class Specialists recommended by some of the leading medical institutions in the United States.

- **Worldwide Emergency Assistance Services<sup>(10)</sup>**

The Insured will enjoy membership to 24-hour Worldwide Emergency Assistance Services. With this membership the Insured can travel anywhere in the world knowing his or her health and welfare needs are all taken care of.



### Specialist Network<sup>(10)</sup>

Our Specialist network can give extra assurance when the Insured needs further medical information or assistance by providing:

- a professional group of Specialists
- day surgery centres
- booking hotline
- assistance on Hospital admission and settling your Hospital bill

<sup>(10)</sup>“Chubb Life”, the “Company”, “we”, “our” or “us” herein refers to Chubb Life Insurance Company Ltd. (Incorporated in Bermuda with Limited Liability).

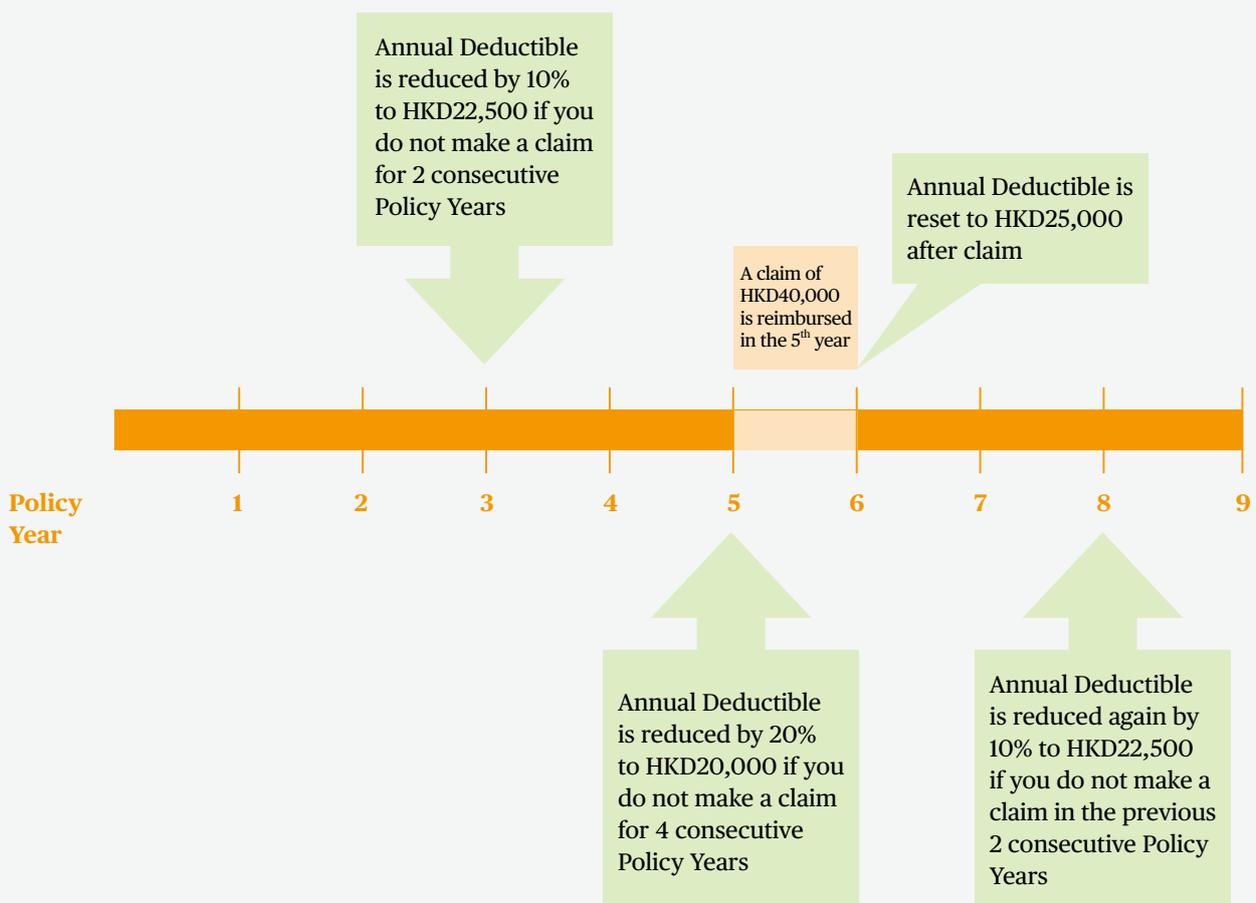
## How does No Claim Deductible Dollars work?

If no benefits have been paid by us under this Policy for 2 consecutive years immediately preceding a Policy Anniversary, Chubb Assured offers a 10% discount on the selected Annual Deductible Option in the following Policy Year. Even if you have received Hospital Cash Benefit, Lower Room Class Cash Benefit, Caregiver Daily Cash Benefit, Day Surgery Benefit or Day Surgery Cash Benefit, your eligibility for this discount will not be affected.

No Claim Deductible Dollars are only applicable when the Annual Deductible selected is HKD25,000 or HKD50,000. Please refer to the Policy provisions for details.

### **Illustration**

Annual Deductible: **HKD25,000**



## Benefit Schedule

The following benefit items are for reference only. Please refer to the Policy provisions for details.

	Maximum Limit <sup>(i)</sup> (HK\$)		
Plan Level	Plan 1	Plan 2	Plan 3
Area of Cover	Worldwide	Worldwide Excluding US	Asia
Lifetime Limit	\$60,000,000	\$45,000,000	\$30,000,000
Annual Limit	\$20,000,000	\$15,000,000	\$10,000,000
Room Class	Standard Private	Standard Private	<ul style="list-style-type: none"> <li>▪ China (including Hong Kong and Macau: Semi-Private)</li> <li>▪ Asia (excluding China, Hong Kong and Macau): Standard Private</li> </ul>
Annual Deductible	\$0/ \$25,000/ \$50,000		
<b>PART I. CONFINEMENT BENEFITS</b>			
(1) Daily Room and Board Benefit	Full Cover		
(2) Physician's Fee Benefit			
(3) Specialist's Fee Benefit			
(4) Intensive Care Benefit (up to 30 days per Policy Year)			
(5) Miscellaneous Expenses Benefit			
(6) Private Nurse's Fee Benefit (up to 30 days per Policy Year)			
(7) Companion's Bed Benefit			
(8) Psychiatric Treatment Benefit (up to 45 days per Policy Year)	\$50,000		
(9) Palliative Care Benefit	\$280,000 per lifetime (including home care Treatment: \$80,000)	\$180,000 per lifetime (including home care Treatment: \$50,000)	
	(within 90 days immediately following discharge from Hospital)		
(10) Hospital Cash Benefit <sup>(ii)</sup> (up to 30 days per Policy Year)	\$1,600 per day	\$1,200 per day	\$800 per day
(11) Lower Room Class Cash Benefit <sup>(ii)</sup> (up to 30 days per Policy Year)	\$1,600 per day	\$1,200 per day	\$800 per day
(12) Caregiver Daily Cash Benefit <sup>(iii)</sup> (up to 30 days per Policy Year)	\$800 per day		

## PART II. SURGICAL BENEFITS

<b>(1) Surgeon's Fee Benefit</b>	Full Cover		
<b>(2) Anaesthetist's Fee Benefit</b>			
<b>(3) Operation Theatre Fee Benefit</b>			
<b>(4) Day Surgery Benefit<sup>(ii)</sup></b>			
<b>(5) Medical Appliances Benefit</b>	Full Cover		
(a) Specified Items <sup>(iii)</sup>			
(b) Non-specified Items			
<b>(6) Day Surgery Cash Benefit<sup>(ii)</sup></b> (up to 2 procedures per Policy Year)	\$1,600 per procedure	\$1,200 per procedure	\$800 per procedure

## PART III. PRE- & POST- HOSPITALIZATION BENEFITS

<b>(1) (a) Pre- Hospitalization/Day Surgery Consultation Benefit</b> <b>(b) Post- Hospitalization/Day Surgery Consultation Benefit</b>	Full Cover		
	Benefit (1a) : within 30 days before Confinement or Day Surgery performed; maximum 1 visit per day		
	Benefit (1b) : within 60 days immediately following discharge from Hospital or Day Surgery performed; maximum 1 visit per day		
	Benefits (1a) + (1b) : up to 30 visits per Policy Year		
<b>(2) Post- Hospitalization/Day Surgery Ancillary Benefit</b>	\$1,000 per visit	\$800 per visit	
- Chiropractor/ Physiotherapist/ Speech Therapist/ Occupational Therapist/ Dietician/ Homeopathic Therapist/ Chinese Medicine Practitioner	(within 90 days immediately following discharge from Hospital or Day Surgery performed; maximum 1 visit per day; up to 30 visits per Policy Year)		
<b>(3) Post- Hospitalization/Day Surgery Home Nursing Fee Benefit</b>	Full Cover		
	(within 90 days immediately following discharge from Hospital or Day Surgery performed; up to 60 days per Policy Year)	(within 90 days immediately following discharge from Hospital or Day Surgery performed; up to 30 days per Policy Year)	

#### PART IV. EXTENDED BENEFITS

<b>(1) Cancer Treatment Benefit</b>	Full Cover																			
<b>(2) Kidney Dialysis Benefit</b>																				
<b>(3) HIV/AIDS Treatment Benefit</b>	\$1,000,000 per lifetime	\$800,000 per lifetime																		
<b>(4) Surgery on Organ Transplantation Benefit</b>	Full Cover																			
(a) Incurred by the Insurer																				
(b) Incurred by the donor			\$500,000 per Insured's lifetime																	
<b>(5) Advanced Diagnostic Imaging Benefit</b>	Full Cover (within 30 days before Confinement or within 90 days immediately following discharge from Hospital)																			
<b>(6) Stroke Rehabilitation Benefit</b>	<table border="1"> <tr> <td>(a) Home Facility Enhancement Benefit</td> <td>\$50,000 per lifetime</td> <td>\$30,000 per lifetime</td> </tr> <tr> <td colspan="3">(within 90 days immediately following discharge from Hospital)</td> </tr> <tr> <td>(b) Stroke Ancillary Benefit</td> <td>\$1,000 per visit</td> <td>\$800 per visit</td> </tr> <tr> <td>- Chiropractor/ Physiotherapist/ Speech Therapist/ Occupational Therapist/ Dietician/Neurosurgeon/ Neurologist/ Chinese Medicine Practitioner</td> <td colspan="2">(within 90 days immediately following discharge from Hospital; up to 45 visits per Policy Year)</td> </tr> <tr> <td>(c) Disability Subsidy Benefit</td> <td>\$5,000 per month</td> <td>\$3,000 per month</td> </tr> <tr> <td colspan="3">(up to 24 months per lifetime)</td> </tr> </table>		(a) Home Facility Enhancement Benefit	\$50,000 per lifetime	\$30,000 per lifetime	(within 90 days immediately following discharge from Hospital)			(b) Stroke Ancillary Benefit	\$1,000 per visit	\$800 per visit	- Chiropractor/ Physiotherapist/ Speech Therapist/ Occupational Therapist/ Dietician/Neurosurgeon/ Neurologist/ Chinese Medicine Practitioner	(within 90 days immediately following discharge from Hospital; up to 45 visits per Policy Year)		(c) Disability Subsidy Benefit	\$5,000 per month	\$3,000 per month	(up to 24 months per lifetime)		
(a) Home Facility Enhancement Benefit			\$50,000 per lifetime	\$30,000 per lifetime																
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(c) Disability Subsidy Benefit																				
(up to 24 months per lifetime)																				
<b>(7) Attentive Care Benefit</b>	Waive of Annual Deductible (if any) on diagnosed Designated Critical Illnesses <sup>(iv)</sup> in respect of such Confinement and/or Treatment																			

#### PART V. EMERGENCY TREATMENT BENEFITS

<b>(1) Emergency Accident Out-Patient Treatment Benefit</b>	Full Cover	
<b>(2) Emergency Accident Dental Treatment Benefit</b>		

#### PART VI. DEATH BENEFITS<sup>(v)</sup>

<b>(1) Compassionate Death Benefit</b>	\$150,000	\$100,000
<b>(2) Accidental Death Benefit</b>	\$150,000	\$100,000
<b>(3) Medical Negligence Benefit</b>	\$150,000	\$100,000

**Notes:**

- i. The payable amounts for the above benefits (I - V) are subject to the applicable Maximum Limit, Lifetime Limit, Annual Limit, and Annual Deductible (if any) as specified in the Benefit Schedule.
- ii. Annual Deductible or No Claim Deductible Dollars is not applicable to these Benefits.
- iii. Specified Items include pace maker; stents for Percutaneous Transluminal Coronary Angioplasty; intraocular lens; artificial cardiac valve; metallic or artificial joints for joint replacement; prosthetic ligaments for replacement or implantation between bones; prosthetic intervertebral disc; and implanted materials during reconstructive surgery.
- iv. The Designated Critical Illnesses include Amputation of One Foot due to Complication from Diabetes; Cancer; Coronary Artery Bypass Surgery; Dissecting Aortic Aneurysm; Eisenmenger's Syndrome; Heart Attack; Heart Valve and Structural Surgery; Idiopathic Dilated Cardiomyopathy; Infective Endocarditis; Major Organ Transplant; Primary Pulmonary Arterial Hypertension; Kidney Failure; Stroke; and Surgery to Aorta.
- v. The amounts payable for the Death Benefits are as specified in the Benefit Schedule.

## More about Chubb Assured

Basic Information	
<b>Product Type</b>	Basic Plan
<b>Policy Term and Premium Payment Term</b>	From Policy inception to Age 128
<b>Renewability</b>	Chubb Assured is guaranteed to be renewed annually as long as you pay the Premium when due and provided this plan continues to be made available by the Company at the time of renewal. We reserve the right to revise the Premium rates, Benefit Schedule and terms and conditions at the time of such renewal.
<b>Issue Age of the Insured</b>	Age 0 (15 days) - 75
<b>Premium Payment Mode</b>	Monthly / quarterly / semi-annual / annual
<b>Premium Structure</b>	<p>Premium will be adjusted every Policy Year based on the Premium rate (which generally will increase as the Age of the Insured increases) applicable to the Insured at that time.</p> <p>Note: Premium rates are not guaranteed. You should refer to the benefit illustration for the Premium calculated based on the current scale of Premium rates. Please also refer to the “Key Product Risks - Premium Adjustment” under the “Important Information” section in this product brochure for Premium rate adjustment factors. The Company reserves the right to review and adjust the Premium rates from time to time upon prior written notice to the Owner of the Policy.</p>
<b>Currency</b>	HK Dollar (HKD)
<b>Area of Cover</b>	Worldwide / Worldwide excluding US / Asia

## Remarks

- (1) Please refer to the Benefit Schedule for the items eligible for full cover. Full cover is only applicable to covered expenses and subject to the Maximum Limit, Annual Limit, Lifetime Limit, restricted Room Class and Annual Deductible set out in the Benefit Schedule. Please refer to the Policy provisions for details.
- (2) “Area of Cover” means one of the following:
  - a. “Worldwide” means anywhere in the world; or
  - b. “Worldwide excluding US” means anywhere in the world excluding the United States of America and US Minor Outlying Islands; or
  - c. “Asia” means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.
- (3) We will reduce the amount of benefit payable (except Death Benefits) under this Policy to 50% if:
  - a. the Insured’s Country of Residence at the time of Confinement or Treatment is the United States of America; or
  - b. the Insured is under Confinement or Day Surgery in the United States of America without obtaining our pre-approval unless it is directly due to Accident or Emergency.
- (4) All claims arising from hospitalization occurring in China shall be limited to any Hospital that is rated Class 3A or above in accordance with the Method of Classification of Hospitals as adopted by Ministry of Health of China or approved by us as set out in the “Covered Hospitals in Mainland China” list published on our website from time to time.
- (5) In any case if the Insured’s Confinement is in a room of higher level than the room class entitlement specified in the Benefit Schedule, whether voluntarily or involuntarily, the amount of benefit payable under Confinement Benefits and Surgical Benefits incurred during the period of Confinement will be reduced to:

- a. Applicable to Plan 1 and Plan 2:

Room class entitlement	Room class during Confinement	Room Adjustment Factor
Standard Private	Above Standard Private	Twenty-five percent (25%)

- b. Applicable to Plan 3:

Room class entitlement	Room class during Confinement	Room Adjustment Factor
China (including Hong Kong and Macau): Semi-Private	Standard Private	Fifty percent (50%)
	Above Standard Private	Twenty-five percent (25%)
Asia (excluding China, Hong Kong and Macau): Standard Private	Above Standard Private	Twenty-five percent (25%)

- (6) Annual Deductible is the amount of eligible expenses that is covered by you each Policy Year before we will reimburse the Insured’s eligible medical expenses. To offer you more flexibility as you prepare for your retirement, you may apply to lower the Annual Deductible of your Basic Plan at Age 50, 55, 60 or 65 of the Insured within 31 days before or after the relevant Policy Anniversary. This option can be exercised once during the lifetime of the Insured, and no underwriting is required.
- (7) “Caregiver” refers to the Insured’s spouse, child(ren), parents or parents-in-law.
- (8) Under this cashless hospitalization arrangement, we will directly pay the Insured’s eligible medical expenses to the Hospitals subject to the pre-approved limit. The cashless hospitalization is an administrative arrangement and is not part of the product features or benefits. We may in our absolute discretion vary or terminate the cashless hospitalization arrangement anytime without giving you prior notice. You will need to apply for this arrangement by submitting a form prescribed by us each time and before the Insured is admitted to Hospital. Any such application must be approved by us. If the medical expenses are more than the eligible claim limit, the Owner will have to pay the shortfall to us within 21 days from the date of the shortfall notice, failing which the shortfall amount will be automatically charged to the designated credit card provided during the application of cashless hospitalization arrangement. For details and terms and conditions of this arrangement, please refer to the “Chubb Assured Medical Series Customer Guide”. The giving of pre-authorization from the Company shall not be deemed as admission of the Company’s liability to pay and/ or reimburse the Owner and/ or the Insured under the Policy or a waiver of any breach of the terms and conditions of the Policy, if any.

- (9) The Child Discount shall be applicable to the Premium (excluding any premium loading as stated on the Policy Data Page) payable for a Policy (“Child Policy”) on each Premium Due Date provided that:
- the Age of the Insured of the Child Policy is 10 or below on the relevant Premium Due Date;
  - the Owner of the Child Policy is the Insured’s parent or guardian; and
  - the Owner of the Child Policy is also an insured person under another Chubb Assured policy (“Adult Policy”) and such Adult Policy must remain in force on the relevant Premium Due Date of the Child Policy.

For the avoidance of doubt:

- A maximum of 4 children can enjoy the Child Discount per parent or guardian.
  - If the Child Policy is issued subsequent to the Adult Policy, the Child Discount will be applied to the Child Policy from its first Premium Due Date.
  - If the Child Policy is issued before the Adult Policy, the Child Discount will be applied to the Child Policy from its next Premium Due Date.
  - If the Child Policy is cancelled during the cooling-off period, the Owner will receive the actual amount of Premium(s) paid for the Child Policy only.
  - If the Adult Policy is terminated, the Child Discount applicable to all the relevant policies will cease on the next premium due date of each of such policies.
- (10) Currently, these services are arranged through third-party service provider(s) which are independent contractors and are not our agents. These services are not part of the Policy or benefit item under the Policy provisions of Chubb Assured. Both the Company and the third-party service provider(s) reserve the right to terminate or vary the services in their sole discretion without further notice. We shall not be responsible for any act or failure to act on the part of the third-party service provider(s). We make no representation, warranty or undertaking as to any service offered, provided or procured by the third-party service provider(s). For details, please refer to the respective terms and conditions applicable to the services.
- (11) We will deduct any outstanding Premiums and/or loans together with accrued interest before paying the benefit.
- (12) In this product brochure, “Age” refers to the Insured’s age at the nearest birthday unless otherwise specified. “You” or “your” refers to the Owner of the Policy.
- (13) Cover for specific benefits will take effect after the specified Waiting period. Waiting period means the first 30 days from the Date of Issue of the Policy or the date of last reinstatement of the Policy, whichever is the latest. For the following Illnesses, the Waiting Period will be the first 120 days from the Date of Issue of the Policy or the date of last reinstatement of the Policy, whichever is the latest: Illness of tonsils, adenoid, hernia or a Disease particular to the female generative organs.
- (14) The HIV/AIDS Treatment Benefit is only payable if the signs or symptoms of such Illness first occur after the Policy has been effective for at least 5 consecutive Policy Years. This benefit is only payable once and is subject to the maximum amount payable as specified in the Benefit Schedule. Payment of this benefit shall be in lieu of all other benefits provided by this Policy in respect of such Confinement and Treatment for such Illness.
- (15) The Palliative Care Benefit is only payable once and is limited to the maximum amount payable for this benefit as specified in the Benefit Schedule. Payment of this benefit shall be in lieu of all other benefits (except Death Benefits) provided by this Policy in respect of such stay, care and nursing service and Treatment for such terminal illness. This benefit is only payable if the signs or symptoms of such terminal illness first occur after the Policy has been effective for at least 2 consecutive Policy Years.

## Important Information

**This product brochure is for general reference only and is not part of the Policy. Please refer to the Policy provisions for the definitions of capitalised terms. This product brochure provides an overview of the key features of this product and should be read along with other materials which cover additional information about this product. Such materials include, but not limited to, Policy provisions that contain exact terms and conditions, benefit illustrations (if any) and other Policy documents and other relevant marketing materials, which are all available upon request. You might also consider seeking independent professional advice if needed.**

Chubb Assured Medical Series is designed for individuals looking for long-term financial planning to meet their needs for financial protection against adversities and preparation for health care needs.

### Key Product Risks

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The following information helps you better understand the key product risks associated with this product that you may need to pay attention before Application.

- **Premium Payment Term**  
You should only apply for this product if you intend to pay the Premium for the whole of the Premium payment term. Should you cease paying Premiums early, your Policy may be terminated. You will lose your insurance coverage and even the Premiums paid as a result.
- **Premium Adjustment**  
The Company reserves the right to review and adjust the Premium rates of this product based on our expectation and experience of a series of factors including but not limited to medical

trend, medical cost inflation, investment returns, claims, Policy surrenders and expenses. The Company will give prior written notice of any adjustment in Premium rates.

- **Credit Risk**  
This product is issued and underwritten by the Company. Your Policy is therefore subject to the credit risk of the Company. If the Company is unable to satisfy the financial obligation of the Policy, you may lose your insurance coverage and the Premiums paid.
- **Inflation Risk**  
Please note that the medical costs in the future are likely to be higher than they are today due to inflation. Hence, the benefit amounts and the Premium rates of this product may be adjusted in the future to reflect the inflation.

### Termination

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Chubb Assured Medical Series and its coverage will be terminated automatically on the occurrence of the earliest of the following:

- The lapse of the Policy pursuant to the Grace Period; or
- The Insured's death; or
- The Benefit Expiry Date of the Policy; or
- The date on which the aggregate benefits paid under the Policy reach the Lifetime Limit; or
- Your written request for cancellation.

You may cancel the Policy by submitting the form prescribed by us. You may contact your licensed insurance intermediary or contact our Customer Service Center at +852 2894 9833 to get a copy of the form.

## Key Exclusions

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Except the Death Benefits, no benefits will be payable under Chubb Assured if the Treatment and/or Confinement is a direct or indirect consequence of occurrence of any of the following events in respect of the Insured:

- Any Pre-Existing Condition; or
- Any Congenital Condition; or
- Care or Treatment for which payment is not required or is waived or is wholly recoverable from a third party or under any other insurance including (without limitation) Employee's Compensation Insurance; or
- Pregnancy and complications thereof, Child birth (including surgical delivery), infertility, miscarriage, abortion, congenital anomalies, sterilization, pre-natal and post-natal care and conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or Treatment pertaining to infertility; or
- Declared or undeclared war, invasion, acts of foreign enemies, civil commotion, revolution, military service, insurrection or usurped power or any warlike operations; or
- Actual or attempted violation of the law, resistance to arrest, drug or alcohol abuse, suicide, or self-inflicted injuries; or
- Geriatric; psychogeriatric or psychiatric condition, including but not limited to psychosis, neurosis, anxiety, anorexia nervosa, schizophrenia and behavioral disorder; or sleep disorders, including but not limited to insomnia, snoring and sleep apnea, except to the extent covered by Psychiatric Treatment Benefit ; or
- Treatment for learning difficulties in child(ren), including but not limited to dyslexia or behavioural problems, attention deficit, hyperactivity disorder, or development problems including but not limited to shortness of stature; or
- Treatment of obesity (including morbid obesity), weight control program or bariatric surgery; or
- Injuries caused by Hazardous Sports and Aviation activities; or
- Cosmetic or plastic surgery or any elective surgery; or
- Eyeglasses and refraction or hearing aids, and prescriptions therefor except as necessitated by injuries from Accident wholly occurring during the period of coverage; or
- Dental care and treatment, except to the extent covered by the Emergency Accident Dental Treatment Benefit; or
- Installation of new dentures or bridges to replace natural teeth; or
- Convalescence or physical examinations, or health checks (whether with or without any positive finding(s)); vaccination and immunization injections; or genetic testing or counseling; or
- Convalescence, custodial or rest care, Treatment in sanitarium or functional disorders of the mind; or
- Room, board, home nursing care or special Hospital services not in accordance with the diagnosis and Treatment of Disability for which Confinement is required; or
- Sexually transmitted diseases irrespective of cause, testing for sexually transmitted diseases, infection with Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivations or variations, AIDS Related Complex (ARC) and complications resulting therefrom or relating thereto except to the extent covered by the HIV/AIDS Treatment Benefit; or
- Organ transplant services (including but not limited to the cost incurred in connection with identifying and procuring a replacement organ, all associated transportation costs and administrative costs), or any costs incurred for removal of the organ from the donor, all associated transportation costs and administrative costs and donation of organ except to the extent covered by the Surgery on Organ Transplantation Benefit; any expenses and/or charges incurred by the Insured in respect of (i) mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, (ii) purchase of a donor organ from any source or (iii) harvesting and storage of stem cells, as a preventative measure against possible future disease; or
- Treatment whilst staying in Hospital for more than ninety (90) consecutive days if the Insured is in a persistent vegetative state characterized by wakefulness without awareness for more than twenty-eight (28) consecutive days; or

- Any expense for health or dietary supplements and all specialized Chinese herbs and/or tonic medicine such as but not limited to bird's nest, lingzhi, any kind of ginseng, American ginseng, radix ginseng silvestris, cordiceps sinensis, agaricus blazei murill, sika deer antler, donkey-hide gelatin, hippocampus, antelope horn powder, placenta hominis, musk, and pearl powder, etc.; or
- Experimental and /or unconventional medical technology / procedure / therapy performed on the Insured; or novel drugs / medicines / stem cell therapy not yet approved by the government, relevant authorities and recognized medical association in the locality; or
- Disabilities arising from nuclear weapon material, ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. Solely for the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission; or
- Procurement or use of medical appliances and medical devices for the benefit of the Insured including but not limited to prostheses, corrective devices or wheelchairs, except to the extent covered by Miscellaneous Expenses Benefit; or
- Any condition or Illness which existed or was existing or the cause or signs or symptoms of which existed or was existing within the Waiting Period.

The above is for reference only. For more details, please refer to the Policy provisions of this product.

### **Suicide Exclusion**

If the Insured commits suicide, while sane or insane, within 1 year of the Date of Issue or the date of last reinstatement of the Policy, whichever is later, the insurance coverage will end and we will refund the total amount of Premiums you paid without any interest, less any amount paid to you by the Company under the Policy and any unpaid loan together with accrued interest.

### **Medically Necessary and Reasonable and Customary.**

Benefits are payable only if the Treatments received by the Insured are Medically Necessary and the expenses or charges for such Treatments are Reasonable and Customary. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

“Medically Necessary” shall mean the need to have medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must -

- (a) require the expertise of, or be referred by, a Registered Medical Practitioner;
- (b) be consistent with the diagnosis and necessary for the investigation and Treatment of the Disability;
- (c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured, his family, caretaker or the attending Registered Medical Practitioner;

- (d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- (e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured.

For the purpose of these terms and benefits, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but not limited to -

- (i) the Insured is having an Emergency that requires urgent Treatment in Hospital;
- (ii) surgical procedures are performed under general anaesthesia;
- (iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on an Out-Patient basis;
- (iv) there is significantly severe co-morbidity of the Insured;
- (v) taking into account the individual circumstances of the Insured, the attending Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured, the medical service should be conducted in Hospital;
- (vi) in the prudent professional judgment of the attending Registered Medical Practitioner, the length of Confinement of the Insured is appropriate for the medical service concerned; and/or

(vii) in the case of diagnostic procedures or allied health services prescribed by a Registered Medical Practitioner, such Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured, such procedures or services should be conducted in Hospital.

For the purpose of exercising his prudent professional judgment in (v) to (vii) above, the attending Registered Medical Practitioner shall have regard to whether the Confinement -

(aa) is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending Registered Medical Practitioner, not rendered primarily for the convenience or the comfort of the Insured, his family, caretaker or the attending Registered Medical Practitioner; and

(bb) is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.

“Reasonable and Customary” shall mean, in relation to a charge for medical service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar Treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as

reasonably determined by the Company in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred. In determining whether a charge is Reasonable and Customary, the Company shall make reference to the followings (if applicable) -

- Treatment or service fee statistics and surveys in the insurance or medical industry;
- internal or industry claim statistics;
- gazette published by the Hong Kong Government; and/or
- other pertinent source of reference in the locality where the Treatments, services or supplies are provided.

#### **Change of Country of Residence**

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Country of Residence means the country where the Insured lives or intends to live. Country of Residence is the country where Insured has stayed for 183 days or more during the period of 365 consecutive days immediately before the loss incurred date. If the Insured changes his Country of Residence, you are required to inform us in writing as soon as practicable and in any event within 1 month after the change. As a result of the change of Country of Residence, we reserve the right to adjust the Premium on the Policy Anniversary immediately following the date of the change of Country of Residence in accordance with the then prevailing Premium rates as specified by us.

#### **Claim**

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We must be notified in writing within 30 days from the date of the Insured's admission to Hospital or the date of Day Surgery in the event of any claim other than the claim for Death Benefit(s) under the Basic Plan and failure to do so may invalidate a claim unless it can be shown that the circumstances have not been reasonably possible to give such notice and that notice was given as soon as was reasonably possible. Admission of any claim will be subject to the proof as required to be provided by you or the Insured.

No benefits other than the Death Benefits will be payable unless you have provided proof to our satisfaction, within 30 days of the date of discharge from Hospital at the end of a Confinement or after the date of Day Surgery. The original documentation and receipts together with a fully completed claim form must be submitted. Photocopies are not acceptable. If period of Confinement is longer than 30 days, the claimant should submit claims monthly. You may contact your licensed insurance intermediary or contact our Customer Service Center at +852 2894 9833 to get a copy of the claim form, or you can download it from our Company website at [life.chubb.com/hk](http://life.chubb.com/hk).

#### **Disclosure**

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If there shall be any non-disclosure or fraud, we shall have the right to terminate the Policy, refuse to make any payment or apply different terms of cover or Premium increase at any time we, in our absolute discretion, consider appropriate.

## **Cooling-off Period**

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If you are not satisfied with your Policy, you have the right to cancel it by submitting a signed notice and return the Policy document (if any) to Chubb Life Insurance Company Ltd. at 33/F Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong within a period of 21 calendar days immediately following either the day of delivery of the Policy or a notice informing you or your nominated representative about the availability of the Policy and the expiry date of the cooling-off period, whichever is earlier. If the last day of the 21-calendar day period is not a working day, the cooling-off period shall include the next working day. Upon such cancellation of the Policy, we will refund the total amount of Premiums you paid without any interest, less any amount paid to you by the Company under the Policy, in the original currency paid by you subject to any fluctuation of exchange rate upon cancellation, provided that the amount refunded will not exceed the total amount you paid in the original currency under the Policy.

## **Collection of Insurance Levy by Insurance Authority**

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The Insurance Authority started collecting levy on insurance Premiums from policyowners for policies issued in Hong Kong since January 1, 2018. For details of the levy and its collection arrangement, please visit our Company website at [life.chubb.com/hk](http://life.chubb.com/hk) or contact our Customer Service Center at +852 2894 9833. In the event that we refund your Premiums, whether in full or in part, e.g. upon cancellation of your Policy during the cooling-off period, the proportionate levy paid by you will also be refunded accordingly.



