For Office Use 公司專用	A/C No. 賬戶號碼	Policy No. 保單號碼

DECLARATION AND AUTHORIZATION 聲明及授權

I declare that all particulars and answers given above are true and complete to the best of my knowledge and belief. I agree that this application form and declaration shall be the basis of contract between me and QBE Hongkong & Shanghai Insurance Ltd.

I also authorize any medical practitioner, hospital, clinic or insurance company that has any records or knowledge of me to give any such information to QBE Hongkong & Shanghai Insurance Ltd. A copy or photocopy of this authorization shall be as valid as the original.

本人聲明根據本人所知及深信本投保書填報之一切資料均屬確實完整並同意以本投保書及聲明作為本人與昆士蘭聯保保險有限公司之間所訂合約之根據。

本人並授權任何醫生、醫院、診所或保險公司提供一切有關本人之紀錄或資料予昆士蘭聯保保險有限公司。此授權書之副本或影印本均屬有效。

（本投保書及章程中的中文內容力求符合英文原義，惟有關條文解釋及引用，則以英文為準。）

If the intermediary who serves you is an Insurance Broker, please read this:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by QBE Hongkong & Shanghai Insurance Limited, QBE Hongkong & Shanghai Insurance Limited will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance Limited that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for QBE Hongkong & Shanghai Insurance Limited to proceed with the application.

如為閣下服務的中介人為保險經紀，請閱讀下文：

申請人明白、確知及同意，昆士蘭聯保保險有限公司會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向昆士蘭聯保保險有限公司確認他 / 她已獲該法人團體授權。

申請人亦明白昆士蘭聯保保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

Signature of Applicant 投保人簽署

Date 日期

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; any claim or investigation or analysis of such claim; and exercising any right of subrogation, and may be transferred to 1) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; 2) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation, and 3) any members of the Federation by the Federation for any of the above or related purposes. Moreover, we are hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Requests for such access can be made in writing to the Personal Data Privacy Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300).

閣下提供的資料，為本公司提供保險業務所需，並可能使用於：任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消、或續期；或任何索償，或該等索償的調查或分析；或行使任何代位權之用。以上資料，及可能移轉予：1)任何有關的公司，或任何其他從事與保險或再保險業務有關的公司、或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；2)現存或不時成立的任何保險公司協會或聯會或類同組織（聯會），以達到任何上述或有關目的，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能，及3)或透過聯會移轉予任何聯會的會員，以達到任何上述或有關目的。此外，本公司亦據此獲授權由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。閣下有權查閱及要求更正由本公司持有有關閣下的個人資料。如有需要查閱，可用書面寄香港鰂魚涌英皇道979號太古坊和域大廈西翼17樓（電話：2877 8488，圖文傳真：3607 0300）向本公司個人資料私隱主任提出。

COMPANY PROFILE 公司簡介

QBE Hongkong & Shanghai Insurance Limited (QBE-HKSI) is a joint venture between the QBE Insurance Group and China Construction Bank (Asia) Corporation Limited.

The QBE Insurance Group first established local representation in 1920. Today, QBE Insurance Group is one of the top 25 insurers and reinsurers worldwide. A public listed company, listed on the Australian Stock Exchange, QBE has consistently maintained a high Standard & Poor's A+ Financial Strength Rating. It operates in all key insurance markets and is active in more than 40 countries; so QBE is backed by the strength and security of a truly global organization. Yet, it prides itself on challenging expectations with fresh ideas. It means it can provide specialist insurance solutions innovatively tailored to suit customers' needs.

China Construction Bank (Asia) Corporation Limited, formerly known as Bank of America (Asia) Limited, offers a wide array of consumer and commercial banking services for customers. It is a wholly owned subsidiary of China Construction Bank Corporation, a leading bank in China possessing extensive strength in corporate and consumer banking, and treasury operations.

QBE-HKSI is one of the longest established insurance companies in Hong Kong offering a comprehensive range of quality products to meet the varied insurance needs of corporate and individual clients. Apart from the conventional commercial insurance products such as fire, business interruption, burglary, public liability, property all risk, marine cargo, employees' compensation and motor, it also provides engineering insurance like electronic equipment and contractors' all risks, as well as specialist insurance solutions like trade credit, protection and indemnity, freight forwarders' liability, directors and officers' liability, medical malpractice liability, products liability and professional indemnity insurances. Its personal insurance products include household, personal accident, medical, golf, travel and pleasure craft insurances.

The development of the QBE Insurance Group in this market symbolizes its commitment to providing quality services to the insuring public in Hong Kong.

昆士蘭聯保保險有限公司（昆士蘭聯保）為昆士蘭保險集團與中國建設銀行（亞洲）股份有限公司之聯營機構。

昆士蘭保險集團於一九二零年在香港設立業務代表，開始提供本地保險服務。昆士蘭保險集團現時在全球一般保險及再保險集團之排名中，名列二十五名內。集團為澳洲之上市公司，持續獲得標準普爾A+ 財務實力評級。其業務遍及所有主要保險市場，並活躍於超過四十個國家，表現真正環球企業的實力與可靠。同時，集團對本身一直能以嶄新意念迎接挑戰引以自豪，這象徵集團能提供度身訂造的創新專業保險解決方案，以滿足客戶的需求。

中國建設銀行（亞洲）股份有限公司前身為美國銀行（亞洲）有限公司，為客戶提供一系列個人及商業銀行產品及服務。該行是中國建設銀行之全資附屬機構，母公司在中國銀行業居於市場領先地位，並在商業及個人銀行和資金業務等方面具有雄厚實力。

昆士蘭聯保是香港歷史最悠久的保險公司之一，不斷提供優質而全面的保險服務，以切合各界的需求。其傳統工商業保險產品包括火災、營業中斷、盜竊、公眾責任、財產保險、船運保、僱員賠償及汽車等；而因應不同範疇的風險處理需要，「昆士蘭聯保」亦提供一些工程保險，如電子儀器和工程綜合保險等；及專業的保險產品，例如貿易信貸、船舶責任、董事及行政人員責任、產品責任和專業責任保險等。「昆士蘭聯保」提供的個人保障產品包括家居、人身意外、醫療、高爾夫球、旅遊、遊艇等保險產品。

昆士蘭保險集團在香港之積極發展，顯示集團對香港的服務承諾。

Underwritten by 承保機構

QBE Hongkong & Shanghai Insurance Ltd.
昆士蘭聯保保險有限公司
A member of the worldwide QBE Insurance Group 澳洲昆士蘭保險集團成員

17/F, Warwick House, West Wing, Taikoo Place,
979 King's Road, Quarry Bay, Hong Kong
香港鰂魚涌英皇道979號太古坊和域大廈西翼17樓
Tel 電話：2877 8488 Fax 傳真：3607 0300
Website 網址：www.qbe.com.hk

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Health Protector

「安康保」住院醫療保險

QBE Hongkong & Shanghai Insurance Ltd.
昆士蘭聯保保險有限公司

HEALTH PROTECTOR PROPOSAL FORM
「安康保」住院醫療保險投保書

Please complete in BLOCK LETTERS and tick the appropriate box
請以英文正楷填寫及於適當位置加上 "✔" 號

APPLICANT'S PARTICULARS 投保人資料

Name of Applicant 投保人姓名 _____

Occupation / Profession 職業 _____

Marital Status 婚姻狀況： Single 未婚 ❑ Married 已婚 ❑

Address 地址 _____

_____

Telephone No. 電話號碼： Home 住宅 _____ Office 辦公室 _____

PARTICULARS OF PERSONS TO BE COVERED 受保人之個人資料

(including the Applicant 包括投保人)

Applicant aged 15 or below must insure together with his parents
年齡在15歲或以下之申請人需與父母一起投保

Name of Applicant 投保人姓名 _____

HKID Card No. 香港身份證號碼 _____

Date of Birth 出生日期 (dd日 / mm月 / yy年) _____ Sex 性別 _____

Occupation 職業 _____ Height 身高 _____ Weight 體重 _____

Spouse's Name 配偶姓名 _____

HKID Card No. 香港身份證號碼 _____

Date of Birth 出生日期 (dd日 / mm月 / yy年) _____ Sex 性別 _____

Occupation 職業 _____ Height 身高 _____ Weight 體重 _____

Child's Name 子女姓名 _____

HKID Card No. 香港身份證號碼 / Birth Cert. No. 出世紙號碼 _____

Date of Birth 出生日期 (dd日 / mm月 / yy年) _____ Sex 性別 _____

Occupation 職業 _____ Height 身高 _____ Weight 體重 _____

Child's Name 子女姓名 _____

HKID Card No. 香港身份證號碼 / Birth Cert. No. 出世紙號碼 _____

Date of Birth 出生日期 (dd日 / mm月 / yy年) _____ Sex 性別 _____

Occupation 職業 _____ Height 身高 _____ Weight 體重 _____

PLAN OF COVER REQUIRED 保障選擇

Please tick 請以 ✔ 選擇

❑ Plan 1 計劃一 ❑ Plan 2 計劃二 ❑ Plan 3 計劃三

❑ Plan 4 計劃四 ❑ Basic Cover 基本保障

❑ Basic Cover + Supplementary Major Medical 基本 + 額外醫療保障

Total Premium 總保費 HK$ 港元 _____

QUESTIONS 問題

All questions must be answered in full. Please attach separate sheet if insufficient space.
所有問題必須詳細作答，如空位不足填寫，請加附頁作答。

1. Do you or any family members to be covered contemplate to engage in any hazardous sports or races? Yes 是 ❑ No 否 ❑
   If "Yes", please state:
   你或投保之家庭成員是否考慮參與任何危險運動或競賽？
   如「是」，請列詳情：

   Who 何人 _____ Nature 性質 _____

   Frequency per year 每年次數 _____ Type of Equipment 所需裝備 _____

2. Have you or any of the family members to be covered ever been refused to any form of life or health insurance or had any insurance cancelled or renewal refused? Yes 是 ❑ No 否 ❑
   If "Yes", please state:
   你或投保之家庭成員曾否投保人壽或醫療保險時遭拒絕，
   或保險單被取消，又或拒絕續保？如「是」，請列詳情：

   Who 何人 _____ Date 日期 _____

   Reason 理由 _____

   Name of Insurance Company 保險公司名稱 _____

3. In the past 5 years, have you or any of your family members to be covered had a surgical operation or been confined in any hospital or sanatorium? Yes 是 ❑ No 否 ❑
   在過去五年內，你或投保之家庭成員是否曾接受外科手術或
   入院接受治療？

4. Are you or any of your family members to be covered now receiving or contemplating any surgical or medical treatment? Yes 是 ❑ No 否 ❑
   你或投保之家庭成員是否正接受或將會接受手術或其他治療？

5. Do you or any dependant have any impairment in physical condition? Yes 是 ❑ No 否 ❑
   你或貴家屬是否有身體殘缺？

6. Have you or your dependant within the last five years suffered from or been treated for any of the following disorders or disease? Yes 是 ❑ No 否 ❑
   在過去五年內，你或家屬曾否感染或接受治療下列各種疾病：

   ❑ A. Stone or disorders of kidney 腎石或腎病
   ❑ B. Ulcer of any kind 各類型潰瘍症
   ❑ C. Cancer or tumor of any kind 各類型癌症或腫瘤
   ❑ D. Asthma or respiratory disease 氣喘病或呼吸疾病
   ❑ E. Mental disorder or psychiatric problems / disease 精神病
   ❑ F. Venereal disease 性病
   ❑ G. Arthritis 關節炎
   ❑ H. Malaria 瘧疾
   ❑ I. Hemorrhoid 痔瘡
   ❑ J. Varicose Veins 靜脈曲張
   ❑ K. Hernia 疝氣
   ❑ L. Nasal Sinusitis 鼻竇炎
   ❑ M. Diabetes 糖尿病
   ❑ N. Hypertension 高血壓
   ❑ O. Cardio Vascular or Circulatory disease 心臟血管循環系統疾病
   ❑ P. Spinal or muscular skeletal condition / disease 脊柱或肌肉及骨骼病
   ❑ Q. Rheumatic Fever 風濕熱
   ❑ R. Epilepsy 癲癇
   ❑ S. Aquired Immune Difficiency Syndrome (AIDS) 後天免疫力缺乏症
   ❑ T. Gout 痛風
   ❑ U. Alcoholism or drug addiction 酗酒或藥癮

   WOMEN ONLY
   ❑ V. Gynecological conditions 婦科疾病
   ❑ W. Disease / complications or conditions associated with pregnancy 與妊娠有關之疾病及其併發症

7. Are there any material health or physical conditions not mentioned above which may affect your or your dependant's well being? Yes 是 ❑ No 否 ❑
   你或貴家屬的健康狀況是否受任何以上並未提及的
   身體症狀所影響？

If your answer to any of the questions above is "Yes" , please give full details below:
以上各問題中如答案為「是」者，請詳述：

Question No. 問題編號 _____ Name of Person Treated 病人姓名 _____

Details of Diagnosis & Treatment 疾病說明 _____

Period of Treatment 治療期間 _____

Whether Fully Recovered 是否痊癒 _____

Name and Address of Attending Doctor 診治醫生姓名及地址 _____

_____

To cope with the soaring medical expenses, one of your best choices is to take out our **Health Protector**. By doing so, even if you are facing a high hospital bill, you can always enjoy the total peace of mind and a hazzle-free life.

BASIC COVER

A. Hospitalization Expenses
Daily hospital charges for room and meals, drugs and medicines, dressing, x-ray & laboratory tests, and daily hospital doctor's call.

B. Home Nursing
The actual charges made by a qualified nurse for the services provided at home following an operation and recommended by the attending doctor.

C. Surgical Expenses
Surgeon's fee, anaesthetist's and operation theatre fees resulting from surgical operation.

D. Intensive Care
The hospital charges for Intensive Care Unit.

E. In-patient Specialist Fees
The expenses charged by a recognized specialist whose service is recommended in writing by the attending hospital doctor, including charges for consultation, pathology, radiology and physiotherapy.

F. Post Surgery Outpatient Follow-up Care
The consultation charges incurred in relation to your surgical operation within 6 weeks after discharge from hospital.

G. Compassionate Death
Pay your immediate family member a cash relief in the event of your death occurred during the period of hospital confinement.

H. Emergency Outpatient
Charges made by the emergency unit of a hospital for treatment of accidental injury.

OPTIONAL COVER

Supplementary Major Medical
This Benefit provides extra protection to you in case you have exhausted the limit under Benefit Items A, C & D, subject to 80% reimbursement of the actual expenses incurred in excess of the above items.

MAIN EXCLUSIONS

- Pre-existing conditions
- Treatment for congenital abnormalities
- Pregnancy, childbirth, birth control and treatment for infertility
- Cosmetic or plastic surgery
- Routine health checks, convalescence or rest care, dental treatment (unless necessitated by injury caused by an accident)
- Treatment arising from drugs abuse, alcohol, or self-inflicted injuries or any such attempt while sane or insane
- Treatment for sexually transmitted diseases, AIDS or HIV-related conditions
- Treatment received in health hydros or establishments which have become a permanent abode
- Treatment arising from geriatric, psychogeriatric or psychiatric condition
- Appliances such as spectacles, lenses, hearing aids or wheelchairs etc.
- Supportive treatment of renal failure
- Benefits compensated by law or other insurance policies
- Illness occur within 15 days after this policy is in force
- For illness pertaining to the female generative organs, or treatment or surgery for tonsils, adenoids and hernia, the waiting period is 120 days
- Expenses recoverable from a third party
- War or warlike operation, strikes, riots and civil commotion
- Disease or sickness directly or indirectly arising from asbestos

AGE LIMIT

15 days-70 years. Any person insured before 65 years may renew their policy up to 70 years. Children aged 15 or below must insure with their parents.

Remarks: This brochure is only a summary. Please refer to the Policy for full terms and conditions.

醫療費用日益高漲，昆士蘭聯保的「**安康保**」**住院醫療保險**可令你安枕無憂，即使需要入住醫院或接受手術，也可從容應付昂貴的費用。

基本保障

A. 住院費用
因疾病或意外受傷的住院費用，包括病房膳食及一般性護理費用、雜費（醫藥、繃帶及綿紗、診斷性的X光、化驗和各種一般性之醫院服務），及醫生每日巡房費等。

B. 家庭看護
由主診醫生推薦，聘請註冊看護於家中提供手術後之護理服務的費用。

C. 手術費用
因疾病或意外受傷而需接受手術之費用，包括醫生手術費、麻醉師費及手術室費等。

D. 深切治療
住院期間需入住深切治療病房之費用。

E. 住院專科醫生費用
住院期間由主診醫生推薦的專科醫生所收取的費用。

F. 手術後門診護理
出院後六星期內覆診與住院治療有關之病症，可獲賠償有關費用。

G. 身故恩恤金
若不幸於住院期間因病身故，你的家人將可獲恩恤賠償。

H. 緊急門診治療
遇意外後於醫院急症室接受治療之費用。

自選保障

額外醫療保障
如你的住院、手術或深切治療費用超逾所選計劃的限額，你只需購買額外醫療保障，上述超額費用，可獲80%賠償。

不保事項

- 已存在的疾病
- 先天性不正常的疾病
- 懷孕、分娩、節育及醫治不育
- 美容及整容手術
- 例行健康檢查休養或療養；牙科治療（意外引起者除外）
- 因未經註冊醫生處方之藥物、酗酒、自傷身體所引致之治療（不論事發時神智清醒與否）
- 性病、愛滋病或其併發症
- 在水療中心或已成為永久住所之機構接受之治療
- 因老年病、老年精神病症引致之治療
- 儀器如眼鏡、鏡片、助聽器或輪椅等
- 因腎機能衰退而引致之輔助性治療
- 法律規定及其他保險計劃已支付的賠償
- 在保單生效期的首15日內所患之疾病
- 有關扁桃腺、腺狀腫或疝氣之治療或手術，或女性因生殖器官疾病住院，有關保障要在保單生效滿120日後方開始
- 可由第三者賠償之費用
- 戰爭或任何類似戰爭行動、罷工、暴亂或民事騷亂
- 直接或間接由石棉引起之疾病

年齡限制

15日-70歲。65歲之前投保者可續保至70歲。15歲或以下人仕必須與父母一起投保。

注意：　此小冊子只供作參考之用，所有條款及細則概以保險單為準。

BENEFITS SCHEDULE 保障範圍一覽表

Benefits 保障		Maximum Limit 最高保障額（HK$ 港元）			
		Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四
Basic Cover 基本保障					
A. Hospitalization Expenses 住院費用					
1. Room & Board 病房及膳食費 Maximum 180 days per disability 每症最高為180天 Maximum limit per day 每天最高限額		2,400	1,500	750	500
2. Miscellaneous Services 雜費 (including drugs, dressings, special nursing, x-ray and laboratory fees) （包括醫藥、繃帶及綿紗、看護、X光檢驗及化驗） Maximum limit per disability 每症最高限額		30,500	19,000	12,500	6,000
3. Doctor's Visit Fees 醫生巡房費 Maximum 180 days per disability 每症最高為180天 Maximum limit per day 每天最高限額		2,400	1,500	750	500
B. Home Nursing 家庭看護 Maximum 91 days per disability 每症最高91天 Maximum limit per day 每天最高限額		560	360	200	140
C. Surgical Expenses 手術費用					
Surgeon's Fees Per Disability 每症外科醫生費 (including doctor visits for surgical cases) （包括手術治療的醫生巡房費）	Complex Operation 複雜大手術	60,000	48,000	40,500	33,000
	Major Operation 大手術	40,000	32,000	27,000	22,000
	Intermediate Operation 中手術	20,000	16,000	13,500	11,000
	Minor Operation 小手術	8,000	6,400	5,400	4,400
Anaesthetist's Fees Per Disability 每症麻醉師費	Complex Operation 複雜大手術	18,000	14,400	12,150	9,900
	Major Operation 大手術	12,000	9,600	8,100	6,600
	Intermediate Operation 中手術	6,000	4,800	4,050	3,300
	Minor Operation 小手術	2,400	1,920	1,620	1,320
Operating Theatre Fees Per Disability 每症手術室費	Complex Operation 複雜大手術	18,000	14,400	12,150	9,900
	Major Operation 大手術	12,000	9,600	8,100	6,600
	Intermediate Operation 中手術	6,000	4,800	4,050	3,300
	Minor Operation 小手術	2,400	1,920	1,620	1,320
D. Intensive Care 深切治療 Maximum limit per disability 每症最高限額		19,500	16,000	15,000	10,800
E. In-patient Specialist's Fees 住院專科醫生費用 Maximum limit per disability 每症最高限額		10,000	8,000	6,000	4,000
F. Post Surgery Outpatient Follow-up Care 手術後門診護理 Maximum limit per disability 每症最高限額		3,900	2,200	1,400	1,000
G. Compassionate Death 身故恩恤金		20,000	15,000	10,000	10,000
H. Emergency Outpatient 緊急門診治療（per accident 每宗意外）		5,000	4,000	3,000	2,000
Optional Cover 自選保障					
Supplementary Major Medical (SMM*) 額外醫療保障 Maximum limit per disability 每症最高限額		200,000	150,000	100,000	50,000

** Under SMM, the Room & Board Benefit 額外醫療保障之病房及膳食費用*
- *is only payable for hospital confinement in excess of 180 consecutive days; and 只適用於住院180日後之費用，及*
- *the maximum payable is 80% of the actual daily expenses or the maximum Room & Board limit as in Benefit Item A1, whichever is the lower. 最高賠償額為項目A1，病房及膳食費用賠償限額的80%，或每天的實付病房及膳食費用之80%，以較低者為準。*

ANNUAL PREMIUM TABLE 全年保費表（HK$ 港元）

Basic Cover 基本保障

Age 年齡	Plan 1 計劃一		Plan 2 計劃二		Plan 3 計劃三		Plan 4 計劃四	
	Male 男性	Female 女性	Male 男性	Female 女性	Male 男性	Female 女性	Male 男性	Female 女性
15 days日-17	3,844	3,844	2,520	2,520	1,484	1,484	983	983
18-25	3,969	5,143	2,610	3,282	1,765	2,242	1,169	1,492
26-30	4,380	5,676	2,896	3,642	1,943	2,466	1,283	1,639
31-35	4,863	7,004	3,218	4,489	2,109	2,971	1,392	1,974
36-40	5,757	8,143	3,803	5,212	2,530	3,499	1,675	2,332
41-45	6,496	8,761	4,276	5,671	3,091	4,123	2,045	2,737
46-50	7,894	10,646	5,213	6,915	3,749	4,999	2,476	3,312
51-55	9,170	11,448	6,049	7,487	4,586	5,690	3,036	3,776
56-60	11,744	14,569	7,755	9,619	5,952	7,401	3,941	4,907
61-64	14,479	17,961	9,556	11,854	7,400	9,201	4,896	6,098
65-70*	19,305	23,948	12,742	15,806	9,492	11,802	6,283	7,824

Basic Cover + Supplementary Major Medical 基本保障 + 額外醫療保障

Age 年齡	Plan 1 計劃一		Plan 2 計劃二		Plan 3 計劃三		Plan 4 計劃四	
	Male 男性	Female 女性	Male 男性	Female 女性	Male 男性	Female 女性	Male 男性	Female 女性
15 days日-17	4,804	4,804	3,150	3,150	1,855	1,855	1,229	1,229
18-25	4,961	6,696	3,263	4,274	2,209	2,919	1,460	1,943
26-30	5,474	7,389	3,620	4,741	2,429	3,211	1,604	2,133
31-35	6,078	9,119	4,023	5,846	2,638	3,868	1,740	2,571
36-40	7,197	10,798	4,754	6,910	3,162	4,640	2,094	3,091
41-45	8,120	10,950	5,345	7,089	3,865	5,152	2,557	3,420
46-50	9,867	13,307	6,516	8,643	4,687	6,249	3,095	4,140
51-55	11,463	14,309	7,561	9,358	5,731	7,113	3,795	4,719
56-60	14,680	18,349	9,693	12,025	7,441	9,252	4,925	6,135
61-64	18,099	22,622	11,945	14,817	9,251	11,501	6,121	7,623
65-70*	24,131	30,161	15,927	19,758	11,865	14,752	7,854	9,782

** For renewal only 只適用於續保*
Premium payable is according to the Insured Person's attained age at the time of application or renewal.
應付之保費將根據投保或續保時的實際年齡而定。

Family discount 家庭投保優惠：
*Insure with your spouse or children** to enjoy a 5% family discount.*
*與配偶或子女**一起投保，可享5%家庭保費折扣。*

*** Children are those unmarried children of the Insured who are aged between 15 days and 18 years, or full time students aged below 23.*
子女需為投保人之未婚子女，年齡介乎15日至18歲或23歲以下之全職學生。