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Critical illness protection
CareForAll Critical Illness Plan



Simplified Underwriting Guide and FAQs

CareForAll Critical Illness Plan (“CareForAll”) is pleased to introduce simplified underwriting procedures, to minimise limitations related to health conditions and age. To apply, there is no need to undergo any medical examinations. Instead, you may only be required to answer a few health underwriting questions mostly focusing on your health conditions of the past 2 years. This would allow us to better understand your health status and evaluate your application¹ more effectively. Let's take a look at some examples to see how “simplified underwriting” works!

Illustration of Underwriting Question 1

1

Underwriting Question 1

Your Answer

In the **past 3 months**, have you undergone medical consultation / investigations, and been recommended to have medical follow-up as below:

- **Hospitalisation;** or
- **Surgery;** or
- **Follow-up consultations / investigations**  ?

Yes

Not eligible to proceed with the application

No

Proceed to Underwriting Question 2



What is considered as “follow-up consultations / investigations”?

Regular follow-up visits involving stable conditions are not considered as “follow-up consultations / investigations”. In such cases, you can answer “No” to this question;

The following scenarios are considered as “follow-up consultations / investigations”, and you should answer “Yes”:

-  **When new disease(s) / symptom(s) is / are detected**
-  **When additional test(s) (such as blood test, electrocardiogram, etc.) is / are requested by a doctor**
-  **When more frequent follow-up visits are requested by a doctor**



Underwriting question 1 (health conditions of the past 3 months)

Underwriting question 2 (health conditions of the past 2 years)

Underwriting question 3 (history of critical illness)

Additional underwriting questions (if applicable)

Summary of CareForAll's plan levels

Examples of Underwriting Question

1

To better understand our assessment of cases involving patients with common long-term / chronic illnesses under different scenarios, you can refer to the following underwriting result examples when answering Underwriting Question 1. These examples will help you gain insights into how we evaluate such cases and our approach to the assessment process.



“Follow-up consultations / investigations” include the following scenarios:

-  **When new disease(s) / symptom(s) is / are detected**
-  **When additional test(s) (such as blood test, electrocardiogram, etc.) is / are requested by a doctor**
-  **When more frequent follow-up visits are requested by a doctor**



Diabetes

Simplified underwriting result

A patient undertakes regular follow-ups with a doctor every 2 months:

- During the latest follow-up, the patient reported **blurred vision**, and the doctor recommended continuous monitoring of the condition until the next follow-up after 2 months

Rationale(s):
 “Blurred vision” is a “new disease / symptom”

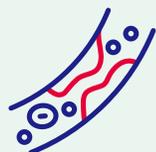
Not eligible to proceed with the application

A patient undertakes regular follow-ups with a doctor every 2 months:

- The case was considered as stable by the doctor

Rationale(s):
 This was a regular follow-up case where the patient was in stable condition

Proceed to Underwriting Question 2



Hypertension

Simplified underwriting result

A patient undertakes regular follow-ups with a doctor every 2 months:

- In the latest follow-up, an observed increase in blood pressure and **swelling in the feet** were noted; and / or
- the patient was asked to come for **an additional follow-up visit the following week**; and / or
- the doctor requested the patient to undergo a **urine test**

Rationale(s):
 “Swelling in feet” is a “new disease / symptom”
 “An additional follow-up visit the following week” is equivalent to “more frequent follow-up visit”
 “Urine test” is an “additional test”

Not eligible to proceed with the application

A patient undertakes regular follow-ups with a doctor every 2 months:

- In the latest follow-up, an observed increase in blood pressure was noted. The doctor recommended increasing the medication dosage, yet no further investigations or additional follow-up visits were required

Rationale(s):
 No additional tests or more frequent follow-up visits were requested by the doctor

Proceed to Underwriting Question 2

(The above examples are for illustrative purposes only. Your CareForAll application is subject to the final decision of AXA.)

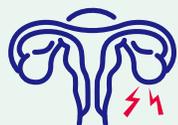
Examples of Underwriting Question 1 (cont'd)

1



“Follow-up consultations / investigations” include the following scenarios:

-  **When new disease(s) / symptom(s) is / are detected**
-  **When additional test(s) (such as blood test, electrocardiogram, etc.) is / are requested by a doctor**
-  **When more frequent follow-up visits are requested by a doctor**



Polycystic Ovary Syndrome

Simplified underwriting result

A patient undergoes regular annual gynaecological exams:

- The patient was diagnosed **menstrual disorder** 1 month ago; and / or
- in the latest follow-up, ultrasound result was abnormal and **further testing was required**

Rationale(s):

-  “Menstrual disorder” is a “new disease / symptom”
-  “Further testing was required” is equivalent to “additional test”

Not eligible to proceed with the application

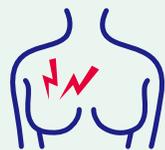
A patient undergoes regular annual gynaecological exams:

- No new symptoms were found

Rationale(s):

This was a regular follow-up case where the patient was in stable condition

Proceed to Underwriting Question 2



Breast Nodules

Simplified underwriting result

- A patient had an annual breast examination 8 months ago during which a BIRADS-3 (probably benign) finding was detected in the breast ultrasound; and
- the patient underwent another breast ultrasound 6 months later; and
- the results from the 2nd breast ultrasound indicated a stable condition and the patient was advised to continue with regular annual breast examination only; and
- it has been 4 months since the 2nd breast ultrasound

Rationale(s):

Although the result of the previous breast ultrasound was BIRADS-3 (probably benign), since no additional follow-ups / tests were requested by doctor upon checking, the case was considered to constitute regular follow-up visits involving stable condition

Proceed to Underwriting Question 2

(The above examples are for illustrative purposes only. Your **CareForAll** application is subject to the final decision of AXA.)

Underwriting question 1 (health conditions of the past 3 months)

Underwriting question 2 (health conditions of the past 2 years)

Underwriting question 3 (history of critical illness)

Additional underwriting questions (if applicable)

Summary of CareForAll's plan levels

Illustration of Underwriting Question 2

2

Underwriting Question 2

Your Answer

In the **past 2 years**, have you:

- **Been admitted into a hospital for more than 3 consecutive days;** or
- **Undergone any surgery (including day case procedure) requiring ongoing or regular follow-up consultations or medical care (such as monthly, every 2 months, half-yearly or annually)** ?

Yes

Not eligible to proceed with the application

No

Proceed to Underwriting Question 3



What is considered as “ongoing or regular follow-up consultations or medical care after the surgery”?

General postoperative visits or preventive routine check-ups are not considered as “ongoing or regular follow-up consultations or medical care after the surgery”. In such cases, you can answer “No” to this question;

The following scenarios are considered as “ongoing or regular follow-up consultations or medical care after the surgery”, and you should answer “Yes”:

-  **When new disease(s) / symptom(s) after general postoperative visit(s) is / are detected**
-  **When additional test(s) (such as blood test, electrocardiogram, etc.) after general postoperative visits is / are requested by a doctor**
-  **When additional regular follow-ups after general postoperative visits are requested by a doctor**

Underwriting question 1
(health conditions of the past 3 months)

Underwriting question 2
(health conditions of the past 2 years)

Underwriting question 3
(history of critical illness)

Additional underwriting questions
(if applicable)

Summary of CareForAll's plan levels

Examples of Underwriting Question

2

To better understand our assessment of cases involving patients undergoing common surgeries (including day case procedures) under different scenarios, you can refer to the following underwriting result examples when answering Underwriting Question 2. These examples will help you gain insights into how we evaluate such cases and our approach to the assessment process.

“Ongoing or regular follow-up consultations or medical care after the surgery” include the following scenarios:

-  **When new disease(s) / symptom(s) after general postoperative visit(s) is / are detected**
-  **When additional test(s) (such as blood test, electrocardiogram, etc.) after general postoperative visits is / are requested by a doctor**
-  **When additional regular follow-ups after general postoperative visits are requested by a doctor**

 <h3>Removal of Uterine Fibroid</h3> <p>Simplified underwriting result</p>	<p>A patient was asked to attend a postoperative visit 1 week after surgery by a doctor:</p> <ul style="list-style-type: none"> During the visit, the doctor recommended the patient to undertake further uterus ultrasound every 3 months to monitor the condition 	<p>A patient was asked to attend a postoperative visit 1 week after surgery by a doctor:</p> <ul style="list-style-type: none"> During the visit, the doctor noted that the patient’s condition was stable and no further follow-ups were required, other than general gynaecological examinations
	<p>Rationale(s):</p> <p> “Undertaking further uterus ultrasound every 3 months” is equivalent to “additional tests” and the doctor believed there was a potential risk</p> <p>Not eligible to proceed with the application</p>	<p>Rationale(s):</p> <p>The patient’s postoperative condition was considered as stable and no additional regular follow-ups were required</p> <p>Proceed to Underwriting Question 3</p>

 <h3>Gastroscopy</h3> <p>Simplified underwriting result</p>	<p>After a gastroscopy:</p> <ul style="list-style-type: none"> A doctor found that a patient had inflammation and haemorrhage of the gastric mucosa; and/or the doctor asked the patient to undertake additional regular follow-ups and prescribed antacid medication for further monitoring 	<p>After a gastroscopy:</p> <ul style="list-style-type: none"> A patient’s result was normal and no further follow-ups were advised
	<p>Rationale(s):</p> <p> “Inflammation and haemorrhage of the gastric mucosa” are “new diseases / symptoms”</p> <p> “Additional regular follow-ups” after gastroscopy is equivalent to “additional regular follow-ups”, and the doctor believed there was a potential risk of chronic gastritis</p> <p>Not eligible to proceed with the application</p>	<p>Rationale(s):</p> <p>Ongoing follow-up consultations were not required</p> <p>Proceed to Underwriting Question 3</p>

(The above examples are for illustrative purposes only. Your CareForAll application is subject to the final decision of AXA.)

Underwriting question 1 (health conditions of the past 3 months)

Underwriting question 2 (health conditions of the past 2 years)

Underwriting question 3 (history of critical illness)

Additional underwriting questions (if applicable)

Summary of CareForAll’s plan levels

Examples of Underwriting Question 2 (cont'd)

2

Underwriting question 1
(health conditions of the past 3 months)

Underwriting question 2
(health conditions of the past 2 years)

Underwriting question 3
(history of critical illness)

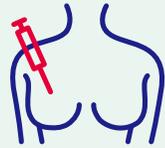
Additional underwriting questions
(if applicable)

Summary of CareForAll's plan levels



“Ongoing or regular follow-up consultations or medical care after the surgery” include the following scenarios:

-  **When new disease(s) / symptom(s) after general postoperative visit(s) is / are detected**
-  **When additional test(s) (such as blood test, electrocardiogram, etc.) after general postoperative visits is / are requested by a doctor**
-  **When additional regular follow-ups after general postoperative visits are requested by a doctor**



Fine Needle Analysis

Simplified underwriting result

A patient’s breast ultrasound was reported as BIRADS-3 (probably benign) and a fine needle analysis was required:

- Non-cancerous was noted; and
- however, calcification area was large and the doctor recommended **performing mammogram every 3 months** to monitor the changes

Rationale(s):

“Performing mammogram every 3 months” is equivalent to “additional regular follow-ups” and the doctor believed there was a potential risk of deterioration

Not eligible to proceed with the application

A patient’s breast ultrasound was reported as BIRADS-3 (probably benign) and a fine needle analysis was required:

- Non-cancerous was noted and no additional follow-ups were required by the doctor after a few visits; and
- the patient was recommended to undertake breast examinations every 2 years only

Rationale(s):

Breast examinations every 2 years were considered as preventive routine check-ups with no further treatments required

Proceed to Underwriting Question 3



Gastroscopy with Polypectomy

Simplified underwriting result

- A patient was asked to have a postoperative visit for gastroscopy by a doctor; and
- the polyps turned out to be benign and no further treatments of the stomach polyps were required; and
- the doctor recommended undertaking routine gastroscopy and colonoscopy every 3 years

Rationale(s):

Since the test result was benign, routine gastroscopy and colonoscopy in this scenario were considered as preventive routine check-ups with no further treatments required

Proceed to Underwriting Question 3

(The above examples are for illustrative purposes only. Your CareForAll application is subject to the final decision of AXA.)

Examples of Underwriting Question 2 (cont'd)

2

Underwriting question 1
(health conditions of the past 3 months)

Underwriting question 2
(health conditions of the past 2 years)

Underwriting question 3
(history of critical illness)

Additional underwriting questions
(if applicable)

Summary of CareForAll's plan levels



“Ongoing or regular follow-up consultations or medical care after the surgery” include the following scenarios:

-  **When new disease(s) / symptom(s) after general postoperative visit(s) is / are detected**
-  **When additional test(s) (such as blood test, electrocardiogram, etc.) after general postoperative visits is / are requested by a doctor**
-  **When additional regular follow-ups after general postoperative visits are requested by a doctor**



Cataract Surgery

Simplified underwriting result

- A patient was asked to have 2 postoperative visits in the 2nd and the 4th week after surgery; and
- after the 2 visits, the doctor confirmed that the surgery was successful and the patient had fully recovered

Rationale(s):

General postoperative visits were not considered as ongoing or regular follow-up consultations or medical care

[Proceed to Underwriting Question 3](#)

(The above examples are for illustrative purposes only. Your **CareForAll** application is subject to the final decision of AXA.)

Illustration of Underwriting Question 3

3

Underwriting Question 3

Your Answer

Have you ever been diagnosed with any one of the following diseases?

a. **Cancer** or **Carcinoma-in-situ, Malignant Neoplasm, Leukaemia** and **other Blood Tumours**

Yes

Proceed to 2 additional underwriting questions

b. **Heart disease** (Angina, Myocardial Infarction, Coronary Artery Disease, Heart Failure, Cardiomyopathy, Heart Valve Diseases, Heart Defects)  or **have undergone heart surgery** (including Angioplasty)

Yes



Even if you have been diagnosed with one or more of the diseases under (b) - (c), you are eligible for applying **CareForAll - Cancer**

c. **Stroke** (including Transient Ischemic Attack, also known as “mini stroke”)

d. **Liver Cirrhosis**

e. **Chronic Renal Failure**

f. **Chronic Obstructive Pulmonary Disease** that required hospitalisation or emergency visits

g. **Cognitive Disorders** (including Dementia, Mild Cognitive Impairment) or **other neurological disorders** 

Yes

However, if you have been diagnosed with one or more of the diseases under (d) - (g), you are **not eligible to proceed with the application**

No



If you have not been diagnosed with any of the diseases under (a) - (g), you are eligible for applying **CareForAll - Prestige**



Are there any other diseases that are also considered as heart diseases?

Heart diseases also include Mitral Regurgitation, Cardiovascular Stenosis (Aortic valve stenosis), Congenital Septal Defect, Arrhythmia, etc.

What are “other neurological disorders”?

Other neurological disorders include Alzheimer's Disease, Parkinson's Disease, Epilepsy, Seizures or Fits, Multiple Sclerosis (MS), Meningitis, Encephalitis, Migraines etc.

Underwriting question 1
(health conditions of the past 3 months)

Underwriting question 2
(health conditions of the past 2 years)

Underwriting question 3
(history of critical illness)

Additional underwriting questions
(if applicable)

Summary of CareForAll's plan levels

Underwriting question 1 (health conditions of the past 3 months)

Underwriting question 2 (health conditions of the past 2 years)

Underwriting question 3 (history of critical illness)

Additional underwriting questions (if applicable)

Summary of CareForAll's plan levels

Illustration of Additional Underwriting Question 4

4

Additional Underwriting Question 4

Your Answer

Have you ever been diagnosed with:

- **Stage III or IV Cancer;** or
- Your Cancer has been progressed to **Stage III or IV Cancer;** or
- **Cancer metastasis** (spread of Cancer to other sites / organs); or
- **Cancer recurrence** (Cancer or Carcinoma-in-situ diagnosis more than once)?

Yes

Not eligible to proceed with the application

No

Proceed to Additional Underwriting Question 5

Illustration of Additional Underwriting Question 5

5

Additional Underwriting Question 5

Your Answer

Since the completion of your entire recommended treatment* course for Cancer, how long has your doctor advised you that you have no longer been required to receive continuous Cancer treatment (no Cancer was detectable based on signs or symptoms, blood tests, imaging scans or other kind of tests)?

- **No more than 2 years**
- **More than 2 years**

No more than 2 years

Not eligible to proceed with the application

More than 2 years



You are eligible for applying CareForAll - CVD

* Treatment refers to surgery, any drug treatment for Cancer (e.g. chemotherapy, immunotherapy, targeted therapy, hormonal therapy, etc.), radiation therapy, or any other therapy for Cancer treatment or palliative care.

Summary of CareForAll's plan levels

Plan levels		CareForAll - Prestige	CareForAll - CVD	CareForAll - Cancer
 Covered major illnesses	Cancer	✓		✓
	Stroke	✓	✓	
	Heart Attack	✓	✓	
	Severe Dementias	✓	✓	
 Major Illness Benefit	100% ² of the sum insured will be payable if the insured suffers from any one of the covered major illnesses			
 Death benefit ^{3,4} / Compassionate death benefit ³	Death benefit ^{3,4} of 100% of the sum insured will be payable	Compassionate death benefit ³ of HKD10,000 will be payable		

Remarks:

- Your **CareForAll** application is subject to AXA's underwriting requirements and any other requirements from time to time. We may require you to provide further information and satisfactory proof to us for our assessment. All matters and disputes are subject to the final decision of AXA.
- A maximum of one claim can be made under the Major Illness Benefit. Major Illness Benefit is payable if the insured has been first diagnosed as suffering from any one of the covered major illnesses. We will pay a Major Illness Benefit:
 - if the date of diagnosis within the 1st policy year, 50% of the sum insured less any outstanding premiums; or
 - if the date of diagnosis after the 1st policy year, 100% of the sum insured less any outstanding premiums.
 Even after the coverage of the **CareForAll** terminates, any subsisting supplement(s) that is / are attached to the policy will not be automatically terminated.
- Death benefit or compassionate death benefit shall automatically cease and no further benefit becomes payable when the Major Illness Benefit becomes payable.
- Provided that no benefit under the Major Illness Benefit become payable, if the insured of **CareForAll – Prestige** passes away while the policy is in effect, we will pay a death benefit as below:
 - For death which is caused by an accident, 100% of the sum insured as at the date of death of the insured less any outstanding premiums;
 - Otherwise,
 - if the insured passes away within the 1st policy year, 50% of the sum insured as at the date of death of the insured less any outstanding premiums;
 - if the insured passes away after the 1st policy year, 100% of the sum insured as at the date of death of the insured less any outstanding premiums.

CareForAll Critical Illness Plan is underwritten by AXA China Region Insurance Company (Hong Kong) Limited ("AXA" or "we"). All product information mentioned above are subject to the terms and conditions. AXA reserves the final right to approve any application. For detailed terms, conditions and exclusions of this product, please refer to the relevant product brochure and policy contract.



Find out more about CareForAll

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