

Highlights:





Hassle-free experience

with relaxed underwriting requirements



Mostly focused on your health conditions of the past 2 years, without the need for medical examinations



Only required to answer a few health underwriting questions health underwriting questions



Secure your future with essential critical illness protection from 3 plan levels



All-round supports and benefits

for prioritising health-conscious living



Your health rewarded with premium rebates and benefits, one step at a time



Special offers exclusive to our loyal customers



Your well-being's partner: one-stop support services tailored to your needs



Taking out a critical illness insurance policy isn't always straightforward. For those bearing health risk factors, it could be a journey filled with challenges. That's why we have designed a thoughtful solution CareForAll Critical Illness Plan ("CareForAll")

CareForAll introduces simplified underwriting procedures, minimising limitations related to health condition and age to make critical illness coverage more accessible to those with different needs1. Now with CareForAll, you can embrace the future with confidence, knowing that your health is well taken care of.

th a diverse range of critical illness products

that stand by your side

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Relaxed underwriting requirements¹ for better access to coverage

CareForAll makes it easier to get critical illness protection. To apply, you may only be required to answer a few health underwriting questions mostly focusing on your health conditions of the past 2 years. Regardless of your existing medical conditions or even if you are a cancer, heart attack or stroke survivor, there is no need to perform any medical examinations¹.



Given the level of ease offered by the exam-free underwriting, is the claims process equally hassle-free?

CareForAll can also be suitable for people with health risk factors, it is simple, user-friendly and transparent. The plan covers your pre-existing conditions, even if you have a history of illnesses, there may be a right plan level to provide protection for you. You will be protected if you unfortunately suffer from any one of the covered major illnesses after 90 days following the policy date.

To make a claim, simply contact your financial consultant or download the claim form online or contact us for claim submission details.



Secure your future with essential critical illness protection from 3 plan levels

While critical illnesses vary in prevalence, you might prefer a more strategic approach on your insurance coverage so that every dollar spent goes toward protecting yourself from the health risks you ought to be concerned about.

By prioritising coverage for more prevalent major illnesses, **CareForAll** offers 3 plan levels focusing on health threats including Cancer², Heart Attack, Stroke and Severe Dementias, providing coverage up to age 100³ of the insured.

Which plan level would be available to you?

Depending on your answers to our simplified underwriting questions¹, you may be entitled to be covered under one of the plan levels, i.e., CareForAll - Prestige, CareForAll - CVD or CareForAll - Cancer.

CareForAll - Prestige

If you are healthy in general or you have chronic condition(s)⁴

CareForAll - CVD

If you have previously been diagnosed with carcinoma in situ or Stage I or II Cancer⁵ and have been completed your entire recommended cancer treatment for more than 2 years

CareForAll - Cancer

If you have previously been diagnosed with heart attack or stroke

Note

This diagram is a highlight of the underwriting methodology for illustration purpose only. For relevant requirements, terms and conditions, please refer to the complete underwriting questions.





Being healthy is worth celebrating indeed. But then, would all the premiums you pay be worth it?

It's natural to question the value of insurance premiums if you maintain good health and make no claims, yet the essence of our **CareForAll** plan lies in its readiness to provide substantial help when it's most needed.

With **CareForAll**, you're entitled to 100% of the sum insured if you suffer from a covered major illness after 90 days following the policy date. But that's not all. Even if no major illness claims are made, the plan continues to serve as a life protection measure, until the age of 1003 of the insured.

Consider your insurance not as an expense, but as an investment for protection — providing peace of mind, financial security, and a safety net for life's unexpected turns. It's about ensuring you and your loved ones are protected, come what may.



Secure your future with essential critical illness protection from 3 plan levels (cont'd)

Major Illness Benefit up to 100% of sum insured if you suffer from a covered major illness

If you suffer from any one of the covered major illnesses, we will pay 100% of the sum insured under the Major Illness Benefit from **CareForAll**, supporting you on the road to recovery.

Life protection: ensuring peace of mind for your family's future

In the unfortunate event that the insured passes away, the designated beneficiary will receive a death benefit^{7,8} or compassionate death benefit⁷, depending on the plan level.

Plan levels	CareForAll - Prestige	CareForAll - CVD	CareForAll - Cancer
Covered major illnesses	 Cancer² Heart Attack Stroke Severe Dementias 	Heart AttackStrokeSevere Dementias	• Cancer²
\$ Death benefit ^{7,8} / Compassionate death benefit ⁷	Death benefit ^{7,8} of 100% of the sum insured will be payable	Compassionate death benefit ⁷ of HKD10,000 will be payable	



How to choose between pure critical illness plan and critical illness savings plan?

Both pure critical illness plan and critical illness savings plan have their merits and can be compared based on various aspects such as premium payment terms, age restrictions, and protection offered, etc. When it comes to premium, a pure protection plan like our **CareForAll** prioritises protection, charging relatively more affordable premium provided the policy is renewed. On the other hand, critical illness savings plans offer the potential for returns in addition to insurance coverage.

While returns are an appealing benefit, it's important to consider that critical illness savings plans typically involve relatively higher premium when compared to pure critical illness plans, which may not be suitable for every situation. It's crucial to select a plan that comfortably fits your financial and insurance needs means both at the time of enrollment and in the future.



Secure your future with essential critical illness protection from 3 plan levels (cont'd)

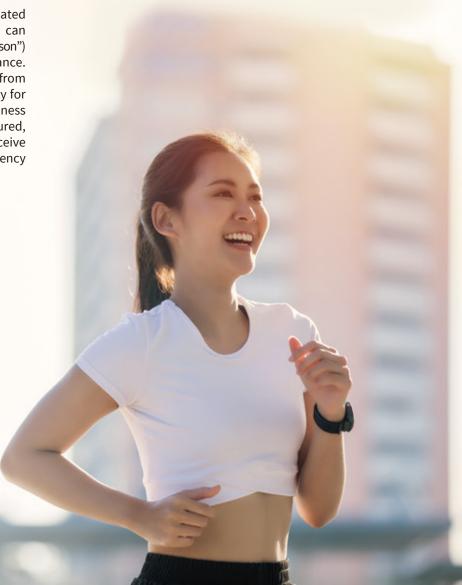
Guaranteed renewability for extra budgeting flexibility

Once you have chosen the policy term – either yearly renewable or 10-year renewable – during the policy application, no matter how your health condition has changed subsequently, you have the guaranteed right to renew⁹ your policy until the insured reaches age 100³. What's more, the premium rate¹⁰ will not be affected by the insured's age within each policy term, so you can plan your budget ahead to suit your own financial needs.



Reassuring you and your family with the "Appointment of Designated Person" option

With the option of "Appointment of Designated Person" offered under **CareForAll**, you can pre-designate a specific person (the "Designated Person") as a recipient of Major Illness Benefit in advance. In the unfortunate case of you suffering from a mental incapacitation event or loss of capacity for independent living when a claim for Major Illness Benefit is required to be filed for the insured, this Designated Person can file the claim and receive benefit¹¹ on your behalf to provide for emergency financial support.





Your health rewarded with premium rebates and benefits, one step at a time

CareForAll rewards you for maintaining a healthy lifestyle and helps you keep track of your health.

Free medical check-up for additional premium savings

Having a thorough picture on what's going on inside your body not only helps you detect health issues early, it is also the key to preventing illnesses. That's why **CareForAll** offers free medical check-ups during the 1st, 3rd and 5th policy years, empowering you to understand your health condition and changes.

Each time you undertake your free medical check-up within the specified redemption period, no matter what the results are, we will offer a medical check-up bonus, which is equal to 10% premium rebate of that policy year's premium to pay the future premiums of your policy¹².

Commit to AXA Goal (Lite) Programme and get premium rebates

It's good to be out! Getting out and about on your feet is all it takes to reach your health goals. Practice a healthy lifestyle and you'll be steps closer to getting premium rebates.

You can earn a 10% premium rebate if you reach the minimum of 125 Achieved Days per membership year ("Achieved Day" refers to a day on which you walk 10,000 steps or more).

Simply connect your tracking device to your registered Emma by AXA account to start your AXA Goal (Lite) journey!

For more details, please refer to the AXA Goal (Lite) Programme leaflet.

To learn more about Emma by AXA mobile app: https://www.axa.com.hk/en/emma-by-axa













Especially for CareForAll – CVD or CareForAll – Cancer only

Level up your plan to enjoy more comprehensive coverage

If you manage to obtain satisfactory results from your free medical check-ups, **CareForAll** offers an opportunity to let you enhance your major illness coverage through re-underwriting¹³. This means any designated major illness(es) not covered by your existing **CareForAll – CVD** or **CareForAll – Cancer** policy may now be eligible for coverage as well.



CareForAll Loyalty Bonus

As a token of appreciation for your loyalty to **CareForAll**, we are delighted to present the **CareForAll Loyalty Bonus**. Starting from the 10th policy anniversary and continuing with each subsequent policy anniversary, you will enjoy a bonus equivalent to 20% of the annualised premium¹⁴. This bonus serves as our way of rewarding your unwavering support.



Especially for CareForAll - Prestige only

CareForAll Extra Coverage Benefit

Moreover, if you are a loyal customer of **CareForAll – Prestige**, you are entitled to the **CareForAll Extra Coverage Benefit**. This benefit provides an additional amount, equal to 50% of the sum insured, if Major Illness Benefit or death benefit (as the case may be) becomes payable after the later of the 10th policy anniversary and the insured reaches the age of 75³. At AXA, we firmly believe in recognising and rewarding those who prioritise their well-being.



By staying committed to the plan and the health programmes, you'll not only receive financial benefits, you are effectively taking proactive steps towards maintaining your health and well-being:

Each policy year, when you successfully reach the minimum number of Achieved Days under the AXA Goal (Lite) Programme, you'll be rewarded with a 10% premium rebate.

During each of the 1st, 3rd and 5th policy years, you will be entitled to an additional 10% premium rebate if you undertake your free-medical check-up. Thus, by also reaching the minimum number of Achieved Days under AXA Goal (Lite) Programme, you can enjoy a total premium rebate of up to 20% for each of the 1st, 3rd and 5th policy years¹².

Starting from the 10th policy anniversary, an additional 20% premium rebate14 as our **CareForAll Loyalty Bonus** awaits you as a token of appreciation for your ongoing support. If you can also reach the minimum number of Achieved Days under the AXA Goal (Lite) Programme, you will be receiving up to 30% premium rebate.



Your well-being's partner: one-stop support services¹⁵ tailored to your needs

From minor inconveniences to unexpected crisis, our one-stop support services¹⁵ are here to extend a helping hand, offering you comprehensive care and unwavering support. For details, please refer to the CareForAll one-stop support services leaflet.

CareForAll at a glance

Issue age	Age 18 – 80			
Policy term	Yearly renewable or 10-year renewable			
Premium payment mode	Monthly / semi-annually / annually			
Benefit period / Premium payment term	Up to age 100 ³			
Renewability	Guarantee renewal ⁹ up to age 100 ³			
Premium [^]	 Will be adjusted depending on the insured's age upon renewal Premium rates are not guaranteed. We reserve the right to review and adjust the premium rates on each policy anniversary 			
Policy currency⁺	HKD / MOP / USD			
	Plan levels	CareForAll – Prestige	CareForAll – CVD	CareForAll – Cancer
Sum insured	Minimum	HKD120,000 / MOP120,000 / USD15,000		
	Maximum	HKD2,000,000 / MOP2,000,000 / USD250,000	000 / MOP500,000 /	
Waiting period	90 days following the policy date			

Notes:

[^] Please refer to **Premium adjustment** under the section Important information for details.

 $^{^{\}star} \text{We offer Macau policies denominated in Macau Pataca (MOP) or other available currency (ies)}.$

Benefit schedule

A highlight of the benefits of **CareForAll** is set out as below. Please refer to the terms and benefits stated in the policy contract for the full list of the benefits and relevant terms, conditions and exclusions.

Plan levels	CareForAll - Prestige	CareForAll – CVD	CareForAll – Cancer	
Covered major illnesses	 Cancer² Heart Attack Stroke Severe Dementias 	Heart AttackStrokeSevere Dementias	• Cancer ²	
Major Illness Benefit	100% of the sum insured will be payable if the insured suffers from any one of the covered major illnesses			
Death benefit ^{7,8} / Compassionate death benefit ⁷	Death benefit ^{7,8} of 100% of the sum insured ^(b) will be payable	Compassionate death benefit ⁷ of HKD10,000 will be payable		
Health rewards	 Free medical check-ups and medical check-up bonuses¹² AXA Goal (Lite) Programme 			
	From the 10 th policy anniversary and each subsequent policy anniversary, we will offer CareForAll Loyalty Bonus of 20% of the annualised premium ¹⁴			
Loyalty programme	After the later of the 10 th policy anniversary and the insured reaches the age of 75³, we will offer CareForAll Extra Coverage Benefit , which is equal to 50% of the sum insured, if Major Illness Benefit or death benefit (as the case may be) becomes payable	N/A		
Upgrade of coverage	N/A	If you obtain satisfactory results from your free medical check-ups, you may extend your protection through re-underwriting ¹³		
One-stop support services ¹⁵	Available			

Notes:

- (a) If the date of diagnosis is within the 1st policy year, 50% of the sum insured less any outstanding premiums will be payable.
- (b) 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 will be payable, except the death is caused by accident.

Important information

Cooling-off period

If you are not completely satisfied with the policy, you have the right to cancel the policy and obtain a refund of any premium(s) paid provided that there is no claim payment made under the policy prior to your request for cancellation.

Applicable to policies issued in Hong Kong

To exercise this right, please return the policy (if applicable) and send your signed written notice of cancellation directly to our Customer Service at Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong within **21 calendar days** immediately following either the day of delivery of the policy or the notice of policy issuance (notifying you of the cooling-off period) to you or your nominated representative (whichever is earlier). The policy will then be cancelled and a refund of any premium(s) and any levy paid will be returned to you.

Applicable to policies issued in Macau

To exercise this right, please return the policy (if applicable) and send your signed written notice of cancellation directly to our Customer Service at Avenida do Infante D. Henrique No.43-53A, 20 Andar, The Macau Square, Macau within **21 calendar days** immediately following the day of delivery of the policy to you or your nominated representative. The policy will then be cancelled and a refund of any premium(s) paid will be returned to you in policy currency.

Policy currency

If your policy is denominated in a currency other than your local currency, you may face an exchange rate risk. Upon currency conversion, the amounts you receive and the premiums you pay may vary as a result of changes in exchange rate.

Premium adjustment

The premium is calculated with reference to a number of factors including but not limited to the age, gender, smoking habit and risk class of the insured at the time of policy issuance and will increase subsequently based on the insured's age on renewal. Premium rates are not guaranteed. We reserve the right to review and adjust the premium rates on each policy anniversary with reference to the past performance and future outlook of factors such as claims, investment returns, policy persistency and expenses.

Non-payment of premium

You should pay premiums for the whole of your premium payment term. Any premiums remaining outstanding at the end of grace period (i.e. 31 days after the due date) may lead to termination of your policy. You may lose the insurance protection offered by the policy and the policy value (if any) to be received may be considerably less than your premiums paid.

Important information (cont'd)

Waiting period

There is a waiting period of 90 days following the policy date of CareForAll. We will not pay any benefit under the Major Illness Benefit of CareForAll if the insured (i) experiences symptoms or signs for (even if the insured has not consulted a registered medical practitioner), or (ii) receives treatment, medication or investigation for, or (iii) is diagnosed with, any covered major illness within the waiting period of CareForAll.

It does not apply to any covered major illness which is solely and directly caused by an accident and independently of any other causes during the waiting period.

Notice and proof of claims

For claiming of Major Illness Benefit, we must be notified in writing (in the form specified by us and in such manner satisfactory to us) of the insured's major illness within 30 days after major illness was first diagnosed; and we must receive due proof that the insured was diagnosed as suffering from a major illness (in the form specified by us and in such manner satisfactory to us) within 90 days after the major illness was first diagnosed.

For claiming death proceeds, we must be notified in writing (in the form specified by us and in such manner satisfactory to us) of the insured's death within 30 days after the date of death; and we must also receive due proof of the insured's death (in the form specified by us and in such manner satisfactory to us) within 90 days after the date of death of the insured.

If we do not receive notification or due proof within such timeframe as specified by us, you or the claimant must show to our satisfaction that such notice or due proof was submitted to us as soon as practicable, or we will not pay the relevant benefit.

Inflation

The cost of living in the future is likely to be higher than it is today due to inflation. In case the actual rate of inflation is higher than expected, the purchasing power of the amounts you receive under the policy may be lower than expected.

Termination

The policy will automatically terminate upon the earliest occurrence of any of the following:

- (a) on the death of the insured;
- (b) on the termination date;
- (c) when the last subsisting attached supplement is terminated in case where coverage under CareForAll has already been ceased;
- (d) when there is no further coverage under **CareForAll** and all attached supplements and endorsements (if any);
- (e) when the policy lapses or is cancelled; or
- when the right of policy termination is exercised pursuant to the cross-border provision of the policy.

You may apply for policy surrender in accordance with the application procedures and administrative rules of the Company in force from time to time. We will process the relevant application after our receipt of your valid written application (in the form specified by us). Please contact your financial consultant for further details.

Where the coverage of the policy is terminated during a policy year, no part of the premium will be refunded, irrespective whether a claim has or has not been made in that policy year.

Important information (cont'd)

Key exclusions

If the insured, whether sane or insane, commits suicide within 1 year from the policy date, the death proceeds will be limited to a refund of the premiums paid (without interest). The amount of premiums to be refunded will be calculated from the policy date.

If the insured, whether sane or insane, commits suicide within 1 year from the date of any addition of supplement, such addition shall be deemed not to have taken effect in determining the death proceeds payable. The premium paid for such addition of supplement will be refunded (without interest) and such premium refunded will form part of the death proceeds. Any outstanding premium and any benefits paid and payable by us under the policy will be deducted from the death proceeds.

No benefit will be payable under the Major Illness Benefit for any major illness resulting directly or indirectly from, or caused or contributed by (in whole or in part) any of the following:

- (a) Human Immunodeficiency Virus (HIV) and/or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivations or variations thereof (except AIDS/HIV due to Blood Transfusion and Occupationally Acquired AIDS/HIV);
- (b) any self-inflicted injury or suicide, whether sane or insane;
- (c) intoxication by alcohol or drugs not prescribed by a registered medical practitioner;
- (d) any criminal act; or
- (e) travel in any aircraft, except as a fare paying passenger in a commercial aircraft or aircrew working on an aircraft.

For full list of exclusions, please refer to the policy contract.

Levy on insurance premium (Only applicable to policies issued in Hong Kong)

Levy collected by the Insurance Authority through the Company will be imposed on the policy at the applicable rate. Policyholders must pay the levy in order to avoid any legal consequences.

Rights of third parties

Applicable to policies issued in Hong Kong

The policy is excluded from the application of the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) ("TP Ordinance"). Any person or entity which is not a party to the policy shall have no rights under the TP Ordinance to enforce any terms of the policy.

Applicable to policies issued in Macau

Any person or entity which is not a party to the policy shall have no rights to enforce any terms of the policy.

Remarks

- 1. Your **CareForAll** application is subject to the Company'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.
- 2. Cancer does not include (i) all chronic lymphocytic leukaemia classified as less than RAI stage III; (ii) all prostate tumours which are histologically classified as less than T2N0M0 according to the TNM classification system and having a Gleason score below 7; (iii) all thyroid tumours which are histologically classified as T1N0M0 or a lower stage according to the TNM classification system; and (iv) all skin tumours except malignant melanoma. For full details, please refer to the policy contract.
- 3. "age 75" / "age 100" refers to the policy anniversary on or immediately following the insured's 75^{th} / 100^{th} birthday, whichever is earlier.
- 4. Even the insured has the chronic condition(s), he/she can be covered under **CareForAll Prestige** provided that he/she passes the underwriting questions. For relevant requirements, terms and conditions, please refer to the complete underwriting questions.
- 5. Stage I or II Cancer means the presence of the malignant tumour with pathological staging of Stage I / II under the AJCC staging system or its equivalent.
- 6. 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:
 - (i) if the date of diagnosis within the 1st policy year, 50% of the sum insured less any outstanding premiums; or
 - (ii) if the date of diagnosis after the 1^{st} 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.
- 7. Death benefit or compassionate death benefit shall automatically cease and no further benefit becomes payable when the Major Illness Benefit becomes payable.
- 8. 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:
 - (i) 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;
 - (ii) Otherwise,
 - (a) 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;
 - (b) if the insured passes away after the 1^{st} policy year, 100% of the sum insured as at the date of death of the insured less any outstanding premiums.
- 9. Subject to the terms and conditions of the policy, you have a guaranteed right to renew the policy by paying in advance the prevailing premium at the time of renewal.
- 10. Please refer to **Premium adjustment** under the section Important information for details.
- 11. Other than filing and receiving the claim payment of Major Illness Benefit, the Designated Person do not have the right to exercise other policy rights on behalf of policy owner and the insured.
- 12. The amount of medical check-up bonus is equivalent to 10% of the annualised premiums for the 1st, 3rd and 5th policy years respectively, will be credited to the future premium deposit account ("Account") after the end of the respective policy years. At the policy anniversary of the **CareForAll** policy, AXA will apply all or part of the medical check-up bonus (as the case may be) in the Account to offset the next policy year or the following policy year's future premium of the corresponding **CareForAll** policy from time to time as AXA deems appropriate. The medical check-up bonuses shall not be withdrawn from the Account. If the relevant **CareForAll** policy is terminated, cancelled or not renewed for whatever reasons, the unused medical check-up bonuses in the Account will be forfeited and cancelled.

Product Product Benefit Important Remarks features summary schedule information

- 13. If you obtain satisfactory results from your free medical check-ups, you may apply to the plan upgrade within 30 days before either the 3rd or the 5th policy anniversary. The plan upgrade will be treated as new policy thus the old policy of **CareForAll CVD** or **CareForAll Cancer** will be terminated and waiting period of 90 days will be applied from the new policy date.
- 14. The **CareForAll Loyalty Bonus**, which is equivalent to 20% of the annualised premium (before any premium rebate, discount or bonus, if any) of the policy year immediately preceding the policy anniversary, will be credited to Account at every policy anniversary starting from the 10th policy anniversary. Any portion of the **CareForAll Loyalty Bonus** cannot be withdrawn or transferred. AXA will apply all or part of the **CareForAll Loyalty Bonus** (as the case may be) in the Account to offset the next policy year or the following policy year's future premium of the corresponding **CareForAll** policy as AXA deems appropriate.
- 15. The details of the one-stop support services will be determined by AXA at its sole discretion and AXA reserves the right to amend the details at any time without prior notice. The support services are provided by third-party service providers as AXA may designate from time to time. AXA shall not be responsible for any services so provided or any act or failure to act on the part of the third-party service providers. To be eligible for the services, you may need to comply with the terms and conditions set out by the third-party service providers. All matters and disputes are subject to the final decision of AXA and the third-party service providers. For details, please refer to CareForAll one-stop support services leaflet.

Note:

• Unless otherwise specified, all ages mentioned in this product brochure refer to the age of the insured on his or her last birthday.

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How do I make a claim?

Simply contact your financial consultant, download the claim form from www.axa.com.hk/en/downloads/medical (Hong Kong)/www.axa.com.mo/en/downloads (Macau) or contact us by telephone (852) 2802 2812 (Hong Kong), (853) 8799 2812 (Macau) for claim submission detail. After submission, we will help you process your claim as soon as possible.

CareForAll Critical Illness Plan is underwritten by AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("AXA", the "Company", or "we").

The plan is subject to the terms, conditions and exclusions of the relevant policy contract. AXA reserves the final right to approve any application. This product brochure contains general information only and does not constitute any contract between any parties and AXA. It is not a policy. For detailed terms, conditions and exclusions of the plan, please refer to the relevant policy contract, which will be made available by the Company upon request.

ABOUT AXA HONG KONG AND MACAU

AXA Hong Kong and Macau is a member of the AXA Group, a leading global insurer with presence in 51 markets and serving 93 million customers worldwide. Our purpose is to act for human progress by protecting what matters.

As one of the most diversified insurers in Hong Kong, we offer integrated solutions across Life, Health and General Insurance. We are the largest General Insurance provider and a major Health and Employee Benefits provider. Our aim is to not only be the insurer to provide comprehensive protection to our customers, but also a holistic partner to the individuals, businesses and community we serve. At the core of our service commitment is continuous product & service innovation and customer experience enrichment, which is achieved through actively listening to our customers' needs and leveraging and investing in technology and digital transformation.

We embrace our responsibility to be a driving force against climate change and a force for good to create shared value for our community. We are proud to be the first to address the importance of mental health through different products and services and thought leading iconic research. Our overall Sustainability Strategy, with emphasis on climate strategy and biodiversity commitment, is developed based on TCFD recommendations. We are committed to integrating environmental, social and governance factors across our business and strive to contribute to a sustainable future through 3 distinct roles - as an investor, an insurer and an exemplary company.



CareForAll Critical Illness Plan Product brochure

July 2025

Find out more about CareForAll

Hong Kong

Tel: (852) 2802 2812 Fax: (852) 2598 7623

www.axa.com.hk



We value your feedback which will help us serve you better. You may reach us at:

Email: feedback@axa.com.hk

Mail: 5/F, AXA Southside, 38 Wong Chuk Hang Road,

Wong Chuk Hang, Hong Kong

Macau

Tel: (853) 8799 2812 Fax: (853) 2878 0022

www.axa.com.mo



Email: ma.enquiry@axa.com.mo

Mail: Avenida do Infante D. Henrique No. 43-53A,

20 Andar, The Macau Square, Macau

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