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Critical illness protection
HealthSelect II Major Illness Plan

Flexible selection of critical illness coverage

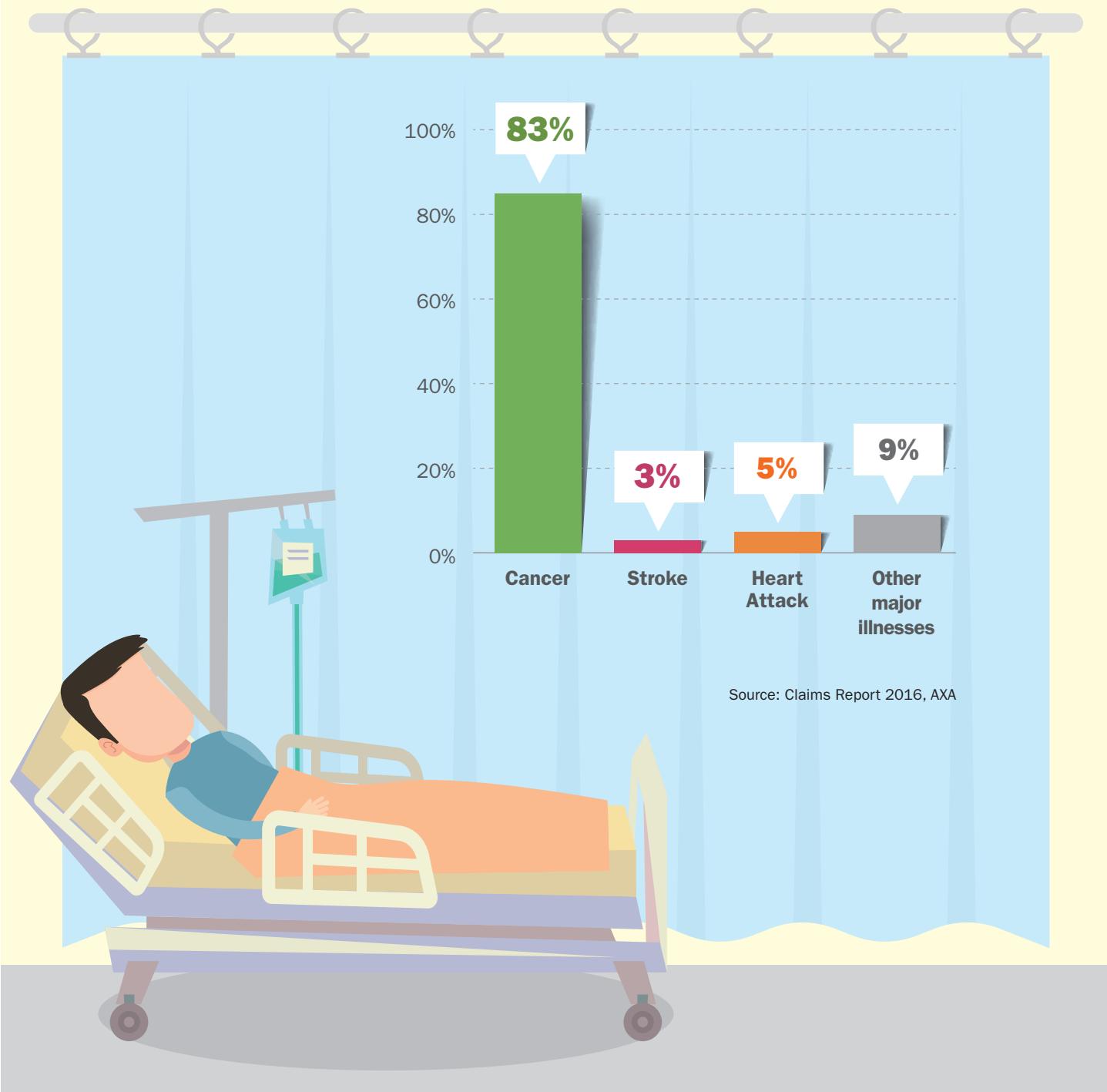


Product brochure

Good health is the key to living an enriching life. However, life is unpredictable and critical illness may come all of a sudden.

Major illness claims of AXA

AXA has witnessed a growing number of major illness claims in recent years, with Cancer, Heart Attack and Stroke accounting for more than **90%** of the total number of major illness claims.



Besides the impact on our health, critical illness is always accompanied by significant medical costs, for example:




Diagnosis : Stage III Colorectal Cancer

Estimated medical expenses:
HKD700,000[^]

Treatments include

- ☒  Surgery at private hospital
- ☒  Hospitalisation at private hospital
- ☒  Outpatient chemotherapy
- ☒  Follow up consultation
- ☒  Chinese herbalist consultation





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Diagnosis : Heart Attack

Estimated medical expenses:
HKD500,000[^]

Treatments include

- ☒  Bypass surgery at private hospital
- ☒  Hospitalisation at private hospital
- ☒  Follow up consultation
- ☒  Home nurse

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[^] The above medical expenses are for reference only. Actual expenses may vary depending upon actual medical condition and medical treatment received. The above information does not constitute any insurance, financial or medical advice or recommendation. Please seek professional advice if necessary.

Worse still, the treatment and rehabilitation may be a long journey. This may leave one unable to work for an extended period of time, resulting in loss of income and inability to fulfil family obligations.



Flexible combination of critical illness coverage tailored to your needs

HealthSelect II Major Illness Plan (“**HealthSelect II**” or “basic plan”) is a participating life insurance plan which provides coverage against a wide range of major illnesses and minor illnesses.

To further enhance your protection, the following optional supplements are designed for your flexible selection:

- **Early Stage Major Illness III Supplement** (“**Early Stage Supplement**”)
- **Multiple Benefit III Supplement** (“**Multiple Supplement**”)^v
- **Multiple Benefit III (Enhancer) Supplement** (“**Multiple Supplement (Enhancer)**”)^v

Together with the above supplements, you will also enjoy coverage for early stage major illnesses and multiple claims protection against major illnesses. Should the unfortunate event arise, the financial support offered can help cover your living expenses and medical bills as well as protecting your financial commitments.



Highlights



Comprehensive protection against critical illnesses



Policy value accumulation



Multiple claims protection



Value-added services



Added protection

^v Either **Multiple Supplement** or **Multiple Supplement (Enhancer)** can be chosen.

Basic Plan

HealthSelect II Major Illness Plan



Comprehensive protection against critical illnesses

■ Major Illness Benefit^{1,2}

The basic plan provides major illness protection up to age 100³ of the insured. Upon the diagnosis of any one of the 62 covered major illnesses (as set out in Table 1 below), 100% of the sum insured of the basic plan plus any terminal dividend (minus any amount claimed under the Minor Illness Benefit) will be paid. The insured may use the cash for medical treatment, living expenses or other purposes.

■ Minor Illness Benefit^{2,4}

The basic plan provides minor illness protection up to age 100³ of the insured. Upon the diagnosis of any one of the 28 covered minor illnesses (12 of which are specially designed to cover insured aged under 22) (as set out in Table 2 below), 25% of the sum insured of the basic plan will be paid.

As long as all benefits paid and payable under the basic plan do not reach 100% of the sum insured of the basic plan, there is no limit on the number of claims under the Minor Illness Benefit.

Under this benefit,

- a maximum of 2 claims are allowed for the same illness in the case of (a) Angioplasty and other Invasive Treatments for Coronary Artery⁵; or (b) Carcinoma-in-situ⁶;
- for other covered minor illnesses, 1 claim is allowed for each illness.

■ Extra Coverage Benefit⁷

Before the 10th policy anniversary and while the coverage of the basic plan is in effect, if the Major Illness Benefit or death benefit is payable, an additional benefit will be paid to provide further support.

Insured's age at policy issuance	Additional benefit payable (% of the sum insured of the basic plan)
Age 0 – 35	50%
Age 36 or above	35%



Added protection for extra peace of mind

■ **Death benefit^{2,8}**

The designated beneficiary will receive 100% of the sum insured of the basic plan plus any terminal dividend (minus any amount claimed under the Minor Illness Benefit) in the unfortunate event that the insured passes away.

■ **Index-linked Increase Endorsement^{9,10}**

To guard against the pressure of inflation, an Index-linked Increase Endorsement may be attached to your policy. While this endorsement is in effect, the sum insured of the basic plan will be automatically increased every year with extra premiums. The rate of increase will be determined with reference to rises in the consumer price index, subject to a minimum determined by the Company from time to time.

■ **Continuous supplementary protection**

Other than the supplements mentioned above, you can also combine a range of other supplements with the basic plan, such as accident and medical protection, for your personal needs. Even after the coverage of the basic plan terminates, all subsisting attached supplements will not automatically terminate provided that premium payment of such supplements continues (subject to the terms and conditions of each of the supplements).



Policy value accumulation offers savings potentials

■ **Guaranteed cash value¹¹**

The basic plan provides a guaranteed cash value upon the surrender or maturity of the policy.

■ **Terminal dividend¹¹**

When your policy has been in force for 5 years, the basic plan may pay you a non-guaranteed terminal dividend. This non-guaranteed terminal dividend (if any) is payable when (a) all benefits payable under the basic plan reach 100% of the sum insured of the basic plan; (b) the policy is surrendered; (c) the policy matures; or (d) the insured passes away, whichever is earlier. Terminal dividend may be reduced or increased by the Company from time to time. Its actual amount will only be determined when payable.



Value-added services along the way¹²

The insured can enjoy a range of value-added services from prevention through to treatment and rehabilitation under the Critical Illness Support Programme. For details, please refer to the relevant programme flyer.

Early Stage Major Illness III Supplement

With early treatment, the chance of recovering from a critical illness is much higher. **Early Stage Supplement** provides early stage major illness and major illness protection up to age 85 of the insured.



Protection for different stages of major illnesses

■ Early Stage Major Illness Benefit^{2,13}

If unfortunately the insured is diagnosed with any one of the 54 covered early stage major illnesses (as set out in Table 1 below), 100% of the sum insured of this supplement will be paid.

■ Major Illness Benefit^{2,13}

If unfortunately the insured is diagnosed with any one of the 61 covered major illnesses (as set out in Table 1 below), 100% of the sum insured of this supplement will be paid on top of the Major Illness Benefit payable under the basic plan.

Under this supplement, only one of the above 2 benefits will be payable.



Supplement

Multiple Benefit III Supplement¹⁴

There is a possibility that critical illness may happen more than once during the lifetime. **Multiple Supplement** can help ease your concern by offering multiple claims protection against major illnesses up to age 85 of the insured.

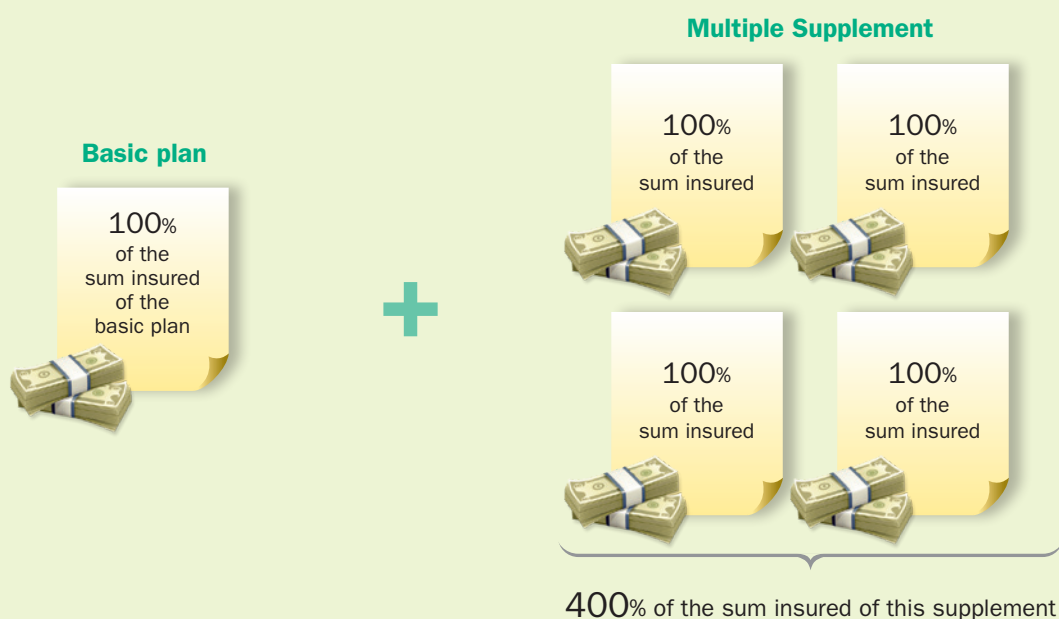


Multiple claims protection

■ Multiple Claims Major Illness Benefit²

Multiple Supplement provides coverage for 59 major illnesses which are divided into 10 major illness groups (as set out in Table 1 below). Once all benefits paid and payable under the basic plan reach 100% of the sum insured of the basic plan, the coverage of **Multiple Supplement** will commence. With this supplement, 4 additional major illness claims can be made by the insured. 100% of the sum insured of this supplement will be paid for each major illness claim.

Multiple claims under the basic plan and Multiple Supplement



Find out more


- Claims for 2 different major illnesses shall be separated by at least 1 year¹⁵.
- A maximum of 1 claim can be made from each major illness group, except:
 - "Group 1: Cancer"
 - Where the Major Illness Benefit paid under the basic plan is for (a) Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy; (b) Loss of Capacity for Independent Living; or (c) Terminal Illness, the immediately subsequent claim under **Multiple Supplement** can be from any major illness group.

For further details of multiple claims related to "Group 1: Cancer", please refer to the following section.

■ Multiple claims for Cancer¹⁶

Cancer is a common major illness. It can spread to other organs and may recur, and another Cancer can also happen to a person. Enhanced protection is thus offered to this illness.

Maximum number of claims under the basic plan and Multiple Supplement

Major illness groups	Major illnesses covered	Maximum number of claims per major illness covered	
Group 1: Cancer	Cancer 	3 claims	Up to 3 claims under Group 1
	Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy [^]	1 claim	
Other major illness groups	Any major illnesses	1 claim	Up to 1 claim per group

[^] Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy is only covered by the basic plan.



Find out more

Multiple claims related to “Group 1: Cancer” have to fulfil the following additional conditions:

- Where a subsequent claim is for a new cancer, the preceding and the subsequent claims under “Group 1: Cancer” shall be separated by at least 1 year¹⁶.
- Where a subsequent claim is for a recurrent or metastatic cancer, the preceding and the subsequent claims under “Group 1: Cancer” shall be separated by at least 5 years^{16,17}, and such preceding cancer was once in complete remission within that 5-year period.
- Where the claim for “Group 1: Cancer” is followed by a claim for any major illness under “Group 4: Illnesses related to Organ Failure”, the preceding and the subsequent claims shall be separated by at least 5 years¹⁸.



Waiver of premium

When all benefits paid and payable under the basic plan reach 100% of the sum insured of the basic plan, all future premiums of **Multiple Supplement** will be waived from the next premium due date.

Multiple Benefit III (Enhancer) Supplement¹⁴

To give you even more protection, we have designed **Multiple Supplement (Enhancer)**, which offers enhanced multiple claims protection against major illnesses up to age 85 of the insured, for your selection.

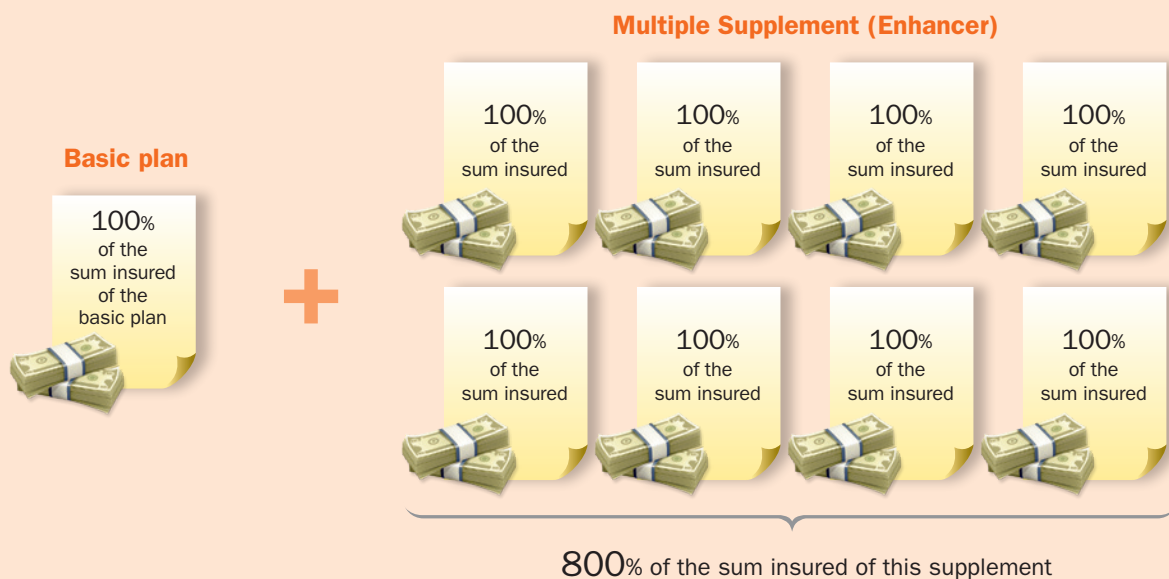


Multiple claims protection

■ Multiple Claims Major Illness Benefit²

Multiple Supplement (Enhancer) provides coverage for 59 major illnesses which are divided into 10 major illness groups (as set out in Table 1 below). Once all benefits paid and payable under the basic plan reach 100% of the sum insured of the basic plan, the coverage of **Multiple Supplement (Enhancer)** will commence. With this supplement, 8 additional major illness claims can be made by the insured. 100% of the sum insured of this supplement will be paid for each major illness claim.

Multiple claims under the basic plan and Multiple Supplement (Enhancer)



Find out more




- Claims for 2 different major illnesses shall be separated by at least 1 year¹⁵.
- A maximum of 1 claim can be made from each major illness group, except:
 - "Group 1: Cancer"
 - "Group 2: Illnesses related to Heart and Blood Vessels"
 - "Group 3: Illnesses related to the Nervous System"
 - Where the Major Illness Benefit paid under the basic plan is for (a) Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy; (b) Loss of Capacity for Independent Living; or (c) Terminal Illness, the immediately subsequent claim under **Multiple Supplement (Enhancer)** can be from any major illness group.

For further details of multiple claims related to "Group 1: Cancer", "Group 2: Illnesses related to Heart and Blood Vessels" and "Group 3: Illnesses related to the Nervous System", please refer to the following section.

■ Multiple claims for Cancer¹⁹, Heart Attack²⁰ and Stroke²¹

Cancer, Heart Attack and Stroke are common major illnesses which often require lengthy treatment. These illnesses may also occur more than once. Enhanced protection is thus offered to these illnesses.

Maximum number of claims under the basic plan and Multiple Supplement (Enhancer)

Major illness groups	Major illnesses covered	Maximum number of claims per major illness covered	
Group 1: Cancer	Cancer 	3 claims	Up to 3 claims under Group 1
	Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy [^]	1 claim	
Group 2: Illnesses related to Heart and Blood Vessels	Heart Attack 	2 claims	Up to 2 claims under Group 2
	Other major illnesses	1 claim	
Group 3: Illnesses related to the Nervous System	Stroke 	2 claims	Up to 2 claims under Group 3
	Other major illnesses	1 claim	
Other major illness groups	Any major illnesses	1 claim	Up to 1 claim per group

[^] Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy is only covered by the basic plan.



Find out more

Multiple claims related to “Group 1: Cancer” and “Group 3: Illnesses related to the Nervous System” have to fulfil the following additional conditions:

- Where a subsequent claim is for a new cancer, the preceding and the subsequent claims under “Group 1: Cancer” shall be separated by at least 1 year¹⁹.
- Where a subsequent claim is for a recurrent, metastatic or continuous cancer, the preceding and the subsequent claims under “Group 1: Cancer” shall be separated by at least 3 years^{19,22}.
- For the claim under “Group 3: Illnesses related to the Nervous System”, 1 claim is allowed for either Hemiplegia or Paralysis.



Waiver of premium

When all benefits paid and payable under the basic plan reach 100% of the sum insured of the basic plan, all future premiums of **Multiple Supplement (Enhancer)** will be waived from the next premium due date.

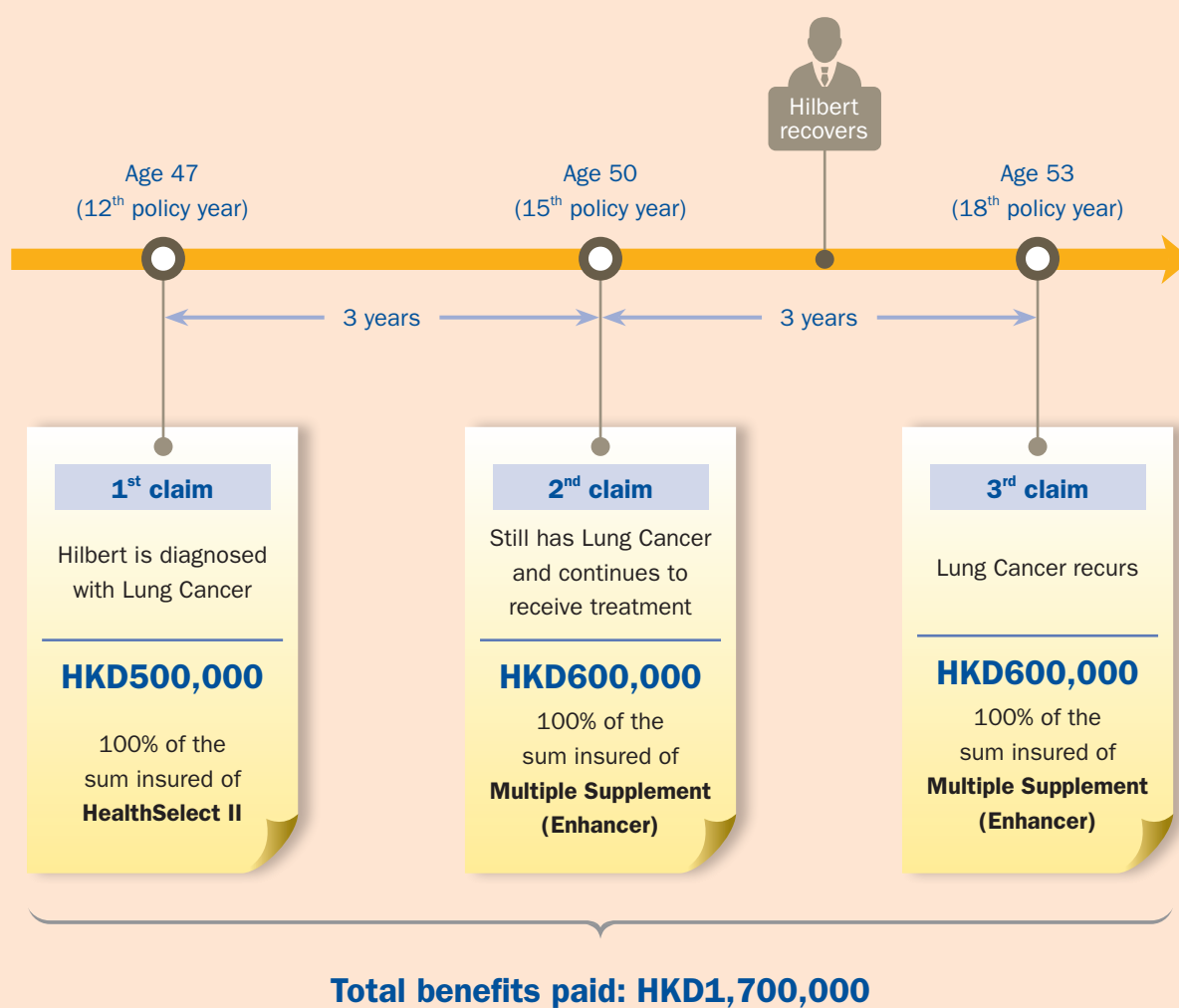
Illustrative example – multiple claims for Cancer

This illustrative example is for reference only (Terminal dividend and Index-linked Increase Endorsement are not illustrated in this example).

- Insured: Hilbert
- Age: 35
- Occupation: Accountant

Hilbert is health conscious and wants to be prepared for any unexpected medical expenses. As such, he takes out a **HealthSelect II** policy with sum insured of HKD500,000 and **Multiple Supplement (Enhancer)** with sum insured of HKD600,000.

In the 12th policy year, Hilbert is diagnosed with Lung Cancer. Throughout his battle with Cancer, he has made a total of 3 claims.



Note: Assuming (a) the relevant illnesses are not excluded from the coverage of **HealthSelect II** and **Multiple Supplement (Enhancer)** and have fulfilled the relevant eligibility requirements and conditions as set out in the policy contract; (b) no other claim has been paid and / or becomes payable under the policy; (c) there is no indebtedness under the policy; (d) Hilbert does not make any change to the sum insured of **HealthSelect II** and **Multiple Supplement (Enhancer)** throughout the contract term of the policy; (e) all premiums are paid in full when due and as planned; and (f) no other optional supplements are attached to the policy.

Table 1 Early stage major illnesses and major illnesses covered

	Early Stage Supplement	HealthSelect II Early Stage Supplement Multiple Supplement Multiple Supplement (Enhancer)
	Early Stage Major Illnesses Covered	Major Illnesses Covered
Group 1 Cancer	1. Carcinoma-in-situ of Specific Organs ^(a) Treated with Specified Surgery –	1. Cancer ^(b) 2. Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy ^{(c),(d)}
Group 2 Illnesses related to Heart and Blood Vessels	2. Early Cardiomyopathy – 3. Keyhole Coronary Bypass Surgery 4. Cerebral Aneurysm or Arteriovenous Malformation Requiring Surgery 5. Insertion of a Veno-cava Filter 6. Pericardectomy 7. Percutaneous Valve Surgery 8. Secondary Pulmonary Hypertension 9. Moderately Severe Infective Endocarditis 10. Minimally Invasive Surgery to Aorta	3. Cardiomyopathy 4. Coronary Artery Angioplasty - Triple Vessel 5. Coronary Artery Bypass Surgery 6. Dissecting Aortic Aneurysm 7. Eisenmenger's Syndrome 8. Heart Attack 9. Heart Valve Surgery 10. Primary Pulmonary Arterial Hypertension 11. Severe Infective Endocarditis 12. Surgery to Aorta
Group 3 Illnesses related to the Nervous System	11. Early Amyotrophic Lateral Sclerosis 12. Surgery for Subdural Haematoma 13. Moderately Severe Bacterial Meningitis 14. Surgical Removal of Pituitary Tumour 15. Optic Nerve Atrophy with Low Vision 16. Moderately Severe Encephalitis 17. Moderately Severe Hemiplegia 18. Early Stage Major Head Injury ^(e) 19. Early Motor Neurone Disease 20. Early Multiple Sclerosis 21. Moderately Severe Muscular Dystrophy ^(e) 22. Moderately Severe Paralysis 23. Moderately Severe Poliomyelitis 24. Early Progressive Bulbar Palsy 25. Early Progressive Supranuclear Palsy ^(e) 26. Early Spinal Muscular Atrophy ^(e) 27. Carotid Artery Surgery or Intracranial Artery Surgery 28. Tuberculous Myelitis	13. Amyotrophic Lateral Sclerosis 14. Apallic Syndrome 15. Bacterial Meningitis 16. Benign Brain Tumour 17. Blindness 18. Encephalitis 19. Hemiplegia 20. Major Head Injury ^(e) 21. Motor Neurone Disease 22. Multiple Sclerosis 23. Muscular Dystrophy ^(e) 24. Paralysis 25. Poliomyelitis 26. Progressive Bulbar Palsy 27. Progressive Supranuclear Palsy ^(e) 28. Spinal Muscular Atrophy ^(e) 29. Stroke 30. Tuberculosis Meningitis
Group 4 Illnesses related to Organ Failure	29. Adrenalectomy for Adrenal Adenoma 30. Early Renal Failure 31. Liver Surgery 32. Coma for 48 Hours 33. Surgical Removal of One Lung 34. Moderately Loss of Capacity for Independent Living ^(f) 35. Major Organ Transplantation (on Waitlist) 36. Surgical Removal of One Kidney –	31. Chronic Adrenal Insufficiency (Addison's Disease) 32. Chronic and Irreversible Kidney Failure 33. Chronic Liver Disease 34. Coma 35. End Stage Lung Disease 36. Loss of Capacity for Independent Living ^{(d),(f)} 37. Major Organ or Bone Marrow Transplantation 38. Medullary Cystic Disease 39. Pheochromocytoma

Table 1 (cont'd)

	Early Stage Supplement	HealthSelect II Early Stage Supplement Multiple Supplement Multiple Supplement (Enhancer)
	Early Stage Major Illnesses Covered	Major Illnesses Covered
Group 5 Illnesses related to Blood	–	40. AIDS / HIV due to Blood Transfusion
	37. Acute Aplastic Anaemia	41. Aplastic Anaemia
	–	42. Occupationally Acquired AIDS / HIV
Group 6 Illnesses related to the Digestive System	38. Acute Necrohemorrhagic Pancreatitis	43. Chronic Relapsing Pancreatitis
	39. Biliary Tract Reconstruction Surgery	44. Fulminant Hepatitis
	40. Moderately Severe Crohn's Disease	45. Severe Crohn's Disease
	41. Moderately Severe Ulcerative Colitis	46. Severe Ulcerative Colitis
Group 7 Illnesses related to Immunology and Rheumatology	42. Moderately Severe Rheumatoid Arthritis	47. Severe Rheumatoid Arthritis
	43. Moderately Severe Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis	48. Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis
	44. Early Systemic Scleroderma	49. Systemic Scleroderma
Group 8 Illnesses related to Neurological Degeneration	45. Moderately Severe Parkinson's Disease	50. Parkinson's Disease
	46. Moderately Severe Creutzfeld-Jacob Disease (CJD)	51. Severe Creutzfeld-Jacob Disease (CJD)
	47. Moderately Severe Dementias	52. Severe Dementias
Group 9 Illnesses related to the Musculoskeletal System	48. Amputation of One Foot due to Complication from Diabetes	53. Amputation of Feet due to Complication from Diabetes
	49. Moderately Severe Burns	54. Major Burns
	–	55. Necrotising Fasciitis
	50. Severance of One Limb	56. Severance of Limbs
	51. Moderately Severe Myasthenia Gravis	57. Severe Myasthenia Gravis
Group 10 Other Major Illnesses	52. Cochlear Implant Surgery	58. Deafness (Loss of Hearing)
	–	59. Ebola Hemorrhagic Fever
	53. Early Elephantiasis	60. Elephantiasis
	54. Loss of Speech due to Vocal Cord Paralysis	61. Loss of Speech
	–	62. Terminal Illness ^(d)

(a) Specific Organs include (1) Bladder; (2) Breast; (3) Colon; (4) Corpus uteri; (5) Fallopian tube; (6) Liver; (7) Lung; (8) Ovary; (9) Pancreas; (10) Prostate; (11) Rectum; (12) Stomach; (13) Testicle; and (14) Thyroid.

(b) Cancer does not include (1) all tumours which are histologically classified as benign, carcinoma-in-situ, pre-malignant, non-invasive, having borderline malignancy or having low malignant potential; (2) all tumours in the presence of any human immunodeficiency virus; (3) all chronic lymphocytic leukaemia classified as less than RAI stage III; (4) all prostate tumours which are histologically classified as less than T2NOMO according to the TNM classification system and having a Gleason score below 7; (5) all thyroid tumours which are histologically classified as T1NOMO or a lower stage according to the TNM classification system; and (6) all skin tumours except malignant melanoma.

(c) Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy is not covered by **Early Stage Supplement**.

(d) Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy, Loss of Capacity for Independent Living and Terminal Illness are not covered by **Multiple Supplement** and **Multiple Supplement (Enhancer)**.

(e) Only an insured aged above 5 on the date of first diagnosis is eligible to receive a benefit under this illness.

(f) Only an insured aged between 15 and 75 on the date of first diagnosis is eligible to receive a benefit under this illness.

Table 2 Minor illnesses covered

HealthSelect II	
1. Angioplasty and other Invasive Treatments for Coronary Artery	15. Kawasaki Disease with Heart Complication ^(h)
2. Aortic Aneurysm	16. Less Severe Heart Attack
3. Carcinoma-in-situ (as set out in Table 3 below)	17. Nephropathy due to Complication from Diabetes
4. Cerebral Shunt Insertion	18. Osteogenesis Imperfecta ^(h)
5. Chronic Auto-immune Hepatitis	19. Pompe's Disease ^(h)
6. Early Stage Cancer of Specified Organs ^(g)	20. Retinopathy due to Complication from Diabetes
7. Facial Reconstructive Surgery for Injury due to Accident	21. Rheumatic Fever with Valvular Impairment ^(h)
8. Glaucoma Surgical Treatment	22. Severe Asthma ^(h)
9. Hemophilia A and Hemophilia B ^(h)	23. Severe Dengue Haemorrhagic Fever ^(h)
10. Hepatitis with Cirrhosis	24. Skin Transplantation due to Accidental Burning
11. Insertion of Pacemaker or Defibrillator	25. Still's Disease ^(h)
12. Insulin Dependent Diabetes Mellitus ^(h)	26. Systemic Lupus Erythematosus (S.L.E.)
13. Interstitial Lung Fibrosis	27. Type I Juvenile Spinal Amyotrophy ^(h)
14. Juvenile Huntington Disease ^(h)	28. Wilson's Disease ^(h)

(g) Early Stage Cancer of Specified Organs means the presence of any one of the following malignant conditions: (1) prostate tumours which are histologically classified as less than T2N0M0 according to the TNM classification system and having a Gleason score below 7; (2) chronic lymphocytic leukaemia classified as RAI stage I or RAI stage II; (3) thyroid tumours which are histologically classified as T1N0M0 according to the TNM classification system; and (4) non-melanoma skin cancer which are classified as AJCC stage I or above.

(h) Only an insured aged under 22 on the date of first diagnosis is eligible to receive a benefit under this illness.

Table 3 Carcinoma-in-situ covered

Carcinoma-in-situ of all organs (including but not limited to the following organs) are covered, except carcinoma-in-situ of skin:

HealthSelect II	
1. Ampulla of vater	18. Nasopharynx
2. Anal canal	19. Oesophagus
3. Bladder ⁽ⁱ⁾	20. Oral cavity
4. Breast	21. Ovary
5. Cervix uteri ^(j)	22. Pancreas
6. Colon	23. Penis
7. Conjunctiva	24. Pharynx (including tongue, soft palate and uvula)
8. Corpus uteri	25. Rectum
9. Extra-hepatic bile duct	26. Renal pelvis
10. Fallopian tube	27. Small intestine (including duodenum, jejunum and ileum)
11. Gallbladder	28. Stomach
12. Kidney	29. Tear duct
13. Larynx	30. Testicles
14. Lip	31. Ureter
15. Liver	32. Urethra
16. Lung	33. Vagina
17. Maxillary sinus	34. Vulva

(i) For carcinoma-in-situ of bladder, stage Ta and Tis of papillary carcinoma is included.

(j) For carcinoma-in-situ of cervix uteri, it must be at a grading of not less than CIN III and be positively diagnosed upon the basis of a microscopic examination of fixed tissue from a cone biopsy or colposcopy with cervical biopsy.

Note: Benefits relating to minor illness / early stage major illness / major illness are payable according to the definition of the relevant minor illness / early stage major illness / major illness as set out in the policy contracts.



Frequently Asked Questions

I am already covered by a medical insurance plan, why do I still need the above mentioned basic plan and supplements?

Medical insurance plans usually just reimburse actual medical expenses. The above mentioned basic plan and **Early Stage Supplement** provide a lump sum of cash benefits if you are unfortunately diagnosed with one of the covered illnesses, while **Multiple Supplement** and **Multiple Supplement (Enhancer)** allow multiple claims for major illnesses. You can use the cash benefits any way you want.

What is the advantage of issuing the basic plan with its supplements at the same time?

They altogether provide comprehensive critical illness protection to you, with each of them focusing on different specific coverage:

- The basic plan covers 62 major illnesses and 28 minor illnesses;
- **Early Stage Supplement** extends the protection to 54 early stage major illnesses;
- **Multiple Supplement** allows 4 additional major illness claims on top of the basic plan (up to a total of 3 Cancer claims under this supplement and the basic plan); and
- **Multiple Supplement (Enhancer)** allows 8 additional major illness claims on top of the basic plan (up to a total of 3 Cancer claims, 2 Heart Attack claims and 2 Stroke claims under this supplement and the basic plan).

If I have a temporary financial inflexibility due to, for example, being made redundant or laid off, what can I do to ensure my protection is not affected?

Starting from the 2nd policy year, if you are made redundant or laid off during the premium payment term of the basic plan, you can choose to apply for the Extended Grace Period Benefit²³, and suspend premium payment for up to 365 days (inclusive of the usual grace period of 31 days). This will help ease your short-term liquidity difficulty. During this extended grace period, your coverage will continue. This extended grace period can also be applied if you become a parent, get married or become divorced during the premium payment term of the basic plan. This benefit can be claimed once only.



What can I do if I want to know more about the details of the covered illnesses?

You are advised to refer to the terms and conditions of the policy and also the relevant definitions of the illnesses covered, which contain the eligibility requirements, conditions and exclusions on the coverage as set out in the policy contracts.

For example, Coronary Artery Bypass Surgery, one of the covered major illnesses, refers to the undergoing of surgery requiring median sternotomy (surgery to divide the breastbone), which is considered medically necessary to correct first time narrowing or blockage of one or more coronary arteries with bypass grafts.

The following are excluded:

- Angioplasty
- Intra-arterial procedures
- Laser techniques
- Minimally invasive heart bypass surgery
- Other non-surgical techniques

For details of the definition of other covered illnesses, please refer to the policy contracts.

How do I make a claim?

Simply call your financial consultant or contact us at:

Hong Kong

(852) 2802 2812, fax (852) 2598 7623

Macau

(853) 8799 2812, fax (853) 2878 0022

or email cs@axa.com.hk.

We will help you process your claim as soon as possible.

HealthSelect II at a glance

Premium payment term and issue age	20 years (age 0 – 55) 25 years (age 0 – 50)
Benefit period	Up to age 100
Premium[#]	<ul style="list-style-type: none"> Will not be adjusted based on the insured's attained age Premium rates are not guaranteed
Minimum sum insured⁺	Below age 45 : HKD120,000 ²⁴ Age 45 or above : HKD80,000 ²⁴
Major Illness Benefit^{1,2}	100% of the sum insured of the basic plan plus any terminal dividend, minus any amount claimed under the Minor Illness Benefit
Minor Illness Benefit^{2,4}	25% of the sum insured of the basic plan for each claim, subject to a maximum of HKD400,000 / MOP400,000 / USD50,000 for each minor illness
Extra Coverage Benefit⁷	<p>Before the 10th policy anniversary and while the coverage of the basic plan is in effect, if the Major Illness Benefit or death benefit is payable,</p> <ul style="list-style-type: none"> an additional 50% of the sum insured of the basic plan will be paid for insured aged 0 to 35 at policy issuance; or an additional 35% of the sum insured of the basic plan will be paid for insured aged 36 or above at policy issuance
Guaranteed cash value¹¹	Payable upon the surrender or maturity of the policy
Terminal dividend¹¹	<p>Non-guaranteed; payable after the policy has been in force for 5 years on the earliest occurrence of the following:</p> <ul style="list-style-type: none"> when all benefits payable under the basic plan reach 100% of the sum insured of the basic plan; or the surrender of the policy; or the maturity of the policy; or the death of the insured
Surrender value²	100% of the guaranteed cash value plus any terminal dividend as at the policy surrender date, minus any claimed amount for Minor Illness Benefit
Maturity value²	100% of the guaranteed cash value plus any terminal dividend as at the policy maturity date, minus any claimed amount for Minor Illness Benefit
Death benefit^{2,8}	100% of the sum insured of the basic plan plus any terminal dividend, minus any claimed amount for Minor Illness Benefit
Extended Grace Period Benefit²³	<p>Starting from the 2nd policy year, extension of the grace period up to 365 days (inclusive of the usual grace period of 31 days) will be available if the insured:</p> <ul style="list-style-type: none"> gets married; or becomes a parent; or is made redundant or laid off; or becomes divorced

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

⁺ We offer Macau policies denominated in Macau Pataca (MOP) or other available currency(ies).

Early Stage Supplement at a glance

Premium payment term and issue age	20 years (age 0 – 55) 25 years (age 0 – 50) Up to age 85 (age 0 – 65) Premium payment term of this supplement should be the same as or longer than that of the basic plan
Benefit period	Up to age 85
Premium[#]	<ul style="list-style-type: none"> Will not be adjusted based on the insured's attained age Premium rates are not guaranteed
Minimum sum insured[^]	HKD80,000 ²⁴
Maximum sum insured[^]	The lesser of (a) HKD1,200,000 ²⁴ ; and (b) 50% of the sum insured of the basic plan
Early Stage Major Illness Benefit^{2,13}	100% of the sum insured of this supplement
Major Illness Benefit^{2,13}	100% of the sum insured of this supplement
Index-linked Increase Endorsement²⁵	Follows the basic plan

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

[^] **Early Stage Supplement** should be denominated in the same currency in which the basic plan is denominated.

Multiple Supplement at a glance

Premium payment term and issue age	20 years (age 0 – 55) 25 years (age 0 – 50) Up to age 85 (age 0 – 65) Premium payment term of this supplement should be the same as or longer than that of the basic plan
Benefit period	Up to age 85
Premium[#]	<ul style="list-style-type: none"> Will not be adjusted based on the insured's attained age Premium rates are not guaranteed
Sum insured	50% to 120% of the sum insured of the basic plan
Multiple Claims Major Illness Benefit^{2,14,15}	4 additional major illness claims, with 100% of the sum insured of this supplement for each claim
Multiple Cancer claims^{16,17,18}	Up to 3 claims including the Cancer claim under the basic plan
Waiver of premium	All future premiums of this supplement will be waived when all benefits paid and payable under the basic plan reach 100% of the sum insured of the basic plan
Index-linked Increase Endorsement²⁵	Follows the basic plan

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

Multiple Supplement (Enhancer) at a glance

Premium payment term and issue age	20 years (age 0 – 55) 25 years (age 0 – 50) Up to age 85 (age 0 – 65) Premium payment term of this supplement should be the same as or longer than that of the basic plan
Benefit period	Up to age 85
Premium[#]	<ul style="list-style-type: none"> Will not be adjusted based on the insured's attained age Premium rates are not guaranteed
Sum insured	50% to 120% of the sum insured of the basic plan
Multiple Claims Major Illness Benefit^{2,14,15}	8 additional major illness claims, with 100% of the sum insured of this supplement for each claim
Multiple Cancer claims^{19,22}	Up to 3 claims including the Cancer claim under the basic plan
Multiple Heart Attack claims^{15,20}	Up to 2 claims including the Heart Attack claim under the basic plan
Multiple Stroke claims^{15,21}	Up to 2 claims including the Stroke claim under the basic plan
Waiver of premium	All future premiums of this supplement will be waived when all benefits paid and payable under the basic plan reach 100% of the sum insured of the basic plan
Index-linked Increase Endorsement²⁵	Follows the basic plan

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

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) paid 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.

Non-guaranteed benefits

Dividend philosophy

The plan is designed to provide you with all-round critical illness insurance protection, and at the same time an additional return through a combination of:

- (a) guaranteed benefits, such as cash value and various critical illness benefits; and
- (b) non-guaranteed terminal dividend.

How do we determine your terminal dividend?

The premiums from you and the owners of other policies pooled together will form a participating fund and will be invested. We will make deductions for expenses, surrenders, claims and charges from this participating fund, while it earns investment returns. The value of this participating fund is called the “asset share”. It is an important reference to help us determine your terminal dividend.

When we determine the amount of the terminal dividend of your policy, we will take into account the following:

- (a) the asset share;
- (b) both the current and the expected future amount of guarantees; and
- (c) the returns we expect the participating fund to earn in the future.

In the plan, profit and loss arising from investment, claims and policy persistency will impact your terminal dividend. At the policy issuance, we determine our share of profit, and will receive it from the participating fund regularly. After we determine our share of profit, we aim to share with you the gain and loss from investment, claims and policy persistency. If the actual amount we can distribute as terminal dividend is more than the amount illustrated at the time of policy issuance, you may receive 80% of the excess and the remaining 20% will be ours.

Your participating policy is designed to be held for long term. When we determine your terminal dividend, we also take into account the policy duration, and it is adjusted downward in the early policy years to reflect this.

What will affect your terminal dividend?

We consider the past performance and future outlook of the following factors when determining your terminal dividend and they may significantly affect it.

Investment return

This includes changes in interest rates that will cause changes in interest earnings, as well as changes in market value of the assets in the participating fund due to changes in financial markets and economic conditions. These may result from risks or changes in factors, such as interest rates, currency risk, liquidity risk, credit / default risk, volatility risk and also general investment conditions.

Claims

These include the cost of providing death benefit and other insurance benefits. If the amount of benefit claims turns out to be higher, your terminal dividend will be lower.

Policy persistency

If policies lapse or are surrendered (whether in full or partially), profits or losses arise when the benefits paid out differ from the asset share of the terminated policies. Such profits or losses will be added to the asset share of the remaining policies.

We may also apply smoothing when determining the terminal dividend. The value of the participating fund may go up and down sharply within days. Instead of sharing with you the gains or losses immediately, we may even out some short-term fluctuations.

As your policy will be grouped together with other similar policies, the terminal dividend of your policy may also vary if the characteristics of policies in your group change.

Based on these, we conduct a detailed analysis of the participating business and determine the terminal dividend to be declared at least annually.

Investment objective and strategy

Investment objective

The overall objective of investing the participating fund is to ensure that the guarantees we committed to the policies are met, while seeking competitive and stable returns over a medium to long term.

Investment strategy

We employ a rigorous and disciplined approach in determining strategic asset allocations which defines the nature of assets and how much we invest in. We monitor market positions carefully and frequently, and update our allocations when appropriate. In addition, we may complement our investment strategies with the use of derivatives and other financial agreements to manage liquidity, achieve an efficient portfolio management and effective risk management or pre-invest partially or fully expected future premiums to reduce the uncertainty of future investment earnings. In particular, the amount of derivatives used to manage interest rate and exchange rate risk may be material.

From time to time we will review the investment strategies and asset allocations, and will modify them if necessary. We aim to ensure all guarantees are met while maintaining non-guaranteed return potential for the terminal dividend. We also assess factors such as risk tolerance, changes in market conditions and economic outlook in order to maintain an optimal portfolio.

Selection of assets

We maintain a robust asset portfolio for the participating funds by investing in a wide range of investments, primarily with exposure to the U.S. and Asia (including Hong Kong and Mainland China). Generally, we aim to match the currency of fixed income investments and the underlying policy currency denomination to the extent appropriate investments are available and acceptable. However, taking into consideration the aforementioned market constraints, we also invest in assets that are not denominated in the same currency as the underlying policies ("currency mismatch"). In such case, we may consider using derivatives to hedge the currency risk, and more broadly to ensure a proper matching between the assets and the policies. Some specific strategies may embed a currency mismatch as it may bring additional returns or be a source of diversification. We also aim at maintaining adequate liquidity with respect to the policies and an appropriate level of risk diversification.

Asset allocations

The target asset allocation will fall under the following range:

Asset Class[^]	Allocation[*]
Government bonds, corporate bonds and other similar instruments	70% - 90%
Growth assets	10% - 30%

[^] The bond assets allocation includes sub-asset classes like (i) developed market investment-grade corporate bonds, (ii) emerging market investment-grade bonds and (iii) developed market government bonds. The growth assets allocation includes sub-asset classes like (a) listed equities, (b) private equities and (c) real estate. The bond allocation is mainly invested in (i), and the growth assets are mainly invested in (b) and (c), with flexibility allowed in allocating to the sub-asset classes both within the bond allocation and within the growth asset allocation.

^{*} The target asset allocation shown above excludes derivatives. The total actual allocation (excluding derivatives) will be equal to 100%, and there may be some holdings in cash. In addition, we may accept certain degree of deviation from the above targets across asset classes in order to manage the portfolio efficiently or to optimise the portfolio based on the prevailing market condition and views.

For more details, please refer to the relevant participating policy fact sheet which can be found at our website

<https://www.axa.com.hk/participating-policy-fact-sheets> (for policies issued in Hong Kong) or

<https://www.axa.com.mo/en/participating-policy-fact-sheets> (for policies issued in Macau).

For the fulfilment ratios and total value ratios of our participating life insurance plans, please refer to our website at

<https://www.axa.com.hk/fulfilment-ratios-and-total-value-ratios> (for policies issued in Hong Kong) or

<https://www.axa.com.mo/en/fulfilment-ratios-and-total-value-ratios> (for policies issued in Macau).

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 not increase subsequently based on the insured's attained age. However, 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 the grace period (i.e. 31 days after premium 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.

Early surrender

The policy is designed to be held for long term. Early surrender of the policy may result in a significant loss where you may get back considerably less than your premiums paid.

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 coverage of the basic plan will automatically terminate when the aggregate amount of all benefits paid and payable under the Minor Illness Benefit and Major Illness Benefit of the basic plan reaches 100% of the sum insured of the basic plan. The sum insured of the basic plan will be reduced to zero.

Early Stage Supplement, Multiple Supplement and **Multiple Supplement (Enhancer)** will automatically terminate upon the earliest occurrence of any of the following:

- (a) on the death of the insured; or
- (b) when either the Major Illness Benefit or Early Stage Major Illness Benefit of the supplement becomes payable (applicable to **Early Stage Supplement** only); or
- (c) when the 4th eligible claim for the Multiple Claims Major Illness Benefit becomes payable under the supplement (applicable to **Multiple Supplement** only); or
- (d) when the 8th eligible claim for the Multiple Claims Major Illness Benefit becomes payable under the supplement (applicable to **Multiple Supplement (Enhancer)** only); or
- (e) on the expiry date of the supplement (i.e. on the policy anniversary on or immediately following the insured's 85th birthday, whichever is earlier); or
- (f) when the respective supplement is cancelled; or
- (g) if the policy to which the supplement is attached lapses, or is terminated, cancelled or surrendered or an option on non-payment takes effect.

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

- (a) on the death of the insured; or
- (b) on the maturity date of the policy (i.e. on the policy anniversary on or immediately following the insured's 100th birthday, whichever is earlier); or
- (c) when the last subsisting attached supplement (apart from any attached Waiver of Premium Supplement / Applicant's Waiver of Premium at Death Supplement / Applicant's Waiver of Premium at Death or Disability Supplement, if any) is terminated in case where coverage under the basic plan has already been terminated; or

- (d) when the indebtedness equals or exceeds the cash value minus the aggregate amount of all benefits paid and payable under the Minor Illness Benefit of the basic plan; or
- (e) when there is no further coverage under the basic plan and all attached supplements and endorsements (if any); or
- (f) when the policy lapses, or is cancelled or surrendered; or
- (g) 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.

Key exclusions

- If the insured commits suicide within 1 year from the policy date or any date of reinstatement of the policy, whichever is later, whether sane or insane, 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 or any date of reinstatement of the policy, whichever is later.

If the insured commits suicide within 1 year from the date of approval of any increase in the sum insured of the basic plan, whether sane or insane, such increase shall be deemed not to have taken effect in determining the death proceeds payable. The additional premium paid for the increase in the sum insured of the basic plan will be refunded.

- We will not pay any benefit under the Minor Illness Benefit, Early Stage Major Illness Benefit, Major Illness Benefit and Multiple Claims Major Illness Benefit of the basic plan, **Early Stage Supplement**, **Multiple Supplement** and **Multiple Supplement (Enhancer)** (as the case may be) if the insured experiences symptoms or signs for (even if the insured has not consulted a medical practitioner); or receives treatment, medication or investigation for; or is diagnosed with any covered illness within the Waiting Period. Waiting Period shall mean a period of 60 days following the policy date / supplement effective date (as the case may be) or any date of reinstatement, whichever is later. This provision does not apply to any covered illness, which is solely and directly caused by an accident and independently of any other causes during the Waiting Period.
- We will not pay any benefit under the basic plan, **Early Stage Supplement**, **Multiple Supplement** and **Multiple Supplement (Enhancer)** for any minor illness, early stage major illness or major illness (as the case may be) resulting directly or indirectly from, or caused or contributed by (in whole or in part), any of the following:
 - (a) any Pre-Existing Conditions (as defined below); or
 - (b) any congenital defect or disease which has manifested or was diagnosed before the insured attains age 18, except:
 - Eisenmenger's Syndrome, Hemophilia A and Hemophilia B, Insulin Dependent Diabetes Mellitus, Interstitial Lung Fibrosis, Juvenile Huntington Disease, Osteogenesis Imperfecta, Pompe's Disease and Type I Juvenile Spinal Amyotrophy (applicable to the basic plan only); or
 - Cerebral Aneurysm or Arteriovenous Malformation Requiring Surgery and Eisenmenger's Syndrome (applicable to **Early Stage Supplement** only); or
 - Eisenmenger's Syndrome (applicable to **Multiple Supplement** and **Multiple Supplement (Enhancer)** only); or
 - (c) 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); or
 - (d) any self-inflicted injury or suicide, whether sane or insane; or
 - (e) intoxication by alcohol or drugs not prescribed by a medical practitioner; or
 - (f) any criminal act; or
 - (g) travel in any aircraft, except as a fare paying passenger in a commercial aircraft or aircrew working on an aircraft.

For the purposes of the exclusion in (a) above, "Pre-Existing Condition" shall mean any condition, illness or injury:

- (i) which existed or continued to exist; or
 - (ii) for which the insured experienced symptoms or signs (even if the insured has not consulted a medical practitioner); or
 - (iii) for which the insured received or continued to receive treatment, medication or any investigation; or
 - (iv) where diagnostic tests showed the pathological existence;
- prior to the policy date / supplement effective date (as the case may be) or any date of reinstatement, whichever is later.

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.

U.S. Foreign Account Tax Compliance Act

Under the U.S. Foreign Account Tax Compliance Act ("FATCA"), a foreign financial institution ("FFI") is required to report to the U.S. Internal Revenue Service ("IRS") certain information on U.S. persons that hold accounts with that FFI outside the U.S. and to obtain their consent to the FFI passing that information to the IRS. An FFI which does not sign or agree to comply with the requirements of an agreement with the IRS ("FFI Agreement") in respect of FATCA and / or who is not otherwise exempt from doing so (referred to as a "nonparticipating FFI") will face a 30% withholding tax ("FATCA Withholding Tax") on all "withholdable payments" (as defined under FATCA) derived from U.S. sources (initially including dividends, interest and certain derivative payments).

The U.S. and Hong Kong / Macau have signed an inter-governmental agreement ("IGA") to facilitate compliance by FFIs in Hong Kong / Macau with FATCA and which creates a framework for Hong Kong / Macau FFIs to rely on streamlined due diligence procedures to (i) identify U.S. indicia, (ii) seek consent for disclosure from its U.S. policyholders and (iii) report relevant tax information of those policyholders to the IRS.

FATCA applies to the Company and this policy. The Company is a participating FFI. The Company is committed to complying with FATCA. To do so, the Company requires you to:

- (i) provide to the Company certain information including, as applicable, your U.S. identification details (e.g. name, address, the US federal taxpayer identifying numbers, etc); and
- (ii) consent to the Company reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to the IRS.

If you fail to comply with these obligations (being a "Non-Compliant Accountholder"), the Company is required to report "aggregate information" of account balances, payment amounts and number of non-consenting US accounts to IRS.

The Company could, in certain circumstances, be required to impose FATCA Withholding Tax on payments made to, or which it makes from, your policy. Currently the only circumstances in which the Company may be required to do so are:

- (i) if the Inland Revenue Department of Hong Kong / Macau Government fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong / Macau and the U.S.), in which case the Company may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your policy and remit this to the IRS; and
- (ii) if you are (or any other account holder is) a nonparticipating FFI, in which case the Company may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your policy and remit this to the IRS.

You should seek independent professional advice on the impact FATCA may have on you or your policy.

Remarks

1. The Major Illness Benefit under the basic plan is payable once only. The coverage under the basic plan will automatically terminate and its sum insured will be reduced to zero when the Major Illness Benefit becomes payable.
2. Any indebtedness and outstanding premiums will be deducted from the relevant benefit(s) when payable.
3. A maturity value will be payable if the insured survives on the policy anniversary on or immediately following the insured's 100th birthday, whichever is earlier, provided that no Major Illness Benefit or death benefit has been paid or becomes payable under the basic plan.
4. The benefit amount in respect of each eligible Minor Illness Benefit claim is equal to 25% of the sum insured of the basic plan. The aggregate amount of all benefits paid and payable in respect of each minor illness of the insured under all policies issued by the Company and any authorised insurers in Hong Kong and / or Macau which are affiliated with the Company shall not exceed HKD400,000 / MOP400,000 / USD50,000 (as the case may be, depending on the policy currency of the policy). The sum insured and premiums remain unchanged after this benefit is paid except where all benefits paid and payable under the basic plan reach 100% of the sum insured of the basic plan.
5. After the 1st claim for Angioplasty and other Invasive Treatments for Coronary Artery has been paid, a 2nd claim for the same illness can only be made if the treatment, after satisfying the same necessary requirements as in the 1st claim, is performed on a location of stenosis in major coronary artery where no stenosis of greater than 50% was identified in the medical examination relating to the 1st claim.
6. After the 1st claim for Carcinoma-in-situ has been paid, a 2nd claim for the same illness can only be made if the Carcinoma-in-situ is of a different covered organ from that of the 1st claim.
7. The benefit payable under the Extra Coverage Benefit is equivalent to 50% or 35% (as the case may be) of the sum insured of the basic plan as at the date when the Major Illness Benefit or death benefit (as the case may be) becomes payable under the basic plan (excluding any amount of the sum insured which is increased by the Index-linked Increase Endorsement) before the 10th policy anniversary. This benefit will automatically cease and terminate if no Major Illness Benefit or death benefit is payable before the 10th policy anniversary.
8. The policy will automatically terminate when the death benefit becomes payable.
9. The availability of Index-linked Increase Endorsement is subject to the Company's underwriting requirements.
10. You have the option to decline the increase in sum insured and premium under the Index-linked Increase Endorsement of a particular policy year by giving us a written notice not later than 30 days after the relevant policy anniversary.

The Index-linked Increase Endorsement will automatically terminate upon the earliest occurrence of any of the following:

- (a) when you decline 2 consecutive increases made in accordance with the conditions in the endorsement; or
 - (b) on the day immediately preceding the 11th / 16th policy anniversary for premium payment term of the basic plan being 20 / 25 years respectively; or
 - (c) on the policy anniversary on or immediately following the insured's 60th birthday; or
 - (d) when any Minor Illness Benefit or Major Illness Benefit becomes payable under the basic plan; or
 - (e) when Early Stage Major Illness Benefit becomes payable under **Early Stage Supplement**; or
 - (f) when the basic plan of the policy becomes fully paid-up.
11. No guaranteed cash value and terminal dividend will be available after the coverage of the basic plan terminates.
 12. The details of the value-added services will be determined by AXA at its sole discretion and AXA reserves the right to amend the Critical Illness Support Programme at any time without prior notice. The value-added services are provided by third-party service providers as AXA may designate from time to time. AXA shall not be responsible for any value-added services so provided or any act or failure to act on the part of the third-party service providers. The third-party service providers are solely responsible for all obligations and liabilities relating to such value-added services and all auxiliary services so provided. All matters and disputes are subject to the final decision of AXA and the third-party service providers.
 13. The insured must survive for at least 14 days from and including the date of first diagnosis of the covered early stage major illness or major illness (as the case may be) in order to be eligible to claim for the relevant benefit.
 14. The insured must survive for at least 14 days from and including the date of first diagnosis or the date of diagnosis (as the case may be) of each covered major illness for each claim in order to be eligible to claim for the relevant benefit.
 15. For each claim, the date of first diagnosis or the date of diagnosis (as the case may be) of the covered major illness of the subsequent claim shall be at least 1 year after the date of first diagnosis or the date of diagnosis (as the case may be) of the covered major illness of the immediately preceding claim paid under the basic plan, **Multiple Supplement** or **Multiple Supplement (Enhancer)** (as the case may be).

16. Where a Major Illness Benefit or a Multiple Claims Major Illness Benefit has been paid in respect of any Cancer(s) ("Preceding Cancer(s)") under the basic plan and / or **Multiple Supplement** (as the case may be), and the insured is later diagnosed as suffering from another Cancer ("Later Cancer"), any claim for the Later Cancer shall not be considered as an eligible claim unless:
- (a) the Later Cancer and the Preceding Cancer(s) are caused by different malignant cell origins, and the date of first diagnosis of the Preceding Cancer (which is immediately preceding the Later Cancer) and that of the Later Cancer are separated by at least 1 year; or
 - (b) the Later Cancer and any Preceding Cancer(s) are caused by the same malignant cell origin,
 - (i) the Later Cancer is either a recurrence or metastasis of such Preceding Cancer(s), and
 - (ii) the date of first diagnosis of such Preceding Cancer (which is immediately preceding the Later Cancer) and that of the Later Cancer are separated by at least 5 years, and
 - (iii) the said Preceding Cancer (which is immediately preceding the Later Cancer) was once in complete remission within the said period as specified in (ii) above (such state is verified by a specialist and supported by clinical, imaging or other laboratory investigations).

Where a Major Illness Benefit has been paid in respect of Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy under the basic plan, and the insured is later diagnosed as suffering from a Cancer, any claim for such Cancer shall not be considered as an eligible claim unless:

- (a) such Cancer and Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy are caused by different malignant cell origins, and the date of first diagnosis of Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy and that of such Cancer are separated by at least 1 year; or
- (b) such Cancer and Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy are caused by the same malignant cell origin,
 - (i) such Cancer is either a recurrence or metastasis of the Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy, and
 - (ii) the date of first diagnosis of Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy and that of such Cancer are separated by at least 5 years, and
 - (iii) Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy shall be once in complete remission within the said period as specified in (ii) above (such state is verified by a specialist and supported by clinical, imaging or other laboratory investigations).

Please refer to the policy contract for further details.

17. Any claim for recurrence or metastasis of a Cancer will not be considered as an eligible claim unless a Major Illness Benefit or Multiple Claims Major Illness Benefit has been paid in respect of such Cancer under the basic plan or **Multiple Supplement** (as the case may be) and the requirements as set out in the relevant policy contract have been fulfilled.

18. Where a Major Illness Benefit or a Multiple Claims Major Illness Benefit has been paid in respect of any major illness(es) in "Group 1: Cancer" under the basic plan and / or **Multiple Supplement** (as the case may be), a subsequent claim for any major illness in "Group 4: Illnesses related to Organ Failure" will become an eligible claim on condition that:

- (a) the date of first diagnosis of the major illness in "Group 4: Illnesses related to Organ Failure" in the subsequent claim and the date of first diagnosis of the major illness in the preceding eligible claim under "Group 1: Cancer" (the one which is immediately preceding the said subsequent claim) are separated by at least 5 years; and
- (b) the major illness in the said immediately preceding eligible claim has been once in complete remission within the said period as specified in (a) above (such state is verified by a specialist and supported by clinical, imaging or other laboratory investigations).

Please refer to the policy contract for further details.

19. Where a Major Illness Benefit or a Multiple Claims Major Illness Benefit has been paid in respect of any Cancer(s) ("Preceding Cancer(s)") under the basic plan and / or **Multiple Supplement (Enhancer)** (as the case may be), and the insured is later diagnosed as suffering from a Cancer ("Later Cancer"), any claim for the Later Cancer shall not be considered as an eligible claim unless:

- (a) the Later Cancer is a new Cancer caused by a different malignant cell origin from the Preceding Cancer(s) and the date of diagnosis of the Preceding Cancer (which is immediately preceding the Later Cancer) and that of the Later Cancer are separated by at least 1 year; or
- (b) the Later Cancer is a recurrence or metastasis or continuation of any Cancer (regardless of whether it is the recurrence or metastasis or continuation of Preceding Cancer(s)), and the date of diagnosis of the Preceding Cancer (which is immediately preceding the Later Cancer) and that of the Later Cancer are separated by at least 3 years.

Where a Major Illness Benefit has been paid in respect of Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy under the basic plan, and the insured is later diagnosed as suffering from a Cancer, any claim for such Cancer shall not be considered as an eligible claim unless:

- (a) such Cancer and Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy are caused by different malignant cell origins, and the date of diagnosis of Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy and that of such Cancer are separated by at least 1 year; or
- (b) such Cancer and Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy are caused by the same malignant cell origin, and
 - (i) such Cancer is either a recurrence or metastasis of the Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy, and
 - (ii) the date of diagnosis of Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy and that of such Cancer are separated by at least 3 years.

Please refer to the policy contract for further details.

20. In order to qualify for a benefit under Heart Attack for the 2nd time, a specialist must certify the diagnosis of another episode of acute Myocardial Infarction and the diagnosis must be supported with new evidence at least 1 year after the date of diagnosis of the preceding eligible claim of Heart Attack (for which benefit has been paid). Please refer to the policy contract for further details.
21. In order to qualify for a benefit under Stroke for the 2nd time, a specialist must certify the diagnosis of a new Stroke and the diagnosis must be supported with new imaging evidence at least 1 year after the date of diagnosis of the preceding eligible claim of Stroke (for which benefit has been paid). Please refer to the policy contract for further details.
22. Any claim for recurrence, metastasis or continuation of a Cancer will not be considered as an eligible claim unless a Major Illness Benefit or Multiple Claims Major Illness Benefit has been paid for Cancer under the basic plan or **Multiple Supplement (Enhancer)** (as the case may be) and the requirements as set out in the relevant policy contract have been fulfilled.
23. To be eligible for the Extended Grace Period Benefit, the policy owner must provide the relevant evidence to the Company. Please refer to the policy contract for further details.
24. Please contact your financial consultant for availability of other currency(ies) and the respective minimum and maximum sum insured.
25. If the Index-linked Increase Endorsement is attached to your policy and is in effect, the sum insured of the supplement will be automatically increased every year with extra premiums. Once the Index-linked Increase Endorsement terminates, there will be no subsequent increase in the sum insured and premium of the supplement due to the endorsement. Please contact your financial consultant for details.

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

HealthSelect II Major Illness Plan, Early Stage Major Illness III Supplement, Multiple Benefit III Supplement and Multiple Benefit III (Enhancer) Supplement are underwritten by AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("AXA", the "Company", or "we").

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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.



**HealthSelect II Major Illness Plan
Product brochure**

November 2023

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