

smart solutions for your medical needs



Family Discount
5% off for each additional family member when enroll together!

SmartCare Executive
the flexible individual health insurance with options to suit your needs

guaranteed renewal ^Δ

Once you have taken out **SmartCare Executive**, you will be entitled to continuous renewable protection, regardless of your health conditions.

annual hospitalization benefits up to \$375,000 (apply to all age groups)

Covers a wide range of benefits including Daily Room & Board, Intensive Care Unit, Surgeon's fees & Anaesthetist's fees, up to a maximum of \$375,000 per policy year.

choice of 3 plans

To suit your own need, **SmartCare Executive** provides 3 levels of benefits, room accommodation could be Private, Semi-Private or Ward type.

comprehensive cover for hospital in-patient charges

Hospital charges will be reimbursed as per Benefit limits. For items of Intensive Care Unit, Prescribed Drugs, Physiotherapy, Operating Theatre, Anaesthetist & Specialist's Consultation, full refund of the charges could be provided.

optional cover

1. Supplementary Major Medical Benefits (apply to all age groups)

Provides a supplementary coverage up to \$100,000 per disability per year for payment of large medical bills brought about by serious disability in the event that the Hospitalization Benefit is exhausted.

2. Outpatient Benefits (80% or 100% reimbursement)

- Clinical Consultation
- Specialist Consultation
- Chinese Herbalist & Bonesetter
- Physiotherapy & Chiropractic Treatment
- X-Ray & Laboratory Expenses
- Prescribed Drugs & Medicine

3. Hospital Cash Benefits

(SmartCare Essential)

- Daily Hospital Cash
- Choice of \$1,000, \$750 or \$500 per day during hospitalized
- Annual Benefits up to a maximum of \$500,000

24-Hour Emergency Assistance Service

AXA Assistance Hotline for unlimited cover on the following:

- Telephone medical advice
- Emergency medical evacuation
- Repatriation after treatment
- Repatriation of mortal remains/ashes
- Compassionate visit
- Return of unattended dependent child(ren)
- Travel information
- Legal assistance

China Hospital Deposit Guarantee Card

- Worry free as no cash deposit required
- Cover over 200 Hospitals Network in China
- Allow immediate hospital admission arrangement

Eligibility

- You must be a Hong Kong resident (with Hong Kong Identity Card), aged 18 and below 61 on the first entry.
- You may also apply to cover your family members for the same plan including your legal spouse aged 18 to 60, and any unmarried child(ren) aged over 14 days to 17 years (or below 23 if in full time education).

NB : Δ Policy annual renew is guaranteed. AXA General Insurance Hong Kong Limited reserves its right to amend premium rates, benefits, terms and conditions upon policy renewal.

The information of this leaflet does not form part of a contract of insurance. For full terms and conditions, please refer to the policy for complete details. A specimen policy can be made available upon request.

schedule of benefits (Effective from 15 April 2011 until further notice)

Basic Cover – Hospitalization Benefits	Maximum Limits, Per Person (HK\$)		
	Gold Plan	Silver Plan	Bronze Plan
Overall Annual Limit	\$375,000	\$250,000	\$175,000
Room Type	Private (Standard)	Semi-Private	Ward
Room & Board* (Max. limit per day) ▪ Max. 90 days per disability	\$1,900	\$1,100	\$650
Intensive Care Unit (Max. 21 days per disability)			
Prescription Drugs	Full Refund*	Full Refund*	Full Refund*
In-Hospital Physiotherapy*	Overseas Overall	Overseas Overall	Overseas Overall
In-Hospital Specialist's Consultation*	Limit \$32,500	Limit \$20,000	Limit \$13,500
Operating Theatre Fee (Max. up to 30% of Surgeon's Fee)	per disability	per disability	per disability
Anaesthetist's Fee (Max. up to 30% of Surgeon's Fee)			
Surgeon's Fee* (Per Surgical Schedule)** ▪ Max. limit per disability	\$75,000^	\$45,000^	\$30,000^
Hospital Expenses* ▪ Max. limit per disability	\$25,000	\$17,500	\$12,000
In-Hospital Doctor's Visit* (Max. limit per day) ▪ Max. 90 days per disability	\$1,900	\$1,100	\$650
Home Nursing* (Max. limit per day) ▪ Max. no. of days per disability	\$500 60	\$400 45	\$300 30
Post-Hospitalization Treatment (42 days after discharge from hospital) ▪ Max. limit per disability	\$3,000	\$2,000	\$1,000
Hospital Cash (Subject to Hong Kong SAR Government Public Ward only) (Max. limit per day) ▪ Max. 90 days per disability	\$900	\$500	\$350
Outpatient Kidney Dialysis & Outpatient Cancer Treatment (Max. limit per year)	\$50,000	\$35,000	\$25,000
Organ Transplantation** (Max. limit per year)	\$100,000	\$60,000	\$40,000
Artificial Prosthesis* (Max. limit per year)	\$5,000	\$3,000	\$2,000
Additional Optional Cover			
(1) Supplementary Major Medical Benefits*** (Applicable after Hospitalization Benefit is exhausted) ▪ Maximum per disability ▪ Deductible ▪ 80% Reimbursement	\$100,000^ \$1,000	\$75,000^ \$1,000	\$50,000^ \$1,000
(2) Outpatient Benefits (80% or 100% Reimbursement)			
(a) Clinical Consultation (Max. limit per day) ~ ▪ Max. 30 visits per year	\$250	\$200	\$150
(b) Chinese Herbalist & Bonesetter (Max. limit per day) ~ ▪ Max. 5 visits per year	\$250	\$200	\$150
(c) Specialist Consultation* (Max. limit per day) ~ ▪ Max. 10 visits per year	\$500	\$400	\$300
(d) Physiotherapy & Chiropractic Treatment* (Max. limit per day) ~ ▪ Max. 10 visits per year	\$250	\$200	\$150
(e) X-Ray & Laboratory Expenses* ▪ Max. limit per year	\$3,000	\$2,000	\$1,000
(f) Prescribed Drugs & Medicine* (at pharmacy) ▪ Max. limit per year	\$3,000	\$2,000	\$1,000
(3) Hospital Cash Benefits (SmartCare Essential)			
(a) Maximum Annual Limit	\$500,000	\$375,000	\$250,000
(b) Hospital Cash Benefit - per day ▪ no pre-set maximum period	\$1,000	\$750	\$500
(c) Double Hospital Cash Benefit - per day ▪ no pre-set maximum period	\$2,000	\$1,500	\$1,000
(i) Confinement Overseas			
(ii) Intensive Care Unit			
(iii) Critical Illness			
(d) Accidental Death Benefit	\$100,000	\$75,000	\$50,000
(e) Accidental Dental Benefit - per year	\$10,000	\$7,500	\$5,000
Unlimited 24-Hour Emergency Assistance Service (e.g. Medical evacuation/repatriation of mortal remains)	✓	✓	✓
China Hospital Deposit Guarantee Card	✓	✓	✓

NB : All expenses must be medical necessary and reasonable and customary.

Overseas cover & Emergency Assistance Service will be ceased if stay longer than 90 consecutive days outside Hong Kong SAR.

* Recommended or referred by the attending physician.

+ If the Insured confines in a higher level of room type, the relevant medical expenses will be adjusted subject to the applicable terms and conditions of the policy.

∞ Per Surgical Table under the policy.

^ Overseas Overall Limit: 50% of Eligible benefits.

Includes all expenses of operating theatre & materials, anaesthetist, surgeon and hospital service for the transplantation for heart, kidney, liver or bone marrow.

Not applicable for Organ Transplantation, Outpatient Kidney Dialysis, Outpatient Cancer Treatment, Post-Hospitalization Treatment, Home Nursing and Artificial Prosthesis.

~ Limit to 1 visit per day.

Major Exclusions

Some of the exclusions under this Plan are:

- The following conditions that require treatment within the first six months of the policy: tumors of any kind, anal fistulae, cholecystitis, calculi of kidney, urethra or bladder, diabetes mellitus, gastric or duodenal ulcer, hallux valgus, hypertension or cardio vascular disease, tuberculosis, cataracts, endometriosis, diseased tonsils requiring surgery, hemorrhoids, hyperthyroidism, pathological abnormalities of nasal septum or turbinates, sinus conditions requiring surgery
- Pre-existing conditions
- Drug addiction or alcoholism
- Suicide or self-inflicted injury
- Cosmetic or plastic surgery

- Pregnancy, childbirth, birth control and treatment for infertility
- Congenital anomalies
- Sexually transmitted diseases, AIDS or HIV-related conditions
- Routine health checks, rest cure
- Dental treatment (except caused by accident)
- Professional and hazardous sports
- War or warlike operation, strike, riot and civil revolution
- Other exclusions as per our underwriting decisions

AXA: a world leader in financial protection

AXA Group in 2010

- 91 billion euros in consolidated revenues
- 1,104 billion euros in assets under management
- 216,000 employees worldwide working to deliver the right solutions and top quality service to our customers
- 97.3 million customers across the globe have placed their trust in AXA to:
 - Insure their property (vehicles, homes, equipment)
 - Provide health and personal protection coverage for their families or employees
 - Manage their personal or corporate assets
- Standard & Poor's Rating: AA-

AXA General Insurance Hong Kong Limited

- One of the top general insurers in Hong Kong, leading in motor insurance
- Over 170 years of local experience in Asia
- Over 220 professional, well-trained and caring staff
- Wide range of SMART products for individual and business needs

To apply or for more details, please contact your agent or broker, or you can contact us on

2523 3061

www.axa-insurance.com.hk

AXA General Insurance Hong Kong Limited

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Tel: 2523 3061 Fax: 2810 0706

安盛集團：經濟保障 世界翹楚

安盛集團（2010年）

- 全年總收入達910億歐元
- 管理資產總值達11,040億歐元
- 全球聘用216,000名僱員，竭誠為客戶提供所需的方案及最優質的服務
- 獲全球逾97,300,000位客戶信賴
 - 保障他們的財物（汽車、家居、器材）
 - 為他們的家人或僱員提供醫療及個人保險
 - 為他們管理個人或企業的財產
- 標準普爾評級：AA-

安盛保險有限公司

- 全港最大一般保險公司之一，尤以車險具領先地位
- 擁有逾170年亞洲經營經驗
- 聘用超過220名專業及訓練有素的僱員，竭誠為客戶提供所需的方案及最優質的服務
- 「卓越」保險系列專為個人及中小企業提供周全的保障

有意投保人士或欲進一步了解本保險計劃的內容，歡迎致電貴保險代理／經紀或致電向本公司查詢

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www.axa-insurance.com.hk

為你打造最合適的醫療保險方案



家庭折扣優惠
投保多一位家庭成員，
額外享有5%
保費折扣！

「卓越」隨心保
迎合個人需要
具極富彈性的醫療保險

續保保證 [△]

凡成功投保「卓越」隨心保，不論日後身體健康狀況如何，保證能獲續保。

全年住院保障高達 \$375,000（適用於任何年齡組別）

提供全面的全球醫療保障，包括住院、深切治療病房、手術及麻醉師等費用。全年住院保障總額可高達 \$375,000。

三種不同的保障計劃

「卓越」隨心保為配合個人不同的需要，設計三種級別的保障計劃，病房類別分別為私家、半私家及普通房以供選擇。

全面的住院醫療費用保障

各項的住院費用根據每個計劃的保障限額作賠償。深切治療病房、處方藥物、物理治療、手術室費用、麻醉師費用及專科醫生費用更可得全數賠償。

自選保障

1. 附加醫療保障（適用於任何年齡組別）

如因嚴重傷病引致巨額醫療費用，而基本住院保障不足以應付時，此附加醫療保障可額外提供高達每年 \$100,000 的保障。

2. 門診保障（80%或100%賠償）

- 普通科門診費用
- 專科診症費用
- 中醫及跌打
- 物理治療及脊骨治療
- X光檢驗及化驗費用
- 處方藥物

3. 住院現金保障（「卓越」健樂錢）

- 每日住院現金
- 於住院期間，每日保障分別為 \$1,000、\$750 或 \$500 可供選擇
- 全年保障高達 \$500,000

24小時緊急支援服務

不論你身處何地，若不幸患上疾病或意外受傷，你可享用安盛24小時而且不設限額的全球緊急支援服務：

- 電話醫療諮詢
- 緊急醫療運送
- 治療後護送返回原居地
- 遺體／骨灰運送
- 親友探訪
- 護送兒童返回原居地
- 旅遊諮詢
- 法律援助

中國住院按金保證卡

- 毋須擔心入院保證金
- 覆蓋網絡超過200間醫院
- 即時安排住院手續

投保條件

- 初次投保年齡必須為18至未滿61歲的香港居民（需持有香港居民身份證）
- 你亦可以同時為你的家庭成員投保相同保障計劃，包括年齡為18至60歲的合法配偶；出生超過14天至17歲的未婚子女（或未滿23歲但現正接受全日制教育的未婚子女）。

註：△ 保證每年續保。安盛保險有限公司保留修訂保費率、保障、條款細則及續保條件的權利。
此單張上所載之內容並不屬於保險合約的其中一部份。一切條款以保單為準，如有需要，可向本公司索取保單樣本以作參考。
此為中文簡譯，如有歧異，概以英文版本為準。

HPX-B-0411

承保範圍（由2011年4月15日生效，直至另行通知為止。）

基本保障－住院保障	每人最高賠償額 (HK\$)		
	金計劃	銀計劃	銅計劃
全年最高賠償總額	\$375,000	\$250,000	\$175,000
病房類別	私家房(標準)	半私家房	普通房
住房費用*(每天最高限額) ■ 每症最高賠償期為90日	\$1,900	\$1,100	\$650
深切治療病房(每症最高賠償期為21日)			
處方藥物	全數賠償 [†]	全數賠償 [†]	全數賠償 [†]
住院物理治療*			
住院專科醫生費用*			
手術室費用(最高為手術費用的百分之三十)	海外每症合共 \$32,500	海外每症合共 \$20,000	海外每症合共 \$13,500
麻醉師費用(最高為手術費用的百分之三十)			
手術費用*(請參照手術賠償表) [∞] ■ 每症最高賠償額	\$75,000 [^]	\$45,000 [^]	\$30,000 [^]
醫院雜項費用* ■ 每症最高賠償額	\$25,000	\$17,500	\$12,000
主診醫生費用*(每天最高限額) ■ 每症最高賠償期為90日	\$1,900	\$1,100	\$650
家庭看護*(每天最高限額) ■ 每症最高賠償日期	\$500 60	\$400 45	\$300 30
離院後治療(離院後42天內) ■ 每症最高賠償額	\$3,000	\$2,000	\$1,000
住院現金津貼(只限入往香港特別行政區政府醫院公眾病房)(每天最高限額) ■ 每症最高賠償期為90日	\$900	\$500	\$350
非住院洗腎及非住院癌症治療(每年最高限額)	\$50,000	\$35,000	\$25,000
器官移植** (每年最高限額)	\$100,000	\$60,000	\$40,000
義肢／人造假體*(每年最高限額)	\$5,000	\$3,000	\$2,000
額外自選保障			
(1) 附加醫療保障** (於住院保障耗盡後適用) ■ 每症最高賠償額 ■ 每宗病症扣除額 ■ 80%賠償	\$100,000 [^] \$1,000	\$75,000 [^] \$1,000	\$50,000 [^] \$1,000
(2) 門診保障 (80%或100%賠償)			
(a) 普通科門診費用(每天最高限額) ⁻ ■ 每年最高30次	\$250	\$200	\$150
(b) 中醫及跌打(每天最高限額) ⁻ ■ 每年最高5次	\$250	\$200	\$150
(c) 專科診症費用*(每天最高限額) ⁻ ■ 每年最高10次	\$500	\$400	\$300
(d) 物理治療及脊骨治療*(每天最高限額) ⁻ ■ 每年最高10次	\$250	\$200	\$150
(e) X光檢驗及化驗費用* ■ 每年最高限額	\$3,000	\$2,000	\$1,000
(f) 處方藥物*(藥房) ■ 每年最高限額	\$3,000	\$2,000	\$1,000
(3) 住院現金保障(「卓越」健樂錢)			
(a) 全年最高賠償總額	\$500,000	\$375,000	\$250,000
(b) 住院現金保障－每日 ■ 不設最長期限	\$1,000	\$750	\$500
(c) 「雙倍」住院現金保障－每日 ■ 不設最長期限 (i) 海外住院 (ii) 深切治療 (iii) 嚴重疾病	\$2,000	\$1,500	\$1,000
(d) 意外死亡保障	\$100,000	\$75,000	\$50,000
(e) 意外牙科保障－全年	\$10,000	\$7,500	\$5,000
不設限額的24小時緊急支援服務(如醫療運送／遺體運返)	√	√	√
中國住院按金保證卡	√	√	√

註：所有費用必須合理及慣常。
如離港連續超過90日，海外保障及緊急支援服務會即時停止。
* 須經由主診醫生推薦或配方。
+ 投保人如入住較高病房類別，有關醫療費用之賠償將會根據保單條款作出相對調整。有關細則請參閱保單條款。
∞ 以保單內之手術賠償表為準。
^ 有關保障之海外最高賠償額為百分之五十
包括所有手術室費用、麻醉師費用、手術費用及醫院雜項費用等作處理移植心、腎、肝及骨髓之用。
不適用於器官移植、非住院洗腎、非住院癌症治療、離院後治療、家庭看護及義肢／人造假體。
~ 每天只限一次。

主要不受保項目

本計劃的不受保項目包括：

- 下列疾病在本保單首6個月內需接受治療：
 - 任何種類腫瘤、肛門瘻管、膽囊炎、腎結石、尿道結石或膀胱結石、糖尿病、胃潰瘍、十二指腸潰瘍、姆趾外翻、高血壓或心血管疾病、肺結核、白內障、子宮內膜異位、須接受手術的扁桃腺病、痔瘡、甲狀腺機能亢進、鼻中隔或鼻甲骨病變，須接受手術的聾症
- 受保前已存在的疾病
- 吸毒或酗酒
- 自殺或蓄意自殘
- 美容及整容手術
- 懷孕、分娩、節育及醫治不育
- 先天的疾病
- 性病、愛滋病及其他併發症
- 例行健康檢查／療養
- 牙科治療（意外引致除外）
- 專業及危險運動
- 戰爭或任何類似戰爭行動、罷工、暴亂、或民事騷亂
- 其他不受保項目以本公司的承保決定為準



redefining / standards

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投保書 Proposal Form

「卓越」隨心保個人醫療保險

SmartCare Executive Individual Health Insurance

請以英文正楷填寫，並在適當的空格內填上 Please fill in this form in English block letters and tick the boxes where appropriate

投保人資料 PROPOSER DETAILS

投保人姓名 - 姓 (必須與香港身份證相同) Name of Proposer - Surname (as on HKID)		名 Given Name			性別 Sex
香港身份證號碼 HKID Card No	出生日期 (日 / 月 / 年) Date of Birth (dd/mm/yyyy)	國籍 Nationality	身高 (厘米) Height (cm)	體重 (公斤) Weight (kg)	# 吸煙者 Smoker <input type="checkbox"/> 是, 每日 _____ 根 Yes, _____ cigarette per day <input type="checkbox"/> 否 No
通訊地址 Correspondence Address					<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
手提電話 Mobile No	公司電話 Office Tel	住宅電話 Home Tel	電郵地址 Email		
婚姻狀況 Marital Status <input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married		職業/職位 Occupation/Job Position		工作性質 Job Nature	

在過去三年內吸食過香煙、煙斗或雪茄。 Smoked cigarette, pipe or cigar in the past 3 years.

公司資料 COMPANY DETAILS # (如以公司名義作為投保人 If the proposer is a business entity/company)

公司名稱 (與商業登記證相同) Company Name (as on Business Registration)		商業登記號碼 Business Registration No	業務性質 Business Type
公司地址 (如與上述通訊地址不同) Company Address (if different from above mentioned correspondence address)			<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
手提電話 Mobile No	公司電話 Office Tel	電郵地址 Email	

若以公司名義作為投保人，以上「投保人」均解作「受保人」。

In case the Proposer is a business entity/company, above "Proposer" will be interpreted as "Insured Person/Member".

銀行戶口資料 BANK ACCOUNT DETAILS (只作賠償之用 For claim payment purpose only)

戶口持有人 Account Holder: <input type="checkbox"/> 公司 Company <input type="checkbox"/> 投保人 Proposer	
銀行名稱 Bank Name	戶口號碼 Account No.

投保細則 INSURANCE COVER

所有受保人的保障計劃必須相同。The plan(s) selected should be the same for all insured person.

計劃選擇 Select Plan	I) 基本保障 - 住院保障 Basic Cover - Hospitalization Benefits	<input type="checkbox"/> 金計劃 Gold Plan	<input type="checkbox"/> 銀計劃 Silver Plan	<input type="checkbox"/> 銅計劃 Bronze Plan
	II) 額外自選保障 Additional Optional Cover	<input type="checkbox"/> 1) 附加醫療保障 Supplementary Major Medical Benefits		
		<input type="checkbox"/> 2) 門診保障 Outpatient Benefits 賠償選擇 Reimbursement Options <input type="checkbox"/> 80% 或 <input type="checkbox"/> 100%		
	<input type="checkbox"/> 3) 住院現金保障 - 「卓越」健樂錢 [∞] Hospital Cash Benefits - SmartCare Essential [∞]	<input type="checkbox"/> 金計劃 Gold Plan	<input type="checkbox"/> 銀計劃 Silver Plan	<input type="checkbox"/> 銅計劃 Bronze Plan

* 本保單由 _____ 日 dd / 月 mm / 年 yyyy 起一年內有效
Policy to commence on _____ for one year.

* 此保單所提供的保障，必須在本公司確定接納投保後，及收妥保費後，才能正式生效。

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.

[∞] 詳情請參閱「卓越」健樂錢之產品小冊子。Please refer to the product brochure of SmartCare Essential for details.

安盛保險有限公司 AXA General Insurance Hong Kong Limited

香港九龍九龍灣宏泰道23號21樓 21/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

受保家屬資料 DETAILS OF THE DEPENDENT(S) TO BE INSURED

	受保家屬 Insured Dependent (1)	受保家屬 Insured Dependent (2)	受保家屬 Insured Dependent (3)
1) 姓 Surname			
2) 名 Given Name			
3) 性別 Sex			
4) 香港身份證號碼 HKID Card No			
5) 出生日期(日/月/年) Date of Birth (dd/mm/yyyy)			
6) 國籍 Nationality			
7) 與投保人關係 Relationship to Proposer			
8) 身高(厘米) Height (cm)			
9) 體重(公斤) Weight (kg)			
10) 職業/ 職位 Occupation/Job Position			
11) 工作性質 Job Nature			
#12) 吸煙者 Smokers	<input type="checkbox"/> 是, 每日 _____ 根 Yes, _____ cigarette per day <input type="checkbox"/> 否 No	<input type="checkbox"/> 是, 每日 _____ 根 Yes, _____ cigarette per day <input type="checkbox"/> 否 No	<input type="checkbox"/> 是, 每日 _____ 根 Yes, _____ cigarette per day <input type="checkbox"/> 否 No

註：若受保人的未婚子女年齡為18至22歲並是全日制學生亦可以投保本計劃，請提供學生身份證明或有效的證明文件以作確認（接受影印本）。

NB: Your unmarried child(ren) can be insured under this policy if they are aged 18 to 22 and are full time students. Please provide student identification document(s) or other documentation(s) for validation (photocopies are acceptable).

保險有關資料 INSURANCE INFORMATION

† 「受保人」均解作「受保人」及 / 或「受保家屬」。“The person(s) to be insured” will be interpreted as “Insured Person/Member” and/or “Insured Dependent(s)”.

1. 受保人†的家庭醫生全名、地址及電話號碼。（必須填寫）

Full name, address and telephone number of the usual Physician for the person(s) to be insured. (Please complete)

醫生全名 Physician's Full Name	地址 Address	電話號碼 Tel No

受保人†在過去六個月內曾求診的醫生全名、地址及電話號碼。（必須填寫）

Full name, address and telephone number of any Physician(s) that the person(s) to be insured have visited in the last 6 months. (Please complete)

醫生全名 Physician's Full Name	地址 Address	電話號碼 Tel No

2. 受保人†是否曾經在投保人壽或醫療保險時被保險公司拒絕，被延期，在特別條款和情況下被接受，或被拒絕續保？ 是 Yes 否 No
 Has any person to be insured ever been rejected, postponed, accepted under special terms and conditions for a Life or Health application by an insurance company, or its renewal been refused?
3. 受保人†是否持有仍然生效的人壽或醫療保單？ 是 Yes 否 No
 Does any person to be insured have any Life or Health insurance policy currently in force?
 如以上任何問題答「是」，請列明詳細資料（包括保險公司名稱及受保期）
 If the answer to any of the above questions is “Yes”, please provide details below. (including Name of the Insurance Company & Period of Insurance)

若空位不敷應用，請另加紙張填寫。Should there be insufficient space, please continue on a separate sheet.

醫療問卷 MEDICAL QUESTIONNAIRE

- | | 是 Yes | 否 No |
|---|-----------------------------|--------------------------|
| 1. 受保人 [†] 是否慣常飲用酒精類飲品 / 服用藥物?
Does any person to be insured take alcohol/medication? | 1. <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 受保人 [†] 是否曾經入住院或接受任何手術、醫療輔助、治療或檢驗包括X光 / 掃描 / 心電圖 / 磁力共振掃描 / 實驗室化驗等?
(如「是」, 請提供有關醫療報告副本)
Has any person to be insured been admitted to a hospital or received any surgery, medical advice, treatment or examination including X-ray/imaging/ECG/MRI/laboratory test, etc.? [If "Yes", please provide a copy of the original medical report(s)] | 2. <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 受保人 [†] 是否患有或曾患有以下疾病?
Has any person to be insured suffer, or have ever suffered from any of the disorders, deformations or symptoms described below? | 3. <input type="checkbox"/> | <input type="checkbox"/> |
| a) 內分泌系統 Endocrine System
甲狀腺、腎上腺、垂體疾病、糖尿病、肥胖症等;
thyroid, adrenal, pituitary, diabetes, obesity, etc. | a) <input type="checkbox"/> | <input type="checkbox"/> |
| b) 神經系統 Nervous System
神經炎、中風、癱瘓、震傷、癲癇、痙攣等;
neuritis, stroke, paralysis, concussion, epilepsy, spastic disorders, etc. | b) <input type="checkbox"/> | <input type="checkbox"/> |
| c) 眼睛 Eyes
眼疾、斜視、弱視或其他眼疾;
eye diseases, squinting, amblyopia, other disorders | c) <input type="checkbox"/> | <input type="checkbox"/> |
| d) 耳 Ears
耳疾、失聰、弱聽等;
ear disorders, deafness or partial deafness, hard of hearing, etc. | d) <input type="checkbox"/> | <input type="checkbox"/> |
| e) 支氣管 Bronchial Tubes
鼻腔發炎、支氣管炎、哮喘、肺炎、胸膜炎、肺結核等;
inflammation of nasal cavity, bronchitis, asthma, pneumonia, pleuritis, tuberculosis, etc. | e) <input type="checkbox"/> | <input type="checkbox"/> |
| f) 心臟及血管系統 Heart and Vascular System
心臟病、心臟(瓣膜)疾病、靜脈曲張、高血壓、膽固醇過高等;
heart attack, heart (valve) disorder, varicose veins, high blood pressure, high cholesterol level, etc. | f) <input type="checkbox"/> | <input type="checkbox"/> |
| g) 血液及 / 或淋巴系統、白血病等 Blood and / or Lymphatic System, Leukemia, etc. | g) <input type="checkbox"/> | <input type="checkbox"/> |
| h) 女性生殖器官及乳房 Female Genital Organs and Breast
內臟器官疾病、月經失調及乳房手術 / 乳房檢查
disease of the internal organs, menstrual disorders and breast operation / breast tests, etc. | h) <input type="checkbox"/> | <input type="checkbox"/> |
| i) 消化系統 Digestive System
食道、胃、腸、肝、痔瘡、膽囊、腹股溝等毛病;
gullet, stomach, intestines, liver, hemorrhoids, gall-bladder, groin, etc. | i) <input type="checkbox"/> | <input type="checkbox"/> |
| j) 腎及泌尿系統 Kidney and Urinary System
腎石、膀胱炎、遺尿、前列腺疾病等;
stones, inflammation of the bladder, bed wetting, prostate, etc. | j) <input type="checkbox"/> | <input type="checkbox"/> |
| k) 男性生殖器官 Male Genital Organs
包皮緊縮、睪丸未降、發炎等;
prepuce narrowing, undescended testicles, inflammations, etc. | k) <input type="checkbox"/> | <input type="checkbox"/> |
| l) 骨骼及肌肉系統 Bone and Musculo-skeletal System
背部及 / 或股骨不適、風濕、(手、腳)折斷、肌肉系統疾病、曾接受切除手術等;
back and / or hip disorders, rheumatism, fractures (arm, leg), muscular system, amputations, etc. | l) <input type="checkbox"/> | <input type="checkbox"/> |
| m) 皮膚及四肢 Skin and Limbs
慢性皮膚病、如牛皮癬、曾接受整形外科手術、外形、面積及位置偏差等;
chronic skin diseases, e.g. psoriasis, plastic surgery, shape, size and positional deviations, etc. | m) <input type="checkbox"/> | <input type="checkbox"/> |
| n) 精神病治療 Psychiatry
精神病、長期頭痛、過份緊張、精神分裂症等;
psychological disorders, prolonged headaches, overstrains, schizophrenia, etc. | n) <input type="checkbox"/> | <input type="checkbox"/> |
| o) 敏感 Allergies | o) <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 受保人 [†] 曾否患有以上未有提及的疾病?
Has any person to be insured suffer from any disease not mentioned above? | 4. <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 受保人 [†] 的直系親屬當中是否曾經患有心臟病, 中風, 高血壓, 糖尿病, 癌症或其他遺傳性疾病?
Has any direct relatives of the person to be insured suffered from heart disease, stroke, high blood pressure, diabetes, cancer or other hereditary disease? | 5. <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 如以上任何問題答「是」, 請確保在以下填妥有關的詳盡資料:
If you have answered "Yes" to any of the above questions, please give full details: | | |

問題編號 Question No	受保人 [†] 全名 Name (in Full)	與受保人關係 Relationship with Insured	疾病性質 Nature of Complaint	診斷結果 Diagnosis	所接受的治療 Treatment Received	治療日期(月/年) Date (mm/yyyy)		現時的健康狀況 Current Situation	醫生姓名、地址及電話號碼 Name, Address & Telephone No of Attending Physician
						由 From	至 To		

若空位不敷應用, 請另加紙張填寫。Should there be insufficient space, please continue on a separate sheet.

投保人聲明 DECLARATION

請細閱下列各項條文及投保人須知，然後在指定空位內簽署。

Please read the following statements and Important Notes to Proposer carefully and sign in the space provided.

本人聲明 I declare that

- 本投保書內所載問題的陳述及答覆，均為全部正確無訛。本人並特此同意，此等陳述及答覆均會成為保單的基礎及其中一部份[△]。
All statements and answers to all questions stated in this proposal are to the best of my knowledge and belief complete and true and I hereby agree that these statements and answers shall form the basis and become a part of any policy issued hereunder[△].
- 本人特此授權任何擁有本人或上述任何成員的任何記錄或資料的註冊醫生、醫院、診所或保險公司，可向安盛保險有限公司提供上述有關資料。
I hereby authorize any licensed physician, hospital, clinic or insurance company that has any records or knowledge of me or any members listed above to give any such information to AXA General Insurance Hong Kong Limited.
- 本人明白在保單內的信用設備均為保單保障範圍內作住院接受治療之用。如在某種情況或某些原因下醫療費用不屬保單賠償範圍之內，本人將承擔此不屬保單賠償範圍內的費用並於繳款通知書發出兩星期內支付安盛保險有限公司。
I also understand that any credit facility for the Policy is to be used for admission to hospitals for treatments falling under the scope of the Policy. In the event the charges incurred which are in excess of my benefits entitlement or any ineligible benefit not provided under the Policy, I shall undertake to pay AXA General Insurance Hong Kong Limited within two weeks from the date of the Debit Note.
- 本人已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與安盛保險有限公司和本人所訂合約的根據，並以保單各條款為準則[△]。
I have not withheld any material information and accept that this proposal and declaration shall be the basis of, and be incorporated in, the contract between AXA General Insurance Hong Kong Limited and myself[△].

投保人簽署 Proposer's Signature
(請勿於空白投保書上簽署 Do not sign a blank form)

日期 Date
(日/月/年 dd/mm/yyyy)

△ 如投保人或其授權人於申請有關保險或索償時，有意提供虛假資料或聲明，本公司有權拒絕賠償而有關保單亦等同無效。

If you or anyone acting on your behalf applies for this insurance or makes a claim knowing that the information supplied is untrue, we will not pay any claim and this policy shall be void.

付款方法 PAYMENT METHOD

本人選擇以下列方式繳交保費港幣
I wish to pay my premium HK\$

元正
by

支票抬頭請填「安盛保險有限公司」Cheque payable to **AXA General Insurance Hong Kong Limited**

VISA 咭 萬事達咭 MasterCard

信用咭號碼 Credit Card No _____ - _____ - _____ - _____ 信用咭有效期至 Credit Card Expiry Date _____ 月 mm _____ 年 yyyy

持咭人姓名 Cardholder's Name _____

本人授權安盛保險有限公司從本人上述的信用咭賬戶支取有關保險保單的保費。

I hereby authorize AXA General Insurance Hong Kong Limited to charge my above credit card for the insurance premiums of this insurance policy.

持咭人簽署 Cardholder's Signature

日期 (日/月/年) Date (dd/mm/yyyy)

投保人須知 Important Notes to Proposer

- 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄（包括信件副本），以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。
Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
- 收集個人資料聲明
閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：
 - 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期
 - 任何索償、或該等索償的調查或分析；及
 - 行使任何代位權及可能轉移予：
 - 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
 - 現存或不時成立的任何保險公司的協會或聯會或類同組織（「聯會」），以達到任何上述或有關目的，或以使「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及
 - 或透過「聯會」轉移予任何「聯會」的會員，以達到任何上述或有關目的。此外，在此授權安盛保險有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下任何資料。
閣下有權查閱及要求更正由安盛保險有限公司持有有關閣下的個人資料，如有需要，可向本公司的個人資料（私隱）條例監察主任提出。
Personal Information Collection Statement
The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:
 - any insurance or financial related product or service or any alterations, variations, cancellations or renewal of such product or service;
 - any claim or investigation or analysis of such claim; and
 - exercising any right of subrogationand may be transferred to:
 - any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation; or other service provider providing services relevant to insurance business for any of the above or related purposes;
 - any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
 - any members of the "Federation" by the "Federation" for any of the above or related purposes.Moreover, AXA General Insurance Hong Kong Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by our Company. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.
- 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上的需要。作為本公司的寶貴客戶，我們會時刻為閣下提供新產品及服務的最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。
Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our Company we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.

「卓越」隨心保個人醫療保險全年保費表
Annual Premium Table for **SmartCare Executive** Individual Health Insurance

由2011年4月15日生效，直至另行通知為止。 Effective from 15 April 2011 until further notice.

金、銀、銅計劃 Gold, Silver or Bronze Plan

I) 基本保障 Basic Cover

住院保障 Hospitalization Benefits	金計劃 Gold Plan		銀計劃 Silver Plan		銅計劃 Bronze Plan	
	年齡 Age Band	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0-5	\$3,665	\$3,555	\$2,960	\$2,830	\$1,945	\$1,890
6-10	\$3,505	\$3,400	\$2,780	\$2,705	\$1,670	\$1,615
11-15	\$3,505	\$3,400	\$2,780	\$2,705	\$1,670	\$1,615
16-20	\$3,225	\$3,070	\$2,625	\$2,430	\$1,665	\$1,550
21-25	\$3,035	\$2,850	\$2,675	\$2,380	\$1,665	\$1,500
26-30	\$4,150	\$3,665	\$3,350	\$2,910	\$1,945	\$1,675
31-35	\$4,335	\$3,825	\$3,510	\$3,050	\$2,035	\$1,755
36-40	\$5,745	\$5,200	\$4,150	\$3,640	\$2,830	\$2,425
41-45	\$5,745	\$5,200	\$4,345	\$3,810	\$2,890	\$2,475
46-50	\$7,050	\$6,955	\$5,720	\$5,080	\$3,930	\$3,420
51-55	\$7,050	\$6,955	\$6,125	\$5,440	\$4,005	\$3,485
56-60	\$9,270	\$9,250	\$7,950	\$7,950	\$5,495	\$5,495
61-65*	\$11,420	\$11,390	\$9,930	\$9,930	\$6,870	\$6,870
66-70*	\$11,420	\$11,390	\$10,150	\$10,150	\$7,005	\$7,005
71-75*	\$13,890	\$13,805	\$12,565	\$12,565	\$8,860	\$8,860
76+*	\$13,890	\$13,805	\$13,110	\$13,110	\$9,065	\$9,065

II) 額外自選保障 Additional Optional Cover

(1) 附加醫療保障 Supplementary Major Medical Benefits	金計劃 Gold Plan		銀計劃 Silver Plan		銅計劃 Bronze Plan	
	年齡 Age Band	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0-5	\$800	\$800	\$655	\$655	\$430	\$430
6-10	\$800	\$800	\$655	\$655	\$430	\$430
11-15	\$800	\$800	\$655	\$655	\$430	\$430
16-20	\$800	\$800	\$655	\$655	\$430	\$430
21-25	\$825	\$825	\$675	\$675	\$445	\$445
26-30	\$970	\$855	\$800	\$695	\$430	\$430
31-35	\$1,000	\$880	\$825	\$715	\$430	\$430
36-40	\$1,365	\$1,260	\$1,075	\$945	\$780	\$780
41-45	\$1,405	\$1,300	\$1,110	\$975	\$800	\$800
46-50	\$1,705	\$1,680	\$1,475	\$1,315	\$1,090	\$1,090
51-55	\$1,755	\$1,730	\$1,520	\$1,355	\$1,125	\$1,125
56-60	\$1,850	\$1,850	\$1,725	\$1,725	\$1,580	\$1,580
61-65*	\$2,260	\$2,260	\$2,100	\$2,100	\$1,610	\$1,610
66-70*	\$2,330	\$2,330	\$2,165	\$2,165	\$1,660	\$1,660
71-75*	\$2,785	\$2,785	\$2,625	\$2,625	\$2,075	\$2,075
76+*	\$2,925	\$2,925	\$2,755	\$2,755	\$2,095	\$2,095

「卓越」隨心保個人醫療保險全年保費表
Annual Premium Table for **SmartCare Executive** Individual Health Insurance

靈活門診保障 Flexible Outpatient Benefits

你可選擇 80% 或 100% 賠償。 You can choose 80% or 100% reimbursement.

年 齡 Age Band	金計劃 Gold Plan		銀計劃 Silver Plan		銅計劃 Bronze Plan	
	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male
0-5	\$5,050	\$5,050	\$4,350	\$4,350	\$3,365	\$3,365
6-10	\$4,585	\$4,585	\$3,950	\$3,950	\$3,060	\$3,060
11-15	\$4,585	\$4,725	\$3,950	\$4,070	\$3,060	\$3,150
16-20	\$3,975	\$3,975	\$3,365	\$3,365	\$2,605	\$2,605
21-25	\$3,570	\$3,570	\$2,975	\$2,975	\$2,300	\$2,300
26-30	\$4,300	\$3,720	\$3,850	\$3,350	\$3,170	\$2,725
31-35	\$4,430	\$3,835	\$3,965	\$3,450	\$3,265	\$2,810
36-40	\$4,980	\$4,210	\$4,420	\$3,715	\$3,850	\$3,220
41-45	\$5,130	\$4,335	\$4,555	\$3,825	\$3,965	\$3,320
46-50	\$5,920	\$5,295	\$5,045	\$4,330	\$4,390	\$3,850
51-55	\$6,100	\$5,455	\$5,195	\$4,460	\$4,520	\$3,965
56-60	\$7,020	\$7,020	\$5,700	\$5,700	\$5,045	\$5,045
61-65*	\$8,425	\$8,425	\$6,845	\$6,845	\$6,055	\$6,055
66-70*	\$8,845	\$8,680	\$7,050	\$7,050	\$6,240	\$6,240
71-75*	\$9,715	\$9,430	\$8,165	\$8,165	\$6,900	\$6,900
76+*	\$9,900	\$9,715	\$8,410	\$8,410	\$7,110	\$7,110

年 齡 Age Band	金計劃 Gold Plan		銀計劃 Silver Plan		銅計劃 Bronze Plan	
	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male
0-5	\$4,640	\$4,640	\$4,000	\$4,000	\$3,100	\$3,100
6-10	\$4,220	\$4,220	\$3,635	\$3,635	\$2,820	\$2,820
11-15	\$4,220	\$4,350	\$3,635	\$3,745	\$2,820	\$2,900
16-20	\$3,655	\$3,655	\$3,095	\$3,095	\$2,400	\$2,400
21-25	\$3,280	\$3,280	\$2,740	\$2,740	\$2,110	\$2,110
26-30	\$3,960	\$3,420	\$3,540	\$3,080	\$2,920	\$2,510
31-35	\$4,075	\$3,530	\$3,650	\$3,175	\$3,005	\$2,585
36-40	\$4,585	\$3,875	\$4,060	\$3,420	\$3,540	\$2,960
41-45	\$4,720	\$3,990	\$4,190	\$3,520	\$3,650	\$3,055
46-50	\$5,450	\$4,870	\$4,640	\$3,985	\$4,040	\$3,540
51-55	\$5,610	\$5,020	\$4,780	\$4,105	\$4,160	\$3,650
56-60	\$6,460	\$6,460	\$5,245	\$5,245	\$4,640	\$4,640
61-65*	\$7,750	\$7,750	\$6,295	\$6,295	\$5,570	\$5,570
66-70*	\$8,140	\$7,985	\$6,490	\$6,490	\$5,740	\$5,740
71-75*	\$8,940	\$8,675	\$7,515	\$7,515	\$6,350	\$6,350
76+*	\$9,110	\$8,940	\$7,740	\$7,740	\$6,540	\$6,540

年 齡 Age Band	金計劃 Gold Plan		銀計劃 Silver Plan		銅計劃 Bronze Plan	
	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male
18-24	\$1,030	\$910	\$735	\$650	\$500	\$500
25-34	\$1,650	\$1,160	\$1,185	\$835	\$785	\$560
35-44	\$2,145	\$1,700	\$1,540	\$1,220	\$1,015	\$810
45-54	\$3,005	\$2,660	\$2,155	\$1,905	\$1,410	\$1,250
55-64	\$3,720	\$3,720	\$2,670	\$2,670	\$1,740	\$1,740

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