



Medicash
Insurance Plan



康健保
住院保障計劃



Medicash Insurance Plan

Immediate cash coverage in the event of hospitalization

It is easy to take good health and a regular income for granted. But illness or accidents can strike at any time, and when they do, the cost of hospitalization can hit you and your family hard and fast.

That is why Zurich has created Medicash Insurance Plan - a cash benefit insurance policy which provides instant financial assistance during and after hospitalization. With cash support and total peace of mind when you need it most, you will be up and about and back to work as soon as possible.

Comprehensive insurance cover that meets your every need

Daily hospital cash

With Medicash Insurance Plan, you are entitled to daily cash cover of up to HK\$1,000 per day if you are hospitalized due to an illness or accident. This cover offers protection wherever you are in the world*, for a maximum period of 1,000 days.

* For the unemployed, self-employed, housewives and retirees, coverage for daily hospital cash benefit is only applicable in Hong Kong.

Double indemnity for intensive care

If you are admitted to the intensive care unit, your hospital cash payments will be automatically doubled whilst you remain in the unit**, up to a maximum of 30 days cover.

**Either daily hospital cash or double indemnity for intensive care will be paid for the same claim.

Health tonic cover

When you are recuperating from an illness or accident, a healthy balanced diet is a vital aid to quick recovery. To promote your return to health, you are entitled to an extra HK\$200 cash benefit per day to cover the cost of nutritious food and supplements subject to a hospital confinement of a minimum of 5 consecutive days. This additional benefit is paid from the first day of hospitalization and is available for up to 30 days.

The peace of mind you need for total rest and recuperation

Cover up to HK\$1,000,000

Medicash Insurance Plan provides you with global protection of up to HK\$1,000 cash per day, for as long as 1,000 days, up to a maximum of HK\$1,000,000.

Speedy claims and efficient assistance

You can make a claim before you are discharged if your hospital stay is longer than 2 weeks. Your cash benefit will then be granted immediately on a bi-weekly basis.

Guaranteed 100% cover

Any claims from Medicash Insurance Plan is totally independent of claims made from any other insurance cover you may have. It means you can enjoy 100% cash benefit, even if you are already covered by other medical insurance policies.

Hassle-free enrolment

Enrolment is simple. Anyone aged between 18 and 59 years is eligible to apply, and no medical check-up is required.

Benefits table

| Coverage | Maximum benefits (HK\$) | |
|--|-------------------------------|-------------------------------|
| | Plan A | Plan B |
| Daily hospital cash • maximum cover period | 500/ day 1,000 days | 1,000/ day 1,000 days |
| Double indemnity for intensive care • maximum cover period | 1,000/ day 30 days | 2,000/ day 30 days |
| Health tonic cover • maximum cover period • waiting period | 200/ day 30 days 5 days | 200/ day 30 days 5 days |

Premium table

| Current age | Annual premium (HK\$) | |
|-------------|-----------------------|--------|
| | Plan A | Plan B |
| 18 - 35 | 688 | 1,300 |
| 36 - 50 | 828 | 1,580 |
| 51 - 59 | 1,380 | 2,380 |
| 60 - 64*** | 2,580 | 3,780 |

*** Insured person who has attained the age of 59 years can renew annually up to the age of 64 years.

7-day claims processing guaranteed

Zurich will settle your claims within 7 working days, once we have received all the required documents. Simply follow this simple claims procedure:

- Inform Zurich after the incident by phone, fax or mail as soon as possible.
- Complete and return the claim form along with all necessary documents to Zurich.

Notes:

1. For the unemployed, self-employed, housewives and retirees, coverage for daily hospital cash benefit is only applicable in Hong Kong.
2. Either daily hospital cash benefit or double indemnity for intensive care will be paid for the same claim.
3. Insured person who has attained the age of 59 years can renew annually up to the age of 64 years.
4. Separate underwriting is required for those who are engaging in hazardous trades.

Major exclusions of this policy :

Diseases and physical injury and pre-existing conditions incurred before the period of insurance, pregnancy, childbirth, abortion, any expenses arising from drug rehabilitation treatment, alcoholism, plastic surgery, in-born physical disability, AIDS and general medical check-ups.

This leaflet is only a summary and does not constitute any part of the contract. For full terms and conditions and exclusions, please refer to the policy document itself. Zurich Insurance Company Limited reserves the right of final approval.



Zurich Insurance Group (Hong Kong) is part of Zurich Financial Services Group, the world's largest Swiss insurance-based financial services provider¹ and a Fortune Global 500 company². The Group achieved business operating profit of over HK\$40 billion in 2008³. Our financial strength is built on a prudent and focused business strategy. We are rated "AA-" by Standard & Poor's⁴. In Hong Kong we offer a full range of general insurance solutions for individuals as well as companies.

¹ Measured by a composite ranking for sales, profits, assets and market value, source: The Forbes Global 2000, April 2009

² In terms of revenue, source: Fortune Global 500, July 2008

³ Zurich Annual Report 2008

⁴ As of 29th June 2009

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HL001092009



「康健保」 住院保障計劃

醫療保障夠全面 現金保障倍安心

疾病及意外往往難以預料，若不幸因此入院治療，不但需要支付醫療費用，更因住院支出而直接影響個人及家人的經濟。

所以蘇黎世特設「康健保」住院保障計劃，以現金保障形式，保障閣下因病或意外入院時之所需。此計劃不但為您提供住院時的保障，更同時兼顧出院後調理所需，讓您可以安心休息，加快痊癒，以最佳狀態重投工作。

保障範圍廣泛 照顧每項需要

住院現金保障

投保「康健保」住院保障計劃，受保人不論身處本港或世界各地*，如因疾病或意外入住醫院，便可獲得住院現金保障，每日最高可達港幣1,000元，最長達1,000日。

* 凡非受僱、自僱、家庭主婦或退休人士之住院現金保障只限於香港境內入院治療，方獲保障。

雙倍住院現金保障

倘若受保人需要接受深切治療，每日將會獲得雙倍的住院現金保障**，最長可達30日。

** 此保障計劃不會就同一宗賠償同時支付住院現金保障及雙倍住院現金保障。

補品保障

病後如果適當加以進補，便可加速痊癒，故此住院連續5日或以上的受保人，便可額外獲得每日港幣200元的現金保障，最長可達30日，以購買滋補食物或湯料作調理身體之用，賠償額由住院首天計算。

具備多項特色 讓您安心休養

賠償額高達港幣 1,000,000 元

「康健保」住院保障計劃為您提供全球性保障，住院現金保障每日最高可達港幣1,000元，長達1,000日，賠償總值高達港幣1,000,000元。

現金保障賠償快捷

如需住院超過兩個星期，受保人可於住院期間，即時獲得住院現金保障賠償，每兩個星期支付一次，而毋須待出院後才辦理索償手續。

保證十足賠償

即使您已擁有其他醫療保障計劃，「康健保」住院保障計劃的保額亦會全數支付，不受其他保障計劃影響。

投保簡易

凡年齡18-59歲人士，均可以申請投保，而且毋須接受身體檢查。

保障範圍一覽表

| 保障範圍 | 最高保障額 (港幣/元) | |
|-------------------------------|--------------------|--------------------|
| | 計劃A | 計劃B |
| 住院現金保障 • 最長保障期 | 每日500 1,000日 | 每日1,000 1,000日 |
| 雙倍住院現金保障 (深切治療) • 最長保障期 | 每日1,000 30日 | 每日2,000 30日 |
| 補品保障 • 最長保障期 • 等候期 | 每日200 30日 5日 | 每日200 30日 5日 |

保費表

| 現時年齡 | 全年保費 (港幣/元) | |
|------------|-------------|-------|
| | 計劃A | 計劃B |
| 18 - 35 | 688 | 1,300 |
| 36 - 50 | 828 | 1,580 |
| 51 - 59 | 1,380 | 2,380 |
| 60 - 64*** | 2,580 | 3,780 |

*** 年齡屆滿59歲的投保人士，可每年續保至64歲。

七天特快賠償承諾

若所需文件齊備，蘇黎世可在七個工作天內辦妥賠償事宜。而申報賠償只需以下簡單步驟：

- 事發後盡快以電話、傳真或郵遞通知蘇黎世有關情況。
- 填妥賠償申請表格連同一切所需文件寄回蘇黎世。

注意事項：

1. 凡非受僱、自僱、家庭主婦或退休人士之住院現金保障只限於香港境內入院治療，方獲保障。
2. 此保障計劃不會就同一宗賠償同時支付住院現金保障及雙倍住院現金保障。
3. 年齡屆滿59歲的投保人士，可每年續保至64歲。
4. 從事危險工作之投保人士，蘇黎世會作出個別核保程序。

主要不承保事項：

在受保前已有之疾病或損傷、懷孕、分娩、墮胎、戒毒治療或酗酒、整容、先天性殘缺、愛滋病及普通身體檢查。

本宣傳資料只供參考之用，並不構成保險合約的一部份，有關此項保障計劃的內容細則及不承保事項將詳列於保單之內，蘇黎世保險有限公司保留最終批核權。

關於 蘇黎世

蘇黎世保險集團(香港)是蘇黎世金融服務集團轄下之機構，蘇黎世金融服務集團歷史悠久，乃全球最大的瑞士保險金融服務集團¹及財富雜誌《Fortune》全球500大企業²。2008年業務經營盈利超過400億港元³。集團的財務實力建基於穩健及專注的業務發展策略，財務實力更獲標準普爾給予“AA-”評級⁴。蘇黎世保險集團(香港)致力為個人及各大公司團體客戶提供全面一般保險方案。

¹ 以銷售額、盈利、資產及市值聯合計算。資料來源：2009年4月福布斯雜誌《Forbes》全球2000大企業排行榜

² 以收益計算。資料來源：2008年7月財富雜誌全球500大企業排行榜

³ 2008年度蘇黎世年報

⁴ 截至2009年6月29日

蘇黎世保險有限公司
(於瑞士註冊成立之公司)
香港港島東華蘭路18號港島東中心24-27樓
電話：(852) 2968 2288
傳真：(852) 2968 0639
<http://www.zurich.com.hk>


ZURICH[®]
蘇黎世

「康健保」住院保障計劃投保表格

查詢電話 Enquiry no.: (852) 2903 9391 傳真 Fax : (852) 2968 0639

Medicash Insurance Plan Enrolment Form

請以英文正楷大寫填報 Please complete in BLOCK LETTERS.
請✓適用方格及* 刪去不適用者 Please tick the appropriate box and * delete whichever is inappropriate.

投保人資料 Proposer's information

先生/太太/女士* 姓 名 別名 香港身份證/護照號碼*
 Mr./Mrs./Ms.* Surname First name Other name HKID card/passport no.*
 出生日期 職業 電郵地址
 Date of birth Occupation E-mail address
 通訊地址 室/單位* 樓 座 大廈
 Correspondence address Flat/ Rm.* Floor Block Building
 屋苑名稱/街名及門牌/地段*
 Estate name/ no. & street name/ lot no.*
 地區 香港/九龍/新界* 日間聯絡電話 流動電話號碼 晚間聯絡電話
 District HK/ KLN/ NT* Day time tel. no. Mobile phone no. Night time tel. no.

| 受保人 Insured persons | | | 與投保人關係 Relationship with proposer | 香港身份證/護照號碼* HKID card/ passport no.* | 性別 Sex | 出生日期 (日/月/年) Date of birth (dd/mm/yy) | 身高 (厘米) Height (cm) | 體重 (千克) Weight (kg) | 職業 Occupation |
|---------------------|-----------------|------------------|--------------------------------------|---|-----------|--|------------------------|------------------------|------------------|
| 姓 Surname | 名 First name | 別名 Other name | | | | | | | |
| 1. | | | 投保人 Proposer | | | | | | |
| 2. | | | | | | | | | |

健康狀況 Health condition

| | 投保人/受保人1 Proposer/ Insured person 1 | | 受保人2 Insured person 2 | |
|---|---|--------------------------|--------------------------|--------------------------|
| | 是/Yes | 否/No | 是/Yes | 否/No |
| 1. 閣下或任何準受保人是否或曾否有任何身體損傷或肢體殘缺或精神不健全? Do you or any proposed insured persons suffer or have ever suffered from any physical impairment or physical disability or mental conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 閣下或任何準受保人現時或於過去五年內有否患有以下疾病：糖尿病、癌症或任何腫瘤、神經失常或精神病、心臟病、高血壓、腎病、愛滋病、性病？任何未有提及的疾病，請附上詳細資料。 Do/Have you or any proposed insured persons currently suffer/ in the past five years ever been suffered from any of the following disorders or diseases: diabetes, cancer or tumor(s) of any kind, mental disorder or psychiatric problems/disease, heart disease, hypertension, disorder of the kidney, acquired immune deficiency syndrome (AIDS), venereal disease? Please advise details for other disorders/diseases not mentioned above. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 閣下或任何準受保人現時或於過去五年內曾否或正入住醫院或療養院接受手術或醫療治療或觀察？ Do/Have you or any proposed insured persons currently suffer/in the past five years ever been confined in any hospital or sanatorium for or considered for any surgical or medical treatment or observation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 閣下或任何準受保人現時是否擁有其他住院現金保障？如有，請提供保險公司名稱及保額。 Do you or any proposed insured persons currently have any hospital income cover? If yes, please provide the name of the insurance company and the amount of sum insured. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 閣下或任何準受保人是否曾於投保或續保醫療或住院現金保險時被拒或附加特別條款始被接納？ Have you or any proposed insured persons ever been refused for enrolment or renewal of medical and/or hospital income insurance or subject to special terms and conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

如✓[是]者，請另備紙張詳細說明。
If you ticked "Yes", please give details on separate sheet.

保費表 Premium table

| 現時年齡 Current age | 計劃 A Plan A | 投保人/受保人1 Proposer/ Insured person 1 | 受保人2 Insured person 2 | 計劃 B Plan B | 投保人/受保人1 Proposer/ Insured person 1 | 受保人2 Insured person 2 |
|---------------------|----------------|---|--------------------------|----------------|---|--------------------------|
| 18 - 35 | 688 | <input type="checkbox"/> | <input type="checkbox"/> | 1,300 | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 - 50 | 828 | <input type="checkbox"/> | <input type="checkbox"/> | 1,580 | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 - 59 | 1,380 | <input type="checkbox"/> | <input type="checkbox"/> | 2,380 | <input type="checkbox"/> | <input type="checkbox"/> |
| 60 - 64* | 2,580 | <input type="checkbox"/> | <input type="checkbox"/> | 3,780 | <input type="checkbox"/> | <input type="checkbox"/> |

*只限續保 Applicable to renewal only.

保障生效日期 日 月 年
Effective date of insurance cover D M Y

保費支付辦法 Premium payment

以下列方法繳付 Paid by:

現金Cash 支票Cheque[†] 信用卡Credit card^{††} 自動轉賬Autopay^{†††}

[†] (劃線支票抬頭請寫「蘇黎世保險有限公司」。Crossed cheque payable to "Zurich Insurance Company Limited".)

^{††} (請填寫信用卡付款指示 Please fill in credit card details and sign below.)

^{†††} (請填寫直接付款授權書 Please fill in direct debit authorization.)

本人授權蘇黎世保險有限公司從本人下述之信用卡賬戶支取「康健保」住院保障計劃之首年及其後每年之保費，直至本人有進一步書面通知取消。

I hereby authorize Zurich Insurance Company Limited to charge my credit card account below for the Medicash Insurance Plan initial annual premium and subsequent annual payments until further written notice from me.

持卡人姓名
Cardholder's name

持卡人香港身份證號碼
Cardholder's HKID card no.

與投保人關係
Relationship with proposer

信用卡號碼
Credit card no.

信用卡有效期至 月 年
Credit card expiry date M Y

VISA MasterCard American Express Diners Club International

持卡人簽名 日期
Cardholder's signature Date

聲明 Declaration

- 本人/吾等根據以上所述投保蘇黎世「康健保」住院保障計劃。本人/吾等謹此聲明上述填報之資料均真實無訛。本人/吾等現在之健康狀態良好。
- 本人聲明本人已獲得配偶保與全權，簽署此項投保申請，並提供任何個人資料作評估此項申請之用。
- 本人/吾等明白本人/吾等的任何已存在的疾病將不會獲得保障。本人/吾等明白本投保表格及聲明將構成本人/吾等與蘇黎世保險有限公司(貴公司)之間合約條款。
- 本人/吾等明白此申請獲得貴公司接納及保費收妥之前，貴公司毋須負上任何責任。
- 本人/吾等明白一切由貴公司所收集或持有的個人資料，不論以任何方式獲取，均可供貴公司使用或向在香港境內外或境外的任何人或機構披露作以下用途：(i) 評估此項申請。(ii) 辦理直接付款授權書或信用卡付款。(iii) 提供貴公司及屬下機構的推廣資料。(iv) 處理保險的索償或有關之分析。本人/吾等明白本人/吾等可向貴公司之個人資料專員索取查詢及/或更改由貴公司持有有關本人/吾等的任何個人資料。地址為香港德輔道中18號德島中心24-27樓。
- I/We hereby apply for the Zurich Medicash Insurance Plan based on the above statements. I/We declare that to the best of my/our knowledge and belief all answers to the foregoing questions are correctly recorded, and that they are full, complete and true. I/We further declare that I/We are now in good health to the best of my/our knowledge and belief.
- I declare that I have full and complete authority from my spouse to sign the application and disclose any personal information being requested to assess the insurance application.
- I/We understand my/our any pre-existing medical conditions will not be covered. I/We agree that this enrolment form and declaration shall form the basis of the contract between me/us and Zurich Insurance Company Limited ("the Company").
- I/We understand the liability of the Company does not commence until this application has been accepted by the Company and the premium has been paid.
- I/We understand that all the personal information collected or held by the Company, however obtained, may be used or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (i) to assess and service this application, (ii) to process the direct debit authorization or credit card payment, (iii) to provide marketing material of the Company or its associated companies and (iv) to conduct insurance claims or analysis. I/We understand that I/We may contact the Company's Personal Data Privacy Officer at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong for any request to access to or/and/or correct my/our personal information held by the Company.

此保險申請須待貴公司覆核。接納投保費及繳納保費後才能生效。

This insurance application will not be in force until it has been accepted by the Company and the premium has been paid.

投保人簽署
Signature of proposer
日期
Date
特許保險代理/經紀
Authorized agent/ broker

