

各種危疾簡述

Brief description of critical illness

各種危疾之簡述

一、三大殺手

癌症

此診斷為呈現生長不受控制的惡性腫瘤和惡性細胞擴散，以致入侵及破壞正常組織。癌症必須由合資格的腫瘤科醫生或病理學專科醫生證明為惡性腫瘤的組織學證明。癌症包括：血癌、惡性淋巴瘤、何杰金氏病、惡性骨髓病變及轉移性皮膚癌。以下並不在保障範圍之內：

- 「原位癌」、子宮頸細胞病變、子宮頸癌 CIN-1、CIN-2 及 CIN-3，以及所有癌變前期症狀或非侵襲性癌；
- 早期前列腺癌 TNM 分類法 T1（包括 T1a 及 T1b），或相同的分類法；
- 第 1A 期皮膚黑色素瘤（ ≤ 1 毫米、第二或第三級、無潰瘍），按照 2002 年全新的美國癌症聯合委員會（AJCC）分類法；
- 角化過度症、基細胞及鱗狀皮膚癌；及
- 愛滋病毒病毒感染引致的所有腫瘤。

心臟病

心臟病或心肌梗塞初次病發，指心肌的血液供應急性中斷導致部分心肌壞死。診斷必須以胸痛史、證實導致梗塞的新心電圖轉變，以及心臟酵素明顯提高之紀錄作依據。心絞痛並不在保障範圍之內。

中風

腦血管事故而引致永久神經性缺陷。此斷症必須有電腦掃描或磁力共振掃描新變化的證明。外傷引致的腦組織梗塞或顱內出血並不在保障範圍之內。腦短暫性缺血亦不承保。

二、與心臟及主動脈相關

冠狀動脈成形手術

利用氣球血管整形手術、經皮層透視冠狀動脈成形手術或同類動脈內導管手術，初次治療一條或多條冠狀動脈收窄或堵塞。冠狀動脈成形手術必須經心臟專科醫生認為乃醫學必要，並可出示嚴重冠狀動脈疾病的血管造影證據。

心肌病

心室機能損傷症狀（可變病原學）導致紐約心臟協會心臟損傷分類中最少第 4 級* 的嚴重身體損傷，心肌病的斷症必須由心臟專科醫生鑑定。心肌病包括擴張型肥厚性及限制型心肌病，濫用酒精引致之心肌病並不在保障範圍之內。

* 紐約心臟協會 (NYHA) 第 4 級心臟病損傷指病人接受藥物治療及飲食調節後，進行一般日常活動仍然出現症狀，並且經身體檢查及化驗結果鑑定為心室功能不正常。

冠狀動脈手術

指透過搭橋糾正一條或多條冠狀動脈收窄或堵塞的心臟開刀手術。此斷症必須有嚴重冠狀動脈堵塞的血管造影證明，並且由心臟專科醫生證明手術乃醫學必要。冠狀動脈成形手術及所有其他動脈內導管技術或激光手術一律不承保。

心瓣手術

初次進行開刀或內窺鏡心瓣手術，因無法單獨以動脈內導管手術修補缺陷，而置換或修補一塊或以上心瓣。進行手術前必須諮詢心臟專科醫生的意見。

肺動脈高血壓

經由包括導管在內的各類檢查而確定為與右心室肥大有關的原發性肺動脈高血壓，導致心臟損傷，永久身體嚴重受損的程度為紐約心臟協會級別最少第 4 級*。

* 紐約心臟協會 (NYHA) 第 4 級心臟受損指病人接受藥物治療及飲食調節後，進行一般日常活動仍然出現症狀，並且經身體檢查及化驗結果鑑定為心室功能不正常。

主動脈手術

因致命血管疾病進行的胸或腹主動脈大手術，包括窄縮修補、主動脈瘤或主動脈夾層移植手術，惟輕微的侵入性移植手術並不在保障範圍之內。主動脈支脈的手術亦不承保。

三、與其他主要器官相關

慢性 / 末期肺病

肺病的最後或末期階段，導致慢性呼吸系統衰竭，並且出現以下所有情況：

- FEV 測試結果持續少於 1 公升；
- 低血氧症需要接受永久補給氧氣治療；
- 動脈血液氣體分析結果顯示氧分壓為 55mmHg 或下 ($PaO_2 < 55mmHg$)；及
- 休息時呼吸困難。

此斷症必須由肺科醫生鑑定。

慢性肝病

末期肝病或肝硬化指導致以下最少一種情況的慢性末期肝衰竭：

- 無法控制腹水；
- 持續性黃疸；
- 食管或胃靜脈曲張；或
- 肝性腦病。

因濫用酒精或藥物引致之肝病並不在保障範圍之內。

突發過濃性病毒肝炎

由肝炎病毒引致部分或整個肝臟壞死而迅速導致肝臟衰竭。診斷必須經證實為肝炎病毒引致，並且出現以下所有症狀：

- 肝臟迅速收縮；
- 肝功能測試迅速轉差；
- 黃疸症狀加劇；及
- 整個肝小葉壞死（如有顯微解剖結果）。

濫用酒精、有毒物質或藥物引致之肝衰竭並不在保障範圍之內。

腎衰竭

為腎病的晚期階段，病狀為兩個腎臟呈現慢性及不能復原的功能衰竭。診斷必須以定期腎臟透析或移植手術作依據。

嚴重燒傷

身體皮膚最少 20% 面積遭受第 3 級燒傷。

主要器官移植

以接受移植者或器官移植名單輪候人士身份實際進行以下任何一項器官移植手術。

- 以下任何整個器官：心臟、肺部、肝臟、腎臟或胰臟；或
- 清除所有骨髓後利用造血幹細胞製造人類骨髓。

移植手術必須為醫療必需，並且由醫生作出器官衰竭的客觀證明。上述幹細胞移植以外的項目並不在保障範圍之內。

髓質囊性病

漸進性遺傳腎病，主要病徵為腎髓質囊腫、腎小管腔萎縮及間質性纖維化。臨床顯示症狀為貧血、多尿和腎性失鈉，漸漸發展為慢性腎衰竭。診斷應以腎臟活細胞檢查作為依據。

四、與傷殘相關

失明

因疾病或意外導致雙眼完全不可復原地喪失視力。此斷症必須由眼科醫生簽發報告證明，並且無法經醫療手術糾正。

失聰

因疾病或意外導致完全不可復原地喪失對所有聲音的聽力。此斷症必須有由適當的（耳、鼻、喉）專科醫生簽發的醫療證明，並且已接受聽力及聲域測試。失聰必須無法經醫療手術糾正。

喪失語言能力

完全及不可復原地喪失說話能力，而且必須持續 12 個月。此斷症必須經適當的（耳、鼻、喉）專科醫生提供醫療證明，並且確定聲帶受損或患病，所有精神科相關的病症並不在保障範圍之內。此症狀無法經醫療手術糾正。

癱瘓

因脊髓或腦部受傷或患病而完全喪失兩肢或以上肢體的功能，並且由神經科醫生鑑定為永久喪失有關功能。保障範圍包括被列為兩側癱瘓、偏癱、四肢癱瘓的喪失肢體功能。

嚴重類風濕關節炎

關節受到廣泛破壞，以下 3 個或以上的關節部位出現嚴重變形：手部、手腕、肘部、頸椎、膝、踝、足部的蹠趾關節。此症狀必須導致受保人永久無法做到以下日常活動的任何 3 項：

- 更衣：毋須他人協助，自行穿上及脫下衣物。
- 行動：毋須他人扶助，自行在不同房間之間來往走動。
- 移動：毋須他人扶助，上落床或椅子。
- 失禁：自行控制大小便。
- 進食：毋須他人協助，自行將碟上的食物放入口。
- 沐浴及淋浴：毋須他人扶助，自行沐浴及淋浴。

完全及永久傷殘（任何職業）

受保人因疾病或受傷導致完全及不可復原地傷殘。受保人必須完全無法受僱或從事任何工作或任何職業，不論酬勞或利益多寡亦然。上述的傷殘必須最少連續 6 個月持續而沒有中斷。保障賠償將於受保人到達 66 歲生日前的保單週年日後終止。（由於索償受理當日至保障賠償日之間必須相隔 6 個月，因此完全及永久傷殘索償必須最遲在受保人 66 歲生日前的保單週年日之前 183 日提出申請。）本項保障承保完全及永久喪失雙手、雙足或雙眼，或綜合任何兩項。

五、與神經系統相關

亞爾茲默氏病

臨床證據、標準化檢驗及調查證實患上亞爾茲默氏病及老年痴呆症，因腦部功能出現不可復原的全面衰竭，導致智力退化或喪失智力。此疾病必須導致嚴重認知損傷，診斷需由神經病專科醫生鑑定。濫用酒精、藥物或愛滋病引致的老年痴呆症並不在保障範圍之內。

細菌性腦膜炎

由神經病專科醫生證明因腦膜及脊髓發炎，導致嚴重及永久性神經機能缺陷，並需確定腦脊液因腰椎穿刺而受到細菌感染。

腦部受損

腦部因意外或受傷持續受損，導致永久性神經機能缺陷或喪失智力。永久性神經機能缺陷必須由神經病專科醫生鑑定。

腦外科手術

在全身麻醉下進行腦部手術，期間同時進行顱骨切開手術，包括針孔手術，但意外引致的腦部手術並不在保障範圍之內。手術必須由合資格專科醫生視為必要。

昏迷

處於無意識狀態而其特徵為完全不能喚醒及對所有外界刺激或體內需要均沒有反應，並需持續不斷地使用維持生命系統最少 96 小時。此斷症必須有由神經病專科醫生證實的永久性神經機能缺陷證明，因濫用酒精或藥物引致的昏迷並不在保障範圍之內。

腦炎

由腦部物質（大腦半球、腦幹或小腦）嚴重發炎，導致嚴重而永久性神經機能缺陷，並已由神經病專科醫生鑑定。

運動神經元疾病

經由神經病專科醫生依據適合及相關神經症狀的明確症狀，確實診斷為運動神經元疾病。

多發性硬化

因腦部及脊髓去髓鞘，導致持續 6 個月以上的多發性神經缺陷。此斷症必須由神經病專科醫生斷定為確診病例，並曾呈現超過一個明確的神經性症狀，包括任何綜合的視覺神經、腦幹、脊髓、協調或感官功能缺陷。

肌肉萎縮症

此斷症神經病專科醫生依據以下各項綜合因素鑑定：

- 臨床顯示包括缺乏感官干擾、正常腦脊髓液及腱反應輕微減退；
- 特性肌電圖；及
- 經肌肉活組織檢查鑑定臨床疑診為正確。

柏金遜症非典型額外症候群

經由神經病專科醫生依據漸進及永久神經損傷的明確症狀，確實診斷為柏金遜症非典型額外症候群，而受保人接受最理想的藥物治療後，仍然永久無法做到 6 項日常活動中最少 3 項。

- 更衣：毋須他人協助，自行穿上及脫下衣物。
- 行動：毋須他人扶助，自行在不同房間之間來往走動。
- 移動：毋須他人扶助，上落床或椅子。
- 失禁：自行控制大小便。
- 進食：毋須他人協助，自行將碟上的食物放入口。
- 沐浴及淋浴：毋須他人扶助，自行沐浴及淋浴。

濫用藥物或有毒物質引致的柏金遜症非典型額外症候群並不在保障範圍之內。

脊髓灰質炎

經主診神經專科醫生鑑定，受脊髓灰質炎病毒感染，證實有運動機能損傷或呼吸系統衰弱而引致癱瘓，此症狀已最少記存 3 個月的醫學文件證明。如未有因此導致癱瘓，則不符合賠償資格。其他引致癱瘓的成因並不在保障範圍之內。

六、其他危疾

障礙性貧血

因骨髓慢性持續衰竭而導致貧血、中性白血球減少症及血小板減少症，而必須接受最少以下一種治療：

- 輸血；
- 骨髓刺激素；
- 免疫抑制劑；或
- 骨髓移植手術。

此斷症必須由血液科醫生鑑定。

腦部良性腫瘤

由神經科醫生或神經外科醫生鑑定的腦內非癌性致命腫瘤，包括損害腦部的顱內腫瘤。此腫瘤必須被視為需進行神經切除手術，或如不動手術則會導致永久性神經機能缺陷。

喪失獨立能力

由醫生證明喪失獨立能力，導致病人永久無法做到任何以下 3 項日常活動：

- 更衣：毋須他人協助，自行穿上及脫下衣物。
- 行動：毋須他人扶助，自行在不同房間之間來往走動。
- 移動：毋須他人扶助，上落床或椅子。
- 失禁：自行控制大小便。
- 進食：毋須他人協助，自行將碟上的食物放入口。
- 沐浴及淋浴：毋須他人扶助，自行沐浴及淋浴。

職業性感染愛滋病毒

在執行普通職責過程中意外感染愛滋病毒，並在事後 6 個月內檢驗血清抗體轉陽性。如發生可能導致索償的事件，必須在事後 30 日內通知本公司，以及在意外發生後 7 日內提交受保人的陰性愛滋病毒抗體測試結果。如醫學界發明治療愛滋病或愛滋病毒不良影響的方法，又或發明預防愛滋病的方法，本項保障即不適用。

於任何其他途徑感染愛滋病毒，包括因性行為或靜脈注射藥物受感染將不獲保障。保險公司有權要求受保人提供血液樣本及獨立測試該血液樣本對愛滋病毒的反應。

末期危疾

受保人必須經由適當的醫生鑑定其所患病症的生存時間不會超過 12 個月。

註：

• 完全及永久傷殘和職業性感染愛滋病毒的索償，須待受保人在 18 歲生日之後被首次診斷患上有關危疾，方可獲得賠償。

• 受保人須於 60 歲生日前成功申請危疾保障，方可享有完全及永久傷殘保障。

• 此危疾簡述只為保單條款與規章之摘要，並只供參考之用。所有保障詳情以保單條款與規章為準。任何有關此冊子翻譯上之爭議，均以英文譯本為準。

List of critical illness

1. Top 3 Killers

Cancer

The diagnosis of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The Cancer must be confirmed by histological evidence of malignancy by a qualified oncologist or pathologist. Cancer includes: Leukaemia, Malignant Lymphoma, Hodgkin's Disease, Malignant bone marrow disorders & Metastatic skin cancer. The following are excluded:

- "Carcinoma in Situ", cervical dysplasia, Cervix cancer CIN-1, CIN-2 & CIN-3, and all pre-malignant conditions or non-invasive cancers;
- Early prostate cancer TNM Classification T1 (including T1a and T1b) or equivalent classification;
- Melanomas of the skin of Stage 1A (<=1mm, level II or III, no ulceration), according to the new AJCC classification of 2002;
- Hyperkeratoses, basal cell and squamous skin cancers; and
- All tumours in the presence of HIV infection.

Heart Attack

The first occurrence of Heart Attack or myocardial infarction which means the death of a portion of the heart muscle, as a result of an acute interruption of blood supply to the myocardium. The diagnosis must be based on a history of typical chest pain, new electrocardiographic changes proving infarction, and significant elevation of cardiac enzymes. Angina is specifically excluded.

Stroke

A cerebrovascular incident which results in permanent neurological impairment. The diagnosis must be supported by new changes on a CT or MRI scan. Infarction of brain tissue or intracranial bleeding as a result of external injury is specifically excluded. Transient ischaemic attacks are also excluded.

2. Heart and Artery related

Angioplasty

First treatment for narrowing or obstruction in one or more coronary arteries, by a balloon angioplasty, Percutaneous Transluminal Coronary Angioplasty (PTCA) or similar intra arterial catheter procedure. The Angioplasty must be considered medically necessary by a consultant cardiologist, and there must be angiographic evidence of significant coronary artery disease.

Cardiomyopathy

Condition of impaired ventricular function (of variable aetiology) resulting in significant physical impairment of at least Class 4 on the New York Heart Association classification of cardiac impairment*. The diagnosis of Cardiomyopathy must be confirmed by a consulting cardiologist. Cardiomyopathy includes dilated hypertrophic and restrictive cardiomyopathy. Cardiomyopathy secondary to alcohol abuse is excluded.

* NYHA Class 4 cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination & laboratory studies.

Coronary Artery Disease Surgery

The actual undergoing of open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. Angiographic evidence of significant coronary artery obstruction must be provided and the procedure must be considered medically necessary by a consultant cardiologist. Angioplasty and all other intra arterial, catheter based techniques or laser procedures are excluded.

Heart Valve Surgery

The first occurrence of open or endoscopic heart valve surgery, performed to replace or repair one or more heart valves, as a consequence of defects that cannot be repaired by intra arterial catheter procedures alone. The surgery must be performed after a recommendation by a consultant cardiologist.

Pulmonary Arterial Hypertension

Primary pulmonary arterial hypertension associated with right ventricular enlargement established by investigations including catheterisation resulting in significant permanent physical impairment to the degree of at least Class 4 of the New York Heart Association classification of cardiac impairment*.

* NYHA Class 4 cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination & laboratory studies.

Surgery to Aorta

Major surgery of the thoracic or abdominal aorta for life threatening vascular disease. This includes coarctation repair, surgical grafts for aortic aneurisms or aortic dissections but minimally invasive stent grafting is excluded. Surgery on the branches of the aorta is not covered.

3. Major Organ related

Chronic / End Stage Lung Disease

The final or end stage of lung disease, causing chronic respiratory failure, as demonstrated by all of the following:

- FEV test results consistently less than 1 litre;
- Requiring permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ < 55mmHg); and
- Dyspnea at rest.

The diagnoses must be confirmed by a pulmonologist.

Chronic Liver Disease

End stage liver disease or Cirrhosis means chronic end-stage liver failure that causes at least one of the following:

- Uncontrollable ascites;
- Permanent jaundice;
- Oesophageal or gastric varices; or
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

Fulminant Viral Hepatitis

A sub-massive or massive necrosis of the liver due to the hepatitis virus, leading to rapid liver failure. The diagnosis must be evidenced as secondary to the hepatitis virus, and all of the following must be demonstrated:

- Rapid decrease in liver size;
- Rapid degeneration of liver function tests;
- Deepening jaundice; and
- Necrosis of entire liver lobules (if histology is available).

Liver failure due to alcohol, toxins or drugs are excluded.

Kidney Failure

End stage kidney disease presenting as chronic irreversible failure of both kidneys to function. This must be evidenced by the undergoing of regular renal dialysis or undergoing a renal transplant.

Major Burns

3rd degree burns covering at least 20% of the body surface.

Major Organ Transplant

The actual undergoing of a transplant of any of the below organs as a recipient or the inclusion on an official organ transplant waiting list for any of the below organs:

- One of the following whole human organs: heart, lung, liver, kidney or pancreas; or
- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation.

The transplant must be medically necessary and based on objective confirmation of organ failure. Other than the above stem cell transplants are excluded.

Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. Diagnosis should be supported by renal biopsy.

4. Disability related

Blindness

Total irreversible loss of sight in both eyes as a result of illness or accident. The Blindness must be certified by an ophthalmologist's report. The Blindness must not be able to be corrected by medical procedure.

Deafness

Total, irreversible loss of hearing for all sounds as a result of sickness or accident. Medical evidence to be supplied by an appropriate (Ear, Nose and Throat) specialist and to include audiometric and sound-threshold test. The deafness must not be able to be corrected by medical procedure.

Loss of Speech

Total and irrecoverable loss of the ability to speak which must be established for a continuous period of 12 months. Medical evidence is to be supplied by an appropriate (Ear, Nose and Throat) specialist and to confirm injury or disease to the vocal chords. All psychiatric related causes are excluded. The condition must not be able to be corrected by medical procedure.

Paralysis

The total loss of function of two or more limbs due to injury or disease of the spinal cord or brain, where such functional loss is considered to be permanent by a neurologist. Loss of function of limbs classified as Diplegia, Hemiplegia, Tetraplegia and Quadriplegia are included.

Severe Rheumatoid Arthritis

Widespread joint destruction with major clinical deformity of 3 or more of the following joint areas: hands, wrists, elbows, cervical spine, knees, ankles, metatarsophalangeal joints in the feet. The condition should be such that it results in a permanent inability to perform any 3 of the following Activities of Daily Living (ADLs):

- Dressing - the ability to put on and take off clothing without assistance
- Mobility - the ability to move from room to room without physical assistance
- Transfer - the ability to get in and out of bed or a chair without assistance
- Continence - the ability to control bowel and bladder function
- Feeding - the ability to get food from a plate into the mouth without assistance
- Bathing and showering - the ability to bathe and shower without assistance

Total and Permanent Disability (any occupation)

The Life Insured has become totally and irreversibly disabled as a result of sickness or injury. The Life Insured must be totally incapable of being employed or

engaged in any work or any occupation whatsoever for remuneration or profit. The above disability must have lasted without interruption for at least 6 consecutive months. Benefits shall not be payable after the Policy Anniversary preceding the Life Insured's 66th birthday (The latest day that the Life Insured can claim for Total and Permanent Disability benefits is 183 days prior to the Policy Anniversary preceding the Life Insured's 66th birthday, as 6 months needs to be observed between the filing date and the benefit pay date). Total and permanent loss of use of both hands, or both feet or both eyes, or a combination of any two, is included.

5. Nervous System related

Alzheimer's Disease

Deterioration or loss of intellectual capacity, due to irreversible global failure of brain functioning, as confirmed by clinical evidence and standardized tests and questionnaires for Alzheimer's Disease and Dementia. The disease must result in significant cognitive impairment and the diagnosis must be confirmed by a consultant neurologist. Dementia relating to alcohol, drug abuse or AIDS are excluded.

Bacterial Meningitis

Inflammation of the membranes of the brain or spinal cord resulting in significant and permanent neurological impairment as certified by a consultant neurologist. Confirmation of bacterial infection in cerebrospinal fluid by lumbar puncture is required.

Brain Damage

Permanent neurological impairment or loss of intellectual capacity as a result of Brain Damage sustained through accident or injury. Permanent neurological impairment must be confirmed by a consultant neurologist.

Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however Brain Surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist.

Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs, persisting continuously with the use of life support systems, for a period of at least 96 hours. Permanent neurological impairment, as certified by a consultant neurologist, must be present. Coma resulting directly from alcohol or drug abuse is excluded.

Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) resulting in significant and permanent neurological impairment as certified by a consultant neurologist.

Motor Neurone Disease

Unequivocal diagnosis of Motor Neurone Disease by a consulting neurologist supported by definitive evidence of appropriate and relevant neurological signs.

Multiple Sclerosis

Multiple neurological impairment over a period of more than 6 months, as a result of demyelination in the brain and spinal cord. The diagnosis has to be unequivocal and made by a consultant neurologist, following more than one episode of well-defined neurological symptoms, involving any combination of impairment in the optic nerves, brain stem, spinal cord, co-ordination or sensory function.

Muscular Dystrophy

The diagnosis of Muscular Dystrophy confirmed by a consulting neurologist, and based on a combination of all of the following:

- Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
- Characteristic electromyogram; and
- Clinical suspicion confirmed by muscle biopsy.

Parkinson Plus Syndrome

Unequivocal diagnosis of Parkinson Plus Syndrome by a consulting neurologist, based on definitive signs of progressive and permanent neurological impairment, where the Life Insured has permanent inability to perform at least 3 out of 6 Activities of Daily Living (ADLs), in spite of being on optimal medication.

- Dressing - the ability to put on and take off clothing without assistance
- Mobility - the ability to move from room to room without physical assistance
- Transfer - the ability to get in and out of bed or a chair without assistance
- Continence - the ability to control bowel and bladder function
- Feeding - the ability to get food from a plate into the mouth without assistance
- Bathing and showering - the ability to bathe and shower without assistance

Drug induced or toxic causes of Parkinson Plus Syndrome are excluded.

Poliomyelitis

Unequivocal diagnosis by a consultant neurologist of infection by the Poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. This condition has to be medically documented for at least 3 months. Cases not involving paralysis will not be eligible for this. Other causes of paralysis are specifically excluded.

6. Others

Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis must be confirmed by a hematologist.

Benign Brain Tumour

Life threatening, non-cancerous tumour in the brain as confirmed by a neurologist or neurosurgeon. This includes intracranial tumours causing damage to the brain. Tumours must be deemed to require neurosurgical excision, or if inoperable cause permanent neurological impairment.

Loss of Independent Existence

Confirmation by a consultant physician of the loss of independent existence, resulting in a permanent inability to perform any 3 of the following Activities of Daily Living (ADLs):

- Dressing - the ability to put on and take off clothing without assistance
- Mobility - the ability to move from room to room without physical assistance
- Transfer - the ability to get in and out of bed or a chair without assistance
- Continence - the ability to control bowel and bladder function
- Feeding - the ability to get food from a plate into the mouth without assistance
- Bathing and showering - the ability to bathe and shower without assistance

Occupationally acquired HIV

Acquired as a result of an accident during the course of carrying out normal occupational duties with sero-conversion to HIV infection occurring within 6 months of the accident. Any accident giving rise to a potential claim must be reported to us within 30 days of the accident and be supported by a negative HIV antibody test on the Life Insured, taken within 7 days after the accident. This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

Infection in any other manner, including infection as a result of sexual activity or intravenous drug use is excluded. The insurer must have open access to all blood samples and be able to obtain independent testing of such blood samples.

Terminal Illness

The Life Insured must be suffering from a condition, which in the opinion of an appropriate medical consultant will lead to death within 12 months.

Note:

- Benefit for total and permanent disability and occupationally acquired HIV will be payable for the first diagnosis of the critical illness after the Life Insured's 18th birthday.
- Benefit for total and permanent disability is only applicable for successful application before the Life Insured's 60th birthday.
- The list of critical illness is a summary of the policy terms and conditions and for reference only. All interpretations and details should be subject to the policy terms and conditions. In the event of any dispute in translations of this leaflet, the English shall prevail.

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