

**Voluntary Health Insurance Scheme
for Civil Servants and Non-Civil Servants employed by
the Government**

Contact Taiping Life (HK) Innovation Business Apartment through hotline (852) 800 961 589 and then successfully apply in person will enjoy 50% first year premium discount by annual premium mode



**Taiping Life VHIS
Standard Plan**

An ageing population in Hong Kong means demands for medical services will likely continue to rise. A proper medical plan can protect yourself against different kinds of medical expenses. Therefore, China Taiping Life Insurance (Hong Kong) Company Limited (the “Company”) is proud to launch **Taiping Life VHIS Standard Plan** (the “Plan”), a certified plan under the Voluntary Health Insurance Scheme (“VHIS”), providing you a comprehensive medical protection[^]. You may be eligible for tax deduction* for the premiums you paid under certain specific circumstances. We are dedicated to safeguard your health to ensure your peace of mind for the years to come.



Customers can choose to purchase the Plan as a standalone plan. This product brochure is for reference only. It is not, and does not form part of, a contract of insurance and is designed to provide an overview of the key features of the Plan. The precise terms and conditions of the Plan are specified in the policy documents. Please refer to the policy document for the exact and complete terms and conditions of the cover. This product brochure should be read along with the benefit illustrations (if any) and other relevant marketing materials (if any), which include additional information and important considerations about the Plan. The Company would like to remind you to review the relevant product materials (if any) provided to you and seek independent professional advice if necessary.

[^] Taiping Life VHIS Standard Plan offers the basic medical insurance protection, which terms and benefits are standardized with prescribed minimum benefit coverage and amounts. If you look for a medical coverage with basic protection equivalent to Taiping Life VHIS Standard Plan, plus a flexible top-up protection, please consider Taiping Life VHIS Flexi Plan and refer to its product brochure for details.

Plan Features

Tax Deduction*

If you apply the Plan for yourself and your dependents, you may be eligible for tax deduction* for the premiums you paid. The deduction ceiling is HKD8,000 per insured person per tax assessment year, and there is no limit on the number of eligible VHIS policies the policy holder can use for claiming tax deduction* each year. You may visit the website of Inland Revenue Department (“IRD”) (<http://www.ird.gov.hk>) for more information on the tax deduction*, and consult your tax and account advisors for tax advice.

Worldwide Coverage of Up to HKD420,000 Per Year

The Plan offers you worldwide coverage of up to HKD420,000 per policy year to reimburse medical expenses. This maximum compensation amount automatically replenishes every year and there is no limit on benefits paid out during your lifetime.

Comprehensive Medical Protection and Services

The Plan provides a comprehensive medical protection including daily room and board fee, attending doctor's visit fee, specialist's fee and surgeon's fee in addition to pre- and post-confinement / day case procedure outpatient care.

* Please refer to “Tax Implications” of “Key Product Risks”

Enhanced Coverage by Including Unknown Pre-existing Conditions

If you have unknown pre-existing conditions that you were reasonably unaware of at the time of submission of application, the Plan will provide coverage for the eligible expenses arising from the unknown pre-existing conditions according to the following waiting period and reimbursement arrangement:

Policy year	Reimbursement arrangement
1 st policy year	No coverage
2 nd policy year	25% reimbursement
3 rd policy year	50% reimbursement
4 th policy year onwards	Full coverage

Plan Features

Out-patient Surgery Also Included

Apart from in-patient surgery, the Plan provides compensation on daytime surgeries and even specific outpatient surgeries, offering a thorough protection for every facet of your life.

Compassionate Death Benefit

If the insured person passes away, the Company shall pay a compassionate death benefit to the beneficiary.

Guaranteed Lifetime Renewal[#]

We guarantee that you can renew your protection at each policy anniversary until the age of 100. Each renewal is subject to the premium rate, terms and conditions and benefit summary that apply at the time of renewal.

Premium rates are not guaranteed and are annually adjustable, based on the gender and attained age of the insured person at the time of renewal. The Company will determine the relevant premium rates based on several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.

[#] The Company reserves the rights to revise the terms and conditions at policy renewal. For details, please refer to policy provision.

Product Information

Type of the Certified Plan	Standard Plan
Name of the Certified Plan	Taiping Life VHIS Standard Plan
Certification number	S00039-01-000-02
Product Type	Medical Protection
Plan Type	Basic Plan / Rider
Issue Age (Age last birthday)	15 days to the age of 80
Premium Term	To the age of 100
Benefit Term	To insured person's age of 100
Policy Currency	HKD
Premium Mode	Annually / Semi-annually / Quarterly / Monthly
Benefit Limit	HKD420,000 per policy year
Compassionate Death Benefit	HKD10,000

Benefit Summary

Benefit items ¹	Benefit limit (in HKD)
(a) Room and board	\$750 per day Maximum 180 days per policy year
(b) Miscellaneous charges	\$14,000 per policy Year
(c) Attending doctor's visit fee	\$750 per day Maximum 180 days per policy year
(d) Specialist's fee ²	\$4,300 per policy year
(e) Intensive care	\$3,500 per day Maximum 25 days per policy year
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery / procedure in the schedule of surgical procedures <ul style="list-style-type: none">• Complex \$50,000• Major \$25,000• Intermediate \$12,500• Minor \$ 5,000
(g) Anaesthetist's fee	35% of surgeon's fee payable ⁵
(h) Operating theatre charges	35% of surgeon's fee payable ⁵
(i) Prescribed diagnostic imaging tests ^{3,4}	\$20,000 per policy year subject to 30% coinsurance
(j) Prescribed non-surgical cancer treatments ⁴	\$80,000 per policy year
(k) Pre- and post-confinement / day case procedure outpatient care ²	\$580 per visit, up to \$3,000 per policy year <ul style="list-style-type: none">• 1 prior outpatient visit or emergency consultation per confinement / day case procedure• 3 follow-up outpatient visits per confinement / day case procedure (within 90 days after discharge from hospital or completion of day case procedure)
(l) Psychiatric treatments	\$30,000 per policy year
Other limits	
Annual benefit limit for benefit items (a) - (l)	\$420,000 per policy year
Lifetime benefit limit for benefit items (a) - (l)	Nil
Other benefit	
Compassionate death benefit	\$10,000

Remarks:

1. Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.

2. The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or registered medical practitioner.

3. Tests covered here only include computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined.

4. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

5. The percentage here applies to the surgeon's fee actually payable or the benefit limit for the surgeon's fee according to the surgical categorization, whichever is the lower.

Key Product Risks

- 1) **Premium Term and Result of Non-premium Payment**

You should pay the premiums on time for the whole premium term. Any delay or missing of the payment of premiums due may lead to policy lapse and result in loss of coverage.
- 2) **Premium Adjustment Risk**

Premiums may vary. The Company reserves the right to adjust the Plan's premium rates from time to time for particular risk classes, but not for any individual customer. We may adjust premium rates due to several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.
- 3) **Credit Risk of Issuer**

The Plan is issued and underwritten by the Company. Your policy is subject to the credit risk of the Company. All premiums paid become part of our assets and you do not have any rights or ownership over any of our assets. In the worst case, you may lose all the premiums paid and insurance coverage.
- 4) **Inflation Risk**

Your current planned benefit may not be sufficient to meet your future needs since the future cost of living may become higher than they are today due to inflation. Where the actual rate of inflation is higher than expected, you may receive less in real terms even if we meet all of our contractual obligations.

Tax Implications

To be eligible to claim the tax deduction available for VHIS premiums paid, you must meet all the eligibility requirements set out under the Inland Revenue Ordinance and any guidance issued by the IRD of Hong Kong Special Administration Region of the People's Republic of China (the “HKSAR”). Any general tax information provided is for your reference only, and you should not make any tax-related decisions based on such information alone. You should always consult a professional tax advisor if you have any doubts. Please note that the tax law, regulations or interpretations are subject to change and may affect related tax benefits including the eligibility criteria for tax deduction. We do not take any responsibility to inform you about any changes in the laws and regulations or interpretations, and how they may affect you. Further information on tax concessions applicable to VHIS may be found at <https://www.vhis.gov.hk>.

NOTE: The policy holder may not enjoy tax deduction if he/ she is not subject to salaries tax or tax return under personal assessment in the HKSAR. The degree of tax deduction available is affected by several factors in relation to the policy holder, for instance, age, income, other applicable tax deductible, etc.

Cancellation Right

You have the right to cancel the policy and obtain a refund of any premiums and any levy paid less any market value adjustment, if applicable, by giving written notice to us. The request to cancel must be signed by you and received directly by the Company within the cooling off period, i.e. 21 days immediately following the day of the delivery of (i) the policy (with terms and benefits and the policy schedule); or (ii) the cooling-off notice to you or your nominated representative, whichever is earlier. The day of delivery of the (i) or (ii) stated above is not included for the calculation of the 21 day period. However, if the last day of the 21 day period is not a working day, the period shall include the next working day. No refund can be made if a benefit payment has been made, is to be made or impending.

Grace Period

The Company shall allow a grace period of 31 days after the premium due date for payment of each premium. The policy shall continue to be in effect during the grace period but no benefits shall be payable unless the premium is paid. If the premium is still unpaid in full at the expiration of the grace period, the policy shall be terminated immediately on the date on which the unpaid premium is first due.

General Exclusions

The Company shall not pay any benefits in relation to or arising from the following expenses:

- 1. Expenses incurred for treatments, procedures, medications, tests or services which are not medically necessary.
- 2. Expenses incurred for the whole or part of the confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a registered medical practitioner for medically necessary investigation or treatment of a disability which cannot be effectively performed in a setting for providing medical services to a day patient.
- 3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related disability, which is contracted or occurs before the policy effective date. Irrespective of whether it is known or unknown to the policy holder or the insured person at the time of submission of application, including any updates of and changes to such requisite information such disability shall be generally excluded from any coverage of the terms and benefits if it exists before the policy effective date. If evidence of proof as to the time at which such disability is first contracted or occurs is not available, manifestation of such disability within the first 5 years after the policy effective date shall be presumed to be contracted or occur before the policy effective date, while manifestation after such 5 years shall be presumed to be contracted or occur after the policy effective date.

However, this exclusion shall not apply where HIV and its related disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of the terms and benefits shall apply.

- 4. Expenses incurred for medical services as a result of disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related disability, where exclusion number 3 above applies).
- 5. Any charges in respect of services for:
 - (a) beautification or cosmetic purposes, unless necessitated by injury caused by an accident and the insured person receives the medical services within 90 days of the accident; or
 - (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
- 6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the insured person and/ or his family members, Hair Mineral Analysis (HMA), immunization or health supplements. For the avoidance of doubt, this exclusion does not apply to:
 - (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other medical services provided;
 - (b) removal of pre-malignant conditions; and
 - (c) treatment for prevention of recurrence or complication of a previous disability.

- 7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident. Follow-up dental treatment or oral surgery after discharge from hospital shall not be covered.
- 8. Expenses incurred for medical services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilization or sex reassignment of either sex; infertility including in-vitro fertilization or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
- 9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during confinement or on the day of the day case procedure.
- 10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.
- 11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognized authority, in the locality where the treatment, procedure, test or service is received.
- 12. Expenses incurred for medical services provided as a result of congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of 8.
- 13. Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
- 14. Expenses incurred for treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Duty of Disclosure

The policy holder and the insured person of the policy have an obligation to disclose every fact material to our assessment of the risk of issuing the policy and any of its rider benefits, if applicable.

If the policy holder or the insured person fails to make the relevant disclosures in relation to the application of the Plan and such failure has materially affected the underwriting decision of the Company, the Company shall have the right to adjust the premiums of the policy, add additional exclusions or void the policy and demand a refund of the benefits previously paid. In the event that the Company void the policy as a result of fraud, the Company shall have the right not to refund the premium received. For details, please refer to the provisions.

Medically Necessary

Medically necessary shall mean the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice and such medical service must:

- (a) require the expertise of, or be referred by, a registered medical practitioner;
- (b) be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- (c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the insured person, his family, caretaker or the attending Registered medical practitioner;
- (d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- (e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered medical practitioner, can be safely and effectively provided to the insured person.

For the purpose of these terms and benefits, without prejudice to the generality of the foregoing, circumstances where a confinement is considered medically necessary include, but not limited to:

- (i) the insured person is having an emergency that requires urgent treatment in hospital;
- (ii) surgical procedures are performed under general anaesthesia;
- (iii) equipment for surgical procedure is available in hospital and procedure cannot be done on a day patient basis;
- (iv) there is significantly severe co-morbidity of the insured person;
- (v) taking into account the individual circumstances of the insured person, the attending registered medical practitioner has exercised his prudent professional judgment and is of the view that for the safety of the insured person, the medical service should be conducted in hospital;
- (vi) in the prudent professional judgment of the attending registered medical practitioner, the length of confinement of the insured person is appropriate for the medical service concerned; and/or
- (vii) in the case of diagnostic procedures or allied health services prescribed by a registered medical practitioner, such registered medical practitioner has exercised his prudent professional judgment and is of the view that for the safety of the insured person, such procedures or services should be conducted in hospital.

For the purpose of exercising his prudent professional judgment in (v) to (vii) above, the attending registered medical practitioner shall have regard to whether the confinement:

- (aa) is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending registered medical practitioner, not rendered primarily for the convenience or the comfort of the insured person, his family, caretaker or the attending registered medical practitioner; and
- (bb) is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.

Reasonable and Customary

Reasonable and customary shall mean, in relation to a charge for medical service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by the Company in utmost good faith. The reasonable and customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is reasonable and customary, the Company shall make reference to the followings (if applicable):

- (a) treatment or service fee statistics and surveys in the insurance or medical industry;
- (b) internal or industry claim statistics;
- (c) gazette published by the Government; and/or
- (d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

Claims Procedure

If you wish to make a claim, you must send us the appropriate forms and proofs within 90 days after the insured person is discharged from hospital or (where there is no confinement) the date on which relevant medical service is performed and completed. You can get the appropriate claim forms by calling our customer service hotline (Hong Kong) (852) 800 961 589 / (Mainland China) 95589, or download the forms from our website <http://tplhk.cntaiping.com/en/service-bgxz>, or by visiting our customer service centre.

Terminations

The policy shall be terminated upon on the earliest of the following:

- (a) where the policy is terminated due to non-payment of premiums after the grace period;
- (b) the day immediately following the death of the insured person;
- (c) the Company has ceased to have the requisite authorization under the Insurance Ordinance to write or continue to write the policy; or
- (d) where you have given us 30 days' prior written notice to cancel the policy.

You may cancel or not to renew the policy by giving the requisite written notice to the Company. For details, terms and benefits, please refer to policy provision. You can obtain the appropriate form(s) by calling our customer service hotline (Hong Kong) (852) 800 961 589 / (Mainland China) 95589 or by visiting our customer service centre.

Important Notes

- From January 1, 2018, the Insurance Authority starts collecting levy on insurance premiums from policyowners for policies issued in Hong Kong Special Administrative Region of the People's Republic of China (the "HKSAR"). For details of the levy and its collection arrangement, please visit our website (<http://tplhk.cntaiping.com>).
- The Plan is an insurance product without any savings element. All premiums paid are used for the insurance and related costs of the policy. The premiums paid are not the savings deposit or time deposit of the bank. It is not protected deposit under the Deposit Protection Scheme in the HKSAR. The Plan is intended only for sale in the HKSAR.
- The Plan is underwritten by China Taiping Life Insurance (Hong Kong) Company Limited.
- The Company is authorized and regulated by Insurance Authority to carry on long-term business in the HKSAR.
- The offer of the Plan is limited and subject to availability. The Company reserves the right to decide at its sole discretion whether to accept or decline any application for the Plan according to the information provided by the applicant and the proposed insured person at the time of application.
- This product brochure is issued by the Company and is intended to be distributed in the HKSAR only. It shall not be construed as any offer to sell or a solicitation of an offer or recommendation to purchase or sale or provision of any products of the Company outside the HKSAR.

Company Profile

China Taiping Life Insurance (Hong Kong) Company Limited (the "Company") is a life insurance subsidiary of China Taiping Insurance Group Ltd. ("China Taiping"). Founded in Shanghai in 1929, China Taiping is not only a time-honored national insurance brand with the longest history in the country, but also the only Chinese state-owned financial and insurance group whose management headquarters is located in Hong Kong.

Established in 2015, the Company has been dedicated to business developments both in Hong Kong and Macau while having a resolutely global outlook. It has developed rapidly by leaps and bounds despite fierce competition, as evidenced by its rapidly growing business scale and value.



China Taiping
Official Wechat Account



中國太平人壽保險(香港)有限公司
CHINA TAIPING LIFE INSURANCE (HONG KONG) COMPANY LIMITED

Customer Enquiry

Customer Service Hotline : (852) 800 961 589 ; (86) 95589 **Website :** <http://tplhk.cntaiping.com>

Customer Service Centre : 7/F, China Taiping Tower Phase I, 8 Sunning Road, Causeway Bay, Hong Kong

Taiping Life VHIS Standard Plan (Basic Plan)

Standard Premium Schedule (Male) - valid from April 2021

All figures in HKD

Age Last Birthday	Annual Premium
	Male
0	4,597.38
1	3,925.38
2	3,432.69
3	2,975.54
4	2,838.23
5	2,568.46
6	2,353.62
7	2,187.23
8	2,067.69
9	1,902.92
10	1,786.62
11	1,709.08
12	1,665.46
13	1,641.23
14	1,642.85
15	1,662.23
16	1,701.00
17	1,712.31
18	1,736.54
19	1,760.77
20	1,789.85
21	1,812.46
22	1,838.31
23	1,880.31
24	1,922.31
25	2,012.77
26	2,098.38
27	2,185.62
28	2,217.92
29	2,247.00
30	2,274.46
31	2,526.46
32	2,574.92
33	2,657.31

Age Last Birthday	Annual Premium
	Male
34	2,744.54
35	2,828.54
36	2,920.62
37	3,015.92
38	3,098.31
39	3,188.77
40	3,285.69
41	3,395.54
42	3,513.46
43	3,662.08
44	3,825.23
45	4,002.92
46	4,203.23
47	4,424.54
48	4,644.23
49	4,888.15
50	5,153.08
51	5,439.00
52	5,749.15
53	6,119.08
54	6,514.85
55	6,930.00
56	7,377.46
57	7,855.62
58	8,186.77
59	8,540.54
60	8,905.62
61	9,282.00
62	9,669.69
63	10,212.46
64	10,758.46
65	11,301.23
66	11,831.08
67	12,348.00

Age Last Birthday	Annual Premium
	Male
68	12,895.62
69	13,441.62
70	13,973.08
71	14,496.46
72	15,013.38
73	15,451.15
74	15,921.23
75	16,407.46
76	16,898.54
77	17,420.31
78	17,950.15
79	18,473.54
80	19,006.62
81*	19,706.08
82*	20,382.92
83*	20,896.62
84*	21,350.54
85*	21,738.23
86*	21,890.08
87*	21,993.46
88*	22,263.23
89*	22,528.15
90*	22,789.85
91*	23,041.85
92*	23,287.38
93*	23,597.54
94*	23,872.15
95*	24,112.85
96*	24,313.15
97*	24,465.00
98*	24,634.62
99*	24,670.15
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* For renewal only. The renewal is subject to the terms and conditions of the policy.

Taiping Life VHIS Standard Plan (Basic Plan)

Standard Premium Schedule (Female) - valid from April 2021

All figures in HKD

Age Last Birthday	Annual Premium
	Female
0	3,519.92
1	2,943.23
2	2,544.23
3	2,108.08
4	1,978.85
5	1,759.15
6	1,597.62
7	1,479.69
8	1,416.69
9	1,358.54
10	1,316.54
11	1,305.23
12	1,321.38
13	1,384.38
14	1,466.77
15	1,565.31
16	1,681.62
17	1,730.08
18	1,807.62
19	1,904.54
20	1,996.62
21	2,085.46
22	2,171.08
23	2,242.15
24	2,310.00
25	2,458.62
26	2,604.00
27	2,742.92
28	2,788.15
29	2,830.15
30	2,867.31
31	3,340.62
32	3,410.08
33	3,552.23

Age Last Birthday	Annual Premium
	Female
34	3,697.62
35	3,847.85
36	4,006.15
37	4,172.54
38	4,316.31
39	4,469.77
40	4,634.54
41	4,802.54
42	4,981.85
43	5,138.54
44	5,301.69
45	5,476.15
46	5,652.23
47	5,831.54
48	5,986.62
49	6,148.15
50	6,314.54
51	6,487.38
52	6,668.31
53	6,896.08
54	7,130.31
55	7,377.46
56	7,627.85
57	7,889.54
58	8,110.85
59	8,343.46
60	8,582.54
61	8,831.31
62	9,089.77
63	9,401.54
64	9,723.00
65	10,057.38
66	10,404.69
67	10,763.31

Age Last Birthday	Annual Premium
	Female
68	11,319.00
69	11,887.62
70	12,470.77
71	13,192.85
72	13,952.08
73	14,347.85
74	14,772.69
75	15,223.38
76	15,801.69
77	16,386.46
78	17,197.38
79	18,000.23
80	18,790.15
81*	19,407.23
82*	19,982.31
83*	20,623.62
84*	21,229.38
85*	21,791.54
86*	22,167.92
87*	22,507.15
88*	22,838.31
89*	23,163.00
90*	23,479.62
91*	23,793.00
92*	24,103.15
93*	24,377.77
94*	24,616.85
95*	24,817.15
96*	24,978.69
97*	25,101.46
98*	25,224.23
99*	25,266.23
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* For renewal only. The renewal is subject to the terms and conditions of the policy.

Taiping Life VHIS Standard Plan (Rider)

Standard Premium Schedule (Male) - valid from July 2021

All figures in HKD

Age Last Birthday	Annual Premium
	Male
0	4,362.48
1	3,724.82
2	3,257.30
3	2,823.50
4	2,693.21
5	2,437.23
6	2,233.36
7	2,075.47
8	1,962.04
9	1,805.69
10	1,695.33
11	1,621.75
12	1,580.36
13	1,557.37
14	1,558.91
15	1,577.30
16	1,614.09
17	1,624.82
18	1,647.81
19	1,670.80
20	1,698.39
21	1,719.85
22	1,744.38
23	1,784.23
24	1,824.09
25	1,909.93
26	1,991.17
27	2,073.94
28	2,104.60
29	2,132.19
30	2,158.25
31	2,397.37
32	2,443.36
33	2,521.53

Age Last Birthday	Annual Premium
	Male
34	2,604.31
35	2,684.01
36	2,771.39
37	2,861.82
38	2,940.00
39	3,025.84
40	3,117.81
41	3,222.04
42	3,333.94
43	3,474.96
44	3,629.78
45	3,798.39
46	3,988.47
47	4,198.47
48	4,406.93
49	4,638.39
50	4,889.78
51	5,161.09
52	5,455.40
53	5,806.42
54	6,181.97
55	6,575.91
56	7,000.51
57	7,454.23
58	7,768.47
59	8,104.16
60	8,450.58
61	8,807.74
62	9,175.62
63	9,690.66
64	10,208.76
65	10,723.80
66	11,226.57
67	11,717.08

Age Last Birthday	Annual Premium
	Male
68	12,236.72
69	12,754.82
70	13,259.12
71	13,755.77
72	14,246.28
73	14,661.68
74	15,107.74
75	15,569.12
76	16,035.11
77	16,530.22
78	17,032.99
79	17,529.64
80	18,035.47
81*	18,699.20
82*	19,341.46
83*	19,828.91
84*	20,259.64
85*	20,627.52
86*	20,771.61
87*	20,869.71
88*	21,125.69
89*	21,377.08
90*	21,625.40
91*	21,864.53
92*	22,097.52
93*	22,391.82
94*	22,652.41
95*	22,880.80
96*	23,070.88
97*	23,214.96
98*	23,375.91
99*	23,409.64
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* For renewal only. The renewal is subject to the terms and conditions of the policy.

Taiping Life VHIS Standard Plan (Rider)

Standard Premium Schedule (Female) - valid from July 2021

All figures in HKD

Age Last Birthday	Annual Premium
	Female
0	3,340.07
1	2,792.85
2	2,414.23
3	2,000.36
4	1,877.74
5	1,669.27
6	1,515.99
7	1,404.09
8	1,344.31
9	1,289.12
10	1,249.27
11	1,238.54
12	1,253.87
13	1,313.65
14	1,391.82
15	1,485.33
16	1,595.69
17	1,641.68
18	1,715.26
19	1,807.23
20	1,894.60
21	1,978.91
22	2,060.15
23	2,127.59
24	2,191.97
25	2,332.99
26	2,470.95
27	2,602.77
28	2,645.69
29	2,685.55
30	2,720.80
31	3,169.93
32	3,235.84
33	3,370.73

Age Last Birthday	Annual Premium
	Female
34	3,508.69
35	3,651.24
36	3,801.46
37	3,959.34
38	4,095.77
39	4,241.39
40	4,397.74
41	4,557.15
42	4,727.30
43	4,875.99
44	5,030.80
45	5,196.35
46	5,363.43
47	5,533.58
48	5,680.73
49	5,834.01
50	5,991.90
51	6,155.91
52	6,327.59
53	6,543.72
54	6,765.99
55	7,000.51
56	7,238.10
57	7,486.42
58	7,696.42
59	7,917.15
60	8,144.01
61	8,380.07
62	8,625.33
63	8,921.17
64	9,226.20
65	9,543.50
66	9,873.07
67	10,213.36

Age Last Birthday	Annual Premium
	Female
68	10,740.66
69	11,280.22
70	11,833.58
71	12,518.76
72	13,239.20
73	13,614.74
74	14,017.88
75	14,445.55
76	14,994.31
77	15,549.20
78	16,318.69
79	17,080.51
80	17,830.07
81*	18,415.62
82*	18,961.31
83*	19,569.85
84*	20,144.67
85*	20,678.10
86*	21,035.26
87*	21,357.15
88*	21,671.39
89*	21,979.49
90*	22,279.93
91*	22,577.30
92*	22,871.61
93*	23,132.19
94*	23,359.05
95*	23,549.12
96*	23,702.41
97*	23,818.91
98*	23,935.40
99*	23,975.26
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* For renewal only. The renewal is subject to the terms and conditions of the policy.

Modal factor is applicable if other premium mode is selected. (Please refer to the following table)

Premium mode	Modal factor
Annually	1.0000
Semi-annually	0.5064
Quarterly	0.2548
Monthly	0.0853

The information is for reference only. During the sales process, this document should be read in conjunction with the relevant product brochure. For terms and conditions of the plan, please refer to terms and benefits of the certified plan.

This standard premium schedule does not include levy which is collected by the Insurance Authority.