

**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 Priority Plan**

We understand a successful person like you needs well-rounded medical protection that can really give you and your loved ones total peace of mind. China Taiping Life Insurance (Hong Kong) Company Limited (the “Company”) brings you **Taiping Life VHIS Priority Plan** (the “Plan”) which provides full reimbursement without itemized benefit limit for major medical expenses like room and board, specialist’s fee, surgeon’s fee and operating theatre charges. With guaranteed renewal till age 100 yet without lifetime benefit limit, you can ensure the right treatment for you and your loved ones whenever necessary.

The Plan is certified under the Voluntary Health Insurance Scheme (“VHIS”) by the Food and Health Bureau of the Government of the Hong Kong Special Administrative Region with enhanced protection. In addition to the basic benefits of the Taiping Life VHIS Standard Plan, the Plan provides a higher annual benefit limit and additional currency option with deductible<sup>1</sup> options. Benefits are also enhanced under the Plan such as coverage for private nursing<sup>2</sup>, cardiac rehabilitation benefit<sup>2</sup>, stroke rehabilitation benefit<sup>2, 3</sup>, and many more.



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 provisions. Please refer to the policy provisions 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.

**Tax Deduction**

If you are a taxpayer in Hong Kong and apply the Plan, you may be eligible for tax deduction under salaries tax or personal assessment for the qualifying premiums you paid under the VHIS. Tax deductible amount is up to 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. In other words, you may apply for yourself and your specified relatives<sup>4</sup> to enjoy a greater amount of tax deduction in the same taxable year, as long as all the policies are held by you (the same taxpayer as policy holder). You may refer to “Tax Implications” section in this brochure for details, visit the website of Inland Revenue Department (“IRD”) (<http://www.ird.gov.hk>) for more information on the tax deduction, and seek professional advice on tax and accounting matters.

**Comprehensive Coverage without Lifetime Benefit Limit**

The Plan provides an all-round coverage without lifetime benefit limit. All eligible expenses incurred from diagnosis to medical treatment and recovery in Asia<sup>5</sup> are covered, subject to an annual benefit limit of HKD20,000,000 / USD2,500,000.

Key medical expenses including daily room and board, specialist’s fee, surgeon’s fee, anaesthetist’s fee, intensive care, operating theatre charges and charges on prescribed diagnostic imaging tests are covered in full without itemized benefit limit, subject to deductible<sup>1</sup>. For details, please refer to “Benefit Summary” section.

**Extended Protection against Cancer and Accidents**

• **Prescribed Non-surgical Cancer Treatment<sup>2</sup>**

If the insured person is unfortunately diagnosed with cancer and prescribed non-surgical cancer treatment<sup>2</sup> is required, the Plan will cover the eligible expenses charged on radiotherapy, chemotherapy, targeted therapy, immunotherapy and/or hormonal therapy, subject to a designated benefit limit per policy year. This can help relieve yourself from any financial burden so that you can focus on recovery.

• **Emergency Outpatient Treatment (Accident Only), Reconstructive Surgery<sup>2</sup> and Accidental Death Benefit<sup>3</sup>**

After an accident, getting treated promptly is the top priority. Subject to a designated benefit limit per policy year, in case the insured person sustains an injury as a result of an accident and is treated in the outpatient department of a hospital within 24 hours of the accident, the Plan will fully cover the eligible expenses charged on the treatments. The expenses charged on the treatment of natural teeth including consultation, staunch bleeding, x-ray, tooth extraction or root canal work for an injury which arises solely from an accident are also fully covered, provided such treatment is performed within 14 days of the accident and in a registered dental clinic.

Where the insured person sustains an injury as a result of accident and receives reconstructive surgery<sup>2</sup> within 12 months from the date of accident, the relevant eligible expenses incurred within 12 months from the date of accident will be covered.

For the worst case where the insured unfortunately passes away as a result of and within 90 days of an accident, an accidental death benefit<sup>3</sup> will be payable to help ease their family’s financial burden.

Support for your Speedy Recovery

- Cardiac Rehabilitation Benefit<sup>2</sup> and Stroke Rehabilitation Benefit<sup>2, 3</sup>

Adequate rehabilitative therapies after heart attack can put one on a faster track to recovery. The eligible expenses charged on physiotherapy treatment and dietetic consultation as part of cardiac rehabilitation treatment after hospitalization due to heart attack are covered under the Plan.

In addition, stroke rehabilitation benefit<sup>2, 3</sup>, which is comprised of home facility enhancement, stroke ancillary benefit and disability subsidy<sup>3</sup>, shall be payable in respect of each incident after the insured person’s discharge from hospital following his/her confinement due to stroke.

- Private Nursing<sup>2</sup> and Post-surgery Home Nursing Benefit<sup>2</sup>

Private nursing services can provide extra peace of mind for both the patient and his/her family members. In case the insured person receives private nursing services provided by a licensed or registered nurse following the surgery or discharge from an intensive care unit while he/she is still confined in a hospital, the eligible expenses incurred for such private nursing services will be covered.

Furthermore, post-surgery home nursing benefit<sup>2</sup> is also available under the Plan. If the insured person receives home nursing services provided by a licensed or registered nurse after his/her discharge from hospital for a surgical procedure or completion of day case procedure, eligible expenses charged on such home nursing services shall be payable.

- Post-Confinement / Day Case Procedure Outpatient Care and Traditional Chinese Medicine<sup>2</sup>

The expenses charged on follow-up outpatients visit to, or recommended in writing by, the attending registered medical practitioner and follow-up outpatient treatment provided by a registered Chinese medicine practitioner after the insured person’s discharge from hospital or the completion of day case procedure will be covered under the Plan.

Coverage for Pregnancy Complications<sup>6</sup> and Mental Health Support

- Pregnancy Complications<sup>6</sup>

After 12 months from the policy effective date, if the insured person is unequivocally diagnosed with covered pregnancy complications by a registered medical practitioner and receives medical services during confinement and/or after discharge from hospital (as the case may be) due to the covered pregnancy complications, the Plan will cover the eligible expenses incurred in the treatment(s).

- Psychiatric Treatments<sup>7</sup>

Where the insured person has received psychiatric treatments<sup>7</sup> during confinement in Hong Kong as recommended by a specialist, 100% of the eligible expenses charged on the treatment, subject to deductible<sup>1</sup>, shall be payable.

Coverage for Pre-existing Condition(s)<sup>8</sup>

If there are any pre-existing conditions<sup>8</sup> that you or the insured person were not aware of and would not reasonably have been aware of at the time of policy application, eligible expenses arising from these pre-existing conditions<sup>8</sup> will still be covered starting from the second policy year, according to the reimbursement percentage below:

Policy year	Reimbursement percentage
30 days of the 1 <sup>st</sup> policy year	No coverage
31 <sup>st</sup> day of the 1 <sup>st</sup> policy year onwards	Full coverage

Various Plan Levels with Flexible Deductible<sup>1</sup> Options

The Plan is available in USD and HKD with options of deductible<sup>1</sup> to match your budget and specific needs. You can change the selected deductible option<sup>1, 9</sup> of your policy, subject to the available options at specified time, within 31 days before or after the renewal date on or immediately following the respective ages of 65, 75 and 85 of the insured person. No re-underwriting is required.

Guaranteed Yearly Renewal<sup>10</sup>

You can renew your protection at each policy anniversary until the age of 100 of the insured person. Premium rates are not guaranteed and adjustable. The renewal premium will be adjusted based on the prevailing premium rates applicable to the insured person’s gender and attained age on the date of renewal, and it will remain unchanged throughout the renewal period regardless of the insured person’s health condition. For details, please refer to the “Premium Adjustment Risk” under “Key Product Risks” section.

Value-added Services<sup>11</sup> with Enhanced Protection

- Worldwide Emergency Assistance Service

In the event of emergency while travelling abroad, you can call the worldwide assistance hotline for prompt emergency support, which is open 24/7.

- Second Medical Opinion Service

If you are unfortunately diagnosed with one of the designated critical illnesses<sup>12</sup>, second medical opinion service from a panel of medical experts can be provided upon your request.

- Cashless Hospitalization Service

You can apply for the hassle-free cashless hospitalization service prior to admission to hospital for medical treatment. Once approved, the Company will settle the medical expenses incurred during your hospital stay on your behalf.

- Green Channel Service<sup>13</sup> in Mainland China

With the green channel service<sup>13</sup>, you can enjoy priority access and booking to designated network hospitals<sup>14</sup>, 3A graded public hospitals throughout cities in Mainland China.

Product Information

Type of the Certified Plan	Flexi plan
Name of the Certified Plan	Taiping Life VHIS Priority Plan
Product Type	Medical Protection
Plan Type	Basic plan / rider
Plan Level	Depends on deductibles as listed below: Plan 1: Nil Plan 2: HKD20,000 Plan 3: HKD50,000 Plan 4: Nil Plan 5: USD2,500 Plan 6: USD6,250
Certification Number	Plan 1: F00062-01-000-02 Plan 2: F00062-02-000-02 Plan 3: F00062-03-000-02 Plan 4: F00062-04-000-02 Plan 5: F00062-05-000-02 Plan 6: F00062-06-000-02
Eligibility	The insured person must be a resident of the Hong Kong Special Administrative Region of People's Republic of China (the "HKSAR"), Macau Special Administrative Region of People's Republic of China (the "Macau SAR") or People's Republic of China (the "PRC"); or citizens of the PRC with residency in the PRC.
Issue Age (Age Last Birthday)	15 days – age 80
Premium Term	Guaranteed yearly renewable, up to age 100 of the insured person
Benefit Term	Guaranteed yearly renewable, up to age 100 of the insured person
Characteristics and Level of Premium	<ul style="list-style-type: none"><li>Adjusted based on the attained age of the insured person</li><li>Premiums are not guaranteed</li></ul>
Policy Currency	USD / HKD
Premium Mode	Annually / Semi-annually / Quarterly / Monthly
Waiting Period	No (except coverage for pre-existing conditions <sup>8</sup> and pregnancy complications <sup>9</sup> )

Benefit Summary

Benefit items <sup>(1)</sup>	Benefit limit					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Territorial scope of cover	Asia <sup>(2)</sup> (except for psychiatric treatments and rehabilitative care which are covered in Hong Kong only)					
Entitled ward class	<ul style="list-style-type: none"><li>• Confinement in Hong Kong, Macau or Mainland China: Semi-private room</li><li>• Confinement anywhere else in Asia (excluding Hong Kong, Macau and Mainland China): Standard private room</li><li>• Confinement outside Asia (Accident only): Standard private room</li></ul>					
I. Basic benefits						
(a) Room and board	Full cover <sup>(3)</sup>					
(b) Miscellaneous charges	Full cover <sup>(3) (7)</sup>					
(c) Attending doctor's visit fee	Full cover <sup>(3)</sup>					
(d) Specialist's fee <sup>(4)</sup>	Full cover <sup>(3)</sup>					
(e) Intensive care	Full cover <sup>(3)</sup>					
(f) Surgeon's fee	Full cover <sup>(3)</sup> regardless of the surgical category					
(g) Anaesthetist's fee	Full cover <sup>(3)</sup>					
(h) Operating theatre charges	Full cover <sup>(3)</sup>					
(i) Prescribed diagnostic imaging tests <sup>(4) (5)</sup>	Full cover <sup>(3)</sup>					
(j) Prescribed non-surgical cancer treatments <sup>(6)</sup>	HKD2,500,000 per policy year			USD312,500 per policy year		
(k) Pre- and post-confinement/ day case procedure outpatient care <sup>(4)</sup>	<div>Full cover <sup>(3)</sup></div> <ul style="list-style-type: none"><li>• 1 prior outpatient visit or emergency consultation per confinement / day case procedure (taking place more than 30 days before confinement / day case procedure)</li><li>• All prior outpatient visits or emergency consultations per confinement / day case procedure (within 30 days before confinement / day case procedure)</li><li>• 3 follow-up outpatient visits per confinement / day case procedure (within 90 days after discharge from hospital or completion of day case procedure)</li></ul>					
(l) Psychiatric treatments (Hong Kong only)	Full cover <sup>(3)</sup>					

Benefit items <sup>(1)</sup>	Benefit limit					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
II. Additional benefits						
(a) Hospital companion bed	Full cover <sup>(3)</sup>					
(b) Pregnancy complications <sup>(4)</sup>	Full cover <sup>(3)</sup>					
(c) Private nursing <sup>(4)</sup>	Full cover <sup>(3)</sup> (Maximum 30 days per policy year; maximum 2 visits per day)					
(d) Reconstructive surgery <sup>(4)</sup>	HKD200,000 per policy year			USD25,000 per policy year		
(e) Medical devices	<ul style="list-style-type: none"><li>Specified items: Full cover <sup>(3)</sup></li><li>Other items: HKD200,000 per policy year</li></ul>			<ul style="list-style-type: none"><li>Specified items: Full cover <sup>(3)</sup></li><li>Other items: USD25,000 per policy year</li></ul>		
(f) Emergency outpatient treatment benefit (accident only)	Full cover <sup>(3)</sup>					
(g) Post-confinement/ day case procedure traditional Chinese medicine	Within 90 days after discharge from hospital or completion of day case procedure					
	HKD600 per visit (Maximum 20 visits per policy year; maximum 1 visit per day)			USD75 per visit (Maximum 20 visits per policy year; maximum 1 visit per day)		
(h) Post-confinement/ day case procedure ancillary treatment <sup>(4)</sup>	Within 90 days after discharge from hospital or completion of day case procedure					
	HKD1,000 per visit (Maximum 30 visits per policy year; maximum 1 visit per day)			USD125 per visit (Maximum 30 visits per policy year; maximum 1 visit per day)		
(i) Post-surgery home nursing benefit <sup>(4)</sup>	Within 200 days after discharge from hospital following surgery or completion of day case procedure					
	Full cover <sup>(3)</sup> (Maximum 200 days per policy year)					
(j) Kidney dialysis <sup>(4)</sup>	Full cover <sup>(3)</sup>					

Benefit items <sup>(1)</sup>	Benefit limit					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
II. Additional benefits						
(k) Cardiac rehabilitation benefit <sup>(4)</sup>	Within 90 days after discharge from hospital or completion of day case procedure					
	HKD1,000 per visit (Maximum 10 visits per policy year)			USD125 per visit (Maximum 10 visits per policy year)		
(l) Stroke rehabilitation benefit						
i) Home facility enhancement <sup>(4)</sup>	HKD50,000 per incident			USD6,250 per incident		
ii) Stroke ancillary benefit <sup>(4)</sup>	HKD1,000 per visit (Maximum 30 visits per incident)			USD125 per visit (Maximum 30 visits per incident)		
iii) Disability subsidy	HKD5,000 per month (Maximum 24 months per incident)			USD625 per month (Maximum 24 months per incident)		
(m) Rehabilitative care (Hong Kong only) <sup>(4)</sup>	Within 90 days after discharge from hospital					
	HKD100,000 per policy year (Maximum 60 days per policy year)			USD12,500 per policy year (Maximum 60 days per policy year)		
(n) Hospital cash for confinement at a lower ward level	HKD2,000 per day			USD250 per day		
(o) Day case procedure cash allowance	HKD2,000 per procedure (Maximum 1 procedure per policy year)			USD250 per procedure (Maximum 1 procedure per policy year)		
(p) Hospice care <sup>(4)</sup>	HKD100,000 per policy year			USD12,500 per policy year		
(q) Compassionate death benefit	HKD80,000			USD10,000		
(r) Accidental death benefit	HKD80,000			USD10,000		

# Benefit Summary

Benefit items <sup>(1)</sup>	Benefit limit					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Other limits						
Annual benefit limit for benefit items I(a) - (l) and II(a) - (p)	HKD20,000,000 per policy year			USD2,500,000 per policy year		
Lifetime benefit limit for benefit items I(a) - (l) and II(a) - (p)	Nil					
Deductible for benefit items I(a) - (l), II(a) - (k), (l)(i), (l)(ii), (m) and (p)	-	HKD20,000 per policy year	HKD50,000 per policy year	-	USD2,500 per policy year	USD6,250 per policy year

- Notes:
- (1) Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above unless otherwise specified.
  - (2) "Asia" shall mean Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
  - (3) Full cover shall mean no itemised benefit sub-limit, and the benefit payable shall be subject to the annual benefit limit and lifetime benefit limit.
  - (4) 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 practitioner.
  - (5) 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.
  - (6) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
  - (7) Save and except for the benefit item listed under section 1(e) of the additional benefits endorsement to "Taiping Life VHIS Priority Plan".

## Remarks

- Deductible is a fixed amount of eligible expenses that, in a policy year, the policy holder must pay before the Company shall reimburse the remaining eligible expenses.
- Subject to a designated annual benefit limit, designated benefit limit per visit, a maximum number of visit per day / incident / policy year and/or a designated period after discharge from hospital / completion of day case procedure, whichever applicable. Terms and conditions apply, please refer to "Benefit Summary" section in this brochure for details.
- Deductible is not applicable to the following benefit items: (i) disability subsidy under stroke rehabilitation benefit; (ii) accidental death benefit; (iii) compassionate death benefit; (iv) day case procedure cash allowance; and (v) hospital cash for confinement at a lower ward level.
- Specified relatives include your spouse or children, or the parent, grandparent or siblings of you or your spouse, as defined from time to time under Inland Revenue Ordinance (Chapter 112).
- Asia refers to Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
- The eligible expenses incurred for day case procedure as a result of covered pregnancy complications shall not be payable.
- Psychiatric treatments are covered in Hong Kong only.
- Pre-existing condition(s) means, in respect of the insured person, any sickness, disease, injury, physical, mental or medical condition or physiological degradation, including congenital condition, that has existed prior to the policy issuance date or the policy effective date, whichever is the earlier. Any congenital conditions which have manifested or been diagnosed since the age of 8 will also be covered.
- Reduction in deductible can only be made once during the lifetime of the insured person. However, policy holder can increase the deductible of the policy upon any renewal date, subject to the deductible options available at that time.
- Prevailing terms and conditions as determined by the Company apply. The Company reserves the right to revise the benefit schedule and terms and conditions at the time of renewal. For details, please refer to policy provisions.
- The items of value-added services do not form part of this VHIS certified plan. The value-added services are provided by a third party service provider, which is an independent contractor and is not the Company's agent. The Company shall make no representation, warranty or undertaking as to the availability of any services provided by the service provider. The third party service provider may change the service scopes and terms and conditions from time to time. For details, please visit [http://tplhk.cntaiping.com/en/claims\\_services](http://tplhk.cntaiping.com/en/claims_services).
- For the full list of designated critical illnesses, please visit [http://tplhk.cntaiping.com/en/claims\\_services/second\\_medical\\_treatment](http://tplhk.cntaiping.com/en/claims_services/second_medical_treatment).
- Green channel service is available free of charge once per policy year, which is subject to the approval and requirements as stipulated by the Company.
- For the full list of green channel network hospitals, please visit [http://tplhk.cntaiping.com/en/claims\\_services/free\\_of\\_charge\\_service](http://tplhk.cntaiping.com/en/claims_services/free_of_charge_service).

## Key Product Risks

- Exchange Rate Risk**  
The application of the Plan with the policy currency denominated in a foreign currency is subject to that foreign currency's exchange rate and currency risk. The foreign currency may be subject to the relevant regulatory bodies' control (for example, exchange restrictions). If your home currency is different from the policy currency, please note that any exchange rate fluctuation between your home currency and the policy currency of your policy will have a direct impact on the amount of premiums required and the value of the benefit(s) to be received. For instance, if the policy currency of your policy depreciates substantially against your home currency, the potential loss arising from such exchange rate movement may have a negative impact on your benefits to be received from the policy and your burden of the premium payment. You may browse our website (<http://tplhk.cntaiping.com/en/service-jfbf>) to find out the latest prevailing exchange rate for reference.
- Early Surrender Risk**  
If the policy is terminated or surrendered, there will be no refund of premium paid (except during cooling-off period).
- 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.
- 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.
- 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.
- 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 Administrative 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 will 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.

## Exclusion

Under the terms and benefits, 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 (if so requested by the Company) 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, the exclusion under this entire section 3 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 section 3 of the above applies).

5. Any charges in respect of services for:
  - (a) beautification or cosmetic purposes, unless they are (i) necessitated by injury caused by an accident and the insured person receives the medical services within 90 days of the accident; (ii) reconstructive surgery covered under section 1(d) of part D of the additional benefits endorsement; or (iii) medical devices used during such reconstructive surgery which are covered under section 1(e) of part D of the additional benefits endorsement; 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), immunisation or health supplements. For the avoidance of doubt, this section 6 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 and benefits payable under section 1(f) of part D of the additional benefits endorsement of the terms and benefits. 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; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation 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; unless it is payable under section 1(b) of part D of the additional benefits endorsement of the terms and benefits.
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, unless it is payable under section 1(l)(i) of part D of the additional benefits endorsement of the terms and benefits. 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; unless it is payable under sections 1(g) and 1(l)(ii) of part D of the additional benefits endorsement of the terms and benefits.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised 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 years.
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.

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 Procedures

If you wish to make a claim, you must send us the appropriate form(s) and proofs within 90 days after the insured person is discharged from hospital or (where there is no confinement) the date on which the 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) (86) 95589, or download the forms from our website <http://tplhk.cntaiping.com/en/service-bgxz>, or by visiting our customer service centre.

Termination

The policy will be automatically terminated on the earliest of the following:

- (a) where the policy is terminated due to non-payment of premiums after the grace period; or
- (b) the day immediately following the death of the insured person; or
- (c) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write 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) (86) 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. 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

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### Customer Enquiry

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**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 Priority Plan

### Standard Premium Schedule – Valid from November 2021

All figures in HKD

Basic plan			
Age last birthday	Annual premium	Age last birthday	Annual premium
0 - 18	7,640	59	30,950
19	7,718	60	32,998
20	7,875	61	35,676
21	7,955	62	38,825
22	8,190	63	42,920
23	8,584	64	47,960
24	8,820	65	52,922
25	9,372	66	57,332
26	9,923	67	58,434
27	10,553	68	59,695
28	11,026	69	61,664
29	11,341	70	63,318
30	11,577	71	68,673
31	11,813	72	71,035
32	11,970	73	73,318
33	12,285	74	74,894
34	12,759	75	76,311
35	12,995	76	81,116
36	13,074	77	86,785
37	13,309	78	89,147
38	13,624	79	91,983
39	13,704	80	93,401
40	13,861	81*	97,967
41	14,097	82*	99,858
42	14,413	83*	101,590
43	15,043	84*	103,323
44	15,908	85*	105,135
45	16,775	86*	107,024
46	17,720	87*	108,756
47	18,271	88*	110,410
48	18,979	89*	112,144
49	19,768	90*	114,033
50	20,161	91*	115,844
51	20,948	92*	117,498
52	21,815	93*	119,310
53	22,602	94*	121,199
54	23,626	95*	122,932
55	24,650	96*	124,822
56	26,067	97*	126,398
57	27,721	98*	128,209
58	29,060	99*	130,021

Rider			
Age last birthday	Annual premium	Age last birthday	Annual premium
0 - 18	7,411	59	30,022
19	7,487	60	32,008
20	7,639	61	34,605
21	7,716	62	37,660
22	7,945	63	41,632
23	8,326	64	46,521
24	8,556	65	51,334
25	9,091	66	55,612
26	9,625	67	56,681
27	10,236	68	57,904
28	10,695	69	59,814
29	11,001	70	61,418
30	11,229	71	66,613
31	11,459	72	68,904
32	11,611	73	71,119
33	11,917	74	72,647
34	12,376	75	74,022
35	12,605	76	78,682
36	12,682	77	84,181
37	12,910	78	86,473
38	13,215	79	89,224
39	13,293	80	90,599
40	13,445	81*	95,028
41	13,675	82*	96,862
42	13,980	83*	98,543
43	14,591	84*	100,223
44	15,431	85*	101,981
45	16,272	86*	103,813
46	17,189	87*	105,494
47	17,723	88*	107,098
48	18,410	89*	108,780
49	19,175	90*	110,612
50	19,557	91*	112,369
51	20,320	92*	113,973
52	21,161	93*	115,731
53	21,924	94*	117,563
54	22,917	95*	119,244
55	23,910	96*	121,078
56	25,285	97*	122,606
57	26,889	98*	124,362
58	28,188	99*	126,120

\* For renewal only. The renewal is subject to the terms and conditions of the policy.

## Taiping Life VHIS Priority Plan

### Standard Premium Schedule – Valid from November 2021

All figures in HKD

Basic plan			
Age last birthday	Annual premium	Age last birthday	Annual premium
0 - 18	3,820	59	15,475
19	3,859	60	16,499
20	3,938	61	17,838
21	3,978	62	19,413
22	4,095	63	21,460
23	4,292	64	23,980
24	4,410	65	26,461
25	4,686	66	28,666
26	4,962	67	29,217
27	5,277	68	29,848
28	5,513	69	30,832
29	5,671	70	31,659
30	5,789	71	34,337
31	5,907	72	35,518
32	5,985	73	36,659
33	6,143	74	37,447
34	6,380	75	38,156
35	6,498	76	40,558
36	6,537	77	43,393
37	6,655	78	44,574
38	6,812	79	45,992
39	6,852	80	46,701
40	6,931	81*	48,984
41	7,049	82*	49,929
42	7,207	83*	50,795
43	7,522	84*	51,662
44	7,954	85*	52,568
45	8,388	86*	53,512
46	8,860	87*	54,378
47	9,136	88*	55,205
48	9,490	89*	56,072
49	9,884	90*	57,017
50	10,081	91*	57,922
51	10,474	92*	58,749
52	10,908	93*	59,655
53	11,301	94*	60,600
54	11,813	95*	61,466
55	12,325	96*	62,411
56	13,034	97*	63,199
57	13,861	98*	64,105
58	14,530	99*	65,011

Rider			
Age last birthday	Annual premium	Age last birthday	Annual premium
0 - 18	3,706	59	15,011
19	3,744	60	16,004
20	3,820	61	17,303
21	3,858	62	18,830
22	3,973	63	20,816
23	4,163	64	23,261
24	4,278	65	25,667
25	4,546	66	27,806
26	4,813	67	28,341
27	5,118	68	28,952
28	5,348	69	29,907
29	5,501	70	30,709
30	5,615	71	33,307
31	5,730	72	34,452
32	5,806	73	35,560
33	5,959	74	36,324
34	6,188	75	37,011
35	6,303	76	39,341
36	6,341	77	42,091
37	6,455	78	43,237
38	6,608	79	44,612
39	6,647	80	45,300
40	6,723	81*	47,514
41	6,838	82*	48,431
42	6,990	83*	49,272
43	7,296	84*	50,112
44	7,716	85*	50,991
45	8,136	86*	51,907
46	8,595	87*	52,747
47	8,862	88*	53,549
48	9,205	89*	54,390
49	9,588	90*	55,306
50	9,779	91*	56,185
51	10,160	92*	56,987
52	10,581	93*	57,866
53	10,962	94*	58,782
54	11,459	95*	59,622
55	11,955	96*	60,539
56	12,643	97*	61,303
57	13,445	98*	62,181
58	14,094	99*	63,060

\* For renewal only. The renewal is subject to the terms and conditions of the policy.

## Taiping Life VHIS Priority Plan

### Standard Premium Schedule – Valid from November 2021

All figures in HKD

Basic plan			
Age last birthday	Annual premium	Age last birthday	Annual premium
0 - 18	3,209	59	12,999
19	3,242	60	13,859
20	3,308	61	14,984
21	3,341	62	16,307
22	3,440	63	18,027
23	3,605	64	20,144
24	3,705	65	22,228
25	3,937	66	24,080
26	4,168	67	24,543
27	4,432	68	25,072
28	4,631	69	25,899
29	4,764	70	26,594
30	4,862	71	28,843
31	4,962	72	29,835
32	5,028	73	30,794
33	5,160	74	31,456
34	5,359	75	32,051
35	5,458	76	34,069
36	5,491	77	36,450
37	5,590	78	37,442
38	5,722	79	38,633
39	5,756	80	39,229
40	5,822	81*	41,147
41	5,921	82*	41,941
42	6,054	83*	42,668
43	6,318	84*	43,396
44	6,682	85*	44,157
45	7,046	86*	44,950
46	7,443	87*	45,678
47	7,674	88*	46,373
48	7,972	89*	47,101
49	8,303	90*	47,894
50	8,468	91*	48,655
51	8,799	92*	49,349
52	9,163	93*	50,111
53	9,493	94*	50,904
54	9,923	95*	51,632
55	10,353	96*	52,426
56	10,948	97*	53,087
57	11,643	98*	53,848
58	12,205	99*	54,609

Rider			
Age last birthday	Annual premium	Age last birthday	Annual premium
0 - 18	3,113	59	12,609
19	3,145	60	13,444
20	3,209	61	14,535
21	3,241	62	15,818
22	3,337	63	17,486
23	3,497	64	19,539
24	3,594	65	21,561
25	3,819	66	23,357
26	4,043	67	23,806
27	4,300	68	24,320
28	4,492	69	25,122
29	4,621	70	25,796
30	4,717	71	27,978
31	4,813	72	28,940
32	4,877	73	29,870
33	5,005	74	30,512
34	5,198	75	31,089
35	5,295	76	33,047
36	5,327	77	35,356
37	5,422	78	36,319
38	5,551	79	37,474
39	5,583	80	38,052
40	5,647	81*	39,912
41	5,744	82*	40,682
42	5,872	83*	41,388
43	6,129	84*	42,094
44	6,481	85*	42,832
45	6,834	86*	43,602
46	7,220	87*	44,308
47	7,444	88*	44,981
48	7,732	89*	45,688
49	8,054	90*	46,457
50	8,214	91*	47,195
51	8,535	92*	47,869
52	8,888	93*	48,607
53	9,208	94*	49,377
54	9,626	95*	50,083
55	10,043	96*	50,853
56	10,620	97*	51,495
57	11,294	98*	52,232
58	11,839	99*	52,971

\* For renewal only. The renewal is subject to the terms and conditions of the policy.

## Taiping Life VHIS Priority Plan

### Standard Premium Schedule – Valid from November 2021

All figures in USD

Basic plan			
Age last birthday	Annual premium	Age last birthday	Annual premium
0 - 18	955	59	3,869
19	965	60	4,125
20	985	61	4,460
21	995	62	4,854
22	1,024	63	5,365
23	1,073	64	5,995
24	1,103	65	6,616
25	1,172	66	7,167
26	1,241	67	7,305
27	1,320	68	7,462
28	1,379	69	7,708
29	1,418	70	7,915
30	1,448	71	8,585
31	1,477	72	8,880
32	1,497	73	9,165
33	1,536	74	9,362
34	1,595	75	9,539
35	1,625	76	10,140
36	1,635	77	10,849
37	1,664	78	11,144
38	1,703	79	11,498
39	1,713	80	11,676
40	1,733	81*	12,246
41	1,763	82*	12,483
42	1,802	83*	12,699
43	1,881	84*	12,916
44	1,989	85*	13,142
45	2,097	86*	13,378
46	2,215	87*	13,595
47	2,284	88*	13,802
48	2,373	89*	14,018
49	2,471	90*	14,255
50	2,521	91*	14,481
51	2,619	92*	14,688
52	2,727	93*	14,914
53	2,826	94*	15,150
54	2,954	95*	15,367
55	3,082	96*	15,603
56	3,259	97*	15,800
57	3,466	98*	16,027
58	3,633	99*	16,253

Rider			
Age last birthday	Annual premium	Age last birthday	Annual premium
0 - 18	927	59	3,753
19	936	60	4,001
20	955	61	4,326
21	965	62	4,708
22	994	63	5,204
23	1,041	64	5,816
24	1,070	65	6,417
25	1,137	66	6,952
26	1,204	67	7,086
27	1,280	68	7,238
28	1,337	69	7,477
29	1,376	70	7,678
30	1,404	71	8,327
31	1,433	72	8,613
32	1,452	73	8,890
33	1,490	74	9,081
34	1,547	75	9,253
35	1,576	76	9,836
36	1,586	77	10,523
37	1,614	78	10,810
38	1,652	79	11,153
39	1,662	80	11,325
40	1,681	81*	11,879
41	1,710	82*	12,108
42	1,748	83*	12,318
43	1,824	84*	12,528
44	1,929	85*	12,748
45	2,034	86*	12,977
46	2,149	87*	13,187
47	2,216	88*	13,388
48	2,302	89*	13,598
49	2,397	90*	13,827
50	2,445	91*	14,047
51	2,540	92*	14,247
52	2,646	93*	14,467
53	2,741	94*	14,696
54	2,865	95*	14,906
55	2,989	96*	15,135
56	3,161	97*	15,326
57	3,362	98*	15,546
58	3,524	99*	15,765

\* For renewal only. The renewal is subject to the terms and conditions of the policy.

## Taiping Life VHIS Priority Plan

### Standard Premium Schedule – Valid from November 2021

All figures in USD

Basic plan			
Age last birthday	Annual premium	Age last birthday	Annual premium
0 - 18	478	59	1,935
19	483	60	2,063
20	493	61	2,230
21	498	62	2,427
22	512	63	2,683
23	537	64	2,998
24	552	65	3,308
25	586	66	3,584
26	621	67	3,653
27	660	68	3,731
28	690	69	3,854
29	709	70	3,958
30	724	71	4,293
31	739	72	4,440
32	749	73	4,583
33	768	74	4,681
34	798	75	4,770
35	813	76	5,070
36	818	77	5,425
37	832	78	5,572
38	852	79	5,749
39	857	80	5,838
40	867	81*	6,123
41	882	82*	6,242
42	901	83*	6,350
43	941	84*	6,458
44	995	85*	6,571
45	1,049	86*	6,689
46	1,108	87*	6,798
47	1,142	88*	6,901
48	1,187	89*	7,009
49	1,236	90*	7,128
50	1,261	91*	7,241
51	1,310	92*	7,344
52	1,364	93*	7,457
53	1,413	94*	7,575
54	1,477	95*	7,684
55	1,541	96*	7,802
56	1,630	97*	7,900
57	1,733	98*	8,014
58	1,817	99*	8,127

Rider			
Age last birthday	Annual premium	Age last birthday	Annual premium
0 - 18	464	59	1,877
19	468	60	2,001
20	478	61	2,163
21	483	62	2,354
22	497	63	2,602
23	521	64	2,908
24	535	65	3,209
25	569	66	3,476
26	602	67	3,543
27	640	68	3,619
28	669	69	3,739
29	688	70	3,839
30	702	71	4,164
31	717	72	4,307
32	726	73	4,445
33	745	74	4,541
34	774	75	4,627
35	788	76	4,918
36	793	77	5,262
37	807	78	5,405
38	826	79	5,577
39	831	80	5,663
40	841	81*	5,940
41	855	82*	6,054
42	874	83*	6,159
43	912	84*	6,264
44	965	85*	6,374
45	1,017	86*	6,489
46	1,075	87*	6,594
47	1,108	88*	6,694
48	1,151	89*	6,799
49	1,199	90*	6,914
50	1,223	91*	7,024
51	1,270	92*	7,124
52	1,323	93*	7,234
53	1,371	94*	7,348
54	1,433	95*	7,453
55	1,495	96*	7,568
56	1,581	97*	7,663
57	1,681	98*	7,773
58	1,762	99*	7,883

\* For renewal only. The renewal is subject to the terms and conditions of the policy.

## Taiping Life VHIS Priority Plan

### Standard Premium Schedule – Valid from November 2021

All figures in USD

Basic plan			
Age last birthday	Annual premium	Age last birthday	Annual premium
0 - 18	402	59	1,625
19	406	60	1,733
20	414	61	1,873
21	418	62	2,039
22	430	63	2,254
23	451	64	2,518
24	464	65	2,779
25	493	66	3,010
26	521	67	3,068
27	554	68	3,134
28	579	69	3,238
29	596	70	3,325
30	608	71	3,606
31	621	72	3,730
32	629	73	3,850
33	645	74	3,932
34	670	75	4,007
35	683	76	4,259
36	687	77	4,557
37	699	78	4,681
38	716	79	4,830
39	720	80	4,904
40	728	81*	5,144
41	741	82*	5,243
42	757	83*	5,334
43	790	84*	5,425
44	836	85*	5,520
45	881	86*	5,619
46	931	87*	5,710
47	960	88*	5,797
48	997	89*	5,888
49	1,038	90*	5,987
50	1,059	91*	6,082
51	1,100	92*	6,169
52	1,146	93*	6,264
53	1,187	94*	6,363
54	1,241	95*	6,454
55	1,295	96*	6,554
56	1,369	97*	6,636
57	1,456	98*	6,731
58	1,526	99*	6,827

Rider			
Age last birthday	Annual premium	Age last birthday	Annual premium
0 - 18	390	59	1,577
19	394	60	1,681
20	402	61	1,817
21	406	62	1,978
22	418	63	2,186
23	438	64	2,443
24	450	65	2,696
25	478	66	2,920
26	506	67	2,976
27	538	68	3,040
28	562	69	3,141
29	578	70	3,225
30	590	71	3,498
31	602	72	3,618
32	610	73	3,734
33	626	74	3,814
34	650	75	3,887
35	662	76	4,131
36	666	77	4,420
37	678	78	4,540
38	694	79	4,685
39	698	80	4,757
40	706	81*	4,989
41	718	82*	5,086
42	734	83*	5,174
43	767	84*	5,262
44	811	85*	5,354
45	855	86*	5,451
46	903	87*	5,539
47	931	88*	5,623
48	967	89*	5,711
49	1,007	90*	5,808
50	1,027	91*	5,900
51	1,067	92*	5,984
52	1,111	93*	6,076
53	1,151	94*	6,173
54	1,204	95*	6,261
55	1,256	96*	6,357
56	1,328	97*	6,437
57	1,412	98*	6,529
58	1,480	99*	6,622

\* 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:

Modal factor	Premium mode			
	Annually	Semi-annually	Quarterly	Monthly
	1.0000	0.5172	0.2630	0.0887

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.