

From our hearts to yours



# BOC Life Standard VHIS

a promise of protection that lasts



中銀人壽  
BOC LIFE

您的終身伙伴  
YOUR LIFE PARTNER

BOC Group Life Assurance Company Limited (“BOC Life”) is committed to providing you and your family with the most sincere protection. **BOC Life Standard VHIS** (the “Plan”) is a certified plan that has been registered under the Voluntary Health Insurance Scheme (“VHIS”) and has fulfilled the requirement imposed by Health Bureau towards VHIS’s Standard Plan. The Plan offers guaranteed renewal coverage in basic plan and supplementary rider basis until age 100<sup>(1)</sup> of the Insured Person and both offers hospital protection and pre- and post-Confinement / Day Case Procedure outpatient care cover to Insured Person. You and your beloved one can rest assured with our comprehensive protection.

## Plan Features



### **Guarantee Renewal up to Age 100<sup>(1)</sup>**

The maximum age for application of this Plan is 80. Once the policy is issued, it will be guaranteed Renewable up to age of 100<sup>(1)</sup>, regardless of the eventual changes of your health.



### **No Lifetime Benefit Limit**

Different from counting the benefits limits on per disability basis, most of the benefit items<sup>(2)</sup> under this Plan are paid on per Policy Year basis and no lifetime limit applies. As a result, the Insured Person may receive a higher claims amount under the same disability.



### **Cover for Unknown Pre-existing Conditions and Congenital Disease**

Under this Plan, the Pre-existing Conditions unknown at the time of application will be covered for 25%, 50% and 100% reimbursement for the Eligible Expenses in the 2<sup>nd</sup>, 3<sup>rd</sup> Policy Years and from the 4<sup>th</sup> Policy Year onwards respectively, subject to the benefit limit per item in the Benefit Schedule. In addition, for investigation and treatment of congenital conditions which have been manifested or been diagnosed after the policy issuance and on or after the age of 8 of the Insured Person, the claims arrangement is the same as unknown Pre-existing Conditions.



### **Cover for Pre- and Post-Confinement / Day Case Procedure Outpatient Care<sup>(3)</sup>**

Along with the advancement of medical technology, more medical treatment can be performed through day case surgery such as cataract surgery and endoscopes. This Plan covers outpatient care for pre- and post-Confinement as well as Day Case Procedure<sup>(3)</sup>, enabling you to focus on receiving medical treatment and recovery.



### **Cover for Prescribed Non-surgical Cancer Treatment<sup>(4)</sup>**

The Plan covers radiotherapy, chemotherapy, target therapy, immunotherapy and hormonal therapy for cancer treatment, which helps you to relieve the financial burden.



#### Offer of Other Benefits

The Plan offers special bonus<sup>(5)</sup>, death benefit due to medical negligence<sup>(6)</sup> and compassionate death benefit<sup>(7)</sup>, providing you with extra protection.



#### No Claim Discount<sup>^</sup>

To reward your good health, 15% discount on the Renewal premium for this Plan of the subsequent Policy Year will be given if no benefit is paid or payable under this Plan for a period of three consecutive Policy Years.



#### E-claims Services at Your Fingertips

BOC Life strives for providing convenient policy services to our customers. Under this Plan, the Policy Holder can simply file claims submission via our e-platform and avoid the procedures of filling in and mailing paper-form to us.



#### Certified VHIS-compliant Plan for Tax Deduction Application

The Plan is a certified plan under VHIS. Policy Holders can apply the Plan for themselves or their specified relatives<sup>(8)</sup>. If the Policy Holder is a taxpayer in Hong Kong and fulfils the requirements set under the Inland Revenue Ordinance announced by the Hong Kong Special Administrative Region Government, the Policy Holder can apply for deduction concerning salaries tax or tax under personal assessment on paid qualifying premiums (excluding premium levy) of the policies of certified plans. The maximum deduction for qualifying premiums paid for each Insured Person is HKD8,000 for each assessment year. There is no upper limit on the number of specified relatives<sup>(8)</sup> that are eligible for deduction. For details of tax deductions, please refer to the website of VHIS or website of Inland Revenue Department of HKSAR.

<sup>^</sup>If discount on Renewal premium has been granted but a benefit accrued in respect of the concerned preceding period of three consecutive Policy Years becomes payable afterwards, BOC Life shall recalculate the actual eligible discounted premium. The Policy Holder will upon demand by BOC Life immediately pay the balance in excess of the actual discounted premium in full to BOC Life.

## Plan Summary (Plan certification number: S00022-01-000-02)

<b>Issue Age</b> (Insured Person's attained age)	15 days to age 80
<b>Plan Type</b>	Basic Plan or Supplementary Rider <sup>#</sup>
<b>Protection Period</b>	1 year and guaranteed Renewable, up to age 100 <sup>(1)</sup>
<b>Policy Currency</b>	HKD
<b>Premium Payment Mode</b>	Annually / Semi-annually / Quarterly / Monthly
<b>Area of Coverage</b>	Worldwide coverage (except psychiatric treatments)
<b>Room Type</b>	No restriction

<sup>#</sup>Application for this Plan as a supplementary rider must be attached to a basic plan designated by BOC Life.

# Benefit Schedule

Benefit items <sup>(2)</sup>	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 <sup>(3)</sup>	\$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 category for the surgery / procedure in the Schedule of Surgical Procedures <sup>(9)</sup> )	
• Complex	\$50,000
• Major	\$25,000
• Intermediate	\$12,500
• Minor	\$5,000
(g) Anaesthetist's fee	35% of Surgeon's fee payable <sup>(10)</sup>
(h) Operating theatre charges	35% of Surgeon's fee payable <sup>(10)</sup>
(i) Prescribed Diagnostic Imaging Tests <sup>(3), (11)</sup>	\$20,000 per Policy Year, subject to 30% Coinsurance <sup>(12)</sup>
(j) Prescribed Non-surgical Cancer Treatments <sup>(4)</sup>	\$80,000 per Policy Year
(k) Pre- and post-Confinement / Day Case Procedure outpatient care <sup>(3)</sup>	<ul style="list-style-type: none"> <li>• \$580 per visit, up to \$3,000 per Policy Year</li> <li>• 1 prior outpatient visit or Emergency consultation per 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 <sup>(13)</sup>	\$30,000 per Policy Year
<b>Other limits</b>	
Annual Benefit Limit for benefit items (a) – (l)	\$420,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) – (l)	Nil
<b>Other benefit</b>	
1. Special bonus <sup>(5)</sup>	\$200 per day; maximum 90 days per Policy Year
2. Death benefit due to medical negligence <sup>(6)</sup>	\$100,000
3. Compassionate death benefit <sup>(7)</sup>	\$5,000

## Notes:

- The benefit items (a) – (l) and Other Benefits as stated in the Benefit Schedule are guaranteed renewable until age 100 as long as the requirements as stated in the renewal provisions of the Terms and Benefits of the Plan are met.
- Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- BOC Life 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.
- Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- If the Terms and Benefits of the Plan are claimed after any reimbursement has been paid by other insurance companies other than BOC Life or Bank of China Group Insurance Company Limited, BOC Life will pay a special bonus for each day of Confinement.
- This benefit as shown in the Benefit Schedule shall be payable to the Beneficiary provided that (a) the death occurs within 30 days of such recorded and proven incident constituting such negligence; and (b) a public admission of such negligence and liability therefor is made by the Hospital concerned and verified and confirmed by the relevant government authority, a court of law, coroner's inquest of the Medical Council of Hong Kong or a body equivalent standing which oversees the authorisation or registration of healthcare professionals in jurisdictions outside Hong Kong; and (c) the death is independent of any other cause.
- If the Insured Person commits suicide, while sane or insane at the material time, within one (1) year from the Policy Effective Date of the Terms and Benefits of the Plan, no compassionate death benefit shall be payable.
- Specified relatives include spouse, child, Policy Holder's or Policy Holder's spouse's parents, grandparents or siblings, but they must be the holders of Hong Kong Identity Card and meet the designated age requirements in order to be eligible for tax deduction. For detailed definition, please refer to "Inland Revenue Ordinance" (Cap.112 of the Laws of Hong Kong). If you need any tax advice, please consult your tax consultant. The Policy Holder and the Insured Person must meet the insurable interest requirements set by BOC Life and complete the "Insurable Interest Declaration Form" at the time of application (if applicable). For details, please contact your Financial Consultants.
- For the classification of surgery, please refer to Schedule of Surgical Procedures in the policy.
- The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower
- 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.
- Coinsurance means a percentage of Eligible Expenses the Policy Holder must contribute after paying the Deductible (if any) in a Policy Year. For the avoidance of doubt, Coinsurance does not refer to any amount that the Policy Holder is required to pay if the actual expenses exceed the benefit limits under these Terms and Benefits.
- This benefit shall be payable in lieu of other benefit items (a) – (k). Where a Confinement is not solely for the purpose of psychiatric treatments, this benefit shall only be payable for the Eligible Expenses charged on the medical services related to psychiatric treatments.

## Act now!

Please contact your Financial Consultants for details of the Plan.

 **Enquiry Hotline: (852) 2862 9888**

 **Website: [www.boclif.com.hk](http://www.boclif.com.hk)**

**Notes:** This Plan is a certified plan that has been registered under VHIS and has fulfilled the requirement imposed by Health Bureau towards VHIS's Standard Plan. This Plan does not include any guaranteed cash value, dividend or maturity benefit. The benefits will only be paid according to insured event when the Insured Person suffers from insured event. No premium will be refunded whenever the policy is surrendered or coverage ends.

### Important notes

- The Plan is underwritten by BOC Life.
- BOC Life is authorised and regulated by Insurance Authority to carry on long term business in the Hong Kong Special Administrative Region of the People's Republic of China ("Hong Kong").
- BOC Life reserves the right to decide at its sole discretion to accept or decline any application for the Plan according to the information provided by the proposed Insured Person and the applicant at the time of application.
- The Plan is subject to the formal policy documents and provisions issued by BOC Life. Details of the coverage of the Plan are subject to the terms and conditions stipulated in the policy by BOC Life. Please refer to the policy documents for the details of the insured items and coverage, provisions and exclusions.
- BOC Life reserves the right to amend the Terms and Benefits of the certified plan subject to the prior approval and re-certification by the Health Bureau. The promotion materials have been prepared in both English and Chinese. Both English and Chinese versions are official versions and neither one shall prevail over the other. Any inconsistency shall be interpreted in favour of the Policy Holder. BOC Life also reserves the right to adjust the standard premium at each policy Renewal on a Portfolio basis.
- Policy Holders may make use of alternative dispute resolution means, including but not limited to mediation and adjudication through the Insurance Complaints Bureau, and other means of mediation and arbitration as mutually agreed between Policy Holders and BOC Life, before a dispute is referred to a Hong Kong court.

### Other Key risks

#### Key Exclusions

BOC Life may impose Case-based Exclusion(s) to a particular sickness or disease to the Terms and Benefits by reason of a Pre-existing Condition or other factor that affects the insurability of the Insured Person notified to BOC Life in the application and any subsequent information or document submitted to BOC Life for the purpose of the application. Eligible Expenses subject to the Case-based Exclusion(s) (if any) will not be payable.

The following is for reference only. For full details of exclusions, please refer to the Terms and Conditions.

Under these Terms and Benefits, BOC Life 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 these 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 five (5) years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Effective Date.  
However, the exclusion under this section 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 these 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 this Part 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 ninety (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), 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. 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.
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 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 eight (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.

#### **Pre-existing Condition(s)**

Eligible Expenses arising from Pre-existing Condition(s) that are notified to BOC Life in the Application and subsequent information or document submitted to BOC Life for the purpose of the application, including any updates of and changes to such requisite information, subject to the Case-based Exclusion(s) (if any), shall be payable in accordance with these Terms and Benefits. BOC Life may impose Case-based Exclusion(s) to these Terms and Benefits by reason of a Pre-existing Condition or other factor that affects the insurability of the Insured Person notified to BOC Life in the Application and any subsequent information or document submitted to BOC Life for the purpose of the application, including any updates of and changes to such requisite information. For the avoidance of doubt, BOC Life shall not have the right to re-underwrite or terminate these Terms and Benefits where the Policy Holder and / or Insured Person was not aware and would not reasonably have been aware of the Pre-existing Condition(s) at the time of submission of Application, including any updates of and changes to the required information.

#### **Waiting Period**

Waiting period is not applicable to this Plan. Eligible Expenses shall be payable by BOC Life in accordance with the Terms and Benefits of this Plan for the unknown Pre-existing Conditions and investigation and treatment of congenital disease that have been manifested or diagnosed on or after the age of 8 of the Insured Person, subject to the following waiting period and reimbursement arrangement.

<b>Policy Year</b>	<b>Coverage (% of Eligible Expenses)</b>
1 <sup>st</sup>	0%
2 <sup>nd</sup>	25%
3 <sup>rd</sup>	50%
4 <sup>th</sup> and onwards	100%

#### **Premium Calculation**

The payable premiums under this Plan at the time of application and Renewal are determined based on the following factors (if applicable), including but not limited to: gender, issue age, attained age and smoking status and it is not guaranteed to remain unchanged. BOC Life reserves the right to review and adjust the premiums payable upon Renewal, including but not limited to the gap between actual experience and current expectations

Please refer to the product page of this Plan on the website of BOC Life (<http://www.boclif.com.hk>) for the latest premium schedule.

#### **Premium Adjustment**

BOC Life shall have the right to adjust the Standard Premium according to the latest premium schedule of this Plan upon Renewal. For the avoidance of doubt, BOC Life shall adjust the premium on a Portfolio basis. If the Premium Loading is set as a percentage of the Standard Premium (i.e. rate of Premium Loading), the amount of Premium Loading payable shall be automatically adjusted according to the change in Standard Premium.

#### **Premium Payment**

Policy Holder should pay the policy premium before premium due date. If the premium cannot be settled before the grace period defined by BOC Life (within 31 days after premium due date), the policy may be terminated or invalid upon the premium due date. BOC Life will not settle any compensation before the payable premium has been settled.

#### **Other insurance coverage**

If the Policy Holder has taken out other insurance coverage besides this Certified Plan, the Policy Holder shall have the right to claim under any such other insurance coverage or this Certified Plan. However, if the Policy Holder or the Insured Person has already recovered all or part of the expenses from any such other insurance coverage, BOC Life shall only be liable for such amount of Eligible Expense, if any, which is not compensated by any such other insurance coverage.

#### **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 BOC Life 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, BOC Life 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.

#### **Misstatement of Personal Information and Misrepresentation or fraud**

Except in case of misrepresentation of health related information or fraud, if the misstatement of non-health related personal information of Insured Person (including but not limited to age, sex or smoking habit) may impact the risk assessment by BOC Life, the relevant Insured Person can still entitled to the protection provided by the policy, but BOC Life has the right to adjust the premium as from the Policy Effective Date according to the accurate information. However, if based on the correct information of the Insured Person and BOC Life's underwriting guidelines, BOC Life considers that the application of the Insured Person should have been rejected, BOC Life shall have the right to declare this Policy void as from the Policy Effective Date.

Policy Holder should declare to the best of the knowledge and belief that all the statements and answers are full, complete and true. Policy Holder should understand and agree that if any of the statements and answers given in the application form are inaccurate or any material facts are not disclosed, BOC Life shall reserve the rights to cancel the policy or to re-issue the policy with changes even after the policy has been issued.

#### **Policy Renewal**

Unless BOC Life has ceased to have the requisite authorization under the Insurance Ordinance to write these Terms and Benefits, or has ceased to maintain its registration with the Government as a VHIS provider, otherwise Renewal shall be arranged automatically with the Terms and Benefits no less favorable than the latest version of the Standard Plan Terms and Benefits published by the Government at the time of Renewal, and guaranteed Renewable until the age of 100 of Insured Person. BOC Life should acknowledge the Policy Holder by written Renewal notice not less than 30 days before policy Renewal date.

Any revision of the Terms and Benefits of the Plan is subject to prior approval by the Health Bureau. If BOC Life revises the Terms and Benefits of the Plan upon Renewal, BOC Life shall make available the revised Terms and Benefits to the Policy Holder together with the written Renewal notice.

- ~ The benefit items (a) – (l) and Other Benefits as stated in the Benefit Schedule are guaranteed renewable until age 100 as long as the requirements as stated in the renewal provisions of the Terms and Benefits of the Plan are met.

#### **Claims Application**

All claims together with all required documents and information shall be submitted to BOC Life within 90 days after the date on which the Insured Person is discharged from the Hospital, or (where there is no Confinement) the date on which the relevant Medical Service is performed and completed, otherwise a claim shall be deemed not valid or complete and benefit shall not be payable.

#### **Claimable amount estimate**

The Policy Holder has to complete Part A and Part B of the "Estimated Claimable Amount form" and deliver to BOC Life 5 working days before the Insured Person is admitted to hospital or receives Day Case Procedure for an estimation on the amount that may be claimed according to the Terms and Benefits of the Plan. The estimation is for reference only and does not constitute a liability. The final claimable amount should be subject to the Terms and Benefits of the Plan.

Please download the "Estimated Claimable Amount form" at the website of BOC Life (<http://www.boclif.com.hk>).

#### **Cancellation rights and refund of premium(s) and levy within cooling-off period**

Policy Owner has the right to cancel the policy/application form and obtain a refund of any premium(s) and the levy paid, which are collected by BOC Life on behalf of the Insurance Authority according to the relevant requirements, less any difference caused by exchange rate fluctuation, where applicable, by giving a written notice to BOC Life. Policy Owner understands that to exercise this right, the notice of cancellation must be signed by the Policy Owner and received directly by BOC Life's Principal Office at 13/F, 1111 King's Road, Taikoo Shing, Hong Kong within the Cooling-off Period. Policy Owner understands that the Cooling-off Period is the period of **21 calendar days** immediately following either the day of the delivery of the policy or the Cooling-off Notice to the Policy Owner or the representative nominated by the Policy Owner (whichever is the earlier). Policy Owner understands that BOC Life will indicate the last day of the Cooling-off period in the Cooling-off Notice and text message issued to the Policy Owner (if applicable), if the last day of the Cooling-off Period as indicated in the Cooling-off Notice and the text message (if applicable) is not a working day, the period shall include the next working day. Policy Owner understands that the Cooling-off Notice is a notice that will be sent to the Policy Owner or the nominated representative of the Policy Owner by BOC Life to notify the Policy Owner of the Cooling-off Period around the time the policy is delivered. In addition, the Policy Owner understands that no refund of premium(s) and the levy can be made if a claim payment under the policy has been made to the Policy Owner prior to the request for the cancellation.

#### **Termination of Policy**

This Policy shall be automatically terminated on the earliest of the followings:

- (i) The day immediately following the death of the Insured Person; or
- (ii) If the premium is still unpaid in full at the expiration of the grace period, this Policy shall be terminated immediately on the date on which the unpaid premium is first due; or
- (iii) BOC Life has ceased to have the requisite authorization under the Insurance Ordinance to write or continue to write this Policy.

#### **Cancellation**

After the cooling-off period, the Policy Holder can request cancellation of these Terms and Benefits by giving thirty (30) days prior written notice to BOC Life, provided that there has been no benefit payment under these Terms and Benefits during the relevant Policy Year. The cancellation right under this Section shall also apply after these Terms and Benefits have been Renewed upon expiry of its first (or subsequent) Policy Year.

**Inflation Risks**

The coverage will remain the same during the policy period, but inflation may lead to an increase in medical expenses in the future.

**Migration arrangement**

Should you have any enquiries related to migration arrangement, please contact BOC Life Customer Service.

**Levy collection arrangement**

Insurance companies collect levies from Policy Holder on behalf of the Insurance Authority according to relevant requirement. For your convenience, levy will be collected together with the premium via the same manner (including automatic premium loan (if applicable)) whenever BOC Life collects premium from you.

**Enquiry and complaint**

Should you have any enquiries or you would like to file a complaint regarding the Plan, you may contact BOC Life customer service hotline at 2862 9888 or email to [cs@boclif.com.hk](mailto:cs@boclif.com.hk).

**Important Notice:**

**The Plan is a standalone certified plan under the VHIS. You have an option to apply for the Plan as a basic plan or supplementary rider of other basic plan(s) designated by BOC Life.**

**The product information does not contain the full terms of the policy and the full terms can be found in the policy documents.**

This promotion material is for reference only and is intended to be distributed in Hong Kong only. It shall not be construed as an offer to sell or a solicitation of an offer or recommendation to purchase or sale or provision of any products of BOC Life outside Hong Kong. Please refer to the sales documents, including product brochure, benefit illustration and policy documents and provisions issued by BOC Life for details (including but not limited to insured items and coverage, detailed terms, key risks, conditions, exclusions, policy costs and fees) of the Plan. For enquiry, please contact your Financial Consultants.

This promotion material is published by BOC Life.