

第一補充文件

(適用於保泰自願醫保 – 標準計劃)

本第一補充文件（「本補充文件」）為本**認可產品**之**條款及細則**及**保障表**的**補充文件**。本補充文件的用意在於列明本**認可產品**於**條款及細則**第六部份第 3 節之外增設的附加保障之條文。

除於本補充文件內另行釋義外，本補充文件內以斜體標註的詞彙需以**條款及細則**所載涵意詮釋。

1. 其他保障

(a) **完全及永久失去自理能力**入息保障

完全及永久失去自理能力的釋義

(i) 就本 1(a)段而言，「**完全及永久失去自理能力**」是指**受保人**最少連續六(6)個月失去進行

下列日常生活活動中的任何三(3)項或以上的能力–

(aa) 移動：自行從一張椅子、床或輪椅起身或坐 / 躺下，無需他人協助；

(bb) 行動：自行在室內的平地上從一間房間移動至另一間房間，無需他人協助；

(cc) 如廁：自發控制膀胱及大腸功能，以保持個人衛生；

(dd) 穿衣：自行穿著及除掉一切所需衣物、矯正或保護器具、義肢及其他手術器具，無

需他人協助；

本頁內容屬於自願醫保認可產品(編號:S00023)的條款及保障。

(ee) 洗澡 / 淋浴：自行在浴缸或淋浴間進行沐浴或淋浴（包括進出浴缸或淋浴間）或使用其他方式洗澡，無需他人協助；

(ff) 進食：自行進食食物，無需他人協助，

而在緊接導致以下(ii)(aa)項所述**住院**的原因發生前，**受保人**必須能夠進行相關日常生活活動。

資格

(ii) 一旦符合以下(aa)、(bb)、(cc)及(dd)項列出的條件時，**本公司**將就本保障向**保單持有人**作出賠償：

(aa) **受保人**曾經**住院**或已經出院；

(bb) **受保人**在導致以上(aa)項所述的**住院**的原因發生起計的八(8)個月內，**完全及永久失去自理能力**；

(cc) **受保人完全及永久失去自理能力**與導致以上(aa)項所述的**住院**的原因（包括其併發症）直接有關，及非涉及任何其他原因；

(dd) **註冊醫生**經過審慎的專業判斷，認為符合以上(aa)、(bb)及(cc)項列出的條件，並以書面證明。

支付賠償

- (iii) 一旦符合以上(ii)列出的全部條件，**本公司**將就本保障作出首次賠償。為免存疑，首次賠償的最早時間為以上(i)所述的失去進行日常生活活動能力的連續六(6)個月之後。
- (iv) **本公司**將於**保障表**列明的整段時間就本保障作出賠償。為免存疑，即使**受保人**於**保障表**列明的期間身故，本保障的賠償仍將於該整段時間持續支付予**保單持有人**或**保單持有人**的遺產（如適用）。

**SUPPLEMENT NO. 1
(FOR BOWTIE VTHIS STANDARD)**

This Supplement No. 1 (“this Supplement”) is a Supplement to the Terms and Conditions and the Benefit Schedule of this Certified Plan. The purpose of this Supplement is to set out the provisions of the supplementary benefits provided under this Certified Plan, in addition to those benefits under Section 3 of Part 6 of the Terms and Conditions.

Unless otherwise defined in this Supplement, all capitalized terms used in this Supplement will have the meanings ascribed to them in the Terms and Conditions.

1. Other benefits covered

(a) Total and Permanent Incapacity income benefit

Definition of Total and Permanent Incapacity

- (i) For the purpose of this Section 1(a), “Total and Permanent Incapacity” means the Insured Person's incapacity to perform any three (3) or more of the following activities of daily living for at least six (6) consecutive months –
 - (aa) transfer: getting in and out of a chair, bed or wheelchair on his own and without requiring the assistance of other person(s);
 - (bb) mobility: moving from room to room on level surfaces on his own and without requiring the assistance of other person(s);
 - (cc) toileting: voluntarily controlling bladder and bowel functions so as to maintain personal hygiene;
 - (dd) dressing: putting on and taking off all necessary clothing, correctional or protective braces, artificial limbs and other surgical appliances on his own and without requiring the assistance of other person(s);
 - (ee) bathing/washing: washing oneself in a bath or shower (including getting in or out of the bath or shower) or washing oneself by any other means on his own and without requiring the assistance of other person(s);
 - (ff) eating: feeding oneself on food on his own and without requiring the assistance of other person(s),

and the Insured Person must be capable to perform the relevant activities of daily living immediately prior to the cause of the Confinement referred to in item (ii)(aa) below.

Eligibility

- (ii) The Company shall pay this benefit to the Policy Holder once the conditions set out in items (aa), (bb), (cc) and (dd) below are satisfied:
 - (aa) the Insured Person has been Confined or discharged from Confinement;
 - (bb) the Insured Person suffers from Total and Permanent Incapacity within eight (8) months after the occurrence of the cause of the Confinement referred to in item (aa) above;
 - (cc) the Insured Person's Total and Permanent Incapacity is directly related to and as a result of the same cause (including any and all complications therefrom) of the Confinement referred to in item (aa) above and is independent of any other cause;
 - (dd) as evidenced in writing, a Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that the conditions set out in items (aa), (bb) and (cc) above are satisfied.

Benefit payment

- (iii) The Company shall make the first payment under this benefit once all the conditions set out in (ii) above are satisfied. For the avoidance of doubt, the earliest time the first payment will be made is after the six (6) consecutive months of incapacity to perform the activities of daily living noted in (i) above.
- (iv) The Company shall pay this benefit for the entire period stated in the Benefit Schedule. For the avoidance of doubt, even if the Insured Person dies within the period stated in the Benefit Schedule, payments under this benefit will still continue to be paid for that entire period to the Policy Holder or the Policy Holder's estate (if applicable).