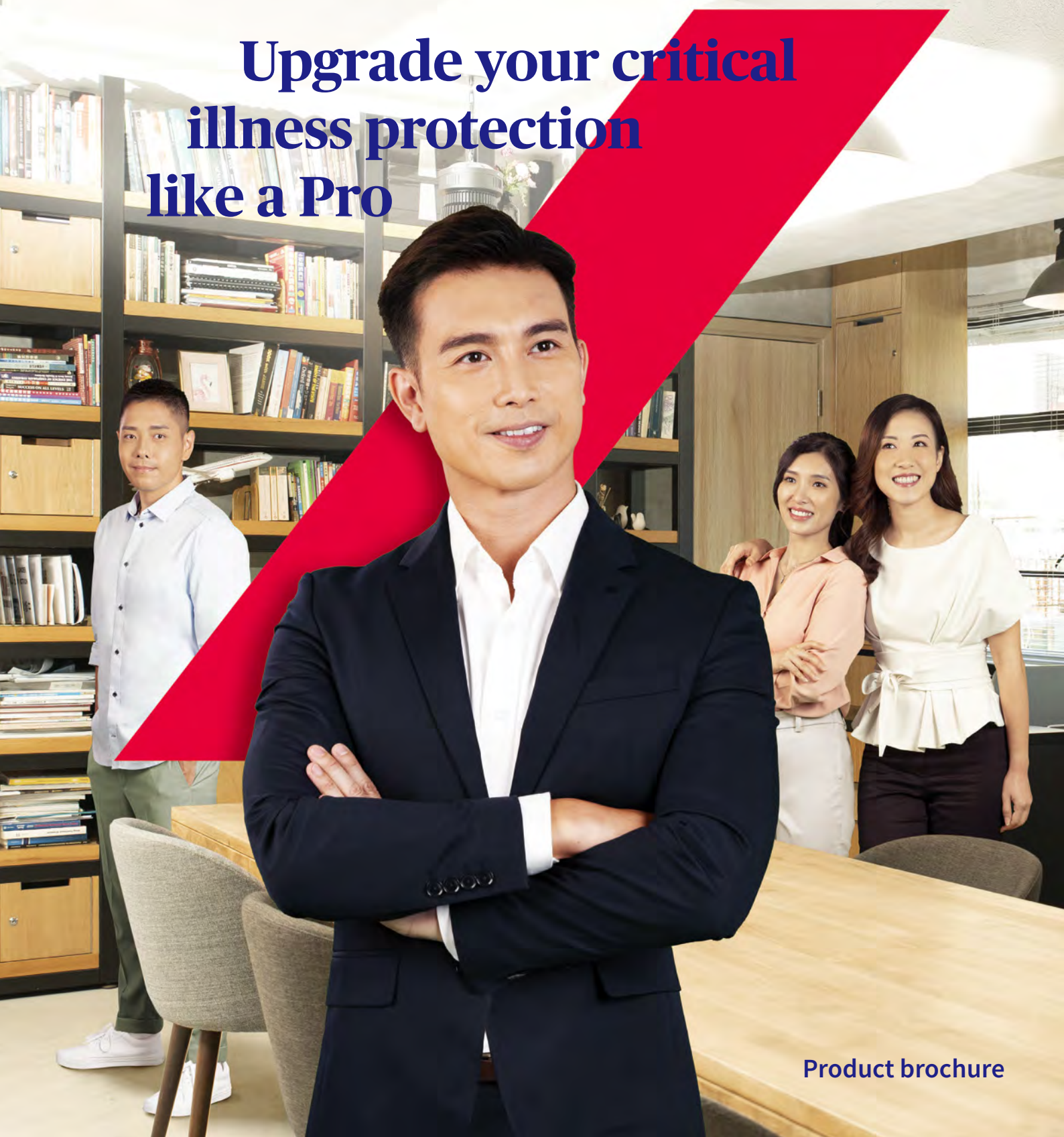




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Critical Illness Protection
MultiPro Critical Illness Plan
MultiPro Plus Critical Illness Plan

**Upgrade your critical
illness protection
like a Pro**



Product brochure

MultiPro Critical Illness Plan

MultiPro Plus Critical Illness Plan

You know how important it is to prioritise your future planning. The good thing is that you started early with critical illness protection instead of waiting until too late. But as medical technology continues evolving and bring more promising prospect to people in need, have you ever felt left behind with protection that may be outdated or no longer enough? As your trusted partner, AXA empowers you to upgrade your existing critical illness protection like a Pro.

Scan to watch
the product video



With level premiums and a limited payment term, AXA's **MultiPro Critical Illness Plan** ("MultiPro") / **MultiPro Plus Critical Illness Plan** ("MultiPro Plus") offers budget-friendly cover for the protection gap which might exist if your existing critical illness protection plan terminates upon a one-off major illness claim. Moreover, if you have not made any claims under **MultiPro** / **MultiPro Plus** by policy maturity, we'll refund 100% of the total premiums paid¹.

Your existing
critical illness
protection from
AXA or any
other insurance
company

+



MultiPro / MultiPro Plus

Highlights



First claim protection against
62 major illnesses



Your strongest back-up when Cancer strikes
• Up to 2 additional claims for Cancer; or
• Continuous Cancer payout for up to 4 years



1 additional claim each for Heart Attack
and Stroke (available to **MultiPro Plus** only)



100% refund of the total premiums paid¹
if no benefit has been claimed as at
policy maturity



All future premiums waived after the
first major illness claim

How to form a perfect protection combo
Like a Pro



First claim protection against 62 major illnesses

On top of any major illness benefit you may receive from your existing critical illness plan, **MultiPro / MultiPro Plus** provides first claim protection against 62 major illnesses up to age 85² of the insured. If the insured is diagnosed with one of the covered major illnesses, we will pay the Refund of Premium Benefit, the amount of which is equivalent to 100% of the total premiums paid¹.



Once the Refund of Premium Benefit becomes payable, we will waive all future premiums from the next premium due date so you can focus on what's most important – your recovery.



Your strongest back-up when Cancer strikes

Medical breakthroughs are leading to improved survival rates and better patient outcomes – but longer lifespans could leave more room for a recurrence, or even a new Cancer.

After the Refund of Premium Benefit becomes payable for any major illnesses, **MultiPro / MultiPro Plus** will continue to cover the insured against Cancer up to age 85² under the following benefits:



Multiple Claims Major Illness Benefit³ (for Cancer)

If the insured is unfortunately diagnosed with Cancer, we will pay 100% of the sum insured⁴ of your **MultiPro / MultiPro Plus** policy for each eligible Cancer claim. You can claim up to 2 times for Cancer under the Multiple Claims Major Illness Benefit³.

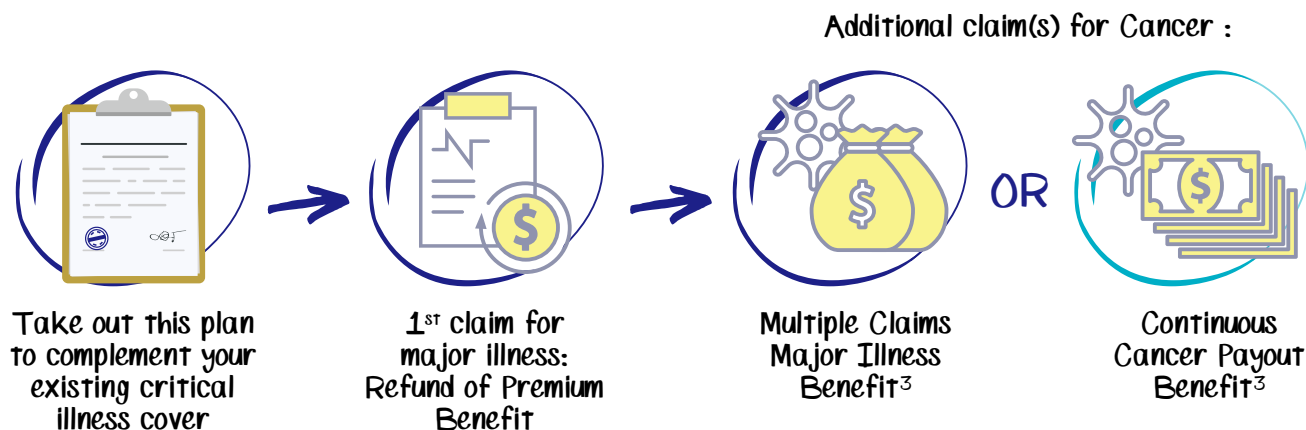


Continuous Cancer Payout Benefit³ option with a waiting period of just 1.5 years

Alternatively, you can choose to receive the Continuous Cancer Payout Benefit³ instead of the Multiple Claims Major Illness Benefit³ as your long-term monthly financial support to ease the burden of living during your recovery.

When the Refund of Premium Benefit (or a Multiple Claims Major Illness Benefit³) has been paid for Cancer (“preceding Cancer”) and the insured is then diagnosed of Cancer again (whether a new Cancer or a recurrence, metastasis or continuation of any Cancer) (“later Cancer”), you can choose to receive the Continuous Cancer Payout Benefit³ instead. We will pay monthly payments which is equal to 5% of the sum insured⁴, for up to 4 years on a continuous basis, equipping you with long-term financial support in your battle against Cancer.

The aggregate amount of all benefits paid and payable for eligible claims of Cancer under the Continuous Cancer Payout Benefit³ and Multiple Claims Major Illness Benefit³ shall not exceed 240% of the sum insured⁴.

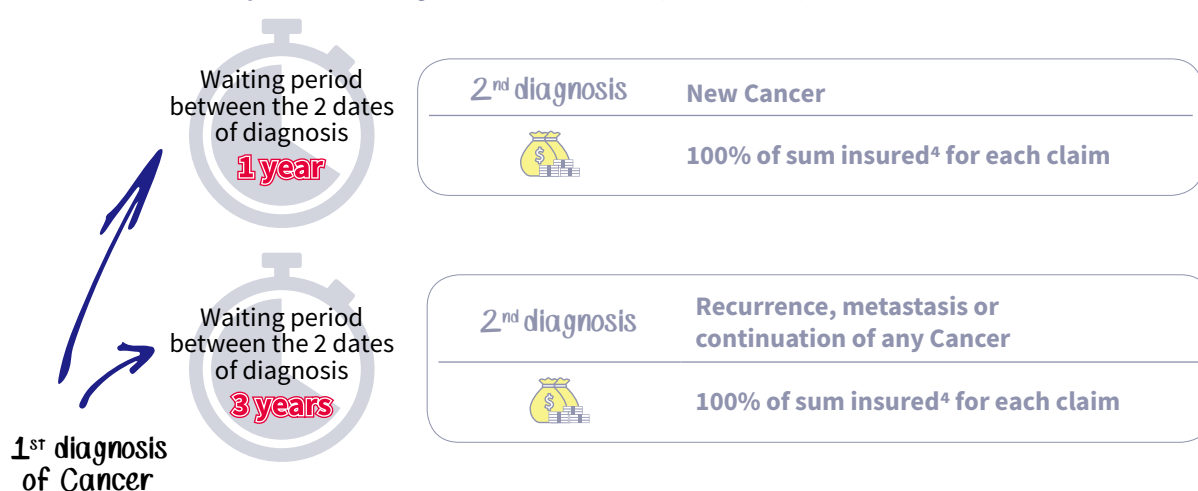


Tips from a Pro

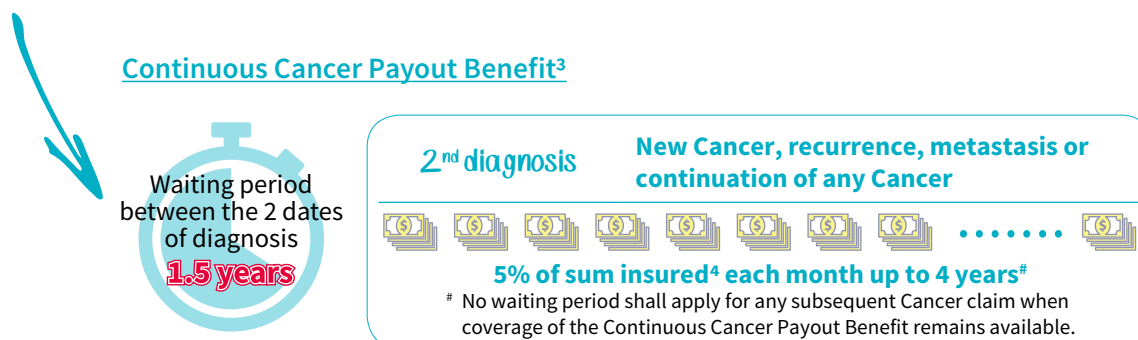
- Once the Continuous Cancer Payout Benefit³ has been paid for any period, no Multiple Claims Major Illness Benefit³ shall be payable for any Cancer.
- Should you opt for Continuous Cancer Payout Benefit³, you are required to submit report every 6 months confirming the existence of Cancer and you are treated with on-going Cancer Treatment⁵ as at the date of the report.

For recurrence, metastasis, continuation of any Cancer, the Continuous Cancer Payout Benefit³ option requires a **shorter waiting period of just 1.5 years** and the eligibility of claims for later Cancer are subject to waiting period requirements as set out in the graph below.

Multiple Claims Major Illness Benefit³ (for Cancer)



Continuous Cancer Payout Benefit³



Risk of Heart Attack / Stroke recurrence

about 1 in 5 people who have had a heart attack will be readmitted to the hospital for a second one within 5 yearsⁱ



Heart Attack
1 in 5

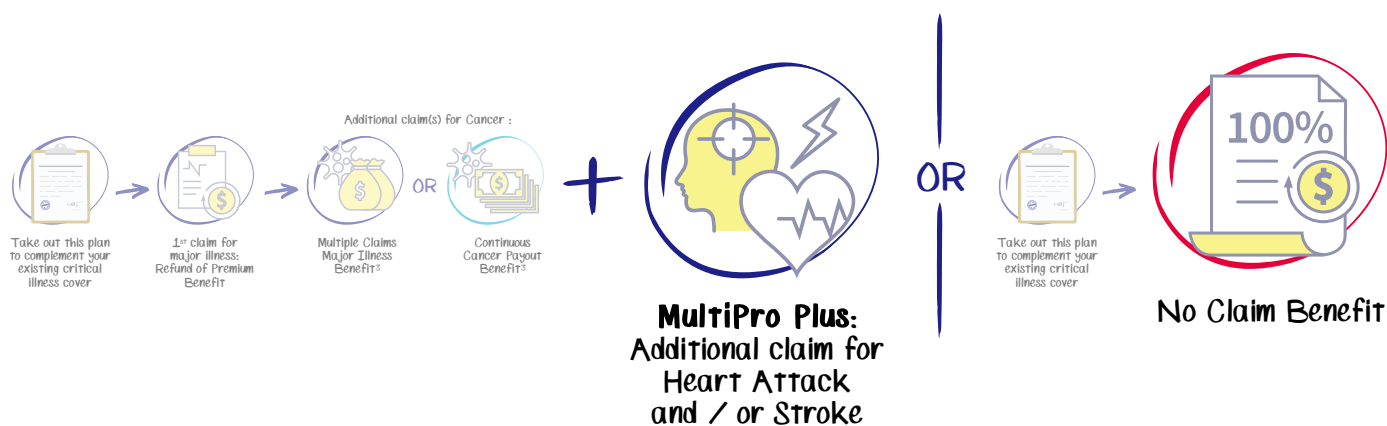
about 2 in 5 people who survived a first stroke will have a second stroke within 5 yearsⁱⁱ



Stroke
2 in 5

Source of information:
i. American Heart Association News on 4 April 2019, <https://www.heart.org/en/news/2019/04/04/proactive-steps-can-reduce-chances-of-second-heart-attack>
ii. Chen Y, Wright N, Guo Y, et al. Mortality and recurrent vascular events after first incident stroke: a 9-year community-based study of 0.5 million Chinese adults. *Lancet Glob Health*. 2020;8(4):e580-e590. doi:10.1016/S2214-109X(20)30069-3

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1 additional claim each for Heart Attack and Stroke (available to MultiPro Plus only)

Under **MultiPro Plus**, you can make 1 extra claim for each of the 2 common major illnesses – Heart Attack and Stroke under Multiple Claims Major Illness Benefit³ – providing enhanced protection up to age 85² of the insured. Each payout under the Multiple Claims Major Illness Benefit³ is equal to 100% of the sum insured⁴.

You can find out more about the claim condition in the **To know more** section below.

MultiPro

Cancer claims including Multiple Claims Major Illness Benefit³ & Continuous Cancer Payout Benefit³ up to

240%

of sum insured⁴ per policy

MultiPro Plus

Heart Attack x 1 claim (100% of sum insured⁴)
Stroke x 1 claim (100% of sum insured⁴)

Cancer claims up to 240% of sum insured⁴ including Multiple Claims Major Illness Benefit³ & Continuous Cancer Payout Benefit³

Totally up to
440%
of sum insured⁴ per policy



No Claim Benefit

If no benefit has been paid or becomes payable upon the policy maturity, we will pay the policy owner a No Claim Benefit equal to 100% of total premiums paid¹ to celebrate good health of the insured.

Level premium

For easy budgeting, premiums for **MultiPro** / **MultiPro Plus** will remain level during your premium payment term and will not increase subsequently based on the insured's attained age. However, premium rates are not guaranteed.

Please refer to **Premium adjustment** under the **Important information** section for details.

Death benefit

The designated beneficiary will receive an amount equivalent to 100% of the total premiums paid¹ as the death benefit, in the unfortunate event that the insured passes away. Death benefit is only available provided that no benefit under the Refund of Premium Benefit has been paid or becomes payable.

Index-linked Increase Endorsement^{6,7}

Our Index-linked Increase Endorsement^{6,7} which may be attached to your policy allows you to guard against the pressure of inflation with extra premiums. While this endorsement is in effect, the sum insured⁴ will automatically increase every year. The rate of increase will be determined with reference to rises in the consumer price index, subject to a minimum rate as determined by us from time to time.



Extended Grace Period Benefit⁸

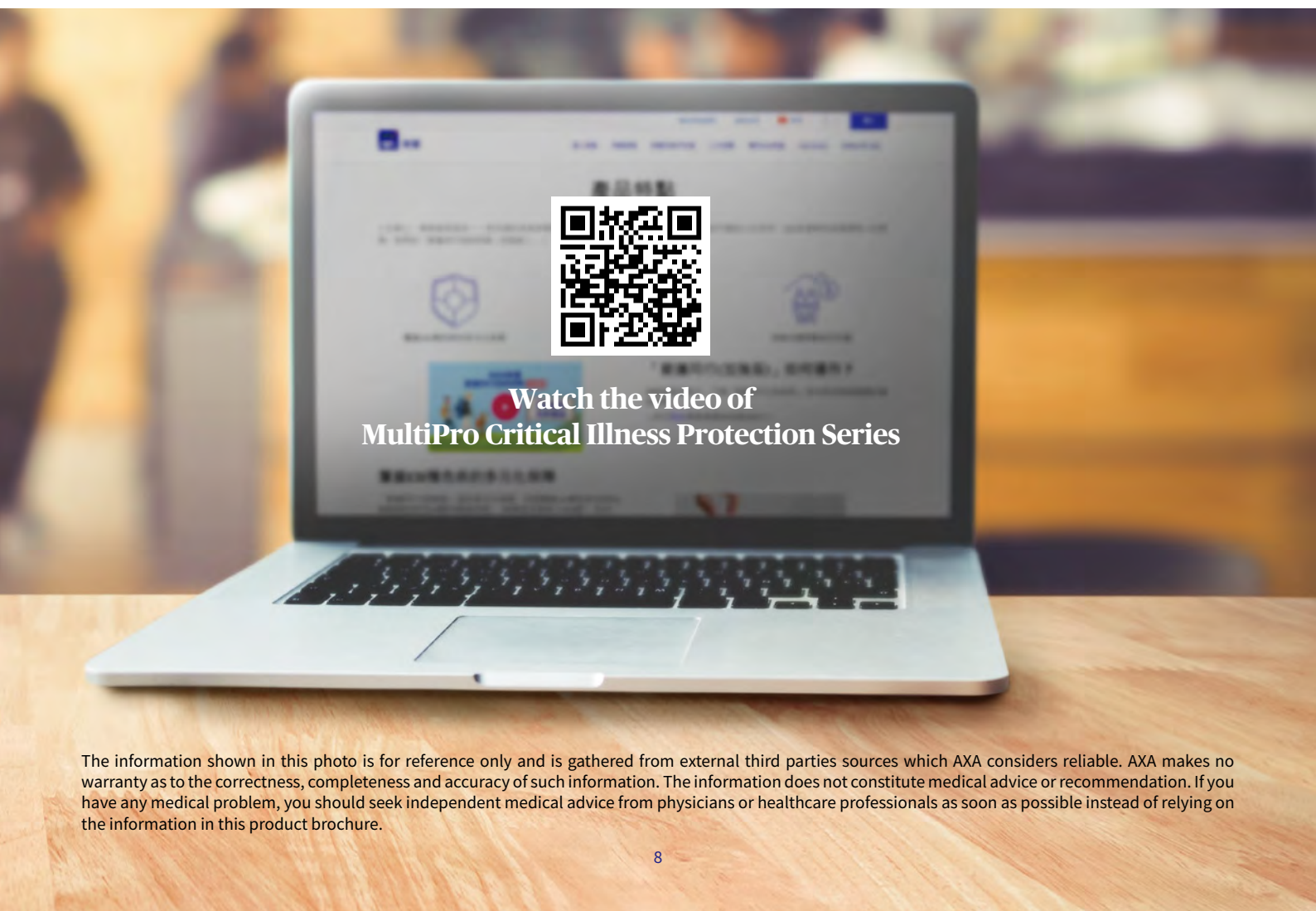
Starting from the 2nd policy year⁹, if any of the following happens during the premium payment term, you can choose to apply for the Extended Grace Period Benefit⁸ to stay protected by **MultiPro** / **MultiPro Plus** while enjoying an extension of grace period for premium payment for up to 365 days (inclusive of the usual grace period of 31 days) from the next premium due date upon our approval of your application:

- (a) You get married; or
- (b) You or your spouse gives birth to a child; or
- (c) You are made redundant or get laid off; or
- (d) You get divorced

The Extended Grace Period Benefit⁸ can be claimed once only under the policy.

Wide-ranging value-added services¹⁰

You can enjoy a range of value-added services¹⁰ from prevention through to treatment and rehabilitation under the Critical Illness Support Programme 2. For details, please refer to the relevant programme flyer.



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Major Illnesses covered under Refund of Premium Benefit

Major Illness ^(a)	
Major Illnesses related to Cancer	
1. Cancer ^(b)	2. Carcinoma-in-situ of Breast Treated with Radical Mastectomy and Radiotherapy
Major Illnesses related to Heart and Blood Vessels	
3. Cardiomyopathy	8. Heart Attack
4. Coronary Artery Angioplasty - Triple Vessel	9. Heart Valve Surgery
5. Coronary Artery Bypass Surgery	10. Primary Pulmonary Arterial Hypertension
6. Dissecting Aortic Aneurysm	11. Severe Infective Endocarditis
7. Eisenmenger's Syndrome	12. Surgery to Aorta
Major Illnesses related to the Nervous System	
13. Amyotrophic Lateral Sclerosis	22. Multiple Sclerosis
14. Apallic Syndrome	23. Muscular Dystrophy ^(c)
15. Bacterial Meningitis	24. Paralysis
16. Benign Brain Tumour	25. Poliomyelitis
17. Blindness	26. Progressive Bulbar Palsy
18. Encephalitis	27. Progressive Supranuclear Palsy ^(c)
19. Hemiplegia	28. Spinal Muscular Atrophy ^(c)
20. Major Head Injury ^(c)	29. Stroke
21. Motor Neurone Disease	30. Tuberculosis Meningitis
Major Illnesses related to Organ Failure	
31. Chronic Adrenal Insufficiency (Addison's Disease)	36. Loss of Capacity for Independent Living ^(d)
32. Chronic and Irreversible Kidney Failure	37. Major Organ or Bone Marrow Transplantation
33. Chronic Liver Disease	38. Medullary Cystic Disease
34. Coma	39. Pheochromocytoma
35. End Stage Lung Disease	
Major Illnesses related to Blood	
40. AIDS / HIV due to Blood Transfusion	42. Occupationally Acquired AIDS / HIV
41. Aplastic Anaemia	
Major Illnesses related to the Digestive System	
43. Chronic Relapsing Pancreatitis	45. Severe Crohn's Disease
44. Fulminant Hepatitis	46. Severe Ulcerative Colitis
Major Illnesses related to Immunology and Rheumatology	
47. Severe Rheumatoid Arthritis	49. Systemic Scleroderma
48. Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis	
Major Illnesses related to Neurological Degeneration	
50. Parkinson's Disease	52. Severe Dementias
51. Severe Creutzfeld-Jacob Disease (CJD)	

Major Illnesses covered under Refund of Premium Benefit (cont'd)

Major Illness ^(a)	
Major Illnesses related to the Musculoskeletal System	
53. Amputation of Feet due to Complication from Diabetes	56. Severance of Limbs
54. Major Burns	57. Severe Myasthenia Gravis
55. Necrotising Fasciitis	
Other major Illnesses	
58. Deafness (Loss of Hearing)	61. Loss of Speech
59. Ebola Hemorrhagic Fever	62. Terminal Illness
60. Elephantiasis	

^(a) Refund of Premium Benefit / Multiple Claims Major Illness Benefit / Continuous Cancer Payout Benefit are payable according to the definitions of the Major Illnesses as set out in the policy contract of the Basic Plan.

^(b) Cancer does not include (1) all chronic lymphocytic leukaemia classified as less than RAI stage III; (2) all prostate tumours which are histologically classified as less than T2N0M0 according to the TNM classification system and having a Gleason score below 7; (3) all thyroid tumours which are histologically classified as T1N0M0 or a lower stage according to the TNM classification system; and (4) all skin tumours except malignant melanoma. For full details, please refer to the policy contract.

^(c) To be eligible to receive a benefit, the insured must be above age 5 at the time of first diagnosis.

^(d) To be eligible to receive a benefit, the insured must be between age 15 and age 75 at the time of first diagnosis.

Risk of Heart Attack / Stroke recurrence



about 1 in 5 people who have had a heart attack will be readmitted to the hospital for a second one within 5 years



about 2 in 5 people who survived a first stroke will have a second stroke within 5 years*

Source of information:
I. American Heart Association News on 4 April 2019. <https://www.heart.org/ah/news/2019/04/04/prospective-study-on-risk-of-second-heart-attack>
II. Chen Y, Wright V, Guo Y, et al. Mortality and recurrent vascular events after first incident stroke: a 5-year community-based study of 0.5 million Chinese adults. *Lancet Glob Health*. 2020;9(1):e50-e59. doi:10.1016/S2468-2667(19)30589-2

Risk of Cancer recurrence

Up to 50% of Colorectal Cancer recur after surgery*

Up to 50%

Up to 80%

Source of information: Dr. Johnson, Dr. & Dr. Dekker of the University of Amsterdam, the Netherlands, published in the *Journal of Clinical Oncology*, 2018. Study on colorectal cancer recurrence rates after surgery. The study included 2,171 patients who had undergone colorectal cancer surgery between 2007 and 2012. The study found that the recurrence rate of colorectal cancer after surgery was up to 50% for patients who had undergone surgery for colorectal cancer. The study also found that the recurrence rate of colorectal cancer after surgery was up to 80% for patients who had undergone surgery for colorectal cancer.



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MultiPro Critical Illness Protection Series

Premium payment term : 25 years
Sum insured : HKD500,000



Aged 35 Female

MultiPro Monthly \$393*

MultiPro Plus Monthly \$465*



Aged 40 Male

MultiPro Monthly \$419*

MultiPro Plus Monthly \$542*

*The figures above are for reference only and assumes that the insured is of a standard class risk with nationality and residency in Hong Kong, without smoking habit. The actual amounts of premium may be different from those illustrated.



MultiPro / MultiPro Plus Critical Illness Plan

Empowers you to upgrade your critical illness protection like a Pro

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Illustrative example 1 MultiPro

Insured and policy owner : Eva (Non-smoker)
 Age : 55
 Occupation : Retiree

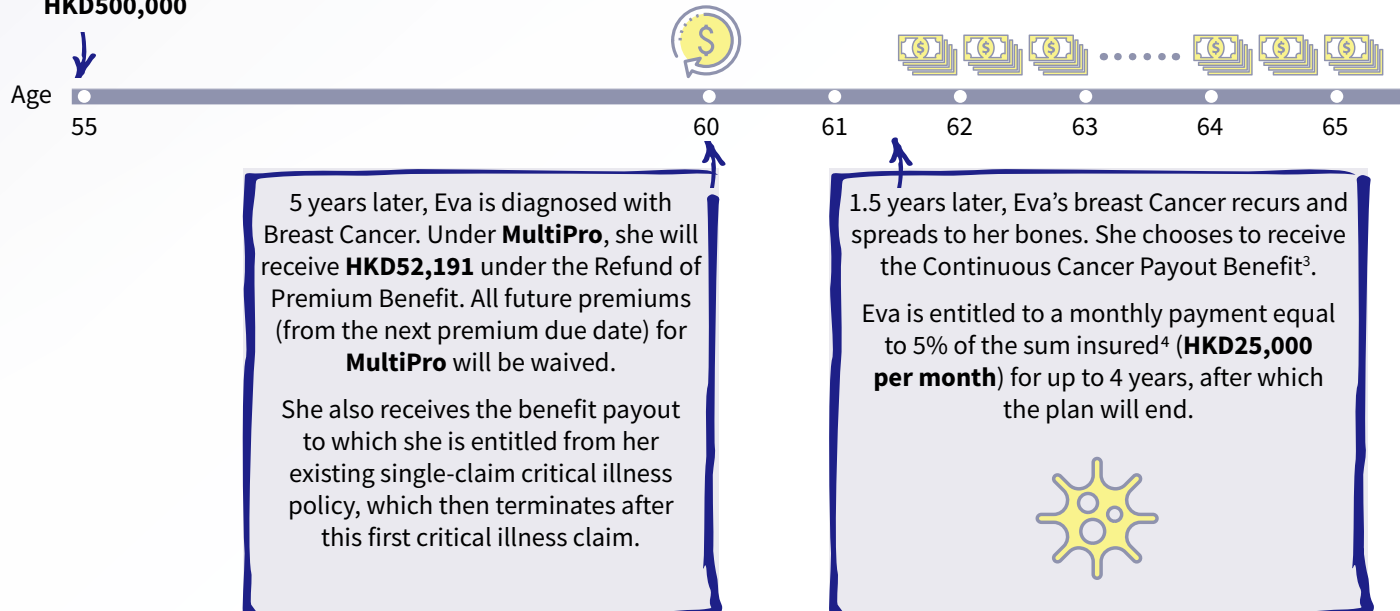
Eva's daughter Jennifer understands that medical treatment is becoming more costly due to advancement in modern healthcare. Her mother, Eva, has a single-claim critical illness policy that she took up more than 10 years ago. Jennifer is worried that this protection will no longer be sufficient in case of recurrence of Cancer. She therefore suggests Eva to close the protection gap with budget-friendly and up-to-date insurance cover.



Tips from a Pro

If you claim the Continuous Cancer Payout Benefit³, you will be required to submit a medical report every 6 months confirming the continued existence of Cancer and that you are receiving ongoing Cancer Treatment⁵.

Jennifer recommends a **MultiPro** policy for Eva with a 20-year premium payment term at **HKD870** per month, for a sum insured⁴ of **HKD500,000**



The total benefit payout Eva receives from **MultiPro** is **HKD1,252,191**.



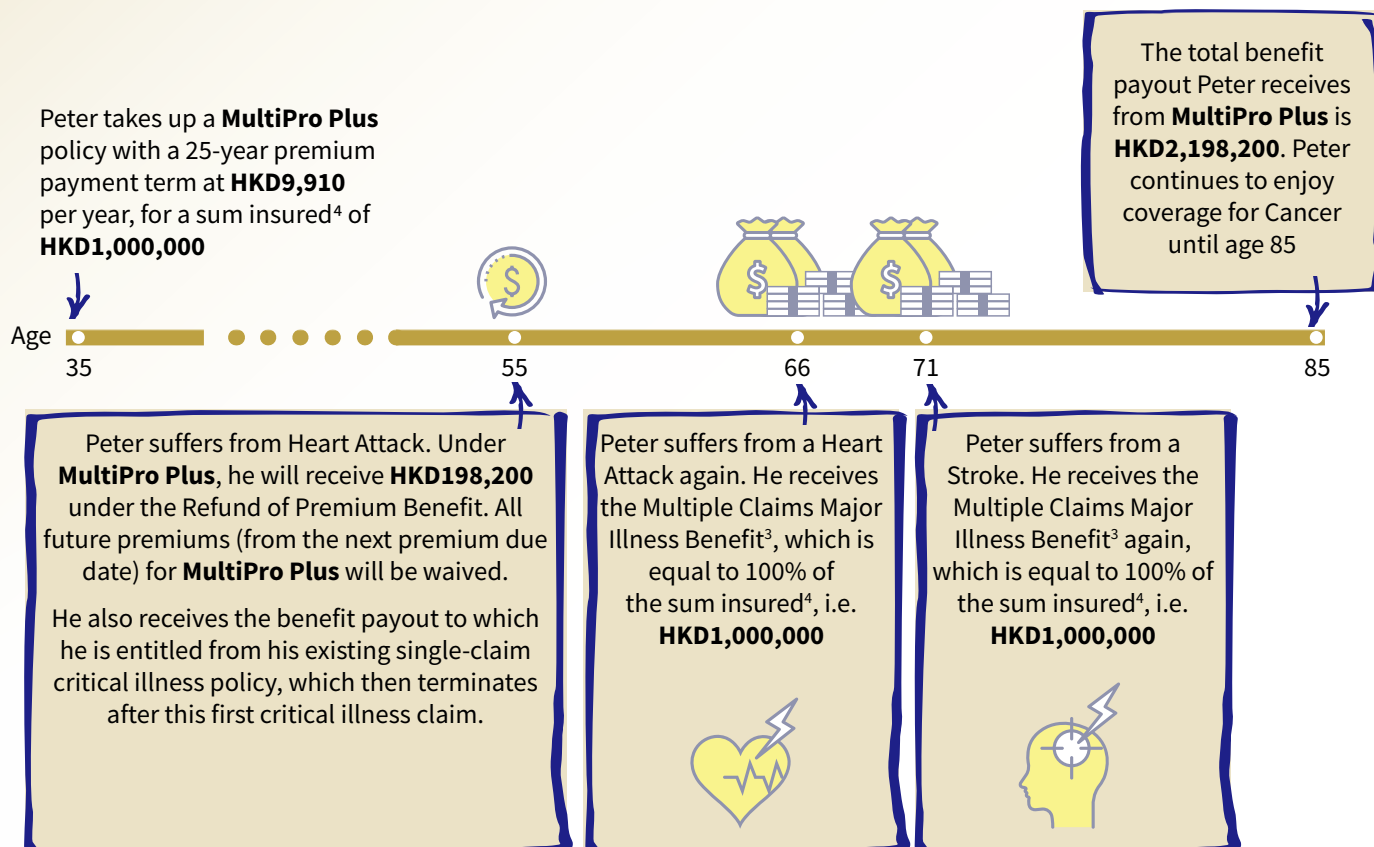
Note: Assuming (a) the relevant illnesses are not excluded from the coverage of **MultiPro** and have fulfilled the relevant requirements and conditions as set out in the policy contract; (b) no other claim has been paid and / or becomes payable under the policy; (c) Eva does not make any change to the sum insured of **MultiPro** throughout the contract term of the policy; (d) all premiums are paid in full when due and as planned; (e) no Index-linked Increase Endorsement / other optional supplements are attached to the policy; and (f) All the policy values and figures stated in this example are rounded to the nearest whole number.

This illustrative example is for reference only (Index-linked Increase Endorsement are not illustrated in this example).

Illustrative example 2 MultiPro Plus

Insured and policy owner : Peter (Non-smoker)
 Age : 35
 Occupation : Pilot

When Peter got married 7 years ago, he took up a critical illness policy with single-claim coverage. After the birth of his second child, Peter decides to take up a plan with multiple-claim coverage for enhanced protection, because he knows that medical advancement can lead to better survival rates, but there could be a high chance of recurrence of critical illness. He chooses **MultiPro Plus** to close his protection gap and support himself and his family in case of a critical illness.



Note: Assuming (a) the relevant illnesses are not excluded from the coverage of **MultiPro Plus** and have fulfilled the relevant requirements and conditions as set out in the policy contract; (b) no other claim has been paid and / or becomes payable under the policy; (c) Peter does not make any change to the sum insured of **MultiPro Plus** throughout the contract term of the policy; (d) all premiums are paid in full when due and as planned; (e) no Index-linked Increase Endorsement / other optional supplements are attached to the policy; and (f) All the policy values and figures stated in this example are rounded to the nearest whole number.

This illustrative example is for reference only (Index-linked Increase Endorsement are not illustrated in this example).

MultiPro / MultiPro Plus at a glance

Premium payment term and issue age	Premium payment term	Non-Smoker	Smoker
	10-year	Age 0 – 65	Age 18 – 65
	15-year	Age 0 – 60	Age 18 – 60
	20-year	Age 0 – 55	Age 18 – 55
	25-year	Age 0 – 50	Age 18 – 50
	Note on minimum issue age: ■ From 10 days for HK residents ■ From 14 days for non-HK residents		
Premium	Level and will not adjusted based on attained age but the premium rate is not guaranteed Please refer to Premium adjustment under the Important information section for details		
Benefit period	Up to age 85 ²		
Minimum sum insured ⁴	Below age 45 HKD200,000 / USD25,000 Age 45 and above HKD150,000 / USD18,750		
Refund of Premium Benefit	100% of the total premiums paid ¹ if the insured is first diagnosed with any of the 62 covered major illnesses Once the Refund of Premium Benefit becomes payable, all future premiums will be waived from the next premium due date		
Multiple Claims Major Illness Benefit ³	MultiPro ■ Only Cancer is covered under this benefit ■ Maximum of 2 claims for Cancer ■ 100% of the sum insured ⁴ for each claim		MultiPro Plus ■ Only Cancer, Heart Attack and Stroke are covered under this benefit ■ Maximum of 2 claims for Cancer and 1 claim each for Heart Attack and Stroke ■ 100% of the sum insured ⁴ for each claim
	Once payment of Continuous Cancer Payout Benefit ³ has commenced, no further benefit is payable for Cancer under Multiple Claims Major Illness Benefit ³		
Continuous Cancer Payout Benefit ³	5% of the sum insured ⁴ each month		
Total coverage for Multiple Claims Major Illness Benefit ³ and Continuous Cancer Payout Benefit ³	The aggregate amount of all benefits paid and payable under Multiple Claims Major Illness Benefit ³ and Continuous Cancer Payout Benefit ³ is subject to: ■ a maximum of 240% of the sum insured ⁴ for MultiPro ■ a maximum of 440% of the sum insured ⁴ for MultiPro Plus (with the aggregate amount of all benefits paid and payable for Cancer claims capped at 240% of the sum insured ⁴)		
Death benefit	The designated beneficiary will receive an amount equivalent to 100% of the total premiums paid ¹ in the unfortunate event that the insured passes away. Death Benefit is only available provided that no benefit has been paid or becomes payable		
No Claim Benefit	100% of the total premiums paid ¹ upon policy maturity provided that no benefit has been paid or becomes payable		
Extended Grace Period Benefit ⁸	Starting from the 2 nd policy year, an extension of the grace period of up to 365 days (inclusive of the usual grace period of 31 days) will be available if the policy owner: ■ gets married; or ■ or the policy owner's spouse gives birth to a child; or ■ is made redundant or gets laid off; or ■ gets divorced during the premium payment term		



The conditions required for Multiple Claims Major Illness Benefit³ and Continuous Cancer Payout Benefit³

Multiple Claims Major Illness Benefit

Any eligible claim is subject to the following conditions:

(a) Covered Major Illnesses

- (1) Only Cancer will be covered under **MultiPro**.
- (2) Only Cancer, Heart Attack and Stroke will be covered under **MultiPro Plus**.

(b) Multiple Claims for Cancer

A maximum total of 2 eligible claims for Cancer will be allowed under this Multiple Claims Major Illness Benefit of the basic plan provided that:

where a Refund of Premium Benefit or a Multiple Claims Major Illness Benefit has been paid in respect of any Cancer(s) ("Preceding Cancer(s)") under the basic plan, and the insured is later diagnosed as suffering from a Cancer ("Later Cancer"), any claim for the Later Cancer shall not be considered as an eligible claim unless:

- (1) the Later Cancer is a new Cancer caused by a different malignant cell origin from the Preceding Cancer(s) and the date of diagnosis of the Preceding Cancer (which is immediately preceding the Later Cancer) and that of the Later Cancer are separated by at least 1 year; or
- (2) the Later Cancer is a recurrence or metastasis or continuation of any Cancer (regardless of whether it is the recurrence or metastasis or continuation of Preceding Cancer(s)), and the date of diagnosis of the Preceding Cancer (which is immediately preceding the Later Cancer) and that of the Later Cancer are separated by at least 3 years.

Any claim for recurrence, metastasis or continuation of a Cancer will not be considered as an eligible claim unless a Refund of Premium Benefit or Multiple Claims Major Illness Benefit has been paid for Cancer under the basic plan and the requirements as set out in the provision have been fulfilled.

In case of recurrence or metastasis or continuation of any Cancer, the date of diagnosis shall mean the date of a report of any objective diagnostic procedures that confirm the existence of Cancer, performed on a date at least 3 years after the date of diagnosis of the immediate Preceding Cancer (for which a Refund of Premium Benefit or a Multiple Claims Major Illness Benefit has been paid). For the avoidance of doubt, clinical diagnosis alone does not meet the standard as an objective medical evidence for such recurrence or metastasis or continuation of Cancer.

In the case of recurrence or metastasis or continuation of prostate Cancer, if the date of diagnosis of such recurrence or metastasis or continuation of prostate Cancer is after age 70 of the insured, the insured should have received Cancer treatment on the recommendation of a specialist during the period between the date of diagnosis of the Preceding Cancer (which is immediately preceding such recurrence or metastasis or continuation of prostate Cancer) and date of diagnosis of such recurrence or metastasis or continuation (both dates inclusive).

Multiple Claims Major Illness Benefit for Later Cancer is subject to the "Benefit Provision – Continuous Cancer Payout Benefit" in policy contract.

(c) Multiple Claims for Heart Attack and Stroke (available to MultiPro Plus only)

A maximum total of 1 eligible claim for Heart Attack and 1 eligible claim for Stroke will be allowed under this Multiple Claims Major Illness Benefit of the Basic Plan.

If the Refund of Premium Benefit has been paid in respect of a Heart Attack under the basic plan, the 2nd claim for Heart Attack shall fulfil the additional conditions and / or requirements as set out below in order to qualify as eligible claim under this Multiple Claims Major Illness Benefit:

- (i) A specialist must certify the diagnosis of another episode of acute Myocardial Infarction and the diagnosis must be supported with new evidence at 1 year after the date of diagnosis of the preceding eligible claim for Heart Attack (for which benefit has been paid).
- (ii) The date of diagnosis of the 2nd claim for Heart Attack shall mean the date when the 2nd Heart Attack is diagnosed as having fulfilled the meaning together with the terms and conditions stated in the definition of Heart Attack and the above additional conditions and / or requirements.

If the Refund of Premium Benefit has been paid in respect of a Stroke under the basic plan, the 2nd claim for Stroke shall fulfil the additional conditions and / or requirements as set out below in order to qualify as eligible claim under this Multiple Claims Major Illness Benefit:

- (i) A Specialist must certify the diagnosis of a new Stroke and the diagnosis must be supported with new imaging evidence at least the 1 year after the date of diagnosis of the preceding eligible claim for Stroke (for which benefit has been paid).
- (ii) The date of diagnosis of the 2nd claim for Stroke shall mean the date when the 2nd Stroke is diagnosed as having fulfilled the meaning together with the terms and conditions stated in the definition of Stroke and the above additional conditions and / or requirements.

(d) Intervals between 2 Major Illnesses in the eligible claims

Subject to the other requirements (including the different intervals required in different scenarios) as set out in the provisions above, the date of diagnosis of (1) and (2) below shall be separated by at least 1 year:

- (1) the relevant Major Illness in the preceding eligible claim for Refund of Premium Benefit or Multiple Claims Major Illness Benefit (which is immediately preceding the claim in (2) below); and
- (2) the relevant Major Illness in the subsequent claim for Multiple Claims Major Illness Benefit.

Continuous Cancer Payout Benefit

A maximum of 240% of basic sum insured are allowed for eligible claims for Cancer under the basic plan under the “Multiple Claims Major Illness Benefit” and “Continuous Cancer Payout Benefit” of the basic plan subject to the requirements stated below:

Only claim(s) for Later Cancer that fulfil the additional conditions and / or requirements as set out below shall be considered as an eligible claim under the Continuous Cancer Payout Benefit:

- (1) the Later Cancer is a new, recurrence, metastasis or continuation of any Cancer (regardless of whether it is the recurrence or metastasis or continuation of Preceding Cancer(s)), and the date of diagnosis of the Preceding Cancer (for which a Refund of Premium Benefit or a Multiple Claims Major Illness Benefit has been paid) and that of the Later Cancer are separated by at least 18 months; and
- (2) we receive from you a report compiled by a specialist of any objective diagnostic procedures that confirm the existence of Cancer, performed on a date at least 18 months after the date of diagnosis of the Preceding Cancer (for which a Refund of Premium Benefit or a Multiple Claims Major Illness Benefit has been paid); and
- (3) we receive from you a report showing that the insured has received Cancer treatment on a date at least 18 months after the date of diagnosis of the Preceding Cancer (for which a Refund of Premium Benefit or a Multiple Claims Major Illness Benefit has been paid) on the recommendation of a specialist.

You will provide us with the following reports on a continuous basis in order to be eligible for the Continuous Cancer Payout Benefit. Your failure to do so will cause the monthly payout of Continuous Cancer Payout Benefit to cease immediately:

- (1) a report of any objective diagnostic procedures that confirm the existence of Cancer as at the date of the report; and
- (2) a report confirming that the insured is treated with on-going Cancer treatment as at the date of the report,

each report shall be compiled by a specialist, submitted to and received by us not less than 6 months but not more than 7 months from the date of diagnosis of the relevant Later Cancer or the date of immediately preceding report submitted to us, as the case may be. The reports referred in (1) and (2) above may be contained in the same document or in separate documents submitted to us and such reports may cover the same period or different periods.

For the avoidance of doubt, clinical diagnosis alone does not meet the standard as an objective medical evidence for such new, recurrence, metastasis or continuation of Cancer.

Once Continuous Cancer Payout Benefit has been paid under the basic plan for any period, no Multiple Claims Major Illness Benefit for Cancer may be payable for any Cancer.

Important information

Cooling-off period

If you are not completely satisfied with the policy, you have the right to cancel it by giving a written notice of cancellation to the Company. Such written notice of cancellation must be signed by you and received directly by our Customer Service at Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong (for policy issued in Hong Kong) within **21 calendar days** immediately following either the day of delivery of the policy or the cooling-off notice (notifying you of the cooling-off period) to you or your nominated representative (whichever is earlier). The policy will then be cancelled and a refund of any premium(s) paid will be returned to you on the condition that no claim payment under the policy has been made prior to your request for cancellation.

Policy currency

If your policy is denominated in a currency other than your local currency, you may face an exchange rate risk. Upon currency conversion, the amounts you receive and the premiums you pay may vary as a result of changes in exchange rate.

Premium adjustment

The premium is calculated with reference to a number of factors including but not limited to the age, gender, smoking habit and risk class of the insured at the time of policy issuance and will not increase subsequently based on the insured's attained age. However, premium rates are not guaranteed. We reserve the right to review and adjust the premium rates on each policy anniversary with reference to the past performance and future outlook of factors such as claims, investment returns, policy persistency and expenses.

Non-payment of premium

You should pay premiums for the whole of your premium payment term. Any premiums remaining outstanding at the end of the grace period (i.e. 31 days after the premium due date) may lead to the termination of your policy. You may lose the insurance protection offered by the policy and the policy value (if any) to be received may be considerably less than your premiums paid.

Inflation

The cost of living in the future is likely to be higher than it is today due to inflation. In case the actual rate of inflation is higher than expected, the purchasing power of the amounts you receive under the policy may be lower than expected.

Termination

When no further benefits or coverage will be provided under the basic plan, the sum insured will be reduced to zero and coverage under the basic plan will automatically terminate.

The policy will automatically terminate upon the earliest occurrence of any of the following:

- (a) on the death of the insured;
- (b) on the maturity date of the policy (i.e. on the policy anniversary on or immediately following the insured's 85th birthday, whichever is earlier);
- (c) when the last subsisting attached supplement (apart from any attached Waiver of Premium Supplement / Applicant's Waiver of Premium at Death or Disability Supplement) is terminated where coverage under the basic plan has already been terminated;
- (d) when there is no further coverage under the basic plan and all attached supplements and endorsements (if any);
- (e) when the policy lapses, or is cancelled or surrendered; or
- (f) when this right of policy termination is exercised pursuant to the "Source of Funds; No Money Laundering, No Tax Evasion" Provision (Clause 19.1), "Breach of Representations; Company's Right to Terminate" Provision (Clause 19.2) and "Policy of Cooperating with Tax and Other Governmental Authorities; Consent to Disclose Information to Tax and Other Governmental Authorities" Provision (Clause 19.3) of the policy.

Suicide exclusion of death benefit

If the insured, whether sane or insane, commits suicide within 1 year from (i) the policy date or (ii) any date of reinstatement of the policy, whichever is later, the death proceeds will be limited to a refund of the premiums paid without interest. The amount of premiums to be refunded will be calculated from (i) the policy date or (ii) any date of reinstatement of the policy, whichever is later.

If the insured, whether sane or insane, commits suicide within 1 year from the date of approval of any increase in the sum insured, such increase shall be deemed not to have taken effect in determining the death proceeds payable. The additional premium paid for the increase in the sum insured will be refunded (without interest) and such premium refunded will form part of the death proceeds.

Key exclusions

We will not pay any benefit under the Refund of Premium Benefit, Multiple Claims Major Illness Benefit, and Continuous Cancer Payout Benefit of the basic plan for any illnesses result (directly or indirectly) from or are caused or contributed to by (in whole or in part) any of the following:

- (a) any Pre-Existing Condition (as defined below);
- (b) any congenital defect or disease which has manifested or was diagnosed before the insured attains age 18 (except Eisenmenger's Syndrome);
- (c) Human Immunodeficiency Virus (HIV) and / or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) and / or any mutations, derivations or variations thereof (except AIDS / HIV due to Blood Transfusion and Occupationally Acquired AIDS / HIV);
- (d) any self-inflicted injury or suicide, whether sane or insane;
- (e) intoxication by alcohol or drugs not prescribed by a medical practitioner;
- (f) any criminal act; or
- (g) travel in any aircraft, except as a fare-paying passenger in a commercial aircraft or aircrew working on an aircraft.

“Pre-Existing Condition” shall mean any condition, disability, illness or injury:

- (i) which existed or continued to exist;
- (ii) for which the insured experienced symptoms or signs (even if the insured has not consulted a medical practitioner);
- (iii) for which the insured had received or continued to receive treatment, medication or any investigation; or
- (iv) where diagnostic tests showed the pathological existence;

prior to the policy date or any date of reinstatement of the policy, whichever is later.

Except for any covered illness which is solely and directly caused by an accident and independently of any other causes during a period of 60 days following: (i) the policy date or (ii) any date of reinstatement of the policy, whichever is later (“Waiting Period”), we will not pay any benefit under the Refund of Premium Benefit, Multiple Claims Major Illness Benefit, and Continuous Cancer Payout Benefit of the basic plan if the insured (i) experiences symptoms or signs for (even if the insured has not consulted a medical practitioner); or (ii) receives treatment, medication or investigation for; or (iii) is diagnosed with any covered illness within the Waiting Period.

In addition, we will not pay any benefit under the Multiple Claims Major Illness Benefit if the insured dies within 14 days from the date of first diagnosis of the covered illness (including the date of first diagnosis). We will not pay any benefit under Continuous Cancer Payout Benefit if the insured dies within 14 days from the date of the immediately preceding Cancer report submitted to us (including the date of such report submitted) as specified under the “Benefit Provision – Continuous Cancer Payout Benefit” Provision of the policy contract respectively.

For full details of exclusions, please refer to the policy contract.

Levy on insurance premium

Levy collected by the Insurance Authority through the Company will be imposed on the policy at the applicable rate. Policyholders must pay the levy in order to avoid any legal consequences.

Rights of third parties

The policy is excluded from the application of the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) (“TP Ordinance”). Any person or entity which is not a party to the policy shall have no rights under the TP Ordinance to enforce any terms of the policy.

U.S. Foreign Account Tax Compliance Act

Under the U.S. Foreign Account Tax Compliance Act (“FATCA”), a foreign financial institution (“FFI”) is required to report to the U.S. Internal Revenue Service (“IRS”) certain information on U.S. persons that hold accounts with that FFI outside the U.S. and to obtain their consent to the FFI passing that information to the IRS. An FFI which does not sign or agree to comply with the requirements of an agreement with the IRS (“FFI Agreement”) in respect of FATCA and / or who is not otherwise exempt from doing so (referred to as a “nonparticipating FFI”) will face a 30% withholding tax (“FATCA Withholding Tax”) on all “withholdable payments” (as defined under FATCA) derived from U.S. sources (initially including dividends, interest and certain derivative payments).

The U.S. and Hong Kong have signed an inter-governmental agreement (“IGA”) to facilitate compliance by FFI in Hong Kong with FATCA and which creates a framework for Hong Kong FFIs to rely on streamlined due diligence procedures to (i) identify U.S. indicia, (ii) seek consent for disclosure from its U.S. policyholders and (iii) report relevant tax information of those policyholders to the IRS.

FATCA applies to the Company and this policy. The Company is a participating FFI. The Company is committed to complying with FATCA. To do so, the Company requires you to:

- (i) provide to the Company certain information including, as applicable, your U.S. identification details (e.g. name, address, the US federal taxpayer identifying numbers, etc); and
- (ii) consent to the Company reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to the IRS.

If you fail to comply with these obligations (being a “Non-Compliant Accountholder”), the Company is required to report “aggregate information” of account balances, payment amounts and number of non-consenting US accounts to IRS.

The Company could, in certain circumstances, be required to impose FATCA Withholding Tax on payments made to, or which it makes from, your policy. Currently the only circumstances in which the Company may be required to do so are:

- (i) if the Inland Revenue Department of Hong Kong fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.), in which case the Company may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your policy and remit this to the IRS; and
- (ii) if you are (or any other account holder is) a nonparticipating FFI, in which case the Company may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your policy and remit this to the IRS.

You should seek independent professional advice on the impact FATCA may have on you or your policy.

Remarks

1. “Total premiums paid” is determined by us on the following basis:

“total premiums paid” = $\{(A) \div 12\} \times (B)$, where:

(A) = the applicable annualised premiums amounts determined based on the latest basic sum insured and the premium payment mode for the basic plan immediately before the benefit becomes payable.

(B) = the number of months in which the premiums for the basic plan has been due and fully paid.

For the purpose of determining (A) and (B), any premiums attributable to the annual increments of the basic sum insured under the Index-linked Increase Endorsement attached to this policy (if applicable) shall be counted as due and fully paid starting from the date when such annual increments of basic sum insured become effective. The “total premiums paid” mentioned above is an amount solely for determining the amount of benefit under the policy. For the avoidance of doubt, the amount of “total premiums paid” may not be equivalent to the actual amount of total premiums paid by you under this policy.

2. “Age 85” refers to the policy anniversary on or immediately following the insured’s 85th birthday, whichever is earlier.
3. Any outstanding premiums will be deducted from the relevant benefit(s) when payable.
4. Sum insured refers to the sum insured of basic plan.
5. Cancer Treatment is any surgery or treatment designed to potentially treat Cancer using one or a combination of interventions prescribed by or administered under the direct supervision of a specialist. It will not include any treatment given solely as palliative treatment. It includes but is not limited to chemotherapy, radiotherapy and target therapy. Hormonal therapy is not included as Cancer Treatment.
6. The availability of Index-linked Increase Endorsement is subject to the Company’s underwriting requirements.
7. You have the option to decline the increase in sum insured and premium under the Index-linked Increase Endorsement of a particular policy year by giving us a written notice not later than 30 days after the relevant policy anniversary.

The Index-linked Increase Endorsement will automatically terminate upon the earliest occurrence of any of the following:

- (a) when you decline 2 consecutive increases made in accordance with the conditions in the endorsement;
- (b) on the day immediately preceding the 6th / 11th / 16th policy anniversary for premium payment term of the basic plan being 15 / 20 / 25 years respectively;
- (c) on the policy anniversary on or immediately following the insured’s 60th birthday;
- (d) when any Refund of Premium Benefit becomes payable;
- (e) when the basic plan of this policy becomes fully paid up.

The endorsement is not applicable with premium payment term of 10 years.

8. To be eligible for the Extended Grace Period Benefit, the policy owner must provide the relevant evidence to the Company. Please refer to the policy contract for further details.
9. Extended Grace Period Benefit is available provided that the basic plan has been in force for more than 1 year after (i) the policy date or (ii) any date of reinstatement of the policy, whichever is later.
10. The details of the value-added services will be determined by AXA at its sole discretion and AXA reserves the right to amend the Critical Illness Support Programme 2 at any time without prior notice. The value-added services are provided by third-party service providers as AXA may designate from time to time. AXA shall not be responsible for any value-added services so provided or any act or failure to act on the part of the third-party service providers. The third-party service providers are solely responsible for all obligations and liabilities relating to such value-added services and all auxiliary services so provided. All matters and disputes are subject to the final decision of AXA and the third-party service providers.

Note: Unless otherwise specified, all ages mentioned in this product brochure refer to the age of the insured on his or her last birthday.

MultiPro Critical Illness Plan and **MultiPro Plus Critical Illness Plan** are underwritten by AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("AXA", the "Company", or "we").

The plans are subject to the terms, conditions and exclusions of the relevant policy contracts. AXA reserves the final right to approve any application. This product brochure contains general information only and does not constitute any contract between any parties and AXA. It is not a policy. For detailed terms, conditions and exclusions of the plans, please refer to the relevant policy contracts, which will be made available by the Company upon request.

ABOUT AXA HONG KONG AND MACAU

AXA Hong Kong and Macau, a member of the AXA Group, prides itself on serving over 1.5 million customers¹ with our superior products and services. AXA is the top-tier life insurer in Hong Kong with the longest history². In addition to being the No. 1 global Property & Casualty commercial lines insurer³, we are the No. 1 most considered insurance brand in Hong Kong⁴. We are also one of the largest health protection providers in Hong Kong and Macau.

AXA is one of the most diversified insurers, providing a full range of coverage for individual and commercial customers. We offer all-round, integrated solutions across Life, Health and Property & Casualty to address all of our customers' insurance needs.

As an innovative insurer, we leverage Big Data and AI to transform the customer experience end-to-end, making insurance simpler and more personal. We continue to drive innovation notably in health and protection, supporting customers in prevention, treatment and recovery.

We also believe it is our inherent responsibility to support the communities in which we operate. AXA Foundation is our flagship corporate social responsibility programme covering all our efforts in promoting holistic wellbeing and supporting the underprivileged to create a positive and lasting impact in the communities of Hong Kong and Macau.

¹Including customers of AXA China Region Insurance Company Limited, AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability), and AXA General Insurance Hong Kong Limited

²Top tier insurers are defined based on the annualised premiums of Individual Direct New Business (Classes A to F) of Statistics on Hong Kong Long Term Insurance Business published by the Insurance Authority

³AXA Corporate Solutions, AXA Matrix Risk Consultants, AXA Insurance Company, and AXA Art with AXA XL's insurance and reinsurance operations combined

⁴AXA Hong Kong Brand Preference Tracking Report 2019

AXA China Region Insurance Company (Bermuda) Limited
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MultiPro Critical Illness Plan / MultiPro Plus Critical Illness Plan
Product brochure

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