

AIA International Limited

BASIC DEFINITIONS

Your Basic Policy is called Cancer Care Essence. It is a critical illness protection which provides the following benefits subject to the terms and conditions set out herein.

DEFINITIONS

In this Policy:

“Acquired Immunodeficiency Syndrome” or **“AIDS”** shall have the meaning ascribed to such term by the World Health Organization from time to time.

“Basic Policy” means this Policy (as may be amended by endorsement from time to time) excluding coverage issued under any Supplementary Contract (if any).

“Beneficiary” means the person or persons designated in the application form as the beneficiary under this Policy (as may be amended from time to time in accordance with this Policy).

“Cancer” shall mean any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue, provided that the signs or symptoms of the Cancer commence more than ninety (90) days following the later of the Issue Date or the latest Commencement Date of the Policy.

Irrespective of the above, the definition of “Cancer” for purposes of this Policy does not include any of the following:

- (a) any cancer which is histologically classified as pre-malignant, non-invasive, or carcinoma in situ, or as having either borderline malignancy or low malignant potential;
- (b) any tumour of the prostate histologically classified as T1a or T1b or a lower stage according to the TNM classification system;
- (c) any cancer where HIV Infection is also present;
- (d) any cancer which is not developed primarily in the Covered Organs; and
- (e) any cancer which spreads from other parts of the body to Covered Organs.

“Company”, “we”, “us” or “our” means AIA International Limited.

“Commencement Date” means: (a) in relation to an amendment of the Policy, the date shown on the relevant endorsement as the Commencement Date; and (b) in relation to a reinstatement of the Policy, the date on which the Policy is reinstated in accordance with the terms of this Policy.

“Contingent Owner” means the person named by the Owner as “Contingent Owner” in the Company’s prescribed form, who may become the Owner pursuant to the “Change of Ownership” provisions under the OWNERSHIP PROVISIONS of the Policy. It is only applicable for Policy with Insured under eighteen (18) years old when the Policy is issued.

“Covered Organs” means:

- (a) breast;
- (b) colon and rectum;
- (c) lung; and
- (d) prostate.

“Current Sum Assured” means the Initial Sum Assured, less any Lump Sum Advance Payment or Limited Advance Payment paid pursuant to the BENEFIT PROVISIONS of the Policy and / or any accelerated or advance payment(s) made under Accelerated Benefit Payment Rider(s). This Current Sum Assured is the amount on which calculation of the Death Benefit is based, and shall be deemed to be zero upon the Reaching of Aggregate Limit.

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“Diagnosis” or **“diagnosed”** means the definitive diagnosis made by a Registered Medical Practitioner as defined below, based upon such specific condition(s), as referred to herein in the definition of the particular illness concerned or, in the absence of such specific condition(s), based upon radiological, clinical, histological or laboratory evidence acceptable to the Company. Such Diagnosis must be supported by the Company’s Medical Director who may base his / her opinion on the medical evidence submitted by the Insured and / or Owner and / or any additional evidence he may require.

In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to call for an examination, of either the Insured or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by the Company and the opinion of such expert as to such Diagnosis shall be binding on both the Insured and the Company.

“Early Stage Critical Illness” means an illness for Early Stage Critical Illness as set out and defined herein, provided that the signs or symptoms of the illness commence more than ninety (90) days following the later of the Issue Date or the latest Commencement Date of the Policy:

1. Carcinoma-in-situ

Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one (1) of the following organs, and subject to any classification stated:

- (a) breast, where the tumour is classified as TIS according to the TNM Staging method;
- (b) colon and rectum; and
- (c) lung.

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

2. Early Stage Malignancy

Early Stage Malignancy shall mean the presence of tumour of the prostate histologically classified as T1a or T1b according to the TNM classification system.

The Diagnosis of the Early Stage Malignancy must be based on histopathological features and confirmed by a Registered Medical Practitioner. Pre-malignant lesions and conditions, unless mentioned above in the definition of “Early Stage Malignancy”, are excluded.

“Grace Period” has the meaning ascribed to such term under the PREMIUM PROVISIONS.

“HIV Infection” shall be deemed to have occurred where blood or other relevant test(s) indicate, in the opinion of the Company, either the presence of any human immunodeficiency virus, antigens or antibodies to such a virus.

“Initial Sum Assured” means the amount shown on the Policy Information Page as the “Sum Assured”, and is the basis for calculation of the Cancer Benefit and the Early Stage Critical Illness Benefit when the Basic Policy is issued, as amended by any subsequent increase or decrease in cover due to your request. For the avoidance of doubt, any Lump Sum Advance Payment or Limited Advance Payment made hereunder, or any accelerated or advance payment(s) made under Accelerated Benefit Payment Rider(s), does not affect the Initial Sum Assured.

“Insured” means the person as shown on the Policy Information Page as the “Insured”.

“Issue Age” in relation to the age of the Insured, means the age shown on the Policy Information Page as the “Issue Age”.

“Issue Date” means the date shown on the Policy Information Page as the “Issue Date” and the date on which the Policy came into force.

“Issuing Office” means: 1) where this Policy is issued in Hong Kong, AIA International Limited in Hong Kong at the address shown on the Policy Information Page; 2) where this Policy is issued in Macau, AIA International Limited in Macau at the address shown on the Policy Information Page; or 3) such other address (if any) as we may notify you in writing from time to time.

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“Limited Advance Payment” means the percentage of the Initial Sum Assured paid in one (1) lump sum in accordance with Clause 3 of the BENEFIT PROVISIONS of the Policy.

“Lump Sum Advance Payment” means the percentage of the Initial Sum Assured paid in one (1) lump sum in accordance with Clause 2 of the BENEFIT PROVISIONS of the Policy.

“Owner”, “you” or “your” is the person who owns this Policy and shown on the Policy Information Page as the “Owner”, subject to the “Change of Ownership” provisions under the OWNERSHIP PROVISIONS of the Policy, if applicable.

“Policy” consists of:

- (a) Basic Policy (including schedules);
- (b) Policy Information Page;
- (c) application for the Basic Policy and for Supplementary Contracts (if any), including the application forms (if any), any subsequent amendments, declarations and statements duly made by the Owner and / or the Insured;
- (d) endorsements to this Policy (if any) ; and
- (e) Supplementary Contract (if any)

“Policy Anniversary” means the same date of each subsequent year as the Policy Date. If the Policy Date is 29 February of a leap year, then the Policy Anniversary will be 28 February in non-leap year.

“Policy Date” means the date shown on the Policy Information Page as “Policy Date” and the date from which Policy Anniversaries, Policy Years, policy months and premium due dates are determined.

“Policy Debt” means the aggregate amounts that you owe us under this Policy, including any accrued interest.

“Policy Information Page” means the schedule to the Basic Policy headed “Policy Information Page”.

“Policy Year” means each twelve-month period starting on the Policy Date.

“Reaching of Aggregate Limit” refers to payment of any Lump Sum Advance Payment under Clause 2 of the BENEFIT PROVISIONS and / or Limited Advance Payment under Clause 3 of the BENEFIT PROVISIONS of the Policy which results in the total amount of such payments under the Policy reaching 100% of the Initial Sum Assured.

“Registered Medical Practitioner” means any person qualified by degree in and licensed to practice western medicine who is legally authorized in the geographical area of his practice to render medical or surgical services, but excluding a Registered Medical Practitioner who is an insurance agent of the Company, the Insured himself, an insurance agent, business partner(s) or employer / employee of the Insured or a member of the Insured’s immediate family, the Owner or any person related in similar fashion to the Owner.

“Special Terms” means the special terms you have agreed for your Policy, if any, (including, but not limited to, special terms to reflect increased risks in relation to residence, nationality or health).

“Supplementary Contract” means the terms and conditions set out in any supplementary contract or rider to the Basic Policy in relation to benefits supplemental to your Basic Policy benefits.

GENERAL INTERPRETATION AND APPLICATION

Where the context requires, words importing one (1) gender shall include the other gender, and singular terms shall include the plural and vice versa.

Headings are for convenience only and shall not affect the interpretation of this Policy. References to sections, clauses, provisions and schedules are to sections, clauses, provisions and schedules to this Policy.

Schedules to this Policy form part of this Policy.

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BENEFIT PROVISIONS

1. DEATH BENEFIT

If the Insured dies while the Policy is in force, we will pay the Current Sum Assured as the death benefit hereunder in accordance with the GENERAL PROVISIONS. The death benefit payable will be reduced by the Policy Debt (if any).

2. CANCER BENEFIT

While this Policy is in force and subject to the terms and conditions set out hereunder, including but not limited to Clauses 5(b) and 5(c) below, in the event of the Insured is diagnosed to be suffering from a Cancer of the Covered Organs, and survives following such Cancer of the Covered Organs, upon receipt of due proof of such Cancer of the Covered Organs in accordance with the CLAIMS PROCEDURES, we shall pay a Lump Sum Advance Payment equal to the percentage of the Initial Sum Assured shown in the attached SCHEDULE OF BENEFIT, after deducting any and all Limited Advance Payments.

Our liability hereunder is limited to and shall cease upon payment of one (1) Lump Sum Advance Payment for any and all Cancer of Covered Organs.

3. EARLY STAGE CRITICAL ILLNESS BENEFIT

While this Policy is in force, in the event the Insured is diagnosed to be suffering from an Early Stage Critical Illness, and survives following such Diagnosis, upon receipt of due proof of such Early Stage Critical Illness in accordance with the CLAIMS PROCEDURES, we shall pay a Limited Advance Payment equivalent to the percentage of the Initial Sum Assured shown in the attached SCHEDULE OF BENEFIT in respect of such Early Stage Critical Illness diagnosed, subject to:

- i) the terms and conditions set out hereunder, including but not limited to Clauses 5(b) and 5(c) below and;
- ii) the further limitation that the aggregate of the Limited Advance Payment and any and all similar payments paid and / or payable under other policies and Supplementary Contracts (if any) issued by the Company and / or AIA Company Limited (whether in Hong Kong or otherwise) in respect of any illness, condition, procedure or treatment within the meaning of the relevant Early Stage Critical Illness shall not exceed any applicable per life maximum shown in the attached SCHEDULE OF BENEFIT.

Our liability hereunder is limited to and shall cease upon payment of one (1) Limited Advance Payment for any and all Early Stage Critical Illness diagnosed.

4. REDUCTION OF PREMIUM

Before Reaching of Aggregate Limit, we shall reduce the premiums payable in accordance with the Current Sum Assured after any benefits paid under Clause 3 herein ("Premiums Reduction"). However, Premiums Reduction will be effected without prejudice to the "Guaranteed Renewal" clause of the GENERAL PROVISIONS of the Policy. For the avoidance of doubt, we shall have the right to revise or adjust the premiums after Premiums Reduction according to our applicable premium rate for the attained age of the Insured at the time of the Policy renewal in order to determine the appropriate annual premium on each Policy Anniversary.

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5. GENERAL TERMS AND CONDITIONS OF BENEFITS

- (a) The Current Sum Assured of the Basic Policy will be decreased by the amount of any Lump Sum Advance Payment under Clause 2 herein and any Limited Advance Payment under Clause 3 herein.
- (b) Aggregate Limit -- The aggregate of the Lump Sum Advance Payment and the Limited Advance Payment made hereunder shall not exceed the percentage of the Initial Sum Assured for Lump Sum Advance Payment shown in the attached SCHEDULE OF BENEFIT.
- (c) The BENEFIT PROVISIONS shall cease to apply upon Reaching of Aggregate Limit.

6. EXCLUSIONS

Except for the Death Benefit under Clause 1 above, this Basic Policy does not apply to any of the following or any event which arises from the following:

- (a) any illness other than a Diagnosis of Cancer of the Covered Organs or Early Stage Critical Illness;
- (b) any illness the signs or symptoms of which first occurred prior to the Issue Date or the latest Commencement Date of the Policy (whichever is later);
- (c) any illness the signs or symptoms of which first occurred within ninety (90) days following the later of the Issue Date or the latest Commencement Date of the Policy;
- (d) Cancer of the Covered Organs of the Insured, where in our opinion such disease was directly or indirectly due to AIDS or HIV Infection; and
- (e) any illness resulting from a physical or mental condition which existed before the Issue Date or the latest Commencement Date of the Policy (whichever is later) and which was not disclosed in the application for insurance or health statement.

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CLAIMS PROCEDURES

1. Notice of Claim

Subject to applicable law, written notice of claim must be given to us as follows:

- (a) Immediate notice in the event of death of the Insured; or
- (b) Within sixty (60) days after the Diagnosis of Cancer of the Covered Organs or Early Stage Critical Illness,

as the case may be. Such notice given to us at our Issuing Office, with particulars sufficient to identify the Insured, shall be deemed to be notice to us. Failure to give notice within such time shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

2. Proof of Claim

We, upon receipt of such notice, will furnish to the Claimant appropriate forms for filing proof of death, Cancer of the Covered Organs or Early Stage Critical Illness (as the case may be).

If the forms are not furnished within fifteen (15) days, the Claimant shall be deemed to have complied with the requirements of this provision if he:

- (a) in the case of death, submits proof of claim as specified below and any other relevant written proof covering the circumstances of death; or
- (b) in the case of Cancer of the Covered Organs or Early Stage Critical Illness, submits written proof regarding the occurrence, the character and the degree of the relevant illness or condition.

In the event of death of the Insured, proof of claim consists of the following which must be submitted to our Issuing Office:

- (i) this Policy document;
- (ii) certified true copies of documentary proof of the date of death of the Insured;
- (iii) evidence of entitlement to receive payment of the proceeds under this Policy; and
- (iv) any other information which we may reasonably require to consider the claim.

We require proof of claim to our satisfaction before making any payment of the related benefit(s) under the BENEFIT PROVISIONS of the Policy.

Where a claim is based upon Cancer of the Covered Organs or Early Stage Critical Illness as defined above, we shall be entitled to require the Insured to undergo a blood test, including a test for the detection of any human immunodeficiency virus, as a condition precedent to any acceptance by us of due proof of such illness.

3. Filing Proof of Claim

Proof of Cancer of the Covered Organs or Early Stage Critical Illness (as the case may be) must be furnished to us during the lifetime of the Insured and within six (6) months after the Diagnosis of the relevant illness or condition. Proof of death must be furnished to us within ninety (90) days after the date of death.

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GENERAL PROVISIONS

THE CONTRACT

Your Policy is a legally enforceable agreement between you and us. This Policy comes into force on the Issue Date provided you have paid the full amount of the first premium and have submitted a signed and dated application.

The plan name of the Basic Policy and the product and / or code name and form number of the Supplementary Contract (if any) are shown under the Schedule of Benefits and Premiums of the Policy Information Page.

We rely on the information you provide in your application in deciding whether or not to accept your application. We also rely on such information to decide at our sole and absolute discretion whether or not we need to apply Special Terms to your Policy. We will treat all statements made in your application (in the absence of fraud) to be representations and not warranties.

If your application omits facts or contains materially incorrect or incomplete facts, we have the right to declare the Policy void. Alternatively, we may impose Special Terms on your Policy that will apply from the date on which the cover commences.

INCONTESTABILITY

Except for fraud or non-payment of premiums, we will not contest the validity of this Policy after it has been in force during the lifetime of the Insured for a continuous period of two (2) years from the Issue Date or Commencement Date, whichever is later.

This "Incontestability" provision does not apply to any Supplementary Contract providing accident, hospitalization or disability benefits.

SUICIDE

If the Insured, whether sane or insane, commits suicide within one (1) year from the Issue Date or Commencement Date, whichever is later, our liability under the Policy will be limited to the refund of premiums paid (without interest) less any Policy Debt.

SMOKING HABIT

This Basic Policy is issued or reinstated on the basis of the Insured's declared smoking habits. If the Insured is a smoker as at the date of the application form for the Basic Policy or as at the date of the appropriate form for reinstatement of the Basic Policy but you and / or the Insured do not disclose the same to us in the relevant form, this Basic Policy shall be voidable by the Company notwithstanding any other provision of the Policy (including, but not limited to, any incontestability clause in this Policy).

MISSTATEMENT OF AGE AND / OR SEX

If the Insured's age or sex was misstated in your application, the amount payable by us under your Policy will be adjusted at the time we make any payment under the Policy.

Where a higher premium would have applied on the basis of the correct age and sex, we will adjust the benefit payable based on what the premiums paid would have provided at the Insured's correct age and sex.

Where a lower premium would have applied on the basis of the correct age and sex, we will refund any surplus premium paid without interest.

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Where the Insured would not have satisfied our insurability requirements on the basis of the correct age and sex, we have the right to declare the Policy or the Supplementary Contract void (as the case may be) and our liability under the Policy or the Supplementary Contract (as the case may be) will be limited to return of premiums paid (without interest) less any Policy Debt.

We have the right to require proof of the Insured's age to our satisfaction at the time of processing any claim or payment of any benefit under your Policy.

FREEDOM FROM RESTRICTION

Unless otherwise specified, this Policy contains no restrictions with respect to the Insured's residence, travel or occupation.

MODIFICATIONS

No variation to the Policy (or any waiver of any term or condition of the Policy) will be binding unless evidenced by an endorsement signed by our duly authorised officer.

CURRENCY AND PLACE OF PAYMENT

All amounts payable under this Policy either to or by us shall be made in the currency shown on the Policy Information Page provided that we shall have the absolute discretion to accept payment in another currency. All amounts due from us will be payable by our Issuing Office.

OWNERSHIP PROVISIONS

Owner

The Owner is the only person entitled to exercise any right or privilege provided under the Policy.

Change of Ownership

While this Policy is in force, you may, without the consent of any Beneficiary or trustee, change ownership of this Policy by filing a written notice on the Company's prescribed form. Any change of ownership of this Policy shall be conditional upon the satisfaction of customer due diligence and other applicable requirements under Anti-Money Laundering and Counter-Terrorist Financing Ordinance and other applicable guidelines, and any such change will not be effective until such change is evidenced by an endorsement issued by us. We are not responsible for any written notice of a change of ownership received by us pending issue of an endorsement.

If and when the Owner dies:

- (a) If the Insured is eighteen (18) years old or above and no Contingent Owner is named, the Insured will become the Owner of this Policy.
- (b) If the Insured is eighteen (18) years old or above and a Contingent Owner is named, the Insured will become the Owner of this Policy.
- (c) If the Insured is less than eighteen (18) years old and a Contingent Owner is named, the Contingent Owner will become the Owner of this Policy.
- (d) If the Insured is less than eighteen (18) years old and no Contingent Owner is named, the successor to the Owner's estate will become the Owner of this Policy.

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PAYMENT OF BENEFITS

During the lifetime of the Insured, all benefits payable under the Policy will be paid to the Owner if the Owner is alive, otherwise to the Owner's estate.

If the Insured dies, unless otherwise provided under applicable law, any death benefit payable under the Policy will be paid to the Beneficiary. If no Beneficiary survives the Insured, the death benefit and all other benefits, if any, will be paid to the Owner if the Owner is alive, otherwise to the Owner's estate.

Payment of the death benefit and all other benefits payable under this Policy (or Supplementary Contracts) to the above person(s) in the manner pursuant to this clause shall be deemed a good and full discharge of the Company's obligations under this Policy (or Supplementary Contracts).

GUARANTEED RENEWAL

Subject to all of the terms and conditions of this Policy, you have a guaranteed right to renew this Policy by advance payment of the appropriate annual premium on each Policy Anniversary before the Policy Anniversary following the Insured's eightieth (80th) birthday. Unless otherwise specified, the premium is not fixed, and at the time of such renewal, we reserve the right to revise or adjust it according to our applicable premium rate for the attained age of the Insured at the time of such renewal, subject to other terms and conditions, if any, as set out in this Policy.

CHANGE OF BENEFICIARY

While your Policy is in force and to the extent permitted by law, you may change the designated Beneficiary by sending a written notice to us on our Company's prescribed form unless the previous designation specifies otherwise. A change of Beneficiary will not be valid unless:

- (a) such change has been confirmed by our Issuing Office in writing;
- (b) both you and the Insured are alive at the date of such confirmation; and
- (c) such change is evidenced by an endorsement issued by us.

We are not responsible for any written notice of a change of Beneficiary received by us pending issue of an endorsement.

ASSIGNMENT

Subject to the satisfaction of customer due diligence and other applicable requirements under Anti-Money Laundering and Counter-Terrorist Financing Ordinance and other applicable guidelines, you may assign your rights to the benefits under this Policy by filing a written notice on the Company's prescribed form or such other form of written notification as agreed by us. We shall not be deemed to have any knowledge of any assignment unless we have acknowledged in writing receipt of the notice of assignment. We are not responsible for the validity or legality of any assignment of this Policy by the Owner.

SURRENDER

This policy may be surrendered at any time by written request. This policy has no cash value and no benefits are payable on surrender. Upon surrender, this Policy shall terminate.

NO THIRD PARTY RIGHTS

A person who is not a party to this Policy (including but not limited to the Insured or the Beneficiary) has no right to enforce any of the terms of this Policy.

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TERMINATION

This Policy shall automatically terminate on the occurrence of the earliest of the following:

- (a) the death of the Insured;
- (b) the Policy Anniversary on or immediately following the eighty (80th) birthday of the Insured;
- (c) the lapse of the Policy following the expiry of the Grace Period; or
- (d) the surrender of the Policy.

On termination of your Policy, all benefits under all Supplementary Contracts (if any) will also terminate.

Termination of your Policy will not affect any claim or benefit arising prior to such termination unless otherwise stated.

GOVERNING LAW AND JURISDICTION

This Policy is governed by and shall be construed in accordance with the laws of such place where this Policy is issued (being Hong Kong or Macau, as the case may be). The courts of such place shall have non-exclusive jurisdiction to consider and determine any dispute or proceedings arising out of or in connection with this Policy.

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SAMPLE

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PREMIUM PROVISIONS

PAYMENT

While the Insured is living, all premiums are payable to us on or before the due date. Payment shall be made to us either at our Issuing Office or to our authorized officer or cashier. The Company shall have the right to review and adjust the premium for this Policy from time to time. Any premium(s) paid to us but not yet due ("Prepaid Premium") and / or any payment in excess of premium(s) currently due and payable ("Overpayment") shall, subject to any maximum amount as determined by us from time to time, accumulate interest at such interest rates as we may determine from time to time. We reserve the right to reject any Prepaid Premium and / or Overpayment paid to us in excess of such maximum amount. You may withdraw the Prepaid Premium or Overpayment and / or any interest thereon in accordance with our procedures. The balance of any Prepaid Premium, Overpayment and / or interest thereon that is not withdrawn shall be automatically used to offset any premium due and payable which is not paid within the Grace Period.

CHANGE

You may change the frequency of premium payments by written request. Subject to our minimum premium requirements, premiums may be paid on an annual or monthly mode at the premium rates applicable on the Issue Date.

DEFAULT

After payment of the first premium, failure to pay a subsequent premium on or before its due date will constitute a default in premium payment.

GRACE PERIOD

A grace period of thirty-one (31) days from the due date ("Grace Period") will be allowed for payment of each subsequent premium. The Policy will remain in force during this period. If any premium remains unpaid at the end of its Grace Period, the Policy shall lapse.

DEDUCTION OF PREMIUM AT DEATH

If the Insured dies, any balance of the premium due for the full year in which death occurs shall be deducted from the proceeds payable under the Policy.

REINSTATEMENT

If your Policy lapses following the non-payment of premium within the Grace Period, you may request for your Policy to be reinstated within five (5) years from the due date of the premium in default provided all of the following conditions are met:

- (a) your request is submitted in writing on the Company's prescribed form to our Issuing Office;
- (b) evidence to our satisfaction of insurability (including, but not limited to, evidence of the Insured's health status), is submitted to us;
- (c) the amount of overdue premium as we may determine is paid to us with interest;
- (d) you have not surrendered the Policy; and
- (e) all due and overdue levy on insurance premium (if any) as prescribed by the applicable laws are paid.

We may refuse your application for reinstatement at our sole discretion and without being required to give any reason for our decision.

Upon reinstatement, the Policy will be in force from the date of reinstatement. Interest on premiums and Policy Debt (if any) will be compounded to the date of reinstatement at an annual rate determined by us.

No cover is provided under this Policy during the period starting from the date on which the Policy lapses and ending on the date of reinstatement.

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GRANDFATHERED CRITICAL ILLNESS CLAUSE

1. Subject to the terms and conditions of this Policy, this GRANDFATHERED CRITICAL ILLNESS CLAUSE shall apply and the Cancer Benefit under this Policy shall be payable in respect of a "Cancer" (the definition of which has been expanded hereunder to include "Grandfathered Cancer") where the Insured is insured under any other policy or supplementary contract providing coverage for Cancer of the Covered Organs, which was issued by the Company and / or AIA Company Limited (whether in Hong Kong or Macau) before December 31, 2011 and which does not contain any GRANDFATHERED CRITICAL ILLNESS CLAUSE ("Old Critical Illness Plan"), with the exception of the following:
 - (i) Cancer Aid Program
 - (ii) Supplementary AIA Female Health Contract (Form No. 3000B)
 - (iii) Supplementary Female Cancer Contract (Form No. 1990B)
 - (iv) Supplementary Female Cancer Contract (Form No. 1904B)
 - (v) Ladies Special Cancer Rider Supplementary Contract (Form No. 1904B)

For the avoidance of any doubt, this GRANDFATHERED CRITICAL ILLNESS CLAUSE does not apply in respect of any condition within the meaning of "Early Stage Critical Illness".

2. For purposes of this GRANDFATHERED CRITICAL ILLNESS CLAUSE, the definition of "Cancer" in the Policy is amended by replacing its entirety with the following:

"Cancer" means either:

- (a) "Cancer" as set out and defined in the Definitions Clause of the BASIC DEFINITIONS PROVISIONS of the Policy, provided that the signs or symptoms of the Cancer commence more than ninety (90) days following the later of the Issue Date or the latest Commencement Date of the Policy; or
- (b) an illness which is not within the meaning of the related definition as set out under paragraph (a) herein, but which fulfils the condition(s) and / or diagnostic requirement(s) for the same illness under the definition of Cancer under an Old Critical Illness Plan, provided that i) coverage under the Old Critical Illness Plan for Cancer has not been exhausted and remains in force at the time of Diagnosis of such illness under this Policy; ii) benefits have been received or paid, or will be received or paid, in respect of the relevant illness under the Old Critical Illness Plan; and iii) the signs or symptoms of the relevant illness first occur more than ninety (90) days following the later of the Issue Date or last Commencement Date of this Policy ("Grandfathered Cancer").

For the avoidance of doubt, paragraphs (a) and (b) of "Cancer" does not include any of the following:

- (i) any Cancer which is not developed primarily in the Covered Organs; and
- (ii) any Cancer which spreads from other parts of the body to Covered Organs.

3. For the avoidance of doubt, the GRANDFATHERED CRITICAL ILLNESS CLAUSE shall be subject, not to the terms and conditions set out in the Old Critical Illness Plan, but to the terms and conditions applicable to this Policy, including but not limited to:
 - (i) "Incontestability" clause;
 - (ii) "Suicide" clause; and
 - (iii) the exclusions as set out in the Exclusion Endorsement and the "Exclusions" provisions in the Policy.

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4. The GRANDFATHERED CRITICAL ILLNESS CLAUSE herein is subject to the limitation that the aggregate of the benefit payments paid and / or payable in respect of:
- (i) a Grandfathered Cancer under this Policy;
 - (ii) any and all Grandfathered Critical Illnesses (as defined in the Old Critical Illness Plan(s)) under any and all other policies and supplementary contracts issued by the Company and / or AIA Company Limited (whether in Hong Kong or Macau) insuring the same life and which are stated to be subject to the Grandfathered Critical Illness limit herein;
 - (iii) any and all Critical Illnesses (as defined in the Old Critical Illness Plan(s)) on which the Grandfathered Critical Illness(es) is based, under any and all Old Critical Illness Plan(s) providing a Critical Illness benefit or payment for Critical Illness; and
 - (iv) any Cancer on which the Grandfathered Critical Illness(es) is based, under any and all Old Critical Illness Plan(s) providing a Cancer benefit or payment for Cancer;

shall not exceed a per life maximum of US\$650,000 or HK\$ / MOP5,200,000, depending on the currency as stated on the Policy Information Page.

5. Notwithstanding Clause 2 of the BENEFIT PROVISIONS, where the Lump Sum Advance Payment paid in respect of a Grandfathered Cancer ("First Lump Sum Payment"), is less than the amount of coverage corresponding to the percentage of the Initial Sum Assured for Lump Sum Advance Payment shown in the attached SCHEDULE OF BENEFIT ("Lump Sum Advance Payment Coverage") after deducting any and all Limited Advance Payments previously paid, due to application of the per life limit set out in Clause 4 of the GRANDFATHERED CRITICAL ILLNESS CLAUSE herein, our liability under Clause 2 of the BENEFIT PROVISIONS shall not terminate following payment of the First Lump Sum Payment, and the remaining balance of the Lump Sum Advance Payment Coverage (after deducting the First Lump Sum Payment) shall be applied towards any amount(s) which subsequently become payable under Clause 3 of the BENEFIT PROVISIONS herein in respect of any subsequent illness which is not a Grandfathered Cancer, which amount(s) shall be further deducted from the remaining balance of the Lump Sum Advance Payment Coverage. In such case, any Limited Advance Payment(s) payable under Clause 3 of the BENEFIT PROVISIONS shall be calculated as the relevant percentage of the remaining balance of the Lump Sum Advance Payment Coverage (after deducting the First Lump Sum Payment), instead of as a percentage of the Initial Sum Assured, subject to any applicable per life maximum(s).

Our liability under this Clause shall cease upon Reaching of Aggregate Limit.

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AIA International Limited

SCHEDULE OF BENEFIT

The schedule below sets out the benefits:

	Per Life Maximum Depending on the currency as stated on the Policy Information Page	Benefit Amount
Lump Sum Advance Payment	Not Applicable	100% of Initial Sum Assured
Limited Advance Payment for Early Stage Critical Illness		
1. Carcinoma-in-situ	US\$50,000 or HK\$ / MOP400,000	20% of Initial Sum Assured
2. Early Stage Malignancy	US\$50,000 or HK\$ / MOP400,000	20% of Initial Sum Assured

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