

GROUP INSURANCE – MEDICAL PROTECTION
POWEREASY

PROTECT YOUR VALUABLE WORKFORCE

A medical protection plan designed for small and medium-sized enterprises comprising 3 or more employees, **PowerEasy** offers network hospitalisation and surgical protection as well as optional outpatient and dental benefits, supporting a healthier and more productive workforce.



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AIA Corporate Solutions
— Your Pension and Group Insurance Partner



**HEALTHIER, LONGER,
BETTER LIVES**

Catering to the unique requirements of small and medium-sized enterprises (SMEs)

AIA designed PowerEasy, a comprehensive and flexible medical insurance package offering lump sum hospitalisation and surgical network benefits on a per disability basis.

Employers can also attach optional outpatient and/or dental benefits, according to their budgets and needs.

Application is convenient and simple. For SMEs with 8 or more employees, no health declaration or medical underwriting is necessary, while for 3 to 7 employees, only simple health declarations are required. Boost your workforce today with PowerEasy.

Cover at a glance

Product Nature	Medical protection insurance plan (Reimbursement)	
Plan Type	Basic plan	
Issue Age	Employee / Spouse	Unmarried children
	Age 64 or below	2 weeks to age 18, or up to age 22 for full-time students
Protection up to Age	Age 69	Age 18, or up to age 22 for full-time students
Eligibility	<ul style="list-style-type: none"> The core benefits plan is applicable to the employer with 3 to 50 full-time employees If the employer wishes to add any of the optional benefits, the same optional benefits should be selected for participating employees of the same class with a minimum of 3 full-time employees If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee 	
Medical Underwriting	Company with 3 to 7 full-time employees	Company with 8 or more full-time employees
	Health declaration is required and is subject to AIA's approval	No health declaration or medical underwriting requirement
Plan Option	<ul style="list-style-type: none"> Plan 1 – Ward plan, 100% reimbursement Plan 2 – Ward plan, 80% reimbursement Plan 3 – Semi-Private plan, 100% reimbursement Plan 4 – Semi-Private plan, 80% reimbursement Plan 5 – Standard Private plan, 100% reimbursement Plan 6 – Standard Private plan, 80% reimbursement 	
Core Benefits	<ul style="list-style-type: none"> Comprehensive hospitalisation and surgical cover provided by AIA medical network Post-hospitalisation / day surgery outpatient consultation Hospital cash for government hospital ward room level Hospital cash for second claim Other benefits including worldwide emergency assistance services and the China Assist Card 	
Optional Benefits	<ul style="list-style-type: none"> Outpatient benefits 	<ul style="list-style-type: none"> Dental benefits

For more information, please read the "Benefits schedule for **PowerEasy**" in this brochure.

"AIA", "the Company", "We", "our" or "us" herein refers to **AIA International Limited** (Incorporated in Bermuda with limited liability).



Extra convenience and value for 8 employees and up

We make it easy for you to reward your employees. For 8 employees and up, no health declaration or medical underwriting is necessary. For 3 to 7 employees, only simple health declarations are required to submit to AIA for approval.



An overall benefit limit to cover a range of medical expenses

Unlike most of the packaged group medical insurance products on the market, **PowerEasy** provides comprehensive protection to your employees – they can be reimbursed for a specified range of medical expenses on a per disability basis, with no limit on each expense item, letting employer and employees understand their cover more easily and obtain the protection they need.



Cover for pre-existing conditions

If an insured member has been continuously covered under **PowerEasy** for 12 months, the pre-existing medical conditions will be automatically covered thereafter under this plan, giving insured members comprehensive protection.



Quality medical network with reimbursement for treatment expenses

To provide your employees with convenient medical access, we carefully selected medical service providers across various medical disciplines to form the high-quality network, which your employees can enjoy through **PowerEasy**.

Prior authorisation is required for hospital admissions, surgical as well as diagnostic procedures, etc. Network providers will obtain prior authorisation from AIA for the insured members before providing any services, ensuring effective and appropriate treatment for the insured members. This allows them to have better financial planning, while helping the employer control overall claim costs.

Plan	Plan 1, 3, 5	Plan 2, 4, 6
Reimbursement Percentage	100%	80%
Deductible	0	0
Credit Facility	will be provided	not available

The granting of prior authorisation and the provision of credit facility does not guarantee full cover of the hospitalisation charges. Insured members are required to settle any amounts in excess of the cover at discharge or upon receiving notification from AIA.





Comprehensive medical cover

If an insured member becomes hospitalised, **PowerEasy** covers treatment expenses including hospital room and board, intensive care, inpatient surgery, as well as selected medical appliances. Follow-up consultation and diagnostic tests after confinement or day surgery are also covered under the plan.

For more information on the items of cover, please read the "Benefits schedule for **PowerEasy**" in this brochure.



Flexibility to suit your needs

We understand that everyone's situation is different. That's why we offer a choice of 6 basic plans with cover for different hospital wards, along with optional benefits that can be added on. For further protection, **PowerEasy** can be extended to provide cover for dependants, meeting the needs of your employees' loved ones.

Plan Option

- Plan 1 – Ward plan, 100% reimbursement
- Plan 2 – Ward plan, 80% reimbursement
- Plan 3 – Semi-Private plan, 100% reimbursement
- Plan 4 – Semi-Private plan, 80% reimbursement
- Plan 5 – Standard Private plan, 100% reimbursement
- Plan 6 – Standard Private plan, 80% reimbursement

+

Optional Benefits

- Outpatient benefits
- Dental benefits



Privilege for companies with 8 or more employees: Portable employee voluntary medical protection

If your company has 8 or more employees at policy application and / or on the latest anniversary date, you can give your employees and their dependants* the option of purchasing a portable employee voluntary medical protection plan at their own expense – without any extra cost to you.

Portable employee voluntary protection# enables your employees to supplement their existing group medical protection at affordable premiums. That way, they gain extra assurance knowing their protection will continue even after leaving the company or retiring.

* If your company offers an AIA group medical insurance scheme to insured employees' dependants (not including voluntary dependant cover).

Subject to the availability of the product. For more information about portable employee voluntary medical protection, please consult your financial planner or call our hotline.





Benefits schedule for PowerEasy

Benefit items are reimbursed on a “reasonable and customary” basis. For more information, please refer to point 1 of the “Product Limitation” section under “Important Information”.

Core Benefits

Plan	Maximum Benefit (HK\$)					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Geographic cover applies to items 1 to 11	Hong Kong – Network only Overseas – Allow for other providers					
Room type entitlement	Ward		Semi-Private		Standard Private	
Per disability limit applies to items 1 to 9	100,000		200,000		400,000	
Reimbursement percentage[^]	100%	80%	100%	80%	100%	80%
Deductible per disability	0	0	0	0	0	0
I. Confinement Benefits						
1. Hospital daily room and board benefit						
2. Physician's visit						
3. Specialist's fee						
4. Miscellaneous hospital expenses benefit Including advanced diagnostic imaging tests and basic laboratory tests						
5. Intensive care benefit						
II. Surgical Benefits						
6. Surgery benefit Including surgeon's fee, anaesthetist's fee and operating theatre charge						
7. Day surgery benefit Including surgeon's fee, anaesthetist's fee and operating theatre charge						
8. Medical appliances benefit Specified items: Include: i. pacemaker ii. stents for Percutaneous Transluminal Coronary Angioplasty iii. intraocular lens (standard) iv. artificial cardiac valve v. metallic or artificial joints for joint replacement vi. prosthetic ligaments for replacement or implantation between bones vii. prosthetic intervertebral disc						
III. Post-hospitalisation / Day Surgery Outpatient Consultation						
9. Follow-up consultation and diagnostic tests within 31 days after confinement or day surgery						

[^] “Deductible” shall mean a fixed amount of eligible expenses the insured members must pay before we shall reimburse the remaining eligible expenses. And since all deductible under this plan is HK\$0, deductible under this plan will not affect the benefit payable of the insured members. The reimbursement percentage specifies the percentage of eligible expenses payable by us. For example, for the eligible expenses of HK\$100,000 with a reimbursement percentage at 80%, the insured member is responsible for HK\$20,000 (i.e. 20% of the remaining eligible expenses), while we pay for the remaining HK\$80,000 (i.e. 80% of the remaining eligible expenses).

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule from time to time.

Core Benefits (continued)

Plan	Maximum Benefit (HK\$)					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
10. Hospital cash for government hospital ward room level or hospital without charge (per day)	250	250	400	400	800	800
11. Hospital cash for second claim (per day)	250	250	400	400	800	800
IV. Other Benefits						
12. China Assist Card	Included					
V. Emergency Treatment Benefits						
If health services from a non-network provider are utilised due to an emergency, notification to the Company is required within 24 hours. The Company shall then arrange for the services to be taken over by a network provider. If the insured member chooses not to use the services rendered by a network provider, cover of health services in such case shall be rejected by the Company, unless approval from the Company has been otherwise given.						
Worldwide emergency assistance services						
a. Emergency medical evacuation	100%					
b. Repatriation of remains	100%					
c. Worldwide hospitalisation deposit guarantee	Maximum 60,000 (per trip)					
d. Compassionate visit by one immediate family member (if the insured member is hospitalised for more than 7 consecutive days) - Return common carrier ticket (economy class) - Visitor's accommodation expenses	Included Maximum 12,000 (per trip)					
e. Return of children (under 18 years of age) to the place of residence (if the insured member is hospitalised and the children under 18 are travelling with the insured member and are left unattended) - One-way common carrier ticket (economy class) - Qualified escort when necessary	Included Included					
f. Overseas medical monitoring & repatriation after discharge from overseas hospitalisation	Included					
g. Hotel room accommodation for convalescence	Maximum 2,000 per day (maximum 5 days per trip)					
h. 24-hour worldwide telephone enquiry services	Included					

Adjustment Factor

If the insured member is confined in a hospital room of a type that is at a higher level than the room type corresponding to the plan level chosen, the benefit payable shall be paid according to the benefits schedule above, and subject to adjustment by a percentage indicated in the column of "Adjustment Factor" below:

Room Type Entitlement	Received Treatment In	Adjustment Factor
Ward	Semi-Private	50%
Ward	Standard Private	25%
Ward	VIP / Deluxe / Suite	0%
Semi-Private	Standard Private	50%
Semi-Private	VIP / Deluxe / Suite	0%
Standard Private	VIP / Deluxe / Suite	50%

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule from time to time.

Optional Benefits

 Recommendation by a registered doctor in writing is required.

Outpatient Benefits	Maximum Benefit (HK\$)			
	Plan 1	Plan 2	Plan 3	Plan 4
Medical Service Provider	Network	Non-Network	Non-Network	Non-Network
Reimbursement percentage	100%	80%	80%	80%
Overall maximum number of visits applies to item 1 to 5 per year	50	30	30	30
1. Outpatient consultation by a general doctor <ul style="list-style-type: none"> Including western medication (per visit) Maximum 1 visit per day 	Covered	150 per visit	250 per visit	350 per visit
 2. Physiotherapy	Covered	150 per visit	250 per visit	350 per visit
 3. Chiropractic treatment	Not Covered	150 per visit	250 per visit	350 per visit
 4. Outpatient consultation by a specialist doctor <ul style="list-style-type: none"> Including western medication (per visit) Maximum 1 visit per day 	Covered	300 per visit 10 visits per year	500 per visit 10 visits per year	700 per visit 10 visits per year
5. Chinese medicine Including (i) Chinese herbal medicine (ii) Bone-setting, acupuncture and Tui Na	(i) Covered (ii) Not Covered	150 per visit 10 visits per year (i) & (ii) covered	250 per visit 10 visits per year (i) & (ii) covered	350 per visit 10 visits per year (i) & (ii) covered
 6. X-ray and laboratory test Per year	Covered	1,500	3,000	5,000

Dental Benefits	Maximum Benefit (HK\$)	
	Plan 1	Plan 2
Medical Service Provider	Non-Network	Non-Network
Reimbursement percentage	100%	80%
1. Preventive oral examination, scaling and polishing Maximum 2 visits per year	3,000 per year	2,000 per year
2. Intra-oral X-ray and medication		
3. Fillings and extractions		
4. Drainage of abscesses		
5. Pins for cusp restoration		
6. Dentures, crowns and bridges Only if necessitated by an accident		



Conditions

Eligibility

Number of employees

- The company must have a minimum of 3 full-time employees.

Age of employees

- Full-time employees: age 64 or below
- Employees between the ages of 65 and 69 are allowed to renew their existing policies, but not to enrol for the first time.

Age of employees' dependants

- Spouse: age 64 or below
- Spouses between the ages of 65 and 69 are allowed to renew their existing policies, but not to enrol for the first time.
- Unmarried dependant children: from the age of 2 weeks to 18 years; full-time students are eligible up to the age of 22 (proof of full-time education is required).

Participation guidelines for core benefits

- All eligible employees of the company must join the plan.
- Employees of the same class must join the same core benefits plan.
- If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.

Participation guidelines for optional benefits

- If the employer includes optional benefits, the employer should select the same optional benefits for participating employees of the same class with a minimum of 3 full-time employees.
- If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.

Excluded Industry / Organisation

This plan is not applicable to the below industries / organisations:

1. Group where other than a single employer or employee relationship exists
2. Group where eligible employees include seasonal, unskilled, part-time or transient workers
3. Association of individuals or companies
4. Bus, taxi or truck driver (Risks involved with driving in Mainland China will be excluded)
5. Construction group
6. Labour union
7. Hospital / doctor / nurse / medical or clinic group
8. Political or religious group
9. Sports team
10. Underground mine worker
11. Farmer / agriculture / animal processing
12. Employee leasing firm or temporary agency
13. Window and/or industrial cleaning service
14. Spa, Turkish bath, massage parlor, gymnasium, health resort or similar enterprises
15. Theatre, amusement park, dance hall, billiard parlor, and bowling alley or sports promoter
16. Group which involves special hazards / risks
 - a) Commercial airline personnel
 - b) Nuclear power or chemical production plant
 - c) Police or security officer
 - d) Fireman
 - e) Manufacturer or user of ammunition or explosive
 - f) Military and military related group
 - g) Collective traveling group (e.g. Professional sports team, air crew, offshore worker, oil rig worker, ship crew, diver or driller (oil, water, underground coal), underground miner)

How to apply

Please submit the following completed and signed documents.

1. Application form
2. Data form of proposed insured members
3. Health declaration forms of proposed insured members (if the company has 3 to 7 full-time employees)
4. Photocopy of Hong Kong Business Registration Certificate
5. Cheque for the first year's premium and levy, payable to "AIA International Limited"



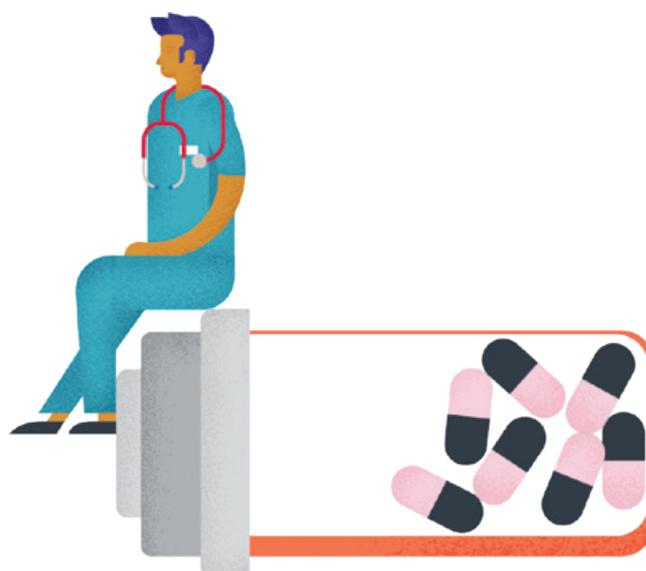
For companies with 3 to 7 full-time employees, we will carry out individual simple medical underwriting for each proposed insured member. We may ask for further information (e.g. medical report) during the course of medical underwriting.



The policy will be effective upon approval of medical underwriting for a minimum of 3 employees on the underwriting approval date or any subsequent date specified by the policyholder, whichever is later. (In case some of your employees cannot pass the underwriting, you have the right to cancel your policy by giving written notice to us within 31 days after the delivery of the policy or of the written notice to you or our representative informing you that the policy is available, whichever is earlier.)



Our representative will give the group policy document to the successful applicant.





Important Information

- This brochure does not contain the full terms and conditions of the policy. It is not, and does not form part of, a contract of insurance and is designed to provide an overview of the key features of this product. The precise terms and conditions of this plan are specified in the policy contract. Please refer to the policy contract for the definitions of capitalised terms, and the exact and complete terms and conditions of cover. In case you want to read policy contract sample before making an application, you can obtain a copy from AIA.* This brochure should be read along with the illustrative document (if any) and other relevant marketing materials, which include additional information and important considerations about this product. We would like to remind you to review the relevant product materials provided to you and seek independent professional advice if necessary.
- This plan is an insurance plan without any savings element. All premiums are paid for the insurance and related costs.
- Insured members refer to the insured employees and their insured family members (if applicable).
- If the plan includes family protection, the benefits mentioned in this product brochure for employees apply to their dependants as well.

Key Product Risks

- You need to pay the premium for this plan upon renewal every year.
- The insured member will lose the cover when the following happens:
 - the insured member passes away.
- You may request for the termination of your policy by notifying us in written notice. Also, we will terminate your policy and all the insured members will lose their cover when one of the following happens:
 - you do not pay the premium within 31 days of the premium due date;
 - the number of insured full-time employees falls below 3;
 - the nature of the company's business changes to another nature that we shall cease to provide cover. For the latest list of the excluded industries / organisations, please visit our website aia.com.hk; or
 - the company provides incorrect information or is unable to disclose important information regarding the insured members.
- The insured member may lose the cover when he or she no longer resides in Hong Kong.
- We reserve the right to terminate your policy and all the insured members will lose their cover when the company transfers to operate out of Hong Kong.
- Cover renewal is based on the continuing availability of the plan to all existing policies.
- We underwrite the plan and you are subject to our credit risk. If we are unable to satisfy the financial obligations of the policy, the insured members may lose their cover and you may lose the remaining premium and levy for that policy year.
- Future medical costs will be higher than they are today due to inflation. Hence, the benefit amounts and the future premium rate of this plan may be revised to reflect the inflation.

General Exclusions

Under this plan, we will not cover conditions that result from any of the following events:

- any benefit not available under an insured member's plan or charges exceeding the limits specified in the benefits schedule.
- pre-existing conditions for which the insured member showed symptoms or received medical treatment, diagnosis, consultation or prescribed drugs within the 12 months preceding the effective date of the policy, unless the insured member has been insured under the policy continuously for 12 months.
- investigation and treatment of psychological, emotional, mental or behavioural conditions; alcoholism or drug addiction; rest cure or sanatoria care; treatment of an optional nature; intentionally self-inflicted injuries while sane or insane.
- injuries arising directly or indirectly from war, declared or undeclared.
- special nursing care; general physical or medical check-up or tests not incidental to treatment or diagnosis of an actual sickness or injury or any treatment which is not medically necessary; immunisation, vaccination or inoculation.
- procurement or use of special braces, any appliances, any equipment or prosthetic devices, any implants, contact lenses, eye glasses, hearing aids or the fitting of the same and non-medical services such as television, telephone and the like.
- any dental (except where and as covered under Optional Benefits) or eye examination/treatment, surgical procedure for correction of eye refraction, cosmetic procedures or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by accidental bodily injuries covered under the policy.
- any investigation, treatment or surgery for congenital defect that gives rise to signs or symptoms, or is diagnosed, before the insured member reaches the age of 17.
- birth control measures, investigation or treatment pertaining to infertility, genetic testing or counseling, treatment occasioned by or resulting from pregnancy, childbirth or abortion.
- non-medically necessary health services.
- experimental, investigational or unproven services except when authorised by the Company.
- services and supplies for smoking cessation programmes and the treatment of nicotine addiction.
- services rendered by a Physician, Surgeon, Chinese Herbalist or Chinese Medicine Practitioner (whether legally registered or not) with the same legal residence as the insured member or who is a member of the insured member's family, including spouse, brother, sister, parent or child; or services delivered by an agent of the Company.
- Chinese Medicine Practitioner treatments, namely Chinese herbal medicine, bonesetting, acupuncture and tui na (except where and as covered under Optional Benefits), hypnotism, massage therapy, aroma therapy, and other forms of alternative treatments.
- clinical home care; custodial care in any setting; day care; hospice, private duty nursing; respite care unless prior approval is obtained from the Company.
- other education services such as speech improvement, diabetic classes and nutritional services, or group support services.

Effective from 1 January 2018, all policyholders are required to pay a levy on each premium payment made for both new and in-force Hong Kong policies to the Insurance Authority (IA). For levy details, please visit our website at www.aia.com.hk/useful-information-ia-en or IA's website at www.ia.org.hk.

17. any claim arising directly or indirectly as a result of HIV/AIDS.

The above list is for reference only. Please refer to the policy contract of this plan for the complete list and details of exclusions.

Premium Adjustment and Product Features Revision

1. Premium Adjustment

In order to provide you with continuous protection, we will annually review and adjust the premium of your plan accordingly at the end of policy year if necessary. During the review, we may consider factors including but not limited to the following:

- claim costs incurred from all policies under this plan and the expected claim outgo in the coming year which reflects the impact of medical trend, medical cost inflation and product feature revisions;
- expenses directly related to the policy and indirect expenses allocated to this product.

2. Product Features Revision

We reserve the right to revise the benefit structure, terms and conditions and/or product features, so as to keep pace with the times for medical advancement and to provide you with continuous protection.

We will give the policyholder a written notice of any revision before any policy anniversary or upon renewal.

Product Limitation

1. We only cover the charges or expenses of the insured member on reasonable and customary basis.

"Reasonable and customary" means:

- the medical services, diagnosis and / or treatments are medically necessary and delivered according to standards of good medical practice;
- the costs of the medical services and the duration of the hospital stay are not more expensive or longer than the usual level of charges or duration for similar treatment in the locality of such services delivered; and
- does not include charges that would not have been made if no insurance existed.

"Medically necessary" means that the medical services, diagnosis and / or treatments are:

- necessary to meet the basic health needs of the insured member;
- consistent with the diagnosis of the condition;
- provided in the most cost-effective manner and type of setting appropriate for the delivery of the health service; and of demonstrated medical value; and
- required for reasons other than the convenience of the insured member or his physician.

Experimental, screening, and preventive services or supplies are not considered medically necessary. We may adjust any and all benefits payable in relation to any hospital / medical charges which is not a reasonable and customary charge.

2. An "adjustment factor" is applied to the calculation of the benefit payable when the insured member is confined in a hospital room of a type that is at a higher level than the room type corresponding to the plan level chosen, the benefit payable shall be paid according to the benefits schedule, and the adjustment factor will also apply. For details, please refer to the "Adjustment factor" in this brochure.
3. If the eligible expenses have been reimbursed under any law, or medical program or other insurance policy provided by any government, company, other third party or us, such will not be reimbursable by us under this policy.
4. Medical network services are provided by network doctor. AIA shall not be responsible for any act or omission of network doctor in the provision of medical network services. AIA reserves the right to amend, suspend or terminate these services without further notice.
5. Worldwide emergency assistance services (except for 24-hour worldwide telephone enquiring services) and China Assist Card are covered during the trip only, which are additional benefits. The services are provided by third party service provider(s). AIA shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. AIA reserves the right to amend, suspend or terminate the service without further notice.
6. All insurance applications are subject to AIA's underwriting and acceptance. AIA reserves the final right to approve any policy application. In case the policy application is declined, AIA will make full refund of the actual amount of premium and any levy paid by the customer without interest.

Claim Procedure

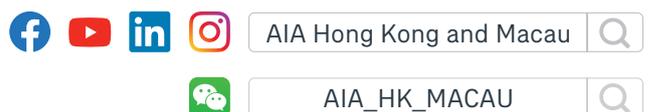
If any of the insured members wishes to make a claim, he/she must send us the appropriate form and relevant proof within 90 days of the date the covered event happened. The appropriate claim form can be downloaded from our website: aia.com.hk or obtained from the financial planner. If you wish to know more about claim related matter, you may visit "File A Claim" section under our company website www.aia.com.hk.

Cancellation Right

You have the right to cancel the policy by giving no less than 31 days' prior written notice to us, however this will result in the insured member losing his cover and you losing the remaining premium and levy for that policy year. We also reserve the right to cancel the policy upon the policy renewal by giving you no less than 31 days' prior written notice.

Please contact your financial planner or call our hotline for details

Hong Kong  (852) 2232 8118
 hk.cs.enquiry@aia.com
 aia.com.hk



Information about the Insurance Authority Collecting Levy on Insurance Premiums

Collection of levy on insurance premiums from policyholder by the Insurance Authority (effective 1 January 2018)

Background

The Insurance Authority (“IA”) has replaced the Office of the Commissioner of Insurance to regulate insurance companies since 26 June 2017. Under this new regulatory regime, with the gazette of the Insurance (Levy) Order (“the Order”) and the Insurance (Levy) Regulation (“the Regulation”), all new and in-force policies underwritten in Hong Kong are subject to levy, effective 1 January 2018.

The statutory requirement on levy

- All in-force policies are subject to levy with policy anniversary date on or after 1 January 2018.
- Levy payable is calculated as a percentage of premiums and shall be paid by policyholders along with premiums. Levy rates and the maximum levy are prescribed by the Order as below, which shall apply throughout the policy year.

Policy Effective Date or Policy Anniversary Date	Levy Rate	Maximum Levy (HK\$)	
		General Business*	Long Term Business#
From 1 January 2018 to 31 March 2019 (both dates inclusive)	0.04%	2,000	40
From 1 April 2019 to 31 March 2020 (both dates inclusive)	0.06%	3,000	60
From 1 April 2020 to 31 March 2021 (both dates inclusive)	0.085%	4,250	85
From 1 April 2021 onwards (inclusive of that date)	0.1%	5,000	100

* Group medical policies and group life policies with medical protection or with benefits covering sickness will be subject to the maximum levy for “General Business”.

Pure group life policies and group life policies with Accidental Death & Disablement riders will be subject to the maximum levy for “Long Term Business”.

- Different levy rates and maximums will apply, depending on the policy effective date or anniversary date. The prescribed levy will be subject to change from time to time.
- The actual levy payable will always be subject to the final confirmation of the policy effective date and the exact premiums of the policy. The final amount will be confirmed and listed in our Levy Invoice.

If you have further questions on levy, please visit our website at www.aia.com.hk or IA’s website at www.ia.org.hk.

