



Carcinoma-in-situ Rider

This rider is attached to and forms part of the Critical Illness Benefit policy ("the Policy"). It is issued in consideration of the payment of premium applicable to this rider. While the Policy is in force, We agree to provide the following benefits up to the amount stated in the Schedule of Benefits, subject to the terms and conditions and exclusions of this rider provided that premium is paid when due.

This rider is subject to all the provisions of the Policy except as herein modified. Unless otherwise defined herein, words and expressions defined in the Policy shall have the same meanings in this rider.

This rider shows details of the cover and the terms and conditions that apply to it. The **Policyholder** and **Insured Persons** must read this rider to make sure that they understand the cover provided.

This insurance is underwritten by AIG Insurance Hong Kong Limited, 7th Floor, One Island East, 18 Westlands Road, Island East, Hong Kong.

DEFINITIONS

Carcinoma-in-situ

A focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissue. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane. **Diagnosis** of carcinoma-in-situ must always be supported by a histopathological report.

Cervical Intraepithelial Neoplasia (CIN) classification including CIN I and CIN II are specifically excluded.

Diagnosis

The definitive diagnosis made by a **Registered Medical Practitioner**, based upon such specific evidence, as referred to in the definition of **Carcinoma-in-situ**, or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to **Us**. Such diagnosis must be supported by **Our** medical director who may base his/her opinion on the medical evidence submitted by **You** and/or owner and/or any additional evidence that he/she may require.

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

Effective Date

The effective date of this rider as shown on the **Schedule of Benefits** or the date that **Insured Person** is added to this rider, if that date is later than the start date of this rider.

Female organ

One or both breasts, one or both fallopian tubes, one or both ovaries, the cervix, uterus, vagina or vulva.

Male organ

One or both breasts, one or both testes, the penis or prostate.

Pre-existing condition

Any illness, disease or other condition of the **Insured Person** within a five (5) years period prior to the **Effective Date** of this rider, last reinstatement date or date of any increase of benefit coverage (to the extent of such increase only), whichever is later for any: (a) first manifested itself, worsened, became acute or exhibited symptoms which would have caused an ordinarily prudent person to seek diagnosis, care or treatment; (b) required the **Insured Person** taking prescribed drugs or medicine; or (c) was treated by a **Registered Medical Practitioner** or a **Qualified Medical Practitioner** or treatment had been recommended by a **Registered Medical Practitioner** or a **Qualified Medical Practitioner**. Pre-existing condition shall also mean the existence of symptoms of any **Carcinoma in situ** or a condition likely to cause a **Carcinoma in situ** which would cause an ordinarily prudent person to seek diagnosis, care or test.

Waiting Period

The period of ninety (90) days (except for SARS) which commences immediately following the **Effective Date of this rider**, or last reinstatement date, or date of any increase of benefit coverage (to the extent of such increase only), whichever is later.

ADDITIONAL EXCLUSIONS

The following exclusions apply to this rider.

We will not pay for any benefit:

1. resulting from any **Pre-existing condition**;
2. if **You** have been diagnosed with the same **Carcinoma-in-situ** before the **Effective Date of this rider**;
3. for any tumours which are histologically described as pre-malignant, or for prostate cancers histologically described as TNM Classification T1a or T1b or Prostate cancers of another equivalent or lesser classification;
4. if **You** are **Diagnosed** with **Carcinoma-in-situ** within the **Waiting Period**, or if **You** receive medical advice, have symptoms or tests, or receive any medication or treatment for any **Carcinoma-in-situ** or have symptoms which would have caused an ordinary prudent person to seek treatment or diagnosis within the **Waiting Period**;
5. for any **Carcinoma-in-situ** if **Diagnosis** was made after **Your** death.

BENEFITS – Carcinoma-in-situ Benefit

If **You** are first **Diagnosed** by a **Registered Medical Practitioner** after the **Effective Date** and following the **Waiting Period**, to be suffering from **carcinoma-in-situ** of **Female organ** or **Male organ** then **We** will pay **You** the **Sum Insured** shown on the **Schedule of Benefits**.

If **We** have paid for Carcinoma in Situ Benefit, the **Sum Insured** for Critical Illness shown on the **Schedule of Benefits** shall be reduced by the amount paid and there shall be no further cover for Carcinoma in Situ Benefit.

The total amount payable by **Us** in respect of one or more **Critical Illness** and the Carcinoma In Situ Benefit shall not exceed 100% of the **Sum Insured** as shown on the **Schedule of Benefits** regardless of the number of **Critical Illness** suffered. **We** shall bear no further liability after payment of 100% of the **Sum Insured**. Coverage of this Rider and the Policy will be terminated automatically after such payment.

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原位癌保障附加契約

本附加契約將成為危疾保單（以下稱為“保單”）的一部份。在附加契約保費成功收訖的情況下，**我們**會發出此合約。當保單仍然生效時，**我們**同意根據本附加契約的條款、條件和不承保事項提供**保單列表**所載的保障。

除於本附加契約對保單之修訂外，本附加契約將按照所有保單內所載之條款為準。除非於本契約定義另有所指，所有於保單所定義的詞彙與本契約具相同涵義。

本附加契約列明保障範圍及適用於本附加契約之條款和條件的詳細資料。**保單持有人及受保人**必須細閱本附加契約，以確保雙方均明白保障範圍。

本保險由美亞保險香港有限公司（地址為香港港島東華蘭路 18 號港島東中心 7 樓）承保。

保單定義

原位癌

癌細胞在某一焦點範圍內獨立生長，但還未侵入其他的正常細胞組織。侵入是指滲透及/或活躍地破壞在基膜以外的正常細胞組織。原位癌的**診斷**必需要以組織病理學的報告為準。

子宮頸原位癌的定義並不包括第一階段及第二階段之子宮頸表層細胞病變。

診斷

是指由**註冊醫生**根據本保單內**原位癌**的定義中指定的跡象而作出明確的診斷，當不能提供指定的跡象證明時，醫生須根據**我們**接受的放射結果、臨床診斷、細胞組織或實驗分析而作出診斷。該診斷必須經**我們**的醫生根據**你**遞交的醫療證明及/或任何所要求的其他證明加以認可。倘**我們**對診斷結果的適合程度及準確性有異議時，**我們**有權指派一位獨立而醫學界認可的專家為**你**檢查或檢驗有關的診斷證明。該專家對診斷所作出的意見對**你**及**我們**均具有約束力。

生效日期

保單列表所示的本附加契約生效日，或如**受保人**加入本附加契約當日遲於本附加契約生效日，則以**受保人**加入本附加契約當日為準。

女性器官

一個或兩個乳房、一條或兩條輸卵管、一個或兩個卵巢、子宮頸，子宮，陰道或外陰。

男性器官

一個或兩個乳房、一個或兩個睪丸、陰莖或前列腺。

受保前已存在之狀況

任何疾病或狀況於此附加契約**生效日**，附加契約覆效日，保額增加日(只限保額增加的部分)，以較遲者為準，前五年內，(a)首次顯示、惡化、變為急性、展示病徵以使正常人士尋求診斷、護理、或治療；或(b)需要**受保人**服食處方藥物或藥物；或(c)曾接受**註冊醫生**或**合資格醫生**之治療，或曾被**註冊醫生**或**合資格醫生**建議治療。受保前已存在之狀況亦指任何已存在之**原位癌**病徵以使正常人士尋求診斷、護理、或測誦。

等候期

由此附加契約**生效日期**或復效日，或保額增加日(只限保額增加的部分)

分)，以較遲者為準，開始計九十天之內。

附加不承保事項

以下各項不承保範圍適用於本附加契約。

我們不會賠償任何保障：

1. 因任何**受保前已存在之狀況**；
2. 若**你**於附加契約**生效日期**前已被診斷出患有同一**原位癌**；
3. 於組織學上為癌前病變的腫瘤，或組織學描述為 TNM 分級 T1a 和 T1b 的前列腺癌，或其他等同於或低於此級別的前列腺癌；
4. **你**於**等候期**被診斷患有**原位癌**，或**你**於**等候期**內就任何**原位癌**而接受醫療見議、出現病徵或進行測試，或服用任何藥物或接受任何治療或出現會引致平常謹慎行事的人尋求治療或診斷的病徵；
5. 在**你**身故後才作出**診斷**之任何**原位癌**。

保障 – 原位癌

如**你**於**生效日期**及**等候期**後被**註冊醫生**首次**診斷**患上**女性器官**或**男性器官**的**原位癌**，**我們**會根據**保單列表**所載的**保額**給**你**賠付。

如**我們**已就**原位癌**保障作出賠付，則**保單列表**所示之**危疾保障保額**將扣除已賠付金額，並不再承保**原位癌**保障。

我們就保單所列之一項或多項**危疾**及**原位癌**保障所賠付的總額不會超過**保單列表**所示**保額**的 100%，不論所患**危疾**數目多寡。賠付 100%**保額**後**我們**再無責任，且賠付 100%**保額**後本附加契約及保單的保障範圍將自動終止。

此附加契約的版權為美亞保險香港有限公司所有。未經美亞保險香港有限公司同意不得複製全部或部分附加契約之內容。

(此中文譯本乃供參考之用，如中文譯本與英文本有異，以英文本為準)