

CHUBB®

PRODUCT BROCHURE

Cancer Care Critical Illness Insurance Plan



Accessible protection. Unlock greater coverage.

Life after recovering from cancer can feel like the beginning of a new chapter that brings renewed hope, a need to readjust lifestyle, and a deeper focus on health. For those who have experienced such health challenges often understand more deeply than anyone else, yet regaining access to coverage can still feel out of reach.

But with **Chubb Cancer Care Critical Illness Insurance Plan** (the “**Plan**” or “**Chubb Cancer Care**”), you can now access a thoughtful solution tailored for individuals who are recovering from Carcinoma-In-Situ or Cancer. Through a simplified underwriting process, the Plan helps make securing the protection you need easier, without complicated applications or lengthy processes. It also introduces a first-in-market¹ feature that encourages you to stay healthy, allowing you to unlock additional coverage with no extra premiums. This gives you the opportunity to secure the level of protection that adapts to your needs.

Complemented by thoughtfully designed benefits and value-added services², the Plan supports you as you move forward with greater confidence.



Product Highlights

Comprehensive health shield across different life stages



Coverage for 128 Minor Illnesses and Major Illnesses



Restore your protection to 100% after Minor Illness claims



Waivers of Premium for continuous coverage



Whole life protection for extra peace of mind



Designate a Successor Owner to ensure Policy continuity

First-in-market

Coverage Unlock Privilege to help broaden protection over time, including:



First-in-market

Reimbursement for Self-Financed Drugs and/or Privately Purchased Medical Items



First-in-market

Extra 20% protection for appearance care surgery or treatment for side effects



First-in-market

Extra 20% protection for Advanced Stage Cancer, Severe Heart Attack or Severe Stroke



Additional protection through Multiple Protection Major Illness Benefit

One-stop value-added services that go beyond financial help



Chronic Disease Management Program



Multidisciplinary Team (MDT) consultations



Complimentary psychological counselling



Quick access to advanced drugs and medical equipment



Stand-by-your-side family support

The Benefits



Coverage for 128 Minor Illnesses³ and Major Illnesses⁴

For those bearing health risk factors, staying attentive to your health often becomes part of everyday life. Recognising early warning signs and seeking timely treatment may help manage potential complications and support better outcomes. The Plan provides coverage from Minor Illnesses³ to Major Illnesses⁴, offering protection across a wide spectrum of critical illnesses.

To bolster your safety net against the unexpected, **Chubb Cancer Care** also covers Intensive Care Unit⁵ (“ICU”) stays under Minor Illness Benefit⁶ and Major Illness Benefit. Even if the related condition is not formally defined as critical illness, coverage is still available if intensive care treatment is required.

Minor Illness Benefit⁶

Up to **30%** of the Sum Assured for each Minor Illness³ claim

- The maximum aggregate amount of all Minor Illness Benefits⁶ payable and Minor Illness Benefit Adjustment Amount (if any), is 90% of the Sum Assured

61 Minor Illnesses³ for whole life coverage

- Covers Minor Illnesses³, including Angioplasty and Carcinoma-In-Situ³
 - (i) 1 claim for each Minor Illness³
 - (ii) Maximum 2 claims for each of Angioplasty, Atherectomy or Minimally Invasive Direct Coronary Artery Bypass Grafting for Coronary Arteries; and Carcinoma-In-Situ or Stage Ta of Specific Organs³

Major Illness Benefit

Up to **100%** of the Sum Assured, less any Minor Illness Benefits⁶ paid or payable

65 Major Illnesses⁴ for whole life coverage

- Covers Major Illnesses⁴ including Cancer⁴, Heart Attack and Stroke
- 1 claim per Policy



Extended protection beyond critical illnesses - Whole life coverage for Intensive Care

Intensive Care (72 Hours)^{5,7}

- Covers a Qualified ICU Stay for 72 or more consecutive hours

Intensive Care (120 Hours) with Complex Surgery^{5,8}

- Covers a Qualified ICU Stay for 120 or more consecutive hours, with the use of Invasive Life Support where the Insured has undergone a Complex Surgery

Waivers of Premium for continuous coverage

Waiver of Premium on Minor Illness⁹

- If the Insured is Diagnosed with 1 of the Minor Illnesses³, and Minor Illness Benefit⁶ has been paid or becomes payable, we will waive the Premiums under the Policy for 24 months from the Premium Due Date

Waiver of Premium on Major Illness⁹

- If the Insured is Diagnosed with 1 of the Major Illnesses⁴, and Major Illness Benefit has been paid or becomes payable, we will waive all future Premiums under the Policy

For covered illnesses and surgeries, please refer to “**Schedule of Coverage**” section in this product brochure. For the maximum limit of each benefit, please refer to “**Benefits Schedule**” section for details.

The Benefits



Restore your protection to 100% after Minor Illness³ claims

Everyone wants to be 100% protected all the time. The last thing anyone wants when making a claim is to discover that their “full coverage” is not quite as full as expected. Unfortunately, for some critical illness insurance products in the market, benefits like minor illness payouts can exhaust the available benefits, thereby reducing the payout and protection needed for the Insured at critical moments.

Chubb Cancer Care provides a Protection Revival Benefit¹⁰, an important feature that complements the critical illness coverage. If the Insured is Diagnosed with a Major Illness⁴, the Protection Revival Benefit¹⁰ will restore the aggregate amount of Minor Illness Benefit⁶ paid for Minor Illness(es)³ for which the Insured has been Diagnosed at least 1 year before the date of initial Diagnosis of the Major Illness⁴. The Major Illness Benefit can be restored to 100% of the Sum Assured, providing full protection for you against future uncertainties.



Other than basic coverage,
what else would you wish your
plan could do for you?

“If there’s a treatment that could improve my chances, I want the freedom to choose it.”

“If recovery leaves lasting physical changes, I want support to regain my confidence.”

“If my condition becomes more serious in the future, I want additional support to face what comes next.”

“If I face another serious illness in the future, I want to know I still have some protection to rely on.”

And as your health stabilises over time,
you may have more choices in the protection
available to you.

The Benefits



First-in-market¹

Coverage Unlock Privilege¹¹ – unlocking more protection over time

As your health condition gradually stabilises, you may gain access to more benefits. **Chubb Cancer Care** is designed to support this progression by giving you the opportunity to increase the level of protection you deserve over time.

Prior to the relevant Policy Anniversary, you will receive an invitation for the Insured to undergo specified medical examinations. If the Insured's health condition meets the required criteria, the benefits below can be unlocked without additional premium, helping to provide more comprehensive protection for the future.

Out-of-Pocket Items Benefit^{11,12}

Appearance Care Benefit^{11,13}

Embrace Life Benefit^{11,14}

Multiple Protection Major Illness Benefit^{11,15}

Note: For the avoidance of doubt, Coverage Unlock Privilege and any unlocked benefits are subject to the terms and conditions of the Policy, including provisions relating to lapse and reinstatement.



The Benefits



First-in-market¹

Out-of-Pocket Items Benefit^{11,12}

In Hong Kong, private healthcare costs are ranked the 2nd highest in the world⁽¹⁾. Medical expenses can quickly add up, especially when facing a major illness that often requires ongoing treatment. While advances in medical technology and new drugs have improved treatment outcomes, essential medicines or medical items may not be fully covered by public healthcare or standard medical insurance. These out of pocket costs can add significant financial pressure during an already challenging time.

Chubb Cancer Care offers an Out-of-Pocket Items Benefit^{11,12} to help ease this financial burden. If the Insured is Diagnosed with a Big 3 Major Illness⁴, we will reimburse you the Eligible Expenses¹⁶ subsequently incurred on Self-Financed Drugs and/or Privately Purchased Medical Items — up to 20% of the Sum Assured (subject to Cancer Lien) or USD 62,500 (whichever is lower), within 2 years from the date of the initial Diagnosis, and subject to the terms and conditions set out in the provisions.

Information source:
(1) HKET, 2025, <https://wealth.hket.com/article/4052208>

Note: The above information is obtained from sources that Chubb Life believes to be reliable and is for reference only. However, Chubb Life has not independently verified the information. Chubb Life does not guarantee, represent or warrant the accuracy and completeness of the information and does not assume any responsibility or liability for the information. Chubb Life shall not be responsible or liable for any loss incurred by any person due to reliance on such information.



First-in-market¹

Appearance Care Benefit^{11,13}

Cancer treatment can have a visible impact on appearance, particularly after surgery or skin grafting. It may also cause other side effects from the treatment itself. These challenges affect not only physical health, but also confidence, communication, and daily life.

Chubb Cancer Care recognizes that recovery may be complex and provides thoughtful care with the Appearance Care Benefit^{11,13}, offering additional financial support equal to 20% of the Sum Assured (subject to Cancer Lien) where it is Medically Necessary for the Insured to undergo skin grafting and/or reconstructive surgery, and/or the Insured is Diagnosed with Stage 3 Severe Lymphoedema resulting from Cancer⁴ and its treatment, within 2 years from the date of the initial Cancer⁴ Diagnosis. This offers added support so you can focus on recovery.



First-in-market¹

Embrace Life Benefit^{11,14}

Cancer⁴, heart attack or stroke can sometimes become more severe over time. When the illness reaches an advanced stage, it may involve complex medical decisions and major adjustments to daily life, often placing added pressure and strain on both the Insured and their loved ones.

With Embrace Life Benefit^{11,14}, if any of the Big 3 Major Illnesses⁴ progresses to Advanced Stage Cancer^{4,*}, Severe Heart Attack or Severe Stroke, we will pay an extra lump sum equal to 20% of the Sum Assured (subject to Cancer Lien). This extra financial support is designed to support your last wishes – whether to pursue further treatment, fulfil personal wishes, create special memories with loved ones or plan for your family's future – we'll be there to support you at this stage of life, on your own terms.

* Advanced Stage Cancer means pancreatic, lung or liver Cancer for which a Major Illness Benefit or Multiple Protection Major Illness Benefit is paid or becomes payable, and which subsequently progresses to Stage 4 within 24 months from the date of the initial Diagnosis of such Cancer.



Multiple Protection Major Illness Benefit^{11,15}

After experiencing a Major Illness⁴, the possibility of future health events may remain a concern on your mind. Having continued protection in place can offer added reassurance as you move forward.

Chubb Cancer Care allows for an additional claim equivalent to 50% of the Sum Assured, if any of the Big 3 Major Illnesses is Diagnosed after the Major Illness Benefit has been paid, helping to provide further financial support should your health needs continue.

Other Benefits



Whole life protection for extra peace of mind

In the unfortunate event of the Insured's passing, **Chubb Cancer Care** provides a Death Benefit, helping to ensure that financial protection remains in place for your loved ones.



Provide long-term value for your future plans

In addition to comprehensive critical illness coverage, **Chubb Cancer Care** is a participating insurance plan that offers a guaranteed cash value and the potential for a non-guaranteed Terminal Dividend¹⁷. The Plan also provides flexible Premium payment terms of 8, 12, or 18 years, allowing you to align your coverage with your long-term financial planning.



Designate a Successor Owner¹⁸ to ensure Policy continuity

By naming a Successor Owner¹⁸, you can ensure a smooth handover of your Policy so that protection can continue without interruption. If the Owner passes away or becomes Mentally Incapacitated, the Successor Owner will become the new Owner of the Policy.



One-stop value-added services² that go beyond financial help

A dedicated case management team — including a family doctor, registered nurses and medical professionals — will act as your single contact point and provide a range of **Chubb Care value-added services²**, offering comprehensive support for you and your family across Hong Kong, Macau and mainland China, accompanying you at every stage of your health journey.



Chronic Disease Management Program*

Through health check-up services, regular monitoring and professional guidance at a discounted price, empowering you to manage the health condition more effectively and unlock the relevant benefits under your Policy.



Multidisciplinary Team (MDT) consultations*

Coordination of different specialties to jointly review the Insured's condition and provide personalised treatment plan.



Complimentary psychological counselling

Receive 2 complimentary psychological counselling sessions per Policy to help you and your family cope with stress, anxiety and other emotional challenges.



Quick access to advanced drugs and medical equipment*

Timely access to the right cancer treatments is essential. We provide quick access to advanced anti-cancer drugs and medical devices, as well as referrals for innovative therapies.



Stand-by-your-side family support*

Practical caregiving assistance, including home care, childcare, elderly care, pet care and post-discharge companion care for you and your family.

For more value added services and details, please refer to the **Chubb Care value-added services leaflet**.

SCAN FOR MORE DETAILS:



* These services are not part of the complimentary value-added services and may incur additional cost to be settled directly with the third-party service provider. These services are provided by the third-party service provider and subject to relevant terms and conditions provided by the third-party service provider and its designated service provider(s).

Case Study

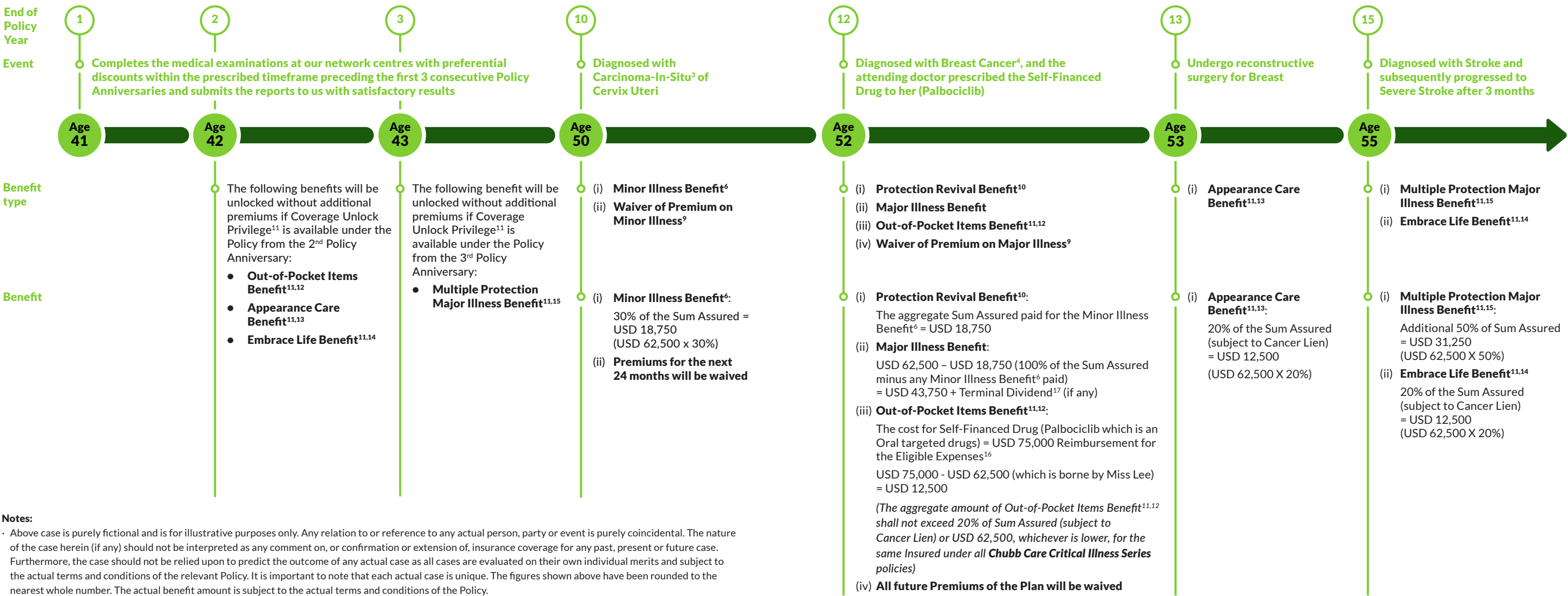
Miss Lee was diagnosed with Carcinoma-In-Situ of breast and recovered well following the procedure.

This experience highlighted the importance of critical illness protection, prompting her to explore insurance options to safeguard against future health risks. However, her applications to several insurers were declined due to her medical history.

Fortunately, she was eventually able to secure coverage under the **Chubb Cancer Care Critical Illness Insurance Plan**, which requires only a few underwriting questions and accepts applicants with Carcinoma-In-Situ, without imposing any premium loadings or exclusions related to her medical history.



Owner and the Insured: Miss Lee (Age 40, non-smoker)
Sum Assured: USD 62,500
Premium Payment Period: 18 years



Notes:

- Above case is purely fictional and is for illustrative purposes only. Any relation to or reference to any actual person, party or event is purely coincidental. The nature of the case herein (if any) should not be interpreted as any comment on, or confirmation or extension of, insurance coverage for any past, present or future case. Furthermore, the case should not be relied upon to predict the outcome of any actual case as all cases are evaluated on their own individual merits and subject to the actual terms and conditions of the relevant Policy. It is important to note that each actual case is unique. The figures shown above have been rounded to the nearest whole number. The actual benefit amount is subject to the actual terms and conditions of the Policy.
- Above case assumes that the Cancer Lien does not apply. Where the Cancer Lien applies, benefit amounts payable may be reduced in accordance with the Policy provisions, with reference to any applicable Minor Illness Benefit Adjustment Amount and/or Major Illness Benefit Adjustment Amount (as the case may be).
- Above case assumes that throughout the Policy term, all basic Premiums are paid in full when due and insurance levy is not included.
- Above case assumes that the requirements of a claim to be successful are fulfilled, including the definition of the respective covered illness and of the respective benefit, as well as the corresponding waiting period(s).
- Terminal Dividend is not guaranteed and depends on various factors including investment returns. Upon valid claim for Major Illness Benefit, Terminal Dividend (if any) payable will be determined based on the amount paid or payable for Major Illness Benefit.
- **Chubb Care Critical Illness Series** refers to **Chubb Every Care Critical Illness Insurance Plan, Chubb Cardio Care Critical Illness Insurance Plan, Chubb Cancer Care Critical Illness Insurance Plan** and **Chubb Diabetes Care Critical Illness Insurance Plan**.



Total payable amount: USD 150,000
(up to 2.4 times of the Sum Assured) + Terminal Dividend¹⁷ (if any)

Schedule of Coverage

A. List of Minor Illnesses

Minor Illnesses	
1. Acute Necrohemorrhagic Pancreatitis	32. Loss of Sight in One Eye
2. Adrenalectomy for Adrenal Adenoma	33. Loss of Speech due to Vocal Cord Paralysis
3. Amputation of One Foot due to Complication from Diabetes	34. Major Organ Transplantation (on Waitlist)
4. Angioplasty, Atherectomy or Minimally Invasive Direct Coronary Artery Bypass Grafting for Coronary Arteries	35. Minimally Invasive Surgery to Aorta
5. Angioplasty and Stenting for Carotid Arteries	36. Moderately Loss of Independent Existence*
6. Aortic Aneurysm	37. Moderately Severe Alzheimer's Disease
7. Biliary Tract Reconstruction Surgery	38. Moderately Severe Aplastic Anaemia
8. Carcinoma-In-Situ or Stage Ta of Specific Organs ³	39. Moderately Severe Bacterial Meningitis
9. Carotid Artery Surgery	40. Moderately Severe Brain Damage
10. Cerebral Aneurysm or Arteriovenous Malformation Requiring Surgery	41. Moderately Severe Burns
11. Cerebral Shunt Insertion	42. Moderately Severe Coma
12. Chronic Lung Disease	43. Moderately Severe Crohn's Disease
13. Cochlear Implant Surgery	44. Moderately Severe Encephalitis
14. Corneal Transplant	45. Moderately Severe Infective Endocarditis
15. Dengue Haemorrhagic Fever	46. Moderately Severe Muscular Dystrophy
16. Diabetic Retinopathy	47. Moderately Severe Paralysis
17. Early Cardiomyopathy	48. Moderately Severe Parkinson's Disease
18. Early Motor Neuron Disease	49. Moderately Severe Pheochromocytoma
19. Early Progressive Bulbar Palsy	50. Moderately Severe Poliomyelitis
20. Early Progressive Supranuclear Palsy	51. Moderately Severe Ulcerative Colitis
21. Early Renal Failure	52. Percutaneous Heart Valve Surgery
22. Early Stage Malignancy ³	53. Pericardiectomy
23. Facial Burns due to Accident	54. Secondary Pulmonary Hypertension
24. Hepatitis with Cirrhosis	55. Severance of One Limb
25. Insertion of a Vena-cava Filter	56. Severe Asthma**
26. Insertion of Cardiac Defibrillator	57. Small Bowel Transplant
27. Insertion of Cardiac Pacemaker	58. Surgery for Cerebral Aneurysm
28. Intensive Care (72 Hours)	59. Surgery for Subdural Haematoma
29. Less Severe Systemic Lupus Erythematosus (S.L.E.)	60. Surgical Removal of One Kidney
30. Liver Surgery	61. Surgical Removal of One Lung
31. Loss of Hearing in One Ear	62. Surgical Removal of Pituitary Tumour

* Coverage for Moderately Loss of Independent Existence is up to Age 75 of the Insured.
** Coverage for Severe Asthma is up to Age 65 of the Insured.

Please refer to the Policy provisions for details and definitions of the covered Illnesses.

B. List of Major Illnesses

Major Illnesses	
1. AIDS/HIV due to Blood Transfusion	34. Loss of One Eye and One Limb
2. AIDS/HIV due to Occupational Accident	35. Loss of Speech
3. Alzheimer's Disease	36. Major Burns
4. Amputation of Feet due to Complication from Diabetes	37. Major Head Trauma
5. Aplastic Anaemia	38. Major Organ Transplant
6. Bacterial Meningitis	39. Medullary Cystic Disease
7. Benign Brain Tumour	40. Meningeal Tuberculosis
8. Blindness	41. Motor Neuron Disease
9. Brain Surgery	42. Multiple Sclerosis
10. Cancer ⁴	43. Muscular Dystrophy
11. Cerebral Metastasis	44. Myasthenia Gravis
12. Chronic Adrenal Insufficiency (Addison's Disease)	45. Myelofibrosis
13. Chronic Relapsing Pancreatitis	46. Necrotising Fasciitis (Flesh Eating Disease)
14. Coma	47. Other Serious Coronary Artery Disease
15. Coronary Artery Bypass Surgery	48. Paralysis
16. Creutzfeldt-Jacob Disease (Mad Cow Disease)	49. Parkinson's Disease
17. Crohn's Disease	50. Pheochromocytoma
18. Dissecting Aortic Aneurysm	51. Poliomyelitis
19. Ebola	52. Primary Pulmonary Arterial Hypertension
20. Eisenmenger's Syndrome	53. Progressive Bulbar Palsy
21. Elephantiasis	54. Progressive Supranuclear Palsy
22. Encephalitis	55. Progressive Systemic Sclerosis
23. End Stage Liver Disease	56. Renal Failure
24. End Stage Lung Disease	57. Rheumatoid Arthritis
25. Fulminant Hepatitis	58. Severance of Limbs
26. Heart Attack	59. Severe Osteoporosis**
27. Heart Valve and Structural Surgery	60. Severe Ulcerative Colitis
28. Hemiplegia	61. Stroke
29. Idiopathic Dilated Cardiomyopathy	62. Surgery to Aorta
30. Infective Endocarditis	63. Systemic Lupus Erythematosus
31. Intensive Care (120 Hours) with Complex Surgery	64. Terminal Illness
32. Loss of Hearing	65. Total and Permanent Disability***
33. Loss of Independent Existence*	66. Vegetative State

* Coverage for Loss of Independent Existence is up to Age 75 of the Insured.
** Coverage for Severe Osteoporosis is up to Age 65 of the Insured.
*** Coverage for Total and Permanent Disability is up to Age 65 of the Insured.

Please refer to the Policy provisions for details and definitions of the covered Illnesses.

Schedule of Coverage

List of Complex Surgery

Organ	Surgery
Adrenal Gland	1. Bilateral adrenalectomy, laparoscopic or retroperitoneoscopic
Bladder, ureter and urethra	2. Formation of ileal conduit, including ureteric implantation
	3. Radical/ total cystectomy, open or laparoscopic
	4. Clipping of intracranial aneurysm
Brain	5. Cranial nerve decompression
	6. Craniectomy
	7. Decompression of trigeminal nerve root/ open trigeminal rhizotomy
	8. Excision of acoustic neuroma
	9. Excision of arteriovenous malformation, intracranial
	10. Excision of brain, including lobectomy
	11. Excision of brain tumour or brain abscess
	12. Excision of cranial nerve tumour
	13. Hemispherectomy
	14. Wrapping of intracranial aneurysm
Ear	15. Operation on cochlea and / or cochlear implant
Fracture/ dislocation	16. Closed / open reduction of fracture of acetabulum with internal fixation
Heart	17. Cardiac transplantation
	18. Closed heart valvotomy
	19. Coronary artery bypass graft (CABG)
	20. Open heart valvuloplasty
	21. Valve replacement
Jejunum, ileum and large intestine	22. Abdominoperineal resection, open or laparoscopic
	23. Anterior resection of rectum, open or laparoscopic
	24. Colectomy, open or laparoscopic
	25. Low anterior resection of rectum, open or laparoscopic
Joint	26. Arthrodesis of knee / hip
	27. Excisional arthroplasty of hip / knee with local antibiotic delivery
	28. Total hip replacement
	29. Total knee replacement
	30. Total shoulder replacement
Kidney	31. Kidney transplant
	32. Nephrectomy, partial/ lower pole
Liver	33. Liver transplantation
	34. Segmentectomy of liver, open or laparoscopic
Nose, mouth and pharynx	35. Functional endoscopic sinus surgery (FESS) bilateral
Oesophageal / stomach / duodenum	36. Oesophagectomy
	37. Total oesophagectomy and interposition of intestine
	38. Partial gastrectomy with anastomosis to oesophagus
	39. Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition
Pancreas	40. Pancreaticoduodenectomy (Whipple's Operation)
Pineal gland	41. Total excision of pineal gland
Pituitary Gland	42. Operation of pituitary tumour
Prostate	43. Radical prostatectomy, open or laparoscopic
Respiratory system	44. Laryngectomy +/- radical neck resection
	45. Lobectomy of lung / pneumonectomy

Organ	Surgery
Spine	46. Artificial cervical disc replacement
	47. Anterior spinal fusion (excluding cervical / cervicothoracic / C4/5 and C5/6 and locking plate)
	48. Anterior spinal fusion with instrumentation
	49. Excision of intraspinal tumour, extradural or intradural
	50. Laminectomy with disectomy
	51. Posterior spinal fusion, (excluding thoracic / cervico-thoracic / thoracolumbar / T5 to L1 / atlas-axis)
	52. Posterior spinal fusion with instrumentation
	53. Spinal fusion +/- foraminotomy +/- laminectomy +/- disectomy
	54. Spine osteotomy
Uterus	55. Pelvic exenteration
	56. Radical abdominal hysterectomy
Vagina	57. Radical vaginectomy
Vessels	58. Intra-abdominal venous shunt/ spleno-renal shunt / portal-caval shunt
	59. Resection of abdominal vessels with replacement / anastomosis

Benefits Schedule

Benefit Type		Benefit	Benefit Period	Details
Minor Illness Benefit ⁶	61 Minor Illnesses ³	30% of the Sum Assured Minor Illness Benefit⁶ payable for Carcinoma-In-Situ or Stage Ta of Specific Organ(s)³ and for Early Stage Malignancy³ shall be subject to Cancer Lien	Whole life of the Insured, except the following: - Moderately Loss of Independent Existence: up to Age 75 of the Insured only - Severe Asthma: up to Age 65 of the Insured only	- Payable if no Major Illness Benefit has been paid or becomes payable under the Policy 1 claim for each Minor Illness³ (excluding the below Minor Illnesses) - Up to 2 claims for each of the following Minor Illness³, subject to the aggregate limit of USD 50,000 under all Chubb Care Critical Illnesses Series policy(ies) for the same Insured: - Angioplasty, Atherectomy or Minimally Invasive Direct Coronary Artery Bypass Grafting for Coronary Arteries; and - Carcinoma-In-Situ or Stage Ta of Specific Organ(s)³ (1 claim for each organ with right and left components) - For Intensive Care (72 Hours)^{5,7}, subject to aggregate amount of Minor Illness Benefit⁶ payable under all Chubb Care Critical Illness Series policy(ies) for the same Insured shall not exceed USD 50,000 - Maximum aggregate amount of all Minor Illness Benefit⁶ payable and Minor Illness Benefit Adjustment Amount (if any) is 90% of Sum Assured per Policy
	Intensive Care (72 Hours) ^{5,7}	30% of the Sum Assured Up to 10% of the Sum Assured if outside of Hong Kong or Macau[^]		
Major Illness Benefit	65 Major Illnesses ⁴	100% of the Sum Assured; less (i) any Minor Illness Benefits⁶ paid or payable; plus (ii) any Protection Revival Benefit¹⁰ payable; plus (iii) Terminal Dividend¹⁷ (if any); plus (iv) any surplus of Premium paid	Whole life of the Insured, except the following: - Loss of Independent Existence: up to Age 75 of the Insured - Severe Osteoporosis: up to Age 65 of the Insured - Total and Permanent Disability: up to Age 65 of the Insured only	1 claim per Policy - While the Policy is in full force and effect, you can claim Major Illness Benefit when the Insured is Diagnosed with a relevant Major Illness⁴ as specified in the List of Major Illnesses and shall continuous to be alive for at least 14 days following the date of initial Diagnosis of such Major Illness⁴
	Intensive Care (120 Hours) with Complex Surgery ^{5,8}	Major Illness Benefit payable for Cancer⁴ shall be subject to Cancer Lien		
Protection Revival Benefit ¹⁰		- The Major Illness Benefit can be restored to 100% of the Sum Assured, provided that at least 1 year must elapse between the date of initial Diagnosis of the Major Illness⁴, and the date of initial Diagnosis of the last Minor Illness³ claimed under Minor Illness Benefit⁶ - Equal to the aggregate Sum Assured that has been paid for the Minor Illness Benefit⁶ under the Policy	Up to Age 70 of the Insured	1 claim per Policy - While the Policy is in full force and effect, if any claim(s) of Minor Illness Benefit(s)⁶ has / have been paid, you can claim Protection Revival Benefit¹⁰ at the same time when you submit a valid claim of Major Illness Benefit

Benefits Schedule

Benefit Type		Benefit	Benefit Period	Details
Death Benefit		100% of the Total Basic Premiums Paid, less total amount of Sum Assured paid or payable under Minor Illness Benefit ⁶ and/or Major Illness Benefit, and total amount of Minor Illness Benefit Adjustment Amount (if any) and/or Major Illness Benefit Adjustment Amount (if any)	Whole life of the Insured	Policy will be terminated when Death Benefit has been paid
Waiver of Premium on Minor Illness ⁹		Waive the Premiums of the Plan for 24 months	Whole life of the Insured, except the following: - Moderately Loss of Independent Existence: up to Age 75 of the Insured only - Severe Asthma: up to Age 65 of the Insured only	Diagnosed with any Minor Illness³ and Minor Illness Benefit⁶ has been paid or becomes payable for such Minor Illnesses³
Waiver of Premium on Major Illness ⁹		Waive all future Premiums of the Plan	Whole life of the Insured, except the following: - Loss of Independent Existence: up to Age 75 of the Insured - Severe Osteoporosis: up to Age 65 of the Insured - Total and Permanent Disability: up to Age 65 of the Insured only	Diagnosed with any Major Illness⁴, and Major Illness Benefit has been paid or becomes payable for such Major Illnesses⁴
Only applicable if Coverage Unlock Privilege ¹¹ is available from the 2 nd Policy Anniversary				
Out-of-Pocket Items Benefit ^{11,12}	- Cancer⁴ - Heart Attack - Stroke	Reimbursement of the Eligible Expenses ¹⁶ for Self-Financed Drugs and/or Privately Purchased Medical Items. The aggregate amount payable under all Chubb Care Critical Illness Series policy(ies) for the same Insured shall not exceed 20% of the Sum Assured or USD 62,500 (whichever is lower)	Up to Age 85 of the Insured	- The Eligible Expense¹⁶ is incurred within 2 years from the date of the initial Diagnosis of such Big 3 Major Illness⁴; and - You must have paid the first USD 62,500 of Eligible Expenses¹⁶ in aggregate in respect of any Big 3 Major Illness⁴ for which the Major Illness Benefit or Multiple Protection Major Illness Benefit^{11,15} is paid or becomes payable before we reimburse you any Eligible Expenses¹⁶ in excess; and - If you claim the Out-of-Pocket Items Benefit^{11,12} in respect of Self-Financed Drugs, you must submit satisfactory proof of prescription at 3-monthly intervals unless otherwise agreed by us
Appearance Care Benefit ^{11,13}	Cancer⁴	Extra 20% of the Sum Assured subject to Cancer Lien	Up to Age 85 of the Insured	1 claim per Policy - Applicable if Major Illness Benefit or Multiple Protection Major Illness Benefit^{11,15} is paid or becomes payable for Cancer⁴, and it is deemed Medically Necessary for the Insured to undergo skin grafting and/or reconstructive surgery, and/or the Insured is Diagnosed with Stage 3 Severe Lymphoedema resulting from Cancer⁴ and its treatment within 2 years from the date of the initial Diagnosis of Cancer⁴
Embrace Life Benefit ^{11,14}	- Cancer⁴ - Heart Attack - Stroke	Extra 20% of the Sum Assured subject to Cancer Lien	Up to Age 85 of the Insured	1 claim per Policy - Applicable if a Major Illness Benefit or Multiple Protection Major Illness Benefit^{11,15} is paid or becomes payable in respect of one of the Big 3 Major Illnesses⁴ for the Insured and such Major Illness⁴ subsequently progresses to Advanced Stage Cancer⁴, Severe Heart Attack or Severe Stroke (as the case may be)
Only applicable if Coverage Unlock Privilege ¹¹ is available from the 3 rd Policy Anniversary				
Multiple Protection Major Illness Benefit ^{11,15}	- Cancer⁴ - Heart Attack - Stroke	50% of the Sum Assured	Up to Age 85 of the Insured	1 claim per Policy - If the requirements for unlocking the Out-of-Pocket Items Benefit^{11,12}, Appearance Care Benefit^{11,13} and Embrace Life Benefit^{11,14} are not satisfied, the Multiple Protection Major Illness Benefit^{11,15} will not be unlocked under the Policy

^ If the Hospital is in mainland China (excluding Hong Kong, Macao Special Administrative Region and Taiwan for the purpose of this Policy), only Class 3 hospital, as defined by the government of the People's Republic of China, is approved. If the hospital is located outside Hong Kong and mainland China, it must be a hospital approved and designated by us.

More about the Plan

Product Type	Basic plan											
Product Nature	Critical illness protection insurance plan (with savings element)											
Policy Term	Whole life											
Premium Payment Term and Issue Age of the Insured	<table><tr><th>Premium payment term</th><th>Issue Age of the Insured</th></tr><tr><td>8 years</td><td>Age 18 – 65</td></tr><tr><td>12 years</td><td>Age 18 – 65</td></tr><tr><td>18 years</td><td>Age 18 – 62</td></tr></table>	Premium payment term	Issue Age of the Insured	8 years	Age 18 – 65	12 years	Age 18 – 65	18 years	Age 18 – 62			
Premium payment term	Issue Age of the Insured											
8 years	Age 18 – 65											
12 years	Age 18 – 65											
18 years	Age 18 – 62											
Premium Payment Mode	Monthly / quarterly / semi-annual / annual											
Premium Structure	Premium rates are not guaranteed, and the Company reserves the right to review and adjust the Premium rates from time to time upon prior written notice to the Owner. Please refer to the “Key Product Risks – Premium Adjustment” under the “Important Information” section in this product brochure for Premium adjustment factors. You should also refer to the benefit illustration for the Premium calculated based on the current Premium rates.											
Currency	US dollars (USD)											
Sum Assured	The amounts listed below are valid as at the date of this product brochure. • Minimum amount: USD 15,000 • Maximum amount: USD 62,500											
Surrender Value / Partial Surrender Value	Surrender Value or Partial Surrender Value are equal to: (i) any Cash Value¹⁹; plus (ii) Terminal Dividend¹⁷ (if any); less (iii) any Minor Illness Benefit⁶ paid or payable upon Policy surrender or upon Policy partial surrender For item (i) to (iii), the calculation will be made in proportion to the most recently reduced part of Sum Assured.											
Policy Fee	<table><tr><th>Premium payment mode</th><th>Policy fee</th></tr><tr><td>Annual</td><td>USD 25</td></tr><tr><td>Semi-annual</td><td>USD 15</td></tr><tr><td>Quarterly</td><td>USD 8.5</td></tr><tr><td>Monthly</td><td>USD 2.75</td></tr></table>	Premium payment mode	Policy fee	Annual	USD 25	Semi-annual	USD 15	Quarterly	USD 8.5	Monthly	USD 2.75	
Premium payment mode	Policy fee											
Annual	USD 25											
Semi-annual	USD 15											
Quarterly	USD 8.5											
Monthly	USD 2.75											
	Policy fee is fixed and will be collected together with the Premium.											
Life Insurance Proceeds	The Life Insurance Proceeds is equal to: (i) Death Benefit; plus (ii) Terminal Dividend¹⁷ (if any); plus (iii) Benefits from riders (if any); plus (iv) Surplus of Premium paid for the period after the date of death of the Insured (if any) whereas the amount of Death Benefit payable under the Basic Plan is equal to 100% of the Total Basic Premiums Paid, less total amount of Sum Assured paid or payable under Minor Illness Benefit⁶ and/or Major Illness Benefit, and total amount of Minor Illness Benefit Adjustment Amount (if any) and/or Major Illness Benefit Adjustment Amount (if any). For the avoidance of doubt, no benefit will be paid if the amount of Life Insurance Proceeds is equal to or less than zero.											

Remarks

- 1. It is based on a comparison with other participating critical illness protection plans offered by Composite and Long-Term Businesses as identified in the Register of Authorized Insurers by Insurance Authority as of 10 July 2026.
- 2. The value-added services are provided by and arranged through a third-party service provider which is an independent contractor and is not our agent, broker, representative or employee. Such value-added services do not form part of the Policy. Both the Company and the third-party service provider reserve the right to terminate or vary any part or all of the services at their sole discretion without notice. We shall not be responsible for the availability, quality and standard of the value-added services, nor be responsible for any acts and omissions of the third-party service provider. We make no representation, warranty or undertaking as to any value-added services offered, provided or procured by the third-party service provider. Your Policy must be in force when using the services. For details, please refer to the **“Chubb Care” value-added services leaflet** and the respective terms and conditions applicable to the services.
- 3. For coverage on Carcinoma-In-Situ or Stage Ta of Specific Organ or Early Stage Malignancy, please refer to following table for Minor Illness Benefit payable:

If the Insured is Diagnosed with Carcinoma-In-Situ or Stage Ta of Specific Organ or Early Stage Malignancy	% of Minor Illness Benefit payable for each claim
within 1 year from the Date of Issue or within 1 year from the date of last reinstatement (whichever is later)	0%
after 1 year but not more than 3 years from the Date of Issue	50% (whereas the unpaid 50% of such Minor Illness Benefit shall be the Minor Illness Benefit Adjustment Amount)
After 3 years from the Date of Issue	100%

Where the Cancer Lien applies, the benefit payable may be reduced in accordance with the Policy provisions. For the avoidance of doubt, the Minor Illness Benefit Adjustment Amount refers to the reduced benefit amount of Minor Illness Benefit payable and this amount will not be payable.

Any unpaid portion will be treated as a Minor Illness Benefit Adjustment Amount and will be taken into account when calculating the Death Benefit payable amount.

- 4. For coverage on Cancer, please refer to following table for Major Illness Benefit, Out-of-pocket Items Benefit, Appearance Care Benefit and Embrace Life Benefit payable:
 - (i) For Major Illness Benefit payable:

If the Insured is Diagnosed with Cancer	% of Major Illness Benefit payable
within 1 year from the Date of Issue or within 1 year from the date of last reinstatement (whichever is later)	0%
after 1 year but not more than 3 years from the Date of Issue	50% (whereas the unpaid 50% of such Major Illness Benefit shall be the Major Illness Benefit Adjustment Amount)
After 3 years from the Date of Issue	100%

(ii) For Out-of-pocket Items Benefit, Appearance Care Benefit and Embrace Life Benefit payable:

If the Insured is Diagnosed with Cancer	% of Out-of-pocket Items Benefit, Appearance Care Benefit and Embrace Life Benefit payable
within 2 years from the Date of Issue	0%
after 2 years but not more than 3 years of the Date of Issue	50% for each benefit payable
After 3 years from the Date of Issue	100%

Where the Cancer Lien applies, the benefit payable may be reduced in accordance with the Policy provisions. For the avoidance of doubt, the Major Illness Benefit Adjustment Amount refers to the reduced benefit amount of Major Illness Benefit payable and this amount will not be payable. No further amount of Out-of-Pocket Items Benefit, Appearance Care Benefit or Embrace Life Benefit is payable under the Policy after the Company makes payment according to the Cancer Lien.

Any unpaid portion will be treated as a Major Illness Benefit Adjustment Amount and will be taken into account when calculating the Death Benefit payable amount.

5. The stays in ICU must be confirmed as “Qualified ICU Stay”, which means a stay in an ICU where all of the following criteria must be met:
 - a. the stay in ICU must be confirmed as Medically Necessary by a Registered Medical Practitioner;
 - b. the stay in ICU must not be related to or must not arise as a direct or indirect result of:
 - (i) a cosmetic treatment performed on the Insured unless it is necessitated by Injury and it is performed within 90 days of the Accident;
 - (ii) the Insured’s pregnancy, surrogacy, childbirth or termination of pregnancy, birth control, infertility or human assisted reproduction, or sterilization of either sexes;
 - (iii) mental disorder, psychological or psychiatric conditions, behavioral problems or personality disorder of the Insured;
 - (iv) primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures; or
 - (v) experimental and/or unconventional medical technology/ procedure/ therapy performed on the Insured; or novel drugs/ medicines/ stem cell therapy not yet approved by the government, relevant authorities and recognized medical association in the locality.
6. You can make 1 claim for each Minor Illness but up to 2 claims for (i) Angioplasty, Atherectomy or Minimally Invasive Direct Coronary Artery Bypass Grafting for Coronary Arteries and (ii) Carcinoma-In-Situ or Stage Ta of Specific Organ(s) subject to a limit of USD 50,000 respectively for all **Chubb Care Critical Illness Series** policies for the same Insured.

To be eligible for a 2nd claim, the following conditions must be met:

- (i) For Angioplasty, Atherectomy or Minimally Invasive Direct Coronary Artery Bypass Grafting for Coronary Arteries, treatment must be performed on a location of stenosis or obstruction in a major coronary artery where no stenosis greater than 60% was identified in the medical examination report for the 1st claim.
- (ii) For each Organ Group for Carcinoma-In-Situ or Stage Ta of Specific Organ, Minor Illness Benefit will only be payable once. To be eligible for a 2nd claim for Carcinoma-In-Situ or Stage Ta of Specific Organ, a different Organ Group must be affected. Minor Illness Benefit payable shall be subject to Cancer Lien.

For Early Stage Malignancy, Minor Illness Benefit payable shall be subject to Cancer Lien.

Any Minor Illness Benefit paid or payable will reduce the subsequent benefit(s) payable under Major Illness Benefit, Death Benefit and Surrender Value. For the avoidance of doubt, payment of any Minor Illness Benefit will not change the Sum Assured or the Premium payable for the Basic Plan.

7. If the Qualified ICU Stay for 72 or more consecutive hours and is directly or indirectly arising from or in connection with any other Minor Illness, the benefit payable under the Policy shall be limited to the Minor Illness Benefit for that Minor Illness. For the avoidance of doubt, in such event, no Minor Illness Benefit for Intensive Care (72 Hours) shall be payable. For Intensive Care (72 Hours), the aggregate amount of Minor Illness Benefit payable under all **Chubb Care Critical Illness Series** policy(ies) issued by the Company for the same Insured shall not exceed USD 50,000, and if the Qualified ICU Stay is outside Hong Kong or Macau, the benefit payable will be limited to 10% of Sum Assured.
8. For Intensive Care (120 Hours) with Complex Surgery, if the Qualified ICU Stay is with the use of Invasive Life Support both for 120 or more consecutive hours, and with the actual undergoing of a Complex Surgery during the same Hospital admission and is directly or indirectly arising from or in connection with any other Major Illness, the benefit payable under the Policy shall be limited to the Major Illness Benefit for that Major Illness. For the avoidance of doubt, in such event, no Major Illness Benefit for Intensive Care (120 Hours) with Complex Surgery shall be payable.
9. During the lifetime of the Insured and while the Policy is in full force and effect, the following Waivers of Premium apply:
- (i) Waiver of Premium on Minor Illness
If the Insured is Diagnosed with any Minor Illness, and Minor Illness Benefit has been paid or becomes payable for such Minor Illnesses, we will waive the Premiums of this Basic Plan for 24 months from the Premiums Due Date immediately following the date of initial Diagnosis (or the date of initial Diagnosis if the Premium Due Date falls on the same date).
- If the Insured is subsequently Diagnosed with Minor Illness, and Minor Illness Benefit has been paid or becomes payable for such Minor Illnesses, the newly approved Waiver of Premium on Minor Illness that overlaps with the period of the earlier Waiver of Premium on Minor Illness in effect will supersede that earlier Waiver of Premium on Minor Illness.
- (ii) Waiver of Premium on Major Illness
If the Insured is Diagnosed with any Major Illnesses, and Major Illness Benefit has been paid or becomes payable for such Major Illness, all future Premiums of this Basic Plan will be waived from the Premiums Due Date immediately following the date of initial Diagnosis (or the date of initial Diagnosis if the Premium Due Date falls on the same date).
- For the avoidance of doubt, any Premium of the Basic Plan due shall continue to be paid before the claim is approved by us. Following our approval, any surplus of Premium paid for the period after the date of initial Diagnosis of the relevant Minor Illness or Major Illness (as the case maybe) will be refunded without any interest.
10. While the Policy is in full force and effect, if any claim(s) of Minor Illness Benefit(s) has/have been paid under the Basic Plan, you can claim Protection Revival Benefit at the same time when you submit a valid claim of Major Illness Benefit, provided that at least 1 year must elapse between the date of initial Diagnosis of the Major Illness, and the date of initial Diagnosis of the last Minor Illness claimed under Minor Illness Benefit. We will pay the Protection Revival Benefit only once under the Policy. The amount of Protection Revival Benefit is equal to the aggregate Sum Assured that has been paid for the Minor Illness Benefit under the Policy.
11. During the lifetime of the Insured and while the Policy is in full force and effect, you are required to provide medical reports of the Insured at your own cost, provided that the relevant medical examinations are conducted within the prescribed timeframe: (i) preceding the 1st and the 2nd Policy Anniversaries to unlock for the Out-of-Pocket Items Benefit, Appearance Care Benefit and Embrace Life Benefit; and (ii) preceding each of the first 3 consecutive Policy Anniversaries to unlock for the Multiple Protection Major Illness Benefit. All relevant medical reports are required to be received by us within 30 days prior to the 2nd Policy Anniversary to unlock for the Out-of-Pocket Items Benefit, Appearance Care Benefit and Embrace Life Benefit, and within 30 days prior to the 3rd Policy Anniversary to unlock for the Multiple Protection Major Illness Benefit.
- Upon our assessment that all relevant reports have been submitted to our satisfaction, the Out-of-Pocket Items Benefit, Appearance Care Benefit, Embrace Life Benefit and Multiple Protection Major Illness Benefit respectively will be unlocked from the corresponding Policy Anniversary. We will issue an endorsement to you to confirm the relevant benefits have become effective.
- If the relevant medical reports do not meet our satisfaction, we will deny the Coverage Unlock Privilege, meaning that the applicable benefits will remain inapplicable under this Policy, and the Coverage Unlock Privilege will automatically cease.
- If the requirements set out to unlock for the Out-of-Pocket Items Benefit, Appearance Care Benefit and Embrace Life Benefit are not satisfied, the Multiple Protection Major Illness Benefit will not be unlocked under the Policy, regardless of whether the relevant reports have been submitted to our satisfaction within 30 days prior to the 3rd Policy Anniversary. For the avoidance of doubt, we have the discretion to approve or deny the Coverage Unlock Privilege. The Company may require the Insured to undergo additional medical examination, and/or be examined by a Registered Medical Practitioner appointed by the Company at your own cost.
- The Policy will not be eligible for the Coverage Unlock Privilege if the preceding illness of the Insured, as disclosed in the Policy Application, is cancer and/or carcinoma-in-situ involving an organ site other than the papillary thyroid, colon, cervix, prostate or breast.

12. Subject to the provisions of Coverage Unlock Privilege, applicable only during the lifetime of the Insured and while the Policy is in full force and effect, and we have issued an endorsement confirming the Out-of-Pocket Items Benefit is in effect, if a Major Illness Benefit or Multiple Protection Major Illness Benefit is paid or becomes payable for one of the Big 3 Major Illnesses, and it is deemed Medically Necessary by the Insured's attending Registered Oncologist or relevant Registered Specialist in Hong Kong, or by the Insured's attending Registered Oncologist or relevant Registered Specialist in a Hospital in mainland China or on the list of hospitals in mainland China approved and designated by us (as the case may be), for the Insured to be prescribed Self-Financed Drugs and/or to be advised to purchase Privately Purchased Medical Items in the course of medical treatment for such Big 3 Major Illness, we will reimburse you the Eligible Expenses incurred for such Self-Financed Drugs and/or Privately Purchased Medical Items, subject to the satisfaction of all of the following conditions:
- (i) The Eligible Expense is incurred within 2 years from the date of the initial Diagnosis of such Big 3 Major Illness;
 - (ii) You must have paid the first USD 62,500 of Eligible Expenses in aggregate in respect of any Big 3 Major Illness for which the Major Illness Benefit or Multiple Protection Major Illness Benefit is paid or becomes payable before we reimburse you any Eligible Expenses in excess; and
 - (iii) If you claim the Out-of-Pocket Items Benefit in respect of Self-Financed Drugs, you must submit satisfactory proof of prescription at three-monthly intervals unless otherwise agreed by us. Where the Out-of-Pocket Items Benefit has been paid in respect of Self-Financed Drugs and we do not subsequently receive any proof of prescription as required by us, you shall no longer be eligible to make any further claims under the Out-of-Pocket Items Benefit.

The aggregate amount of Out-of-Pocket Items Benefit payable under all **Chubb Care Critical Illness Series** policy(ies) issued by the Company for the same Insured shall not exceed 20% of Sum Assured (subject to Cancer Lien) or USD 62,500, whichever is lower.

For the avoidance of doubt, we have the discretion to approve or deny the Coverage Unlock Privilege. The Company may require the Insured to undergo additional medical examination, and/or be examined by a Registered Medical Practitioner appointed by us at your own cost.

13. Subject to the provisions of Coverage Unlock Privilege, applicable only during the lifetime of the Insured and while the Policy is in full force and effect, and we have issued an endorsement confirming the Appearance Care Benefit is in effect, you can claim Appearance Care Benefit if Major Illness Benefit or Multiple Protection Major Illness Benefit is paid or becomes payable for Cancer, and it is deemed Medically Necessary for the Insured to undergo skin grafting and/or reconstructive surgery and/or the Insured is Diagnosed with Stage 3 Severe Lymphoedema resulting from Cancer and its treatment within 2 years from the date of the initial Diagnosis of Cancer. We will pay Appearance Care Benefit only once under the Policy.

For the avoidance of doubt, we have the discretion to approve or deny the Coverage Unlock Privilege. The Company may require the Insured to undergo additional medical examination, and/or be examined by a Registered Medical Practitioner appointed by us at your own cost.

14. Subject to the provisions of Coverage Unlock Privilege, applicable only during the lifetime of the Insured and while the Policy is in full force and effect, and we have issued an endorsement confirming the Embrace Life Benefit is in effect, you can claim Embrace Life Benefit if Major Illness Benefit or Multiple Protection Major Illness Benefit is paid or becomes payable in respect of one of the Big 3 Major Illnesses for the Insured and such Major Illness subsequently progresses to Advanced Stage Cancer, Severe Heart Attack or Severe Stroke (as the case may be) as specified in the provisions. We will pay Embrace Life Benefit only once under the Policy.

For the avoidance of doubt, we have the discretion to approve or deny the Coverage Unlock Privilege. The Company may require the Insured to undergo additional medical examination, and/or be examined by a Registered Medical Practitioner appointed by us at your own cost.

15. Subject to the provisions of Coverage Unlock Privilege, applicable only during the lifetime of the Insured and while the Policy is in full force and effect, and we have issued an endorsement confirming the Multiple Protection Major Illness Benefit is in effect, you can claim Multiple Protection Major Illness Benefit when the Insured is subsequently Diagnosed with one of the Big 3 Major Illnesses after the Major Illness Benefit has been paid or become payable. We will pay Multiple Protection Major Illness Benefit only once under the Policy, subject to the satisfaction of all of the following conditions:

- (i) following the date of initial Diagnosis of such Big 3 Major Illness, the Insured shall continue to be alive for at least 14 days;
- (ii) the date of initial Diagnosis of the immediately preceding Major Illness for which the Major Illness Benefit has been paid or become payable and the date of initial Diagnosis of the subsequent Major Illness which is entitled to Multiple Protection Major Illness Benefit must be separated by at least 1 year; and
- (iii) if the current claim is for Cancer and this Cancer is a Recurrence of Cancer, metastasis or continuation of relevant preceding Cancer for which a Major Illness Benefit has been paid or become payable, then, the date of initial Diagnosis of the relevant preceding Cancer claim and the date of initial Diagnosis of the current Cancer claim must be separated by at least 3 years. "Date of initial Diagnosis" for Recurrence of Cancer, metastasis or continuation of relevant preceding Cancer means the date of the medical report confirming the Recurrence of Cancer, metastasis or continuation of relevant preceding Cancer (as the case may be) supported by confirmatory result from medical investigation by a Registered Specialist.

For the avoidance of doubt, we have the discretion to approve or deny the Coverage Unlock Privilege. The Company may require the Insured to undergo additional medical examination, and/or be examined by a Registered Medical Practitioner appointed by us at your own cost.

16. Eligible Expenses refer to reasonable and customary charges incurred for Medically Necessary treatment, supplies or medical services rendered in respect of any Big 3 Major Illness for which the Major Illness Benefit or Multiple Protection Major Illness Benefit is paid or becomes payable.
- Reasonable and customary refers to a fee or expense which:
- (i) is actually charged for Medically Necessary treatment, supplies or medical services;
 - (ii) does not exceed the average level of charges for similar treatment, supplies or medical services in the location where the expenses are incurred, as reasonably determined by the Company in utmost good faith; and
 - (iii) does not include charges that would not have been made if no insurance existed.
17. The Policy being a participating insurance plan is eligible to share in our divisible surplus in the form of non-guaranteed Terminal Dividend. Terminal Dividend will be paid when Life Insurance Proceeds, Partial Surrender Value, Surrender Value or Major Illness Benefit becomes payable. The amount of Terminal Dividend payable will be determined by us based on the Sum Assured at the time of payment. The amount of Terminal Dividend payable upon the death of the Insured may be different from other events stated in Policy provisions. Upon partial surrender of the Policy, Terminal Dividend, if any, will be adjusted accordingly. If any Major Illness Benefit has been paid or become payable, Terminal Dividend of the Basic Plan will become zero.
18. Written application for the designation of a Successor Owner should be made by the Owner. When the Owner is changed or a new Successor Owner is named, any prior designation of Successor Owner will be cancelled. Neither of these actions would change the Beneficiary on our record. The Successor Owner must notify us in writing within 60 days from the date when the Owner becomes Mentally Incapacitated. All relevant proof as required by us must be provided at the Successor Owner's own expense within 180 days from the date of the initial Diagnosis. All rights of ownership in your Policy will be passed to the Successor Owner after the Owner dies or is Mentally Incapacitated upon our approval of the request. Please refer to the Policy provisions for details.
19. The Policy provides Cash Value which is equal to the guaranteed cash value of the Basic Plan. The guaranteed cash value of the Basic Plan will be used to determine the amount of Partial Surrender Value and Surrender Value. If any Major Illness Benefit has been paid or become payable, Cash Value of the Basic Plan will become zero.

Notes:

- We will offset or deduct any loan and Indebtedness before making any benefit payment under all **Chubb Care Critical Illness Series** policies.
- "Indebtedness" means any amount owing by you to us under your Policy including but not limited to any outstanding Premium and any unpaid loan together with accrued interest.
- In this product brochure, "Age" refers to age at the nearest birthday unless otherwise specified.
- "You" or "your" refers to the Owner of the Policy.

Important Information

The product information of this product brochure does not contain the full terms and conditions of the Policy and for general reference only and is not part of the Policy. Please refer to the Policy provisions for the definitions of capitalized terms. This product brochure provides an overview of the key features of this product, details of charges, exclusions and compensation payment conditions, as well as complete terms and conditions should be read along with other materials which cover additional information about this product before making application. Such materials include, but are not limited to, Policy provisions that contain exact terms and conditions, benefit illustrations (if any), Policy documents and other relevant marketing materials, which are all available upon request. You might also consider seeking independent professional advice if needed. The Plan may serve as standalone plan(s) without bundling with other type(s) of insurance product.

Chubb Cancer Care Critical Illness Insurance Plan is a long-term participating life-insurance policy with a savings element. It is designed for individuals looking for long-term financial planning to meet their needs for financial protection against adversities, preparation for health care needs and saving up for the future. Early surrender of this product may result in significant losses that the Surrender Value may be less than the total Premiums paid.

Dividend Philosophy and Investment Philosophy, Policy and Strategy

Dividend Philosophy

Participating insurance plans are designed to be held long term. Through the Policy dividends declaration, the Owners can share the divisible surplus (if any) of the participating insurance plans. We aim to ensure a fair sharing of profits between Owners and shareholders, and among different groups of Owners.

We will review and determine the amounts of dividends at least once per year, and a smoothing process is applied when the actual dividends are determined. The dividends declared may be higher or lower than those illustrated in any product information provided. The dividend review would be approved by the Chairman of the Board, one Independent Non-Executive Director and the Appointed Actuary of the Company. In case of any change in the actual dividends against the illustration or should there be a change in the projected future dividends, such change will be reflected in the Policy annual statement and benefit illustration.

To determine the Policy dividends, we may consider the past experience and future outlook of various factors such as:

- **Investment returns:** include both interest income and change in market value of the assets supporting the policies. The investment returns could also be subject to market risks such as change in interest rate, credit quality and default, equity price movement, as well as currency price of the backing assets against your Policy currency etc.
- **Claims:** include the cost of providing Death Benefit and other Insured benefits under the Policies.

- **Surrenders:** include Policy surrenders and withdrawals; and the corresponding impact on investment.
- **Expenses:** include both direct expenses which are directly related to the policies, such as commission, underwriting, issuance and Premium collection expense etc., as well as indirect expenses such as general overhead costs allocated to the policies.

Investment Philosophy, Policy and Strategy

The investment Policy of the Company is formulated with the objective to achieve targeted long-term investment results, taking into account risk control and diversification, liquidity and relationship between assets/liabilities.

Our current long-term target asset mix attributed to **Chubb Cancer Care** is as follows:

Asset Class	Target Asset Mix (%)
Bonds and other fixed income instruments	40% - 60%
Equity-like assets	40% - 60%

The bonds and other fixed income instruments predominantly include government and corporate bonds (both investment grade and non-investment grade). Equity-like assets may include both listed equity, mutual fund and private equity. Investment assets are predominantly denominated in U.S. dollars and Hong Kong dollars, and are mainly invested in the United States and Asia. Derivatives may be used to manage our investment risk exposures.

We will pool the investment from participating products together for actual investment and the participating policyholders will participate in a share of the returns from the pool of investment with reference to the target asset mix. Actual investments would depend on market opportunities at the time of purchase. Therefore, the actual asset mix may differ from the target.

The investment strategy may be subject to change depending on the market conditions and economic outlook. In case there are any material changes in the investment strategy, we will inform our Owners for the changes, reasons for the changes and the impact to the Owners.



Please click [here](#) or scan the QR code to learn more about fulfillment ratios of participating insurance plans. Please note that fulfillment ratios should not be taken as indicator of the future performance of this product.

Key Product Risks

The following information helps you better understand the key product risks associated with this product that you may need to pay attention before Application.

- Premium Payment Term**

You should only apply for this product if you intend to pay the Premium for the whole of the Premium payment term. If you do not pay the Premium by the relevant Premium Due Date, we allow a Grace Period of 31 days from the relevant Premium Due Date for payment of each Premium except when any waiver of Premium has been approved by us. All insurance coverage shall remain in full force and effect during the Grace Period. If we have not received the relevant Premium by the end of the Grace Period, all coverage will automatically lapse on the Grace Period expiry date if it has no Surrender Value that has built up in the Policy. You will lose your insurance coverage and even the Premiums paid as a result.

The Automatic Premium Loan available under your Policy is intended to keep your Policy in force for as long as possible during non-payment of Premium if there is not enough Surrender Value that has built up in the Policy, the Policy will end and the Insured will not be covered. However, you should be aware that the loan interest rate is determined by us from time to time which may fluctuate. Automatic Premium Loan would be treated as part of Policy loan, which will lead to a reduction in benefits payable under the Policy. Please refer to the Policy provisions for the exact terms and conditions.

- Premium Adjustment**

The Company reserves the right to review and adjust the Premium rates of this product based on our expectation and experience of a series of factors including but not limited to investment returns, claims, Policy surrenders and expenses. The Company will give prior written notice of any adjustment in Premium rates.

- Liquidity Risk / Early Surrender**

If you have any unexpected liquidity needs, you may surrender the Policy for its Surrender Value (if any). You are reminded that if your Policy is surrendered in early years, the Surrender Value payable may be less than the Premiums paid by you.

- Market Risk**

The non-guaranteed benefits of this product are based on the Company's Terminal Dividend scales, which are not guaranteed and are determined by the Company from time to time and based on the Company's experiences and expectation of a series of factors including but not limited to investment returns, claims, Policy surrenders and expenses. The actual amount of non-guaranteed benefits payable may be higher or lower than the amount illustrated in any product information provided to you.

- Credit Risk**

This product is issued and underwritten by the Company. Your Policy is therefore subject to the credit risk of the Company. If the Company is unable to satisfy the financial obligation of the Policy, you may lose your insurance coverage and the Premiums paid.

- Exchange Rate Risk**

For the Policy denominated in currencies other than local currency, you are subject to exchange rate risk. The political and economic environment can affect the currency exchange rate significantly. Exchange rate fluctuates and is determined by the Company from time to time. Any transaction in foreign currencies involves risk. You should take exchange rate risk into consideration when deciding the Policy currency.

- Inflation Risk**

Please note that the cost of living in the future is likely to be higher than it is today due to inflation. Hence, the insurance coverage planned today may not be sufficient to meet your future needs.

Termination

The Policy and its coverage will be automatically terminated on the occurrence of the earliest of the following:

- a) lapse of the Policy;
- b) surrender of the Policy;
- c) if no benefit has been unlocked in accordance with Coverage Unlock Privilege, upon the date of initial Diagnosis of the Major Illness for which the claim of Major Illness Benefit has been paid or become payable;
- d) if we have issued an endorsement confirming Out-of-Pocket Items Benefit, Appearance Care Benefit and Embrace Life Benefit (if applicable) are in effect, upon the date on which the Out-of-Pocket Items Benefit, Appearance Care Benefit and Embrace Life Benefit (if applicable) have been paid and terminated;
- e) if we have issued an endorsement confirming Out-of-Pocket Items Benefit, Appearance Care Benefit, Embrace Life Benefit and the Multiple Protection Major Illness Benefit (if applicable) are in effect, (i) upon the date of initial Diagnosis of the relevant Major Illness for which the claim of Multiple Protection Major Illness Benefit (if applicable) has been paid or become payable and terminated or (ii) upon the date on which the Out-of-Pocket Items Benefit, Appearance Care Benefit and Embrace Life Benefit (if applicable) have been paid and terminated, whichever is later;
- f) if the claim of Major Illness Benefit has been paid or become payable on or before the Insured reaches Age 85, upon the date on which the Policy Anniversary is on or immediately following the Insured's 85th birthday;
- g) the Insured's death;
- h) our receipt of your written request for cancellation of the Policy; or
- i) the unpaid loan together with accrued interest exceeding the Cash Value.

You may surrender your Policy by submitting the form prescribed by us. You may contact your licensed insurance intermediary or contact our Customer Service Center at +852 2894 9833 to get a copy of the form.

Key Exclusions

We will not pay the Life Insurance Proceeds if the Insured commits suicide, while sane or insane, within 1 year of the Date of Issue or the date of last reinstatement of the Policy, whichever is later. Instead, the coverage of the Policy will be terminated and we will only pay to you the total Premium(s) paid to us without any interest, less any amount which has been paid to you by us under the Policy and any Indebtedness.

Except for Death Benefit as specified in Policy provisions, no benefits will be payable if the relevant Illness is a direct or indirect consequence of any of the following:

- a) attempted suicide or intentionally self-inflicted Injury while sane or insane;
- b) declared or undeclared war, invasion, acts of foreign enemies, civil commotion, revolution, military service, insurrection or usurped power or any warlike operations, terrorism or terroristic activities;
- c) the presence of the Acquired Immune Deficiency Syndrome (AIDS) virus (except where such virus is due to medical misadventure or AIDS/HIV due to Blood Transfusion or AIDS/HIV due to Occupational Accident as defined in the Policy provisions);
- d) Pre-existing Condition other than for Pre-existing Condition(s) of the Insured declared to the Company prior to Date of Issue and the Company has agreed to cover the Pre-existing Condition;
- e) being under the influence of drugs, alcohol or narcotics not prescribed by a Registered Medical Practitioner;
- f) any premalignant tumours, polyps or carcinoma-in-situ of any organ (except the Illnesses defined in the Policy provisions);
- g) any congenital condition which was Diagnosed or for which the signs or symptoms were evident within the Waiting Period; or
- h) any condition, Illness or Injury which existed or was existing, or the cause or signs or symptoms of which existed or were existing or evident, or which the Insured suffered or was suffering from, within the Waiting Period.

Medically Necessary

Any operative procedure, treatment and surgery to be received by the Insured in relation to the covered illnesses under this product must be performed by a Registered Specialist or Registered Medical Practitioner, as the case may be, as Medically Necessary.

“Medically Necessary” means a medical service which is:

- consistent with the Diagnosis and customary western medical treatment for the condition;
- in accordance with standards of good medical practice;
- not for the convenience of the Insured or the Registered Medical Practitioner;
- for which the charges are fair and reasonable for such Illness and/or disability, and Medically Necessary shall be construed accordingly; and
- not experimental in nature.

Pre-existing Condition(s)

“Pre-existing Condition” refers to any of the below conditions happened prior to the Date of Issue of the Policy or the date of last reinstatement of the Policy or the date of issue of any subsequent endorsement, whichever is the latest, unless the condition, Illness, or Injury has been notified to and accepted by us:

- any congenital condition which was Diagnosed or for which the signs or symptoms were evident; or
- any condition, Illness or Injury which existed or was existing, or the cause or signs or symptoms of which existed or were existing or evident, or which the Insured suffered or was suffering from.

Claims

We must be notified in writing within 60 days from the date of initial Diagnosis of the illness or the date of the event occurring Out-of-Pocket Items Benefit, Appearance Care Benefit and Embrace Life Benefit (as the case may be) or from the date of death of Owner under the Basic Plan. A fully completed claim form and all relevant proof of claim must be provided to us at your or the claimant’s own expense within 180 days of the Insured’s initial Diagnosis or the date of the event occurring the death of Owner, Out-of-Pocket Items Benefit, Appearance Care Benefit and Embrace Life Benefit. For details, please refer to the Policy provisions.

The claimant should submit a claim to us in the form prescribed by us and shall at his/her own expense provide to us all necessary information, documents, medical evidence as we may from time to time require in connection with the claim. You may contact your licensed insurance intermediary or contact our Customer Service Center at +852 2894 9833 to get a copy of the form, or you can download it from our Company website at life.chubb.com/hk.

Disclosure

In the event of material misrepresentation, fraud or non-disclosure, your Policy will be treated as void from inception and all the monies paid to us under the Policy will be forfeited.

Cooling-off Period

If you are not satisfied with your Policy, you have the right to cancel it by submitting a signed notice and return the Policy document (if any) to Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong within a period of 21 calendar days immediately following either the day of delivery of the Policy or a notice informing you or your nominated representative about the availability of the Policy and the expiry date of the cooling-off period, whichever is earlier. If the last day of the 21-calendar day period is not a working day, the cooling-off period shall include the next working day. Upon such cancellation of the Policy, we will refund the total amount of Premiums you paid without any interest, less any amount paid to you by the Company under the Policy, in the original currency paid by you subject to any fluctuation of exchange rate upon cancellation, provided that the amount refunded will not exceed the total amount you paid in the original currency under the Policy.

Collection of Premium Levy by Insurance Authority

The Insurance Authority started collecting levy on insurance premiums from Owners for policies issued in Hong Kong since January 1, 2018. For details of the levy and its collection arrangement, please visit our Company website at life.chubb.com/hk or contact our Customer Service Center at +852 2894 9833. In the event that we refund your premiums, whether in full or in part, e.g. upon cancellation of your Policy during the cooling-off period, the proportionate levy paid by you will also be refunded accordingly.

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 FFIs 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 Chubb Life Insurance Hong Kong Limited (the "Company") and this Product. 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 and documentation 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 documentation 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.

Automatic Exchange of Financial Account Information

Automatic Exchange of Financial Account Information ("AEOI") is an arrangement that involves the transmission of financial account information from Hong Kong to an overseas tax jurisdiction with which Hong Kong has entered into an AEOI agreement. In Hong Kong, the relevant legislative framework for implementation of AEOI is laid down in the Inland Revenue Ordinance.

The Inland Revenue (Amendment) (No. 3) Ordinance 2016 requires financial institutions in Hong Kong, to identify and report information relating to financial accounts held by customers that are tax residents of reportable jurisdictions to the Hong Kong Inland Revenue Department ("IRD").

Chubb Life Insurance Hong Kong Limited ("Chubb") must comply with the following requirements of Inland Revenue Ordinance to facilitate the IRD automatically exchanging certain financial account information as provided for thereunder:

- (i) to identify certain accounts as "non-excluded financial accounts" ("NEFAs");
- (ii) to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes;
- (iii) to determine the status of certain NEFA-holding entities as "passive NFEs" and identify the jurisdiction(s) in which their "controlling persons" reside for tax purposes;
- (iv) to collect certain information on NEFAs ("Required Information"); and
- (v) to furnish certain Required Information to the IRD (collectively, the "AEOI requirements").

In order to comply with the AEOI requirement, from January 1, 2017, Chubb requires account holders (including individual, entities and controlling person) for all new accounts to complete and provide us with a self-certification for tax residence. As for pre-existing accounts, if Chubb has doubt about the tax residence of an account holder (including individual, entities and controlling person), it may require the account holder to provide a self-certification for tax residence.

As a financial institution, Chubb cannot provide you with any tax advice. If you have any doubts about your tax residence status and the impact of AEOI on your Policy, you should seek independent professional advice.

It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HKD 10,000).

Every Way of Life

CHUBB®

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