American International Assurance Company (Bermuda) Limited
42/F, AIA Tower, 183 Electric Road
Hong Kong

Memorandum

Attn:	All EDDs, SDDs, DDs and Managers-in-Charge (Hong Kong Region only)	From:	Barry Chung
		Dept:	Accident and Health Dept.
Date:	August 20, 2007	Total Page:	7 + attachment
Copy:	Mr. Derek Yung / Ms. Betty Chang / Mr. Joe Cheng / All DHs / Call Centre / DOAs / ADOAs / ADMs / AADMs		

Subject : (Ref: A070826) **Flexi-MediGuard, Lady Care and Protection For Life to be issued as M policies (previously P policies)**
「靈活住院惠益保障計劃」、「惠賢保」及「終身保」將由「P」字首轉爲「M」字首保單

由 2006 年 9 月開始並於 2007 年 1 月及 3 月陸續引入由壽險電腦系統處理「M」字首意外及醫療保單的程序後，由 2007 年 9 月 3 日（以申請日期爲準）起，「靈活住院惠益保障計劃」(前稱「住院惠益保障計劃 650」)、「惠賢保」及「終身保」保單亦將轉由壽險電腦系統處理。

三種產品之共同改動

承保公司	• 承保公司將由「美國友邦保險有限公司」轉爲「美國友邦保險（百慕達）有限公司」。
產品小冊子	• 產品小冊子已除去原有接連的投保申請書，而「靈活住院惠益保障計劃」則改爲A5尺寸的全新產品小冊子。現隨通告附上A5尺寸的「靈活住院惠益保障計劃」產品小冊子的圖樣以供參考。 • 已更新的首批產品小冊子將於8月29日開始陸續送抵各營業辦事處。營業同事隨後亦可跟往常一樣，經行政事務部PSS系統訂取有關產品小冊子。 • 敬請停止使用舊版本的產品小冊子作銷售用途。
投保申請書	• 「M」保單之投保申請書已作修訂，新版本投保申請書（OPUAIF79.0807）已加入專爲「惠賢保」而設的問題。 • 現隨通告附上以意外及醫療保險保單投保申請書投保上述三產品之圖解說明以供參考。 • 除「惠賢保」外，其他的「M」保單在 2007 年 9 月 3 日後仍可使用舊版本的「M」保單投保申請書 (因新增設的問題只涉及「惠賢保」，其他的「M」保單毋須回答該等問題)。
保單契約	• 爲更清晰闡明保單契約的內容，保單契約內的定義有所添加及修訂。 • 定義的次序已按照英文字母的次序排列。 • 標題爲「繳交保費」的新條文已加入保單契約內。

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靈活住院惠益保障計劃

產品特點	• 產品名稱已由「住院惠益保障計劃 650」更改爲「靈活住院惠益保障計劃」 • 保障額已改爲單位化，每單位的保障額爲港幣 50 元；但需符合最低保障額港幣 650 元及最高保障額港幣 1,500 元的限制 (即可選擇港幣 650 元、700 元、750 元……1,450 元及 1,500 元等的每日住院償金保障，其他保障項目亦按比例遞增)。 • 由 9 月 3 日起，就準投保額高於每日入息 80% 或準投保人爲沒有收入的人士(包括：兒童、學生、家庭主婦、退休人士或其他非在職人士) ，於 AIA(B) / AIA / 其他保險公司沒有任何住院惠益之情況下，準投保人的個人最高投保額將提升至不超過港幣 800 元。 • 新增追溯保單日期 (Date Back) 措施，追溯期最長可達六個月。
產品小冊子	• 產品小冊子已由 A4 尺寸的單張更改爲 A5 尺寸的小冊子形式。
投保申請書	• 於投保申請書上除填寫問題 1-21 及適當簽署及填寫日期外，以下在「只適用於住院入息及危疾保險計劃」部份的問題亦須填寫： ○ 就女性投保人而言，需回答問題 24-37 條 (問題 36(iii) 及(iv) 除外)； ○ 就男性投保人而言，需回答問題 24-35 及 37 條。
保單契約	• 標題爲「扣除保費」的新條文已加入保單契約內。 • 保單契約內標題爲「身故體恤津貼」的條文，亦因應澳門區之安排而作出修訂。但「身故體恤津貼」之金額及個人總額上限**則維持不變** (即同一受保人之個人總額上限爲港幣 10,000 元)。 • 標題爲「24 小時全球電話諮詢服務」的新附屬條文已加入保單契約內標題爲「美國國際支援服務」的條文內。

惠賢保

產品特點	• 與現有的相同。
產品小冊子	• 產品小冊子內的保費表稍作修改，部份年齡組別的保費調低 1 至 2 元。 • 在產品小冊子背頁的內容已更改爲本公司的服務中心資料。
投保申請書	• 投保申請書內的「只適用於住院入息及危疾保險計劃」部份已加設以下的問題： ○ 問題 36(iii) – 所有「惠賢保」的申請人均需回答此問題； ○ 問題 36(iv) – 所有「惠賢保」及可附加保障惠益的申請人需回答此問題。 • 於投保申請書上除填寫問題 1-21 及適當簽署及填寫日期外，亦須填寫「只適用於住院入息及危疾保險計劃」部份(問題 24-37)。 • 請注意，「惠賢保」必須使用「M」保單之新版本投保申請書（OPUAIF79.0807），公司不會接受以舊「M」保單申請書投保此產品。

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保單契約	• 保單資料頁上會列出「女性醫療保障」一保障項目統稱以取代列印每項受保疾病/手術 (即「骨質疏鬆症」、「小便失禁」、「女性原位癌」及「意外整形手術費用」)之安排。 • 「附加母子保障惠益」條文的標題修訂爲「母子保障惠益」。 • 「小便失禁」修訂爲「小便失禁之手術」。 • 保單契約內標題爲「扣除保費」的條文修訂爲與其他「M」字首意外及醫療保單的條文內容一致。 • 保單契約內標題爲「身故體恤津貼」的條文，亦因應澳門區之安排而作出修訂。但「身故體恤津貼」之金額及個人總額上限**則維持不變** (即同一受保人之個人總額上限爲港幣 10,000 元)。 • 保單資料頁上「女性醫療保障」及「母子保障惠益」的保障額，將改爲列於保單契約內標題爲「女性醫療保障表」及「母子保障惠益表」中，其他條文的內容亦已作出相應的修訂並以該等保障/惠益表作參照。 • 標題爲「美國國際支援服務」的新條文已加入保單契約內。

終身保

產品特點	• 與現有的相同。
產品小冊子	• 「非意外死亡賠償」部份已作修改以反映保單契約內有關「現金價值」條文的更改。
投保申請書	• 於投保申請書上除填寫問題 1-21 及適當簽署及填寫日期外，只須填寫「只適用於意外保險計劃」部份（第 22-23 條）。

保單契約	• 「非意外死亡賠償」的詳情只列於保單契約內，保單資料頁上將不再列出「非意外死亡賠償」的保障項目。
	• 以下是已加入保單契約的新條文：
	  ○ 健康檢查計劃
	  ○ 美國國際支援服務
	• 保單契約內標題爲「現金價值」的條文已作修訂，以更準確反映繳付保費總額是每一個保單年度的應付標準年繳保費所合計的總值。

如有查詢，請致電：

- Team 1 及 3　Ms. Vivian Ho 電：2881-3574
  Ms. Uke Yue 電：2881-3239
- Team 2 及 4　Ms. Ada Wai 電：2203-0066
- Team 5 及 6　Ms. Amy Ho 電：2881-4429
- Team 7　Ms. Uke Yue 電：2881-3239
- Team 10 及 11　Ms. Ida Wong 電：2203-0006

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M prefix IPA policies were first processed by the Life System in September 2006 and subsequently expanded in January and March 2007. We are pleased to announce that Flexi-MediGuard (previously named as "MediGuard 650"), Lady Care and Protection For Life policies will also be issued by the Life System starting from **September 3, 2007** (according to application date).

Common changes applicable to the 3 products

Insurer	• Insurer will be changed from AIA to AIA(B)
Brochure	• Previous application forms attached to the product brochures have been removed from the brochures. Brochure for Flexi-MediGuard has been changed to a new A5 booklet version. Image of the A5 size brochure for Flexi-MediGuard is attached with this memo for your reference. • An initial quantity of the revised/new brochures will be delivered to agency offices starting from August 29, 2007. Subsequent orders can be made via the PSS system of Corporate Services Department as usual. • Old versions of brochures should be discarded and not be used for selling.
Application Form	• The Application Form for "M" policies has been revised. Questions which are specially for Lady Care have been added to the new Application Form (OPUAIF79.0807). • An illustration on how to fill out the Accident & Health Insurance Application Form is attached with this memo for your easy reference. • Except Lady Care, the old Application Form for "M" policies can continue to be used for applications signed on or after September 3, 2007 (Since the newly added questions are for Lady Care only, but not other "M" policies).
Policy Contract	• In order to have a clearer exposition of the contract provisions, revision and addition of definitions have been made to the contracts. • Definitions have been re-arranged in alphabetical order. • A new clause titled "Payment of Premium" has been added to the contracts.

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Flexi-MediGuard

Product Features	• The product name has been changed from "MediGuard 650" to "Flexi-MediGuard". • Coverage has been unitized and broken down into HK$50 per unit subject to a minimum cover of HK$650 and a maximum cover of HK$1,500 (i.e. the coverage for Daily Hospital Income Benefit can be HK$650, $700, $750…. $1,450 and $1,500, coverage for other benefits will also increase proportionally). • Starting from September 3, 2007, in the event that the proposed insured's hospital income coverage exceeds 80% of his / her daily income or for those who have no income (incl.: juveniles, students, housewives, retirees and unemployed), the maximum per life coverage will increase to HK$800, provided that they have no Hospital Income Coverage with AIA(B) / AIA / other insurance companies. • "Date Back" of policy for up to 6 months is allowed.
Brochure	• The brochure has been changed from A4 pamphlet format to a new A5 booklet format.

Application Form	• In addition to the completion of Q1-21 and have the application form properly signed and dated, the following questions under the section "For Hospital Income & Critical Illness Insurance Plans Only" in the application form also requires to be filled out:
	  ○ Q24-37 for female (exclude Q36(iii) & (iv))
	  ○ Q24-35 & 37 for male

Policy Contract	• The clause titled "Deduction of Premium" has been added to the contract. • The clause titled "Compassionate Death Benefit" in the contract has been modified to cater for the different CDB clause used for Macau policies. The amount of CDB and maximum aggregate amount of CDB remain unchanged (i.e. the maximum amount of CDB payable per insured from all policies is capped at HK$10,000). • A new sub-clause titled "24-Hour Worldwide Telephone Enquiry Services" has been added to the clause titled "American International Assistance Services" in the contract.

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Lady Care

Product Features	• Same as existing
Brochure	• The premium table of the brochure is amended slightly with a reduction of premium for $1-2 for some age levels • The back page of the brochure has been modified to show information of our service centres.

Application Form	• The following two questions have been added to the section "For Hospital Income & Critical Illness Insurance Plans Only" on the application form:
	  ○ Q36(iii) - all Lady Care applicants are required to complete this question.
	  ○ Q36(iv**)** **-** applicants for Lady Care with Optional Benefit are required to complete this question
	• In addition to the completion of Q1-21 and have the application form properly signed and dated, the section "For Hospital Income & Critical Illness Insurance Plans Only" (Q24-37) also requires to be filled out
	• Please note that the new Application Form for "M" policies (OPUAIF79.0807) is to be used for Lady Care, old Application Form for "M" policies will NOT be accepted for Lady Care application.

Policy Contract	• The benefit title "Female Health Benefit" now shows on the PIP instead of showing each covered illness/surgery (i.e. Osteoporosis, Urinary Incontinence Requiring Surgical Repair, Female Carcinoma-in-situ and Accidental Cosmetic Surgery) under the Female Health Benefit. • The title of the clause "Supplementary Mother and Child Benefits" has been modified and changed to "Mother and Child Benefits" • The Chinese title of "Urinary Incontinence Requiring Surgical Repair" has been modified from "小便失禁" to "小便失禁之手術" • The clause titled "Deduction of Premium" in the contract has been modified to standardize with other M prefix IPA policies • The clause titled "Compassionate Death Benefit" in the contract has been modified to cater for different CDB clause used for Macau policies. The amount of CDB and maximum aggregate amount of CDB remain unchanged (i.e. the maximum amount of CDB payable per insured from all policies is capped at HK$10,000) • Benefit amounts of Female Health Benefit and Mother and Child Benefit have been removed from the PIP. Two tables titled "Table of Female Health Benefit" and "Table of Mother and Child Benefits" have been added to the contract as replacement and wordings of the relevant clauses have also been amended to make reference to the tables • A new clause titled "American International Assistance Services" has been added to the contract

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Protection For Life:

Product Features	• Same as existing
Brochure	• The Section "Non-accidental Death Benefit" has been modified to illustrate the changes in the policy contract correspondingly
Application Form	• In addition to the completion of Q1-21 and have the application form properly signed and date, ONLY the section "For Accident Insurance Plans Only" (Q22-23) requires to be filled out

Policy Contract	• Details of "Non-accidental Death Benefit" are set out in the policy contract only. This benefit item will not be listed on the PIP
	• The following new clauses have been added to the contract
	  ○ Well Being Program
	  ○ American International Assistance Services
	• The clause titled "Cash Value" in the contract has been modified in order to state that total premiums paid is the aggregate of all standard premiums payable under the annual payment mode at each policy year

For enquiries, please contact

- Team 1 & 3 — Ms. Vivian Ho:2881-3574; Ms. Uke Yue: 2881-3239
- Team 2 & 4 — Ms. Ada Wai: 2203-0066
- Team 5 & 6 — Ms. Amy Ho: 2881-4429
- Team 7 — Ms. Uke Yue: 2881-3239
- Team 10 & 11 — Ms. Ida Wong: 2203-0006

Regards,

Barry Chung
Vice President
Accident & Health Department

Encl.

BC/el/cc

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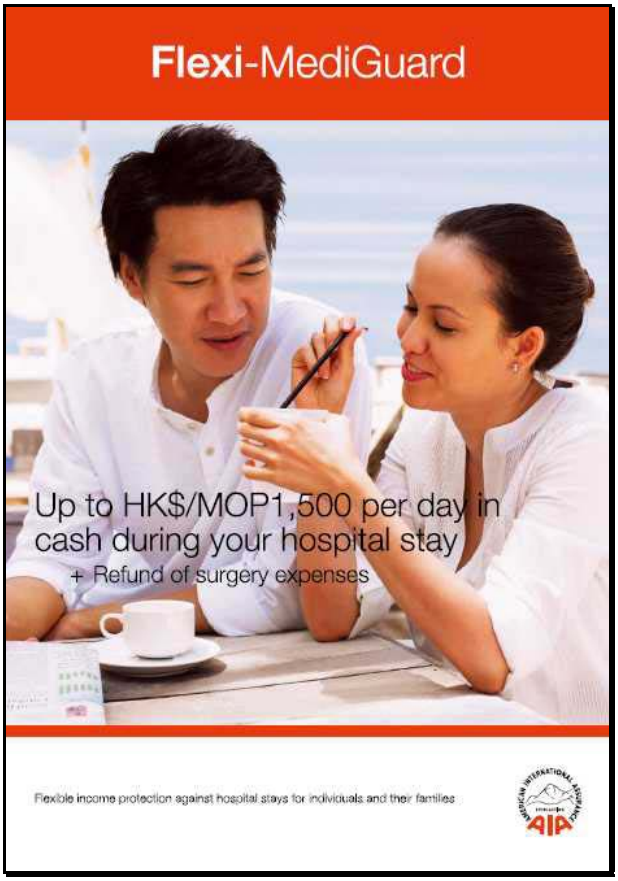
產品小冊子圖樣:
Image of Product Brochure:

M 字首保單的「靈活住院惠益保障計劃」產品小冊子圖樣如下（A5 尺寸）:
Image of A5 size Flexi-MediGard brochure for M prefix policies is as follows:



（中文封面 Cover of Chinese version）



（英文封面 Cover of English version）

現時「住院惠益保障計劃 650」的產品小冊子圖樣(見下圖)，**將於 2007 年 9 月 3 日起停用**：
Existing A4 size MediGuard 650 Hospital Income Plan brochures (see below) **will no longer be in use from Sept 3, 2007**:



靈活住院惠益保障計劃填寫樣本:
Sample for Flexi-MediGuard Hospital Income Plan:

DETAILS OF INSURANCE APPLIED FOR 保險投保申請資料

16. Currency 貨幣 : ☐ US$ 美元 ☑ HK$ 港元

17. Mode of Payment 繳費方式: ☑ Annual 年繳 ☐ Monthly 月繳 (Payment mode has been listed in product brochure 繳費方式已列印於產品小冊子內)
For monthly payment mode, Direct Debit Authorization Form or Credit Card Deduction Form must be completed and sent to the Accounts Department.
若爲月繳，請填妥直接付款授權書或信用咭扣付表格並交回會計部。

18a. Plan Name 計劃名稱:	Benefit/ Plan Level 保障惠益/計劃 :	Amount of Insurance 保額 :
Flexi-MediGuard/ 靈活住院惠益	**Daily HI / 每日住院償金**	**$800**

18b. Optional Benefits (where applicable) 可附加保障惠益（如適用）:	Benefit Name 保障惠益 :	Amount of Insurance 保額 :
	(1) **Surgical Expenses Reimbursement / 手術費用賠償**	**$16,000**
	(2)	
	(3)	

投保靈活住院惠益保障計劃（住院入息產品）不需填寫此部份
For Flexi-MediGuard (hospital income product), this part is NOT required

FOR ACCIDENT INSURANCE PLANS ONLY 只適用於意外保險計劃

		Yes 是	No 否
22. Are you left-handed? 您是否左手慣用者？	22	☐	☐
23. Do you have any physical defects, impairment, deformities and/or any condition affecting mobility, sight and/or hearing? If the answer is "YES", please provide details below. 您有任何身體損傷、殘廢、缺陷及/或其他狀況而影響行動、視覺及/或聽覺？倘「是」，請在以下空間提供詳細資料。	23	☐	☐

投保靈活住院惠益保障計劃（住院入息產品）需填寫此部份
For Flexi-MediGuard (hospital income product), this part MUST BE completed

FOR HOSPITAL INCOME & CRITICAL ILLNESS INSURANCE PLANS ONLY 只適用於住院入息及危疾保險計劃

		Yes 是	No 否
24. Has any application for or reinstatement of life, critical illness, accident, disability or medical health insurance on your life ever been declined, postponed, rated or in any way modified? 您是否曾於申請壽險、危疾、意外、傷殘或醫療保險或申請復保時被拒絕受保、擱置受保、須繳付額外保費或修改合約條款？	24	☐	☐

36. For female only 女性適用: (i) Are you now pregnant? If 'YES', please state expected delivery date. 您現在是否懷孕？倘「是」，請填寫預產期。 MM月 DD日 YYYY年	36 (i)	☐	☐
(ii) Have you suffered from any disorder of the breast or re... 您是否患有任何乳房或生殖器官的疾病，包括不正常之...	(ii)	☐	☐
For Lady Care Protection Plan 適用於投保惠賢保保障計劃 (iii) Have you ever had plastic surgery? 您是否曾接受任何整容/整形手術？	(iii)	☐	☐
For Lady Care Protection Plan with Optional Benefits 適用於投保惠賢保保障計劃及可附加保障惠益: (iv) In the past 12 months, have you suffered from or had disseminated intravascular coagulation during pregnancy, ectopic pregnancy, hydatidiform mole, miscarriage, termination of pregnancy due to foetal problem or any other pregnancy or delivery complications not mentioned above? 過去一年內，您是否或曾否在懷孕期間患有瀰漫性血管內凝血、宮外孕、葡萄胎、或曾流產、因胚胎出現問題而終止懷孕或以上沒有提及的其他懷孕或妊娠期併發症？	(iv)	☐	☐

女性投保人需填寫第 36 題 (i) 及 (ii)
For female insured, Q36 (i) & (ii) MUST BE completed

37. If any of the answers to question 24 to 36 is "YES", please give full particulars below, noting the question number.
上述第24項至第36項問題中，如有任何答案屬 "是" 者，請註明問題號碼並詳述之：

惠賢保保障計劃填寫樣本:
Sample for Lady Care Protection Plan:

DETAILS OF INSURANCE APPLIED FOR 保險投保申請資料

16. Currency 貨幣 : ☐ US$ 美元 ☑ HK$ 港元

17. Mode of Payment 繳費方式: ☑ Annual 年繳 ☐ Monthly 月繳 (Payment mode has been listed in product brochure 繳費方式已列印於產品小冊子內)
For monthly payment mode, Direct Debit Authorization Form or Credit Card Deduction Form must be completed and sent to the Accounts Department.
若爲月繳，請填妥直接付款授權書或信用咭扣付表格並交回會計部。

18a. Plan Name 計劃名稱:	Benefit/ Plan Level 保障惠益/計劃:	Amount of Insurance 保額:
Lady Care/ 惠賢保	Plan 1 / 計劃一	$100,000

18b. Optional Benefits (where applicable) 可附加保障惠益（如適用）:	Benefit Name 保障惠益:	Amount of Insurance 保額:
	(1) Mother & Child Benefits / 母子保障惠益	
	(2)	
	(3)	

投保惠賢保保障計劃（危疾產品）不需填寫此部份
For Lady Care (critical illness product), this part is NOT required

FOR ACCIDENT INSURANCE PLANS ONLY 只適用於意外保險計劃

		Yes 是	No 否
22. Are you left-handed? 您是否左手慣用者？	22	☐	☐
23. Do you have any physical defects, impairment, deformities and/or any condition affecting mobility, sight and/or hearing? If the answer is "YES", please provide details below. 您有任何身體損傷、殘廢、缺陷及/或其他狀況而影響行動、視覺及/或聽覺？倘「是」，請在以下空間提供詳細資料。	23	☐	☐

投保惠賢保保障計劃（危疾產品）需填寫此部份
For Lady Care (critical illness product), this part MUST BE completed

FOR HOSPITAL INCOME & CRITICAL ILLNESS INSURANCE PLANS ONLY 只適用於住院入息及危疾保險計劃

		Yes 是	No 否
24. Has any application for or reinstatement of life, critical illness, accident, disability or medical health insurance on your life ever been declined, postponed, rated or in any way modified? 您是否曾於申請壽險、危疾、意外、傷殘或醫療保險或申請復保時被拒絕受保、擱置受保、須繳付額外保費或修改合約條款？	24	☐	☐

36. For female only 女性適用:
(i) Are you now pregnant? If 'YES', please state expected delivery date. 您現在是 MM月 DD日 XXXX年 | 36
(ii)Have you suffered from any disorder of the breast or reproductive organs inclu
您是否患有任何乳房或生殖器官的疾病，包括不正常之塗片細胞檢查及月經失調？

For Lady Care Protection Plan 適用於投保惠賢保保障計劃:

For Lady Care Protection Plan 適用於投保惠賢保保障計劃:
(iii) Have you ever had plastic surgery? 您是否曾接受任何整容/整形手術？ | (iii) ☐ ☐

For Lady Care Protection Plan with Optional Benefits 適用於投保惠賢保保障計劃及可附加保障惠益:
(iv) In the past 12 months, have you suffered from or had disseminated intravascular coagulation during pregnancy, ectopic pregnancy, hydatidiform mole, miscarriage, termination of pregnancy due to foetal problem or any other pregnancy or delivery complications not mentioned above? 過去一年內，您是否或曾否在懷孕期間患有瀰漫性 | (iv) ☐ ☐

For Lady Care Protection Plan with Optional Benefits
適用於投保惠賢保保障計劃及可附加保障惠益:

37. If any of the answers to question 24 to 36 is "YES", ple
上述第24項至第36項問題中，如有任何答案屬"是"者

終身保意外保障計劃填寫樣本:
Sample for Protection for Life Accident Insurance Plan:

DETAILS OF INSURANCE APPLIED FOR 保險投保申請資料

16. Currency 貨幣 :
☐ US$ 美元 ☑ HK$ 港元

17. Mode of Payment 繳費方式: ☐ Annual 年繳 ☑ Monthly 月繳 (Payment mode has been listed in product brochure 繳費方式已列印於產品小冊子內)
For monthly payment mode, Direct Debit Authorization Form or Credit Card Deduction Form must be completed and sent to the Accounts Department.
若爲月繳，請填妥直接付款授權書或信用咭扣付表格並交回會計部。

18a. Plan Name 計劃名稱:	Benefit/ Plan Level 保障惠益/計劃:	Amount of Insurance 保額:
Protection For Life / 終身保	ADB / 意外死亡賠償	$1,000,000

投保終身保意外保障計劃（意外產品）需填寫此部份
For Protection For Life (accident product), this part MUST BE completed

FOR ACCIDENT INSURANCE PLANS ONLY 只適用於意外保險計劃

		Yes 是	No 否
22. Are you left-handed? 您是否左手慣用者？	22	☐	☐
23. Do you have any physical defects, impairment, deformities and/or any condition affecting mobility, sight and/or hearing? If the answer is "YES", please provide details below. 您有任何身體損傷、殘廢、缺陷及/或其他狀況而影響行動、視覺及/或聽覺？倘「是」，請在以下空間提供詳細資料。	23	☐	☐

投保終身保意外保障計劃（意外產品）不需填寫此部份
For Protection For Life (accident product), this part is NOT required

FOR HOSPITAL INCOME & CRITICAL ILLNESS INSURANCE PLANS ONLY 只適用於住院入息及危疾保險計劃

		Yes 是	No 否
24. Has any application for or reinstatement of life, critical illness, accident, disability or medical health insurance on your life ever been declined, postponed, rated or in any way modified? 您是否曾於申請壽險、危疾、意外、傷殘或醫療保險或申請復保時被拒絕受保、擱置受保、須繳付額外保費或修改合約條款？	24	☐	☐

36. For female only 女性適用: (i) Are you now pregnant? If 'YES', please state expected delivery date. 您現在是否懷孕？倘「是」，請填寫預產期。 (MM月 DD日 YYYY年)	36 (i)	☐	☐
(ii)Have you suffered from any disorder of the breast or reproductive organs including abnormal smear test(s) and irregular menses? 您是否患有任何乳房或生殖器官的疾病，包括不正常之塗片細胞檢查及月經失調？	(ii)	☐	☐
For Lady Care Protection Plan 適用於投保惠賢保保障計劃: (iii) Have you ever had plastic surgery? 您是否曾接受任何整容/整形手術？	(iii)	☐	☐
For Lady Care Protection Plan with Optional Benefits 適用於投保惠賢保保障計劃及可附加保障惠益: (iv) In the past 12 months, have you suffered from or had disseminated intravascular coagulation during pregnancy, ectopic pregnancy, hydatidiform mole, miscarriage, termination of pregnancy due to foetal problem or any other pregnancy or delivery complications not mentioned above? 過去一年內，您是否或曾否在懷孕期間患有瀰漫性血管內凝血、宮外孕、葡萄胎、或曾流產、因胚胎出現問題而終止懷孕或以上沒有提及的其他懷孕或妊娠期併發症？	(iv)	☐	☐

37. If any of the answers to question 24 to 36 is "YES", please give full particulars below, noting the question number.
上述第24項至第36項問題中，如有任何答案屬“是”者，請註明問題號碼並詳述之：