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Memo

Attn.:	All EDD & Honorable Advisors / EDDs / PSDDs / SDDs / DDs / MICs / Agency Leaders / Financial Planners (Hong Kong Region)	**From:**	Vanessa Tan
		Dept.:	Product Innovation, Development & Delivery Department
Copy:	Mr. Alger Fung / Mr. Jim Jan Zen / Ms. Alice Liang / Ms. Melissa Wong / Mr. Louie Ho / Mr. Chris Lau / All Department Heads / Heads of Agency Division / BPs / Call Centre	**Total pages:**	18 pages + 6 enclosure
Date:	16 July, 2024		

Subject: **A240725**

計劃轉換安排：AIA 自願醫保尊耀計劃及「尊耀明珠」醫療計劃
Plan Change Arrangement: AIA Voluntary Health Insurance Privilege Ultra Scheme and Privilege Ultra Pearl Medical Plan

AIA 自願醫保尊耀計劃及「尊耀明珠」醫療計劃自推出以來，市場反應正面。為回饋一直支持 AIA 的客戶，我們將於 2024 年 7 月 26 日起為

1. 持有 AIA 自願醫保尊裕計劃及 AIA 自願醫保尊顯計劃系列保單的合資格客戶提供**一次性計劃轉換特別安排**。於指定期間內將 AIA 自願醫保尊裕計劃或 AIA 自願醫保尊顯計劃轉換至相同或較高自付費及同一地域保障範圍選項（即亞洲）的 AIA 自願醫保尊耀計劃，合資格客戶將**無需重新醫療核保**，詳情參考 A 部分。
2. 即使合資格客戶錯過此一次性計劃轉換特別安排或持有其他醫療計劃欲轉換至 AIA 自願醫保尊耀計劃及「尊耀明珠」醫療計劃的客戶，仍可透過進行全面核保申請計劃轉換，詳情參考 B 部分。

A. 一次性計劃轉換特別安排

1. 計劃轉換安排

合資格保單	於 2023 年 4 月 22 日起繕發的原有計劃下的保單*
原有計劃	• **AIA 自願醫保尊裕計劃** • **AIA 自願醫保尊顯計劃**
新計劃	• AIA 自願醫保尊耀計劃 註：每年自付費跟原有計劃相同或更高；地域保障範圍跟原有計劃相同
核保規則	**無需**重新醫療核保
佣金安排	• 不設首年佣金 • 續保佣金: 佣金將以新計劃佣金率及根據原有計劃之續保年期計算
首年佣金調整	如保費金額於計劃轉換後減少，而於計劃轉換十二個月內，新繕發醫療保單之首年佣金將需要作出調整，以下除外: • 豁免 AIA 自願醫保尊裕計劃 (HKD16,000 自付費) 計劃轉換至 AIA 自願醫保尊耀計劃 (基本計劃，HKD16,000 自付費) 的首年佣金調整
其他安排	• （只適用如「原有計劃」為 AIA 自願醫保尊裕計劃(AVPP)）當「原有計劃」轉換為「新計劃」，於「原有計劃」之「無索償折扣」的保障下所累積的「無索償年度」將不會帶至「新計劃」，「新計劃」亦不會提供「原有計劃」下的「無索償折扣」的保障

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	• （只適用如「原有計劃」為 AIA 自願醫保尊顯計劃(AVPR)）當「原有計劃」轉換為「新計劃」，「新計劃」將不會提供「原有計劃」下的「無索償醫療檢查服務」 • AIA 自願醫保尊耀計劃(附加契約)只適用於附加至由 2021 年 2 月 22 日起遞交申請之指定基本計劃 • 任何於「舊計劃」內保單下的所有索償歷史、有關疾病的不保項目，或有關風險級別的附加保費率（如有）同樣適用於轉換後的「新計劃」的保單

* 一次性計劃轉換特別安排不適用於抵港內地旅客/離岸客戶/拒絕直接促銷推廣客戶。

2. 計劃轉換時間表

由 2024 年 7 月 26 日起，我們將陸續於即將到達之保單週年日的 60 日之前發送一次性計劃轉換客戶通知信（請參考附件一）予保單持有人。詳細時間表如下：

通知信發出日期 (通知信僅發出一次)	即將到達之保單週年日前 60 日 2024 年 7 月 26 日至 2025 年 7 月 25 日 （其相應保單週年日*為 2024 年 9 月 24 日至 2025 年 9 月 23 日） 2025 年 7 月 26 日至 2025 年 8 月 22 日 (原有計劃待批個案) （其相應保單週年日*為 2025 年 9 月 24 日至 2025 年 10 月 21 日） *以發出此通告日計
申請截止日期	申請須於保單週年日**前 60 日內**提交 逾期申請將**不被接納**
新計劃生效日期	完成計劃轉換時， 新計劃(AIA 自願醫保尊耀計劃)將於即將到達之保單週年日生效
通知信 – 接受直接促銷推廣客戶 (Opt-in)	內容包括申請方法、計劃轉換的重要事項及轉換後的賠償處理 (通知信樣本見附件一)
通知信 – 拒絕直接促銷推廣客戶 (Opt-out)	未載有任何「AIA 自願醫保尊耀計劃」之相關資料的**非推廣通知信** (通知信樣本見附件二)

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3. My Customer Corner 客戶清單

於 **2024 年 7 月 26 日起**，已收到我們送出信件之客戶清單將會上載至相關營業員之 eAC - My Customer Corner，並會**每日更新**。該清單亦包括已送出非推廣通知信之拒絕直接促銷推廣客戶，非推廣通知書不包含 AIA 自願醫保尊耀計劃的任何相關信息，這些客戶將被標記為「拒絕」*。

合資格客戶清單樣本：

Agency 組別號碼	Agent 營業員號碼	Opt-in/out of direct marketing 接受 / 拒絕直接促銷推廣	Policy No. 保單號碼	Policy Owner 保單持有人	Policy Date 保單日期 (YYYYMMDD)	Policy Anniversary Date 保單週年日期 (YYYYMMDD)	Current Plan Name (Chinese) 現時計劃名稱（中文）	Current Plan Name (English) 現時計劃名稱（英文）
12345	67890	拒絕	B123456789	CHAN TAI MAN	20231022	20241022	AIA 自願醫保尊裕計劃 / AIA自願醫保尊顯計劃	AIA Voluntary Health Insurance Privilege Plus Scheme / AIA Voluntary Health Insurance Privilege Scheme

* 請注意，以上接受 / 拒絕直接促銷推廣標記只反映客戶於客戶通知信寄出時之接受 / 拒絕直接促銷推廣狀態

4. 所需文件

財務策劃顧問可以透過 iChange（見附件五）或紙本申請來協助合資格的客戶申請計劃轉換。

如遞交紙本申請，合資格客戶需聯絡其財務策劃顧問獲取以下**所需文件** -

1. OPPOSF71 (0724) –更改基本計劃/ 附加契約申請表
2. OPPOSF51(R) – 計劃特別更改至 AIA 自願醫保尊耀計劃(AVPU)之投保聲明書 (適用於 2023 年 4 月 22 日或以後簽發的 AVPP 及 AVPR 保單)（見附件三）

註：需透過電子更改 (iChange)遞交申請或填妥所需文件後遞交至 AIA。

當完成計劃轉換，新計劃（AIA 自願醫保尊耀計劃）將於即將到達之保單週年日生效，特別計劃轉換批註（見附件四）將連同新保單文件一併寄出交付予客戶

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B. 計劃轉換一般安排

最早申請計劃轉換的遞交日期為 **2024 年 7 月 26 日**。所有從現有醫療產品計劃轉換至 AIA 自願醫保尊耀計劃 / 「尊耀明珠」醫療計劃，必須進行全面核保。

醫療產品計劃轉換之概覽

由	轉換至	需遞交健康證明書
特級「健康之寶」/ 特級「健康之寶」2	特級「健康之寶」2(較高保障級別或附加額外醫療保障)	✓
	特級「健康之寶」2 (原有或較低保障級別或取消額外醫療保障)	✘
	AIA自願醫保標準計劃 (原有計劃是普通房級別及沒有額外醫療保障)	✓
	AIA自願醫保標準計劃 (原有計劃是普通房級別並附有額外醫療保障或半私家房^/標準私家房^)	✘
	AIA自願醫保靈活計劃 (原有或較高保障級別或原計劃沒有額外醫療保障)	✓
	AIA自願醫保靈活計劃 (較低保障級別及原計劃附有額外醫療保障)	✘
	AIA自願醫保尊耀計劃** / 「尊耀明珠」醫療計劃**(任何自付費金額或任何地域保障範圍)	✓
「亞洲至尊」	「亞洲至尊 2」*** (較高墊底費金額)	✘
「亞洲至尊」/ 「亞洲至尊 2」	特級「健康之寶」2^ (半私家房 / 普通房)	✘
	特級「健康之寶」2^ (標準私家房)	✓
	「至尊醫療5」*(任何墊底費金額)	✓
	AIA自願醫保標準計劃	✘
	AIA自願醫保靈活計劃(半私家房 / 普通房)	✘
	AIA自願醫保靈活計劃(標準私家房)	✓
	AIA自願醫保尊耀計劃** / 「尊耀明珠」醫療計劃**(任何自付費金額或任何地域保障範圍)	✓
「至尊醫療」* / 「至尊醫療 2」* / 「至尊醫療 3」* / 「至尊醫療 5」*	特級「健康之寶」2^	✘
	「亞洲至尊2」***(原有或較高墊底費金額)	✘
	「亞洲至尊2」***(較低墊底費金額)	✓
	AIA自願醫保標準計劃	✘
	AIA自願醫保靈活計劃	✘
	AIA自願醫保尊耀計劃** / 「尊耀明珠」醫療計劃** (任何自付費金額或任何地域保障範圍)	✓
「至尊醫療」* / 「至尊醫療 2」* / 「至尊醫療 3」*	「至尊醫療 5」*(原有或較高墊底費金額)	✘
	「至尊醫療 5」*(較低墊底費金額)	✓
	「亞洲至尊 2」*** (原有或較高墊底費金額)	✘

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由	轉換至	需遞交 健康證明書
	「亞洲至尊 2」*** (較低墊底費金額)	✓
	AIA 自願醫保標準計劃	✘
	AIA 自願醫保靈活計劃	✘
	AIA自願醫保尊耀計劃** / 「尊耀明珠」醫療計劃** (任何自付費金額或任何地域保障範圍)	✓
「尊貴醫療計劃」 #	「亞洲至尊2」*** (任何墊底費金額)	✘
	AIA自願醫保標準計劃	✘
	AIA自願醫保靈活計劃	✘
	AIA自願醫保尊耀計劃** / 「尊耀明珠」醫療計劃** (任何自付費金額或任何地域保障範圍)	✓
「尊貴環球醫療計劃」	「至尊醫療5」*(任何墊底費金額)	✘
	AIA自願醫保標準計劃	✘
	AIA自願醫保靈活計劃	✘
	AIA自願醫保尊耀計劃** / 「尊耀明珠」醫療計劃** (任何自付費金額或任何地域保障範圍)	✓
「尊貴醫療計劃」 (北美除外)	「至尊醫療5」*(任何墊底費金額)	✓
	AIA自願醫保標準計劃	✘
	AIA自願醫保靈活計劃	✘
	AIA自願醫保尊耀計劃** / 「尊耀明珠」醫療計劃** (任何自付費金額或任何地域保障範圍)	✓
AIA自願醫保標準計劃	特級「健康之寶」2 (普通房連附加額外醫療保障, 半私家房^ / 標準私家房^)	✓
	特級「健康之寶」2(普通房)	✘
	AIA自願醫保靈活計劃 / AIA自願醫保尊耀計劃** (任何自付費金額或任何地域保障範圍)	✓
AIA自願醫保靈活計劃	特級「健康之寶」2(較高保障級別或附加額外醫療保障)	✓
	特級「健康之寶」2 (原有或較低保障級別或取消額外醫療保障)	✘
	AIA自願醫保標準計劃	✘
	AIA自願醫保靈活計劃(較高保障級別)	✓
	AIA自願醫保靈活計劃 (較低保障級別)	✘
	AIA自願醫保尊耀計劃** (任何自付費金額或任何地域保障範圍)	✓
AIA自願醫保尊尚計劃	特級「健康之寶」2(標準私家房^)	✓
	特級「健康之寶」2(普通房^ / 半私家房^)	✘
	AIA自願醫保標準計劃	✘
	AIA自願醫保靈活計劃(半私家房 / 普通房)	✘
	AIA自願醫保靈活計劃(標準私家房)	✓
	AIA自願醫保尊耀計劃** (任何自付費金額或任何地域保障範圍)	✓

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AIA自願醫保尊裕計劃	特級「健康之寶」2(標準私家房^)	✓
	特級「健康之寶」2(普通房^ / 半私家房^)	✗
	AIA自願醫保標準計劃	✗
	AIA自願醫保靈活計劃(半私家房 / 普通房)	✗
	AIA自願醫保靈活計劃(標準私家房)	✓
	AIA自願醫保尊耀計劃**(任何自付費金額或任何地域保障範圍)	✓
AIA自願醫保尊顯計劃	特級「健康之寶」2住院及手術賠償附加契約(標準私家房^)	✓
	特級「健康之寶」2住院及手術賠償附加契約(普通房^ / 半私家房^)	✗
	AIA自願醫保標準計劃	✗
	AIA自願醫保靈活計劃(半私家房 / 普通房)	✗
	AIA自願醫保靈活計劃(標準私家房)	✓
	AIA自願醫保尊耀計劃**(任何自付費金額或任何地域保障範圍)	✓
AIA自願醫保尊耀計劃**	特級「健康之寶」2(標準私家房^)	✓
	特級「健康之寶」2(普通房^ / 半私家房^)	✗
	AIA自願醫保標準計劃	✗
	AIA自願醫保靈活計劃(半私家房 / 普通房)	✗
	AIA自願醫保靈活計劃(標準私家房)	✓
	AIA自願醫保尊耀計劃**(較高自付費金額，只限相同或較窄地域保障範圍)	✗
	AIA自願醫保尊耀計劃**(較窄地域保障範圍，只限相同或較高自付費金額)	✗
	AIA自願醫保尊耀計劃**(較低自付費金額)	✓
	AIA自願醫保尊耀計劃**(較廣地域保障範圍)	✓
「尊耀明珠」醫療計劃**	特級「健康之寶」2(標準私家房^)	✓
	特級「健康之寶」2(普通房^ / 半私家房^)	✗
	「尊耀明珠」醫療計劃**(較高自付費金額，只限相同或較窄地域保障範圍)	✗
	「尊耀明珠」醫療計劃**(較窄地域保障範圍，只限相同或較高自付費金額)	✗
	「尊耀明珠」醫療計劃** (較低自付費金額)	✓
	「尊耀明珠」醫療計劃** (較廣地域保障範圍)	✓

* 包括全球保障及全球保障 - 美國除外

包括全球保障及全球保障 - 北美除外

^ 包括額外醫療保障及沒有額外醫療保障版本

** AIA 自願醫保尊耀計劃(附加契約) / 「尊耀明珠」醫療計劃(附加契約)只可以附加至由 2021 年 2 月 22 日起遞交申請之指定基本計劃

***「亞洲至尊」醫療計劃 2 不接受新申請，惟兩種計劃轉換申請除外，詳情請參閱通告 A230635

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有否等候期？
A. 於計劃轉換生效後之 30 日內，公司將於原有計劃及新計劃當中作出比較，並以較低之保障額作出賠償 (扣除墊底費後，如有)。新計劃下之保障如不包括於原有計劃內，此保障將不會計算在此理賠內。 B. 於上述計劃轉換後之 30 天等候期過後，就未知的投保前已有病症，原有計劃及新計劃當中之較低保障額將會賠償予客戶。 C. 註：上述 A 和 B 段落有關 30 天計劃轉換等候期不適用於「尊耀」醫療計劃及自願醫保系列的新計劃 – AIA 自願醫保標準計劃 / AIA 自願醫保靈活計劃 / AIA 自願醫保尊尚計劃 / AIA 自願醫保尊裕計劃 / AIA 自願醫保尊顯計劃/ AIA 自願醫保尊耀計劃
佣金安排
• 不設首年佣金 • 續保佣金: 佣金將以新計劃佣金率及根據原有計劃之續保年期計算 • 如保費金額於計劃轉換後減少，而於計劃轉換十二個月內，新繕發醫療保單之首年佣金將需要作出調整，以下除外: 　○ 豁免 AIA 自願醫保尊裕計劃 /「尊裕明珠」醫療計劃 (HKD16,000 自付費) 計劃轉換至 AIA 自願醫保尊耀計劃 /「尊耀明珠」醫療計劃(基本計劃，HKD16,000 自付費) 的首年佣金調整

備註:

- 有關 AIA 自願醫保尊耀計劃 / AIA 自願醫保尊裕計劃 / AIA 自願醫保尊顯計劃 / AIA 自願醫保尊尚計劃 /「尊耀明珠」醫療計劃 /「尊裕明珠」醫療計劃 /「尊顯明珠」醫療附加契約 / 至尊醫療系列 / 亞洲至尊醫療系列及尊貴醫療系列之計劃轉換將於保單週年日生效
- 內地抵港旅客需親臨香港申請計劃轉換

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一般計劃轉換細則

現有醫療產品 計劃轉換至 AIA 自願醫保尊耀計劃 / 「尊耀明珠」醫療計劃	
國籍及居住地 風險評級	受保人必須符合新計劃的國籍及居住地風險評級的要求。
年齡限制	於 80 歲前並需於原有計劃保單生效時申請
遞交申請時段	**適用於 AIA 自願醫保尊耀計劃：** • 需於獨立保單 / 附加契約週年完結前 90 日內提出申請 • 逾期申請將不被接納 **適用於「尊耀明珠」醫療計劃：** • 需於獨立保單 / 附加契約週年日完結前 30 日或後 30 日內提出申請 • 逾期申請將不被接納
所需文件	• OPPOSF71 (0724) – 更改基本計劃/ 附加契約申請表 • OPPOSF07 – 健康證明書(如適用) **只適用於「尊耀明珠」醫療計劃:** • OPPOSF51(T) – 更改現有住院保障至指定醫療計劃之投保聲明書 (只適用於「原有計劃」為「尊裕明珠」醫療計劃(PPP) /「尊顯明珠」醫療計劃系列(PPR))
等候期	**不適用**
其他安排	**適用於計劃轉換至 AIA 自願醫保尊耀計劃或「尊耀明珠」醫療計劃:** • 「舊計劃」內有關疾病的不保事項，或有關風險級別的附加保費同樣適用於轉換後的「新計劃」(須按核保結果而定) • 當「原有計劃」轉換為「新計劃」，於「原有計劃」之「無索償折扣」（如有）（如「原有計劃」為 AIA 自願醫保尊裕計劃(AVPP) /「尊裕明珠」醫療計劃(PPP)）的保障下所累積的「無索償年度」（如有）將不會帶至「新計劃」，「新計劃」亦不會提供「原有計劃」下的「無索償折扣」的保障 • 當「原有計劃」轉換為「新計劃」，「新計劃」將不會提供「原有計劃」下的「無索償醫療檢查服務」（如有）（如「原有計劃」為 AIA 自願醫保尊顯計劃(AVPR) /「尊顯明珠」醫療附加契約 (PPR)） • AIA 自願醫保尊耀計劃 (附加契約) /「尊耀明珠」醫療計劃 (附加契約 (附加契約) 只可以附加至由 2021 年 2 月 22 日起遞交申請之指定基本計劃 **只適用於計劃轉換至「尊耀明珠」醫療計劃：** • 除身故恩恤賠償外，任何「舊計劃」的各相關「住院保障」及/ 或轉換至「舊計劃」的各相關「住院保障」的任何先前的醫療保險計劃已支付的賠償金額，應累計至「新計劃」的各相關「住院保障」的「終身保障限額」或「個人終身賠償限額」（視乎情況而適用），並受限於相關條款及條件。

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常見問題

Q1	如現有客戶持有其他醫療計劃，透過「計劃轉換一般安排」轉換計劃至「AIA 自願醫保尊耀計劃」(AVPU)有否任何核保要求？
A1	除上述 A 部分提述的「一次性計劃轉換特別安排」外，所有透過「計劃轉換一般安排」將醫療計劃轉換至 AVPU 時均須經全面核保。
Q2	計劃轉換會否發放額外首年佣金？
A2	不會。
Q3	客戶能否透過一次性計劃轉換特別安排中申請較高計劃級別？
A3	不能，只允許轉換至相同或較高之每年自付費選項及同一地域保障範圍選項，及需於指定申請日期前遞交（如 A 部分所述）。
Q4	如在核保期間衍生的任何醫療費用（例如：檢查費用）應由哪方來支付？
A4	在一般情況下，轉換計劃至「AIA 自願醫保尊耀計劃」(AVPU)，擬受保人/申請人只須填寫投保申請書內「雜項問題」及「健康狀況」部分並進行全面核保。惟本公司有權因應擬受保人的健康狀況而要求擬受保人進行驗身，而有關費用將由本公司負責。
Q5	一次性計劃轉換特別安排的合資格客戶應於何時提交計劃轉換申請？
A5	客戶須於保單週年日前 60 日內提交計劃轉換申請。完成計劃轉換時，「新計劃」將於即將到達之保單週年日生效。
Q6	如客戶錯過一次性計劃轉換特別安排，能否申請從「AIA 自願醫保尊裕計劃」系列及「AIA 自願醫保尊顯計劃」系列轉換至「AIA 自願醫保尊耀計劃」系列？
A6	客戶可透過一般計劃轉換特別安排進行醫療核保申請計劃轉換。完成計劃轉換時，「新計劃」將於即將到達的保單週年日生效。
Q7	客戶剛購買了 AIA 的醫療產品（包括自願醫保產品），能否即時計劃轉換至 AIA 自願醫保尊耀計劃?
A7	不能，並且新保單申請期間不允許計劃轉換。客戶只能於保單的 21 天冷靜期過後及保單週年日前 90 日內提交計劃轉換申請，並需進行核保。
Q8	任何「原有計劃」之「無索償獎金」會否帶至「新計劃」?
A8	當「原有計劃」轉換為「新計劃」，於「原有計劃」之「無索償獎金」的保障下所累積的「無索償年度」將不會帶至「新計劃」，「新計劃」亦不會提供「原有計劃」下的「無索償獎金」的保障。
Q9	持有香港身份證的抵港內地客戶如現時受保於 AIA 自願醫保尊裕計劃，此客戶是否可以申請計劃轉換至 AIA 自願醫保尊耀計劃?
A9	可以，惟持有香港身份證的抵港內地客戶只能親臨香港申請計劃轉換，並且一次性計劃轉換客戶通知信並不會寄往香港和澳門以外的地址。

於推出此安排前，任何關於此安排推出的資訊，包括但不限於此文件**不能**傳播、分發或散佈予友邦以外的任何第三方。

請將以上訊息傳達予屬下的營業同事，多謝合作！如有任何查詢，請經 iEngage/PES 使用進行查詢。

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AIA Voluntary Health Insurance Privilege Ultra Scheme and Privilege Ultra Pearl Medical Plan have received a positive market response since their launch. To thank our customers for their continued support, starting from 26 July 2024,

1. we will offer an **one-off plan change arrangement** for eligible inforce AIA Voluntary Health Insurance Privilege Plus Scheme and AIA Voluntary Health Insurance Privilege Scheme customers, where they can apply for plan change from AIA Voluntary Health Insurance Privilege Plus Scheme or AIA Voluntary Health Insurance Privilege Scheme to AIA Voluntary Health Insurance Privilege Ultra Scheme with the same or higher deductible amount and with the same geographical option (i.e. Asia) **without medical re-underwriting** within the designated enrolment period **(please refer to Part A for details)**.
2. Even if the eligible customers missed the one-off plan change arrangement or customers with other medical plans wish to plan change to AIA Voluntary Health Insurance Privilege Ultra Scheme and Privilege Ultra Pearl Medical Plan, they could still apply for plan change via regular plan change arrangement subject to full underwriting **(please refer to Part B for details)**.

A One-off Plan Change Arrangement

1. Plan Change Arrangement

Eligible policies:	Policies issued on or after 22 April 2023 under original plan*
Original plan:	• **AIA Voluntary Health Insurance Privilege Plus Scheme** • **AIA Voluntary Health Insurance Privilege Scheme**
New plan	• AIA Voluntary Health Insurance Privilege Ultra Scheme Remark: Within the same or higher Annual Deductible as the original plan and same geographical cover as the original plan
Underwriting guidelines	Medical re-underwriting not required
Commission Arrangement	• No FYC • Renewal commission: commission rate based on new plan and according to the renewal year of original plan
FYC Adjustment	For any plan change when the premium amount is lesser after plan change, FYC adjustment applies when new medical policy is issued within 12 months from such plan change, except for the following: • Waive FYC adjustment for the plan change from VHIS Privilege Plus (HKD16,000 deductible) to VHIS Privilege Ultra (basic plan, HKD16,000 deductible)
Other Arrangement	• (Only applicable if the Original Plan is AIA Voluntary Health Insurance Privilege Plus Scheme) Once the Original Plan has been changed to the New Plan, the count of number of "Claims Free Years "under the "No Claim Discount" benefit of the Original Plan will not be carried forward to the New Plan, and "No Claim Discount" benefit offered under the Original Plan will not be available under the New Plan. • (Only applicable if the Original Plan is AIA Voluntary Health Insurance Privilege Scheme) "No claim medical check-up services" offered under the Original Plan will not be available under the New Plan once the Original Plan has been changed to the New Plan. • AIA Voluntary Health Insurance Privilege Ultra Scheme (Rider) can only be attached to specified basic plans which the application date is on or after 22 February 2021. • All claims history, case-based exclusions and rate of premium loading under the policy of the Original Plan (if any) shall be carried over to and deemed to be part of the Policy of the New Plan.

* MCV/offshore/ opt-out customers are not eligible for one-off plan change invitation

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2. Timeline for plan change

Starting from 26 July 2024, one off and one time customer communication letters (please refer to Enclosure 1) will be sent in batches to policyholders 60 days before upcoming policy anniversary date. The detailed timeline is as follows:

Letter issue date (Invitation letter will be issued once)	60 days before upcoming policy anniversary date: 26 July 2024 to 25 July 2025 (Corresponding policy anniversary date*: 24 September 2024 to 23 September 2025) 26 July 2025 to 22 August 2025 (for those pending cases of original plan) (Corresponding policy anniversary date*: 24 September 2025 to 21 October 2025) *Based on the date of this memo
Expiration date for application	Application must be submitted within 60 days before the Policy Anniversary. Any late submission will not be accepted.
Effective date for new plan	Upon completion of plan change, the new plan (AIA Voluntary Health Insurance Privilege Ultra Scheme) will be effective from the upcoming policy anniversary date.
Customer communication letters (Opt-in letter)	Content includes application method, important notes on plan change and claims handling after plan change (See Enclosure 1)
Customer communication letters (Opt-out letter)	**Non-promotional communication letter** that do not contain any relevant information about AIA Voluntary Health Insurance Privilege Ultra Scheme (See Enclosure 2)

3. Customer List – My Customer Corner

List of each agent's customer(s) whom we have already sent the communication letter , will be uploaded to Agency Corner – My Customer Corner page, and will **be updated daily for ease of follow-up**, **starting from 26 July 2024**. The list also includes opt-out customers where only non-promotional communication letters are sent that do not contain any relevant information about AIA Voluntary Health Insurance Privilege Ultra Scheme, and these customers will be marked as opt-out*.

Sample of Eligible Customer List:

Agency 組別號碼	**Agent 營業員號碼**	**Opt-in/out of direct marketing 接受 / 拒絕直接促銷推廣**	**Policy No. 保單號碼**	**Policy Owner 保單持有人**	**Policy Date 保單日期 (YYYYMMDD)**	**Policy Anniversary Date 保單週年日期 (YYYYMMDD)**	**Current Plan Name (Chinese) 現時計劃名稱（中文）**	**Current Plan Name (English) 現時計劃名稱（英文）**
12345	67890	Opt-out	B123456789	CHAN TAI MAN	20231022	20241022	AIA 自願醫保尊裕計劃 / AIA 自願醫保尊顯計劃	AIA Voluntary Health Insurance Privilege Plus Scheme / AIA Voluntary Health Insurance Privilege Scheme

* Please note the flag shown here only reflects the customers' opt-in/opt-out status at the time the customer communication letter was sent.

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4. Documents required

Agent can assist eligible customer to apply plan change via iChange (see enclosure 5) or paper application.

If submitting a paper application, eligible customers need to contact their financial planner and obtain the following **documents required** -

1. OPPOSF71 (0724) – Request for Change Form of Basic Plan/ Supplementary Contract
2. OPPOSF51(R) – Declaration form for special plan change to AVPU applicable to AVPP or AVPR policies issued on or after 22 April 2023 (See Enclosure 3)

Remark: submit request via iChange OR complete and return those documents required to AIA
Upon completion of plan change, the new plan (AIA Voluntary Health Insurance Privilege Ultra Scheme) will be effective from the upcoming policy anniversary date. The special plan change endorsement then (See Enclosure 4) will be delivered to customers together with the new policy documents

B. Regular Plan Change Arrangement

The earliest plan change submission date is **26 July 2024**. Full underwriting is required for all existing medical products plan change to AIA Voluntary Health Insurance Privilege Ultra Scheme / Privilege Ultra Pearl Medical Plan.

Plan Change Summary of Medical Products

From	To	Health Cert. Required
Super Good Health / Super Good Health 2	Super Good Health 2(higher plan level or add SMM)	✓
	Super Good Health 2(same/ lower plan level or delete SMM)	✗
	AIA Voluntary Health Insurance Standard Scheme (original plan is Ward and without SMM)	✓
	AIA Voluntary Health Insurance Standard Scheme (original plan is Ward with SMM or Semi-Private^/Standard Private^)	✗
	AIA Voluntary Health Insurance Flexi Scheme (same/ higher plan level or original plan without SMM)	✓
	AIA Voluntary Health Insurance Flexi Scheme (lower plan level & original plan with SMM)	✗
	AIA Voluntary Health Insurance Privilege Ultra Scheme **/Privilege Ultra Pearl Medical Plan** (any deductible / any geographical cover option)	✓
CEO Essence	CEO Essence 2***(higher deductible)	✗
CEO Essence / CEO Essence 2	Super Good Health 2^ (Semi-Private/ Ward)	✗
	Super Good Health 2^ (Standard Private)	✓
	CEO Medical 5*(any deductible)	✓
	AIA Voluntary Health Insurance Standard Scheme	✗
	AIA Voluntary Health Insurance Flexi Scheme (Semi-Private/ Ward)	✗
	AIA Voluntary Health Insurance Flexi Scheme(Standard Private)	✓
	AIA Voluntary Health Insurance Privilege Ultra Scheme**/Privilege Ultra Pearl Medical Plan** (any deductible / any geographical cover option)	✓
CEO Medical* /	Super Good Health 2^	✗

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From	To	Health Cert. Required
CEO Medical 2* / CEO Medical 3*/ CEO Medical 5*	CEO Essence 2(same/ higher deductible)	✖
	CEO Essence 2(lower deductible)	✓
	AIA Voluntary Health Insurance Standard Scheme	✖
	AIA Voluntary Health Insurance Flexi Scheme	✖
	AIA Voluntary Health Insurance Privilege Ultra Scheme**/Privilege Ultra Pearl Medical Plan** (any deductible / any geographical cover option)	✓
CEO Medical* / CEO Medical 2* / CEO Medical 3*	CEO Medical 5*(same/ higher deductible)	✖
	CEO Medical 5*(lower deductible)	✓
	CEO Essence 2***(same/ higher deductible)	✖
	CEO Essence 2***(lower deductible)	✓
	AIA Voluntary Health Insurance Standard Scheme	✖
	AIA Voluntary Health Insurance Flexi Scheme	✖
	AIA Voluntary Health Insurance Privilege Ultra Scheme**/Privilege Ultra Pearl Medical Plan** (any deductible / any geographical cover option)	✓
Executive Health#	CEO Essence 2***(any deductible)	✖
	AIA Voluntary Health Insurance Standard Scheme	✖
	AIA Voluntary Health Insurance Flexi Scheme	✖
	AIA Voluntary Health Insurance Privilege Ultra Scheme**/Privilege Ultra Pearl Medical Plan** (any deductible / any geographical cover option)	✓
Executive Health (Worldwide)	CEO Medical 5*(any deductible)	✖
	AIA Voluntary Health Insurance Standard Scheme	✖
	AIA Voluntary Health Insurance Flexi Scheme	✖
	AIA Voluntary Health Insurance Privilege Ultra Scheme**/Privilege Ultra Pearl Medical Plan** (any deductible / any geographical cover option)	✓
Executive Health (Excludes North America)	CEO Medical 5*(any deductible)	✓
	AIA Voluntary Health Insurance Standard Scheme	✖
	AIA Voluntary Health Insurance Flexi Scheme	✖
	AIA Voluntary Health Insurance Privilege Ultra Scheme**/Privilege Ultra Pearl Medical Plan** (any deductible / any geographical cover option)	✓
AIA Voluntary Health Insurance Standard Scheme	Super Good Health 2(Ward with SMM, Semi-private^ / Standard private^)	✓
	Super Good Health 2(Ward)	✖
	AIA Voluntary Health Insurance Flexi Scheme / AIA Voluntary Health Insurance Privilege Ultra Scheme**(any deductible / any geographical cover option)	✓
AIA Voluntary Health Insurance Flexi Scheme	Super Good Health 2(higher plan level or add SMM)	✓
	Super Good Health 2(same/ lower plan level or delete SMM)	✖
	AIA Voluntary Health Insurance Standard Scheme	✖
	AIA Voluntary Health Insurance Flexi Scheme(higher plan level)	✓

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From	To	Health Cert. Required
	AIA Voluntary Health Insurance Flexi Scheme(lower plan level)	✖
	AIA Voluntary Health Insurance Privilege Ultra Scheme**(any deductible / any geographical cover option)	✓
AIA Voluntary Health Insurance Prime Scheme	Super Good Health 2(Standard private^)	✓
	Super Good Health 2(Ward^ / semi-private^)	✖
	AIA Voluntary Health Insurance Standard Scheme	✖
	AIA Voluntary Health Insurance Flexi Scheme (Semi-Private/ Ward)	✖
	AIA Voluntary Health Insurance Flexi Scheme(Standard Private)	✓
	AIA Voluntary Health Insurance Privilege Ultra Scheme**(any deductible / any geographical cover option)	✓
AIA Voluntary Health Insurance Privilege Plus Scheme	Super Good Health 2(Standard private^)	✓
	Super Good Health 2(Ward^/ semi-private^)	✖
	AIA Voluntary Health Insurance Standard Scheme	✖
	AIA Voluntary Health Insurance Flexi Scheme (Semi-Private/ Ward)	✖
	AIA Voluntary Health Insurance Flexi Scheme(Standard Private)	✓
	AIA Voluntary Health Insurance Privilege Ultra Scheme**(any deductible / any geographical cover option)	✓
AIA Voluntary Health Insurance Privilege Scheme	Super Good Health 2 Hospital and Surgical Rider (Standard private^)	✓
	Super Good Health 2 Hospital and Surgical Rider (Ward^ / semi-private^)	✖
	AIA Voluntary Health Insurance Standard Scheme	✖
	AIA Voluntary Health Insurance Flexi Scheme (Semi-Private/ Ward)	✖
	AIA Voluntary Health Insurance Flexi Scheme(Standard Private)	✓
	AIA Voluntary Health Insurance Privilege Ultra Scheme**(any deductible / any geographical cover option)	✓
AIA Voluntary Health Insurance Privilege Ultra Scheme**	Super Good Health 2 (Standard private^)	✓
	Super Good Health 2 (Ward^ / semi-private^)	✖
	AIA Voluntary Health Insurance Standard Scheme	✖
	AIA Voluntary Health Insurance Flexi Scheme (Semi-Private/ Ward)	✖
	AIA Voluntary Health Insurance Flexi Scheme (Standard Private)	✓
	AIA Voluntary Health Insurance Privilege Ultra Scheme**(higher deductible, applicable to same or narrower geographical coverage only)	✖
	AIA Voluntary Health Insurance Privilege Ultra Scheme**(narrower geographical coverage, applicable to same or higher deductible only)	✖

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AIA Hong Kong Tower,
734 King's Road,
Quarry Bay, Hong Kong
T: (852) 2881 3333
AIA.COM.HK

Memo

From	To	Health Cert. Required
	AIA Voluntary Health Insurance Privilege Ultra Scheme**(lower deductible)	✓
	AIA Voluntary Health Insurance Privilege Ultra Scheme**(wider geographical coverage)	✓
Privilege Ultra Pearl Medical Plan**	Super Good Health 2(Standard private^)	✓
	Super Good Health 2(Ward^/ semi-private^)	✘
	Privilege Ultra Pearl Medical Plan** (higher deductible, applicable to same or narrower geographical coverage only)	✘
	Privilege Ultra Pearl Medical Plan**(narrower geographical coverage, applicable to same or higher deductible only)	✘
	Privilege Ultra Pearl Medical Plan** (lower deductible)	✓
	Privilege Ultra Pearl Medical Plan** (wider geographical coverage)	✓

* Includes both Worldwide and Excludes USA plans
# Includes both Worldwide and Excludes North America plans
^ Includes both SMM and without SMM versions
** AIA Voluntary Health Insurance Privilege Ultra Scheme (Rider version) / Privilege Ultra Pearl Medical Plan (Rider version) can only be attached to specified basic plans which the application date is on or after 22 February 2021
***New application is no longer accepted for CEO Essence Medical Plan 2, except for the two plan change cases, please refer to Memo A230635 for details.

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Any Waiting Period?

A. Within 30 days after plan change takes effect, lesser total benefit payout amount (after deductible, if any) for the claim will be paid between the original plan and the new plan. Benefits under the new plan that the original plan doesn't cover will be excluded from such calculation of the benefit payout amount.
B. After the 30 days plan change waiting period mentioned above, for unknown pre-existing conditions, lesser benefit amount between the original plan and the new plan will be paid.
C. Note: Paragraphs A and B above relating to the 30 days plan change waiting period are not applicable to Privilege Ultra Pearl Medical Plan and VHIS Series – AIA Voluntary Health Insurance Standard Scheme / AIA Voluntary Health Insurance Flexi Scheme / AIA Voluntary Health Insurance Prime Scheme / AIA Voluntary Health Insurance Privilege Plus Scheme / AIA Voluntary Health Insurance Privilege Scheme / AIA Voluntary Health Insurance Privilege Ultra Scheme.

Commission Arrangement

- No FYC
- Renewal commission: commission rate based on new plan and according to the renewal year of original plan
- For any plan change when the premium amount is lesser after plan change, FYC adjustment applies when new medical policy is issued within 12 months from such plan change, except for the following:
    - Waive FYC adjustment for the plan change from VHIS Privilege Plus / Privilege Plus Pearl Medical Plan (HKD16,000 deductible) to VHIS Privilege Ultra / Privilege Ultra Pearl Medical Plan (basic plan, HKD16,000 deductible).

Remarks:

- Any plan change related to AIA Voluntary Health Insurance Privilege Ultra Scheme / AIA Voluntary Health Insurance Privilege Plus Scheme / AIA Voluntary Health Insurance Privilege Scheme / AIA Voluntary Health Insurance Prime Scheme / Privilege Ultra Pearl Medical Plan / Privilege Plus Pearl Medical Plan / Privilege Pearl Medical Rider / CEO Medical/CEO Essence Series / Executive Health and will be effective on Policy Anniversary
- MCV customers need to apply plan change in Hong Kong

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Regular Plan Change Details

Existing medical products Plan Change to AIA Voluntary Health Insurance Privilege Ultra Scheme / Privilege Ultra Pearl Medical Plan	
Nationality & Residence rating	Nationality & Residence rating requirement of New Plan must be fulfilled.
Age Limit	Must apply before age 80 and while the policy of the Original Plan is in-force
Submission Timeline	**Applicable to VHIS Privilege Ultra:** • Application must be submitted within 90 days before the Policy Anniversary date • Any late submission will not be accepted **Applicable to Privilege Ultra Pearl Medical Plan:** • Application must be submitted within 30 days before or after the Policy Anniversary ends • Any late submission will not be accepted
Document(s) required	• OPPOSF71 (0724) – Request for Change Form of Basic Plan/ Supplementary Contract • OPPOSF07 – Health Certificate (if applicable) **Applicable to Privilege Ultra Pearl Medical Plan only:** • OPPOSF51(T) - Declaration Form for Existing Hospital Coverage plan change to Specified Medical Plan (Applicable if the Old Plan is PPP/PPR only)
Waiting period	**Not** applicable
Other Arrangement	**Applicable to plan change to either VHIS Privilege Ultra or Privilege Ultra Pearl Medical Plan:** • Exclusions for sickness or diseases or loadings for additional risks under the Old Plan will also be carried over and applies under the New Plan, subject to underwriting decision • Once the Original Plan has been changed to the New Plan, the count of number of "Claims Free Years" under the "No Claim Discount" benefit of the Original Plan (if any)(e.g. the Original Plan is VHIS Privilege Plus / Privilege Plus Pearl Medical Plan) will not be carried forward to the New Plan, and "No Claim Discount" benefit offered under the Original Plan (if any) will not be available under the New Plan. • Once the Original Plan has been changed to the New Plan, "No claim medical check-up services" offered under the Original Plan (if any) (e.g. the Original Plan is VHIS Privilege / Privilege Pearl Medical Rider) will not be available under the New Plan. • AIA Voluntary Health Insurance Privilege Ultra Scheme (Rider version) / Privilege Ultra Pearl Medical Plan (Rider version) can only be attached to specified basic plans which the application date is on or after 22 February 2021 **Applicable to plan change to Privilege Ultra Pearl Medical Plan only:** • Any benefits (excluding any Compassionate Death Benefit) paid under the hospital coverage(s) under the Old Plan and / or paid under any predecessor medical insurance plan(s) changed to hospital coverages(s) under the Old Plan, shall be accumulated to and subject to the Lifetime Benefit Limit or Overall Lifetime Limit (whichever is applicable) under the hospital coverage(s) of the New Plan in accordance with the respective terms and conditions.

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Frequently Asked Questions

Q1	If customer have other medical plans, any underwriting requirement for changing plan to AVPU via Regular Plan Change arrangement?
A1	Other than One-off Plan Change arrangement referred to in Part A, full underwriting is required for plan change to AVPU from all medical plans via regular plan change arrangement.
Q2	Will there be an additional first-year commission for plan change?
A2	No.
Q3	Could the customer apply for HIGHER plan level via One-off Plan Change arrangement?
A3	No, only SAME or HIGHER annual deductible choice is allowed and under the same geographical cover option, and application must be submitted before the specified date stated in Part A.
Q4	Who should pay for any medical expenses (e.g. examination fees) incurred during the underwriting process?
A4	Under normal circumstances for changing plan to AVPU, the proposed insured/applicant only need to fill in "Miscellaneous" and "Medical Information" sections in the application form for full underwriting. However, the Company reserves the right to request the proposed insured to undergo a medical examination at the Company's cost subject to his/her health conditions.
Q5	When should eligible customer submit the plan change application for One-off Plan Change arrangement?
A5	Customer must submit the plan change application within 60 days before policy annivesary date. Upon plan change is completed, the New Plan will be effective from the upcoming Anniversary date.
Q6	Can customer apply for plan change from AIA Voluntary Health Insurance Privilege Plus Scheme or AIA Voluntary Health Insurance Privilege Scheme to AIA Voluntary Health Insurance Privilege Ultra Scheme if customer missed the campaign period of One-off Plan Change Campaign arrangement?
A6	Customer can apply for plan change via Regular Plan Change arrangement subject to medical underwriting. Upon plan change is completed, the New Plan will effective from the upcoming anniversary date.
Q7	Can customers who have just purchased an AIA medical product (including VHIS products) immediately plan change to the AIA Voluntary Health Insurance Privilege Ultra Scheme?
A7	No, and that plan change is not allowed during new policy application. Customers can only submit a plan change application after the 21 days cooling-off period of the policy has passed and within 90 days before the policy Annivesary date, and underwriting will be required.
Q8	Will "No Claim Bonus" under Original Plan be carried forward to New Plan?
A8	Once the Original Plan has been changed to the New Plan, the count of number of "Claims Free Years" under the "No Claim Bonus" benefit of the Original Plan will not be carried forward to the New Plan, and "No Claim Bonus" benefit offered under the Original Plan will not be available under the New Plan.
Q9	If a MCV customer is holding a Hong Kong ID card and who is currently covered under AIA Voluntary Health Insurance Privilege Plus Scheme, can such customer apply for plan change to AIA Voluntary Health Insurance Privilege Ultra Scheme?
A9	Yes, but the MCV customer holding a Hong Kong ID card can only apply for the plan change in person in Hong Kong, and that one time customer communication letter for the plan change will not be sent to addresses outside of Hong Kong and Macau.

Before the launch of this arrangement, you **MUST NOT** disseminate, distribute, or circulate this memo or any information related to this arrangement to any third parties outside AIA.
Please convery the above message to your fellow agents. Thank you for your attention. Should you have any queries, please enquire by using Chatbot in iEngage/ PES.

Best regards,



Vanessa Tan
Product Innovation, Development & Delivery Department

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附件一: 客戶通知信樣本
Enclosure 1: Sample of Customer Communication Letter

適用於接受直接促銷推廣客戶
For Opt-in customers

友邦香港
香港北角
電氣道 183 號
友邦廣場 12 樓
電話：(852) 2881 3333

AIA.COM.HK

[Date]

[Name]
[Address line 1]
[Address line 2]
[Address line 3]
[Address line4]

保單號碼 : [Policy Number]
受保人 : [Insured Name]

[BAR CODE] [#######] [QR code]

親愛的客戶

AIA 自願醫保尊耀計劃已經推出

多謝您選擇友邦保險為您提供醫療保障。

我們欣然通知閣下，AIA 自願醫保尊耀計劃已於 2024 年 4 月 22 日推出。

貴為本公司的尊貴客戶，閣下現獲得一次性的邀請，於我們此信函中指定的期限內，在豁免重新醫療核保的情況下，由 AIA 自願醫保尊裕計劃（自付費：零）（「原有計劃」）更改至 AIA 自願醫保尊耀計劃（亞洲）（自付費：零）（「新計劃」），以便閣下可以在新計劃不同的保費下享有全面的醫療保障。閣下可以透過提供所需的文件和資料並支付所需的保費來申請此計劃更改。有關更改計劃的重要資訊，閣下可以參閱載於此函中的重要事項的部分及保障安排的部分。

新計劃與原有計劃的保費及部分產品特點會有所不同。有關新計劃的產品特點、標準保費表、條款及細則、主要不保條件及主要產品風險之詳情，請參閱產品簡介（見下列二維碼），您亦可在決定更改至新計劃前聯絡我們以索取保單合約之樣本。

產品簡介 (QR Code)
[香港]:
英文:[HK QR Code]
中文: [HK QR Code]

更改計劃申請方法

請聯絡您的友邦財務策劃顧問透過電子更改 (iChange)遞交申請**或**填妥更改基本計劃/附加契約申請表(OPPOSF71) 、計劃特別更改至 AIA 自願醫保尊耀計劃(AVPU)之投保聲明書(適用於 2023 年 4 月 22 日或以後簽發的 AVPP 及 AVPR 保單)(OPPOSF51R)遞交至本公司。

重要事項

本公司**必須於即將到達之保單週年日(即原有計劃的續保日)前 60 天內**收到更改計劃至新計劃的申請(例如，如您即將到達之保單周年日(即原有計劃的續保日)為 2024 年 1 月 1 日，本公司須於 2023 年 11 月 2 日至 2023 年 12 月 31 日，包括首尾兩天，收到您透過上述途徑作出的申請(任何**逾期**申請將**不獲**接受)。如果友邦在即將到達之保單週年日(即原有計劃的續保日)或之前收到、批准及完成更改計劃申請，新計劃的保單生效日將為該即將到達之保單週年日(即原有計劃的續保日)。當原有計劃轉換為新計劃，即將到達之保單年度的保費將根據(i)受保人的實際年齡，(ii)新計劃的標準保費表及(iii)反映原有計劃承保風險增加的任何附加保費率（包括但不限於與受保人的居住地、國籍、健康或職業有關，或危險運動或活動的條款），按照新計劃的保單的保費繳付模式收取，並應適用於新計劃及計算新計劃的保費。新計劃的附加保費（如有）將在新計劃的保單之保單資料頁內載明。

更改計劃只在以下情況下生效：（1）我們在受保人和保單持有人在世期間收到更改計劃並作紀錄，及（2）我們於更改計劃完成後，透過簽發並向閣下送交一套新計劃的保單，以批准並確認更改計劃。於新計劃的保單生效日之前招致的任何合資格費用或其他費用將根據原有計劃的條款及保障作出賠償。

註：如 AIA 已批准此更改計劃申請，您的原有計劃將繼續有效直至新計劃的保單生效日前的一天。

若對此更改計劃有爭議，友邦將有最終決定權。

保障安排

- （只適用如「原有計劃」為 AIA 自願醫保尊裕計劃 (AVPP)）當原有計劃更改為新計劃，於原有計劃之「無索償折扣」的保障下所累積的「無索償年度」數量將不會帶至新計劃，新計劃將不會提供原有計劃下的「無索償折扣」的保障。
- （只適用於「原有計劃」為 AIA 自願醫保尊顯計劃(AVPR)）當原有計劃更改為新計劃，新計劃將不會提供原有計劃下的「無索償醫療檢查服務」。
- 如友邦批准此更改計劃及當原有計劃更改為新計劃：
  - (i) 新計劃的保單的條款及細則第八部分中「保單生效日」的釋義：
    - 就新計劃的保單的條款及細則第七部分第 3 節、第六部分第 4 節及第八部分中「投保前已有病症」的釋義而言，會被視為原有計劃的保單之保單生效日（即原有計劃的保單之保單資料頁內載明的「保單生效日」）；及
    - 就新計劃的保單的條款及保障中所有其他條文而言，會被視為新計劃的保單之保單資料頁中列明的「保單生效日」，即是為即將到達之下一個保單週年日（即原有計劃的續保日）。
  - (ii) 新計劃的保單的條款及細則第八部分中就「保單簽發日」的釋義會被視為原有計劃的保單之保單生效日（即原有計劃的保單之保單資料頁內載明的「保單生效日」）。
  - (iii) 新計劃的保單的條款及細則第八部分中就「投保申請文件」的釋義會被視為向本公司就原有計劃的保單遞交的投保申請，包括與該投保申請有關的投保申請表格、問卷、可保性的證明、任何已提交的文件及資料，以及任何已作出的陳述及聲明（若本公司在原有計劃的保單的條款及細則第一部分第 8 節提出要求，則包括相關必需資料的任何更新及改動）。
  - (iv) 原有計劃的保單下所有索償記錄、個別不保項目及附加保費率（如有）將會帶至新計劃的保單及被視為新計劃的保單的一部分。

(v) 所有就原有計劃的保單下向本公司披露、提供或由本公司獲取的資料（不論是由保單持有人、受保人或其他第三方披露、提供或從其處獲取），包括但不限於原有計劃的保單的投保申請書和索賠表格（如有）中的資料，均應被視為已向本公司披露、提供或由本公司獲取，本公司可為新計劃的保單之目的對該等資料作出倚賴。

此信函中的產品資料並不包括新計劃的完整條款，有關新計劃的產品特點、條款及細則、不保事項及主要產品風險，閣下可以參閱新計劃的產品簡介及保單合約。如閣下想在申請更改計劃前閱讀新計劃的保單合約之樣本，您可以向友邦索取。此信函內只載有新計劃的一般資料及只於香港派發，並不構成任何保險產品之推介。

如對本函有任何疑問，歡迎致電 33333333 與您的友邦財務策劃顧問 FUNG MER AEDV 聯絡，或致電友邦客戶熱線 22328888。我們隨時樂意為您服務。

產品部主管
友邦香港及澳門
譚詠詩女士 謹啟

副本致 : [Agent District] [Agent Name]

樣本

AIA Hong Kong
12/F, AIA Tower
183 Electric Road
North Point, Hong Kong
T: (852) 2881 3333

AIA.COM.HK

[Date]

[Name]
[Address line 1]
[Address line 2]
[Address line 3]
[Address line4]

Policy No : [Policy Number]
Insured Person : [Insured Name]

[######]
[BAR CODE] [QR code]

Dear [Mr/Mrs/Miss] [Surname],

Re: AIA Voluntary Health Insurance Privilege Ultra Scheme is launched
Thank you for choosing AIA as your medical insurance provider.

We are pleased to inform you that AIA Voluntary Health Insurance Privilege Ultra Scheme has been launched on 22 April 2024.

As our valued customer, you are granted a one off offer to change your AIA VOLUNTARY HEALTH INSURANCE PRIVILEGE PLUS SCHEME USD0 DEDUCTIBLE (the "Original Plan"), to AIA VOLUNTARY HEALTH INSURANCE PRIVILEGE ULTRA SCHEME(ASIA) USD0 DEDUCTIBLE (the "New Plan") without medical re-underwriting, within the period as specified by us in this letter, so that you may enjoy the comprehensive medical cover under the New Plan with a different premium. You can apply for such plan change by providing the required documents and information and paying the required premium. Please refer to the Important Notes section and Benefits Arrangement section in this letter for the important information on the plan change.

The premium and some of the features of the New Plan and the Original Plan will be different. For details of the product features, Standard Premium schedules, terms and conditions, key exclusions and key product risks of the New Plan, please refer to the product brochure (see QR code below) and you may contact us to obtain the policy sample contract before making the decision to change to the New Plan.

Product brochure (QR Code)
EN: [HK QR Code]
CN: [HK QR Code]

SAMPLE

Plan Change Application Method

Please contact your AIA Financial Planner to submit request via iChange OR complete and return the Request for Change Form of Basic Plan/Supplementary Contract (OPPOSF71), Declaration form for special plan change to AVPU applicable to AVPP or AVPR policies issued on or after 22 April 2023 (OPPOSF51(R)) to us.

Important Notes

Request for plan change to the New Plan MUST be received by AIA **within 60 days before the upcoming policy anniversary date (i.e. Renewal Date of the Original Plan).** For example, if your upcoming policy anniversary date (i.e. Renewal Date of the Original Plan) is 1 Jan 2024, then the request should be made and received by AIA through the above-mentioned means between 2 Nov 2023 to 31 Dec 2023 (with both dates inclusive) (Any LATE Applications will NOT be accepted). The Policy Effective Date of the New Plan will be the upcoming policy anniversary date (i.e. Renewal Date of the Original Plan) if the plan change request is received, approved and completed by AIA on or before the upcoming policy anniversary date (i.e. Renewal Date of the Original Plan). Once the Original Plan has been changed to the New Plan, the premium for the upcoming Policy Year will be charged according to the premium payment mode of the policy of the New Plan, based on (i) attained Age of the Insured Person, (ii) the Standard Premium schedule of the New Plan and (iii) any rate of premium loading reflecting the increased insurance risk(s) (including, but not limited to, terms in relation to the Insured Person's residence, nationality, health or occupation, or for hazardous sports or activities) of the Original Plan shall be applicable to the New Plan and the calculation of the premium for the New Plan. Premium loading of the New Plan (if any) will be specified in the Policy Schedule of the Policy of the New Plan.

The plan change will only become effective when (1) it is recorded as received by us during the lifetime of both the Insured Person and the Policy Holder and (2) it is approved and confirmed by us by the issue of a new set of policy of the New Plan, which will be sent to you upon completion of plan change. Any Eligible Expenses or other expenses incurred before the Policy Effective Date of the New Plan shall be payable in accordance with the terms and benefits of the Original Plan.

Note: If AIA has approved this plan change request, your Original Plan will remain in-force until the day immediately prior to the Policy Effective Date of the New Plan.

In case of dispute regarding this plan change offer, the final decision will rest with AIA.

Benefits Arrangement

- (Only applicable if the Original Plan is AIA Voluntary Health Insurance Privilege Plus Scheme) Once the Original Plan has been changed to the New Plan, the count of number of "Claims Free Years "under the "No Claim Discount" benefit of the Original Plan will not be carried forward to the New Plan, and "No Claim Discount" benefit offered under the Original Plan will not be available under the New Plan.
- (Only applicable if the Original Plan is AIA Voluntary Health Insurance Privilege Scheme) "No claim medical check-up services" offered under the Original Plan will not be available under the New Plan once the Original Plan has been changed to the New Plan.
- If AIA approves this plan change request and once the Original Plan has been changed to the New Plan:
  (i) The definition of "Policy Effective Date" in Part 8 of the Terms and Conditions of the Policy of the New Plan:
    - for the purpose of Section 3 of Part 7, Section 4 of Part 6 and the definition of "Pre-existing Condition(s)" in Part 8 of the Terms and Conditions of the Policy of the New Plan, shall be deemed to be the policy effective date of the policy of the Original Plan which is specified in the policy schedule of the policy of the Original Plan; and
    - for the purpose of all other provisions in the Terms and Benefits of the Policy of the New Plan, shall be deemed to be the "Policy Effective Date" as stated in the Policy Schedule of the Policy of the New Plan, which is the upcoming policy anniversary date (i.e. Renewal Date of the Original Plan).

SAMPLE

(ii) The definition of "Policy Issuance Date" in Part 8 of the Terms and Conditions of the Policy of the New Plan shall be deemed to be the policy effective date of the policy of the Original Plan, which is specified in the policy schedule of the policy of the Original Plan.

(iii) The definition of "Application" in Part 8 of the Terms and Conditions of the Policy of the New Plan shall be deemed to be the application submitted to AIA in respect of the policy of the Original Plan, including the application form, questionnaires, evidence of insurability, any documents and information submitted and any statements and declarations made in relation to such application, including any updates of and changes to such requisite information (if so requested by AIA under Section 8 of Part 1 of the terms and conditions of the policy of the Original Plan).

(iv) All claims history, case-based exclusions and rate of premium loading under the policy of the Original Plan (if any) shall be carried over to and deemed to be part of the Policy of the New Plan.

(v) All information disclosed to, provided to or obtained by AIA under the policy of the Original Plan, whether by or from the Policy Holder, the Insured Person or other third parties, including without limitation those in the application and claims forms (if any) of the policy of the Original Plan, shall be deemed to be disclosed to, provided to and obtained by AIA, on which AIA may place reliance for the purpose of the Policy of the New Plan.

The product information in this letter does not contain the full terms of the New Plan. For the details of the product features, terms and conditions, exclusions and key product risks of the New Plan, please refer to the product brochure and policy contract of the New Plan. If you would like to read the policy contract sample of the New Plan before making the plan change application, you can obtain a copy from AIA. This letter contains general information of the New Plan only and is for distribution in Hong Kong only. It does not constitute any insurance product recommendation.

If you have any questions regarding this letter, please contact your AIA Financial Planner FUNG MER AEDV on 33333333 or the AIA Customer Hotline on 22328888 at your convenience. We are always ready to help.

Yours Sincerely,

Miss. Vanessa Tan
Head of Products
AIA Hong Kong and AIA Macau

cc. [Agent/Broker District] [Agent/Broker Name]

SAMPLE

附件二: 客戶通知信樣本 (Opt-out 版本)
Enclosure 2: Sample of Customer Communication Letter (Opt-out version)

適用於拒絕接收直接促銷推廣客戶
For Opt-out customers

AIA Hong Kong

12/F, AIA Tower
183 Electric Road,
North Point, Hong Kong
T: (852) 2881 3333

AIA.COM.HK

JAMES DDSBVFD
FLAT HSJJS
HK

保單號碼 : B621705027
受保人 : JAMES DDSBVFD

000002

SAMPLE

親愛的客戶 :

AIA自願醫保尊顯計劃（自付費：USD2,000）已經停止銷售

多謝您選擇友邦保險為您提供醫療保障。我們現正通知您AIA自願醫保尊顯計劃（自付費：USD2,000）已經於2024年04月22日起停止銷售，但請放心，您於現有AIA自願醫保尊顯計劃（自付費：USD2,000）保單下的保障並不會因此而受到任何影響。

根據我們的紀錄，您選擇了拒收直接促銷資訊（ 包括有關AIA自願醫保尊耀計劃的訊息），因此，我們並未附上相關的醫療保險產品的資料。

如對本函有任何疑問，歡迎致電33333333與您的友邦財務策劃顧問SIT ZOLD BLE LAIJ聯絡，或致電友邦客戶熱線22328888。我們隨時樂意為您服務。

產品部主管
友邦香港及澳門
譚詠詩女士 謹啟

2035年02月21日

副本致： OLY JJ (G3) SIT ZOLD BLE

LAIJ (A7REN)(022)(OPCVP)(POS329)

AIA Hong Kong

12/F, AIA Tower
183 Electric Road,
North Point, Hong Kong
T: (852) 2881 3333

AIA.COM.HK

21 February, 2035

JAMES DDSBVFD
FLAT HSJJS
HK

Policy No : B621705027
Insured : JAMES DDSBVFD

000002

Dear Mr James,

Re: The shelve of AIA VOLUNTARY HEALTH INSURANCE PRIVILEGE SCHEME USD2,000 DEDUCTIBLE

Thank you for choosing AIA as your medical insurance provider. We are writing to inform you that AIA VOLUNTARY HEALTH INSURANCE PRIVILEGE SCHEME USD2,000 DEDUCTIBLE was shelved on 22 April 2024, however, please rest assure that there is no impact to your protection under your existing AIA VOLUNTARY HEALTH INSURANCE PRIVILEGE SCHEME USD2,000 DEDUCTIBLE policy.

According to our record, you have selected the option of not receiving direct marketing materials (which include information relating to AIA Voluntary Health Insurance Privilege Ultra Scheme); and as such, the relevant information of medical insurance product is not enclosed.

If you have any questions regarding this letter, please contact your AIA Financial Planner SIT ZOLD BLE LAIJ on 33333333 or the AIA Customer Hotline on 22328888 at your convenience. We are always ready to help.

Miss. Vanessa Tan
Head of Products
AIA Hong Kong and AIA Macau

cc: OLY JJ (G3) SIT ZOLD BLE LAIJ

(A7REN)(022)(OPCVP)(POS329)

SAMPLE

附件三: 計劃特別更改至 AIA 自願醫保尊耀計劃(AVPU)之投保聲明書 (適用於 2023 年 4 月 22 日或以後簽發的 AVPP 及 AVPR 保單)
Enclosure 3: Declaration form for special plan change to AVPU applicable to AVPP or AVPR policies issued on or after 22 April 2023

AIA International Limited
(Incorporated in Bermuda with limited liability)

Declaration form for special plan change to AVPU applicable to AVPP or AVPR policies issued on or after 22 April 2023
計劃特別更改至AIA自願醫保尊耀計劃(AVPU)之投保聲明書 (適用於2023年4月22日或以後簽發的AVPP及AVPR保單)

Policy Number 保單號碼	Name of Insured Person 受保人姓名	Name of Policy Holder 保單人姓名
Area Code 區域編號	Agency Name 營業員組別名稱	Agent Code 營業員號碼
Agency Code 營業員組別編號	Agent Name 營業員姓名	Agent Tel. No. 營業員聯絡電話

TR Membership Number 業務代表會員號碼 (For Brokers only 僅供經紀使用) ☐ IA ☐ ANG

TIPS: Check the checkbox (IA for HK; ANG for Macau) and input the reg. no. using standard format [for HK, it is 2 letters + 4 digits; for Macau, it is 3 letters + 4 digits]
提示：選取方格（IA-香港；ANG-澳門）並填入特定的登記號碼 [香港號碼由2個英文字母 + 4位數字組成；澳門號碼由3個英文字母 + 4位數字組成]

Remark: If the stated AIA financial planner / broker / IFA on this form is not my current servicing AIA financial planner / broker / IFA, I give consent to him/her to handle and follow up my request.
備註：倘若在上述表格上填寫的財務策劃顧問 / 經紀 / 獨立理財顧問並不是本人目前的財務策劃顧問 / 經紀 / 獨立理財顧問，本人同意他/她處理並跟進我的要求。

Hospital Coverage(s) under the Original Plan 「原有計劃」的「住院保障」 Please select the suitable product and tick the box. 請選擇合適的產品並在空格內劃上✓。	Hospital Coverage(s) under the New Plan 「新計劃」的「住院保障」
☐ AIA Voluntary Health Insurance Privilege Plus Scheme (AVPP) / AIA自願醫保尊裕計劃	AIA Voluntary Health Insurance Privilege Ultra Scheme (AVPU) / AIA自願醫保尊耀計劃
☐ AIA Voluntary Health Insurance Privilege Scheme (AVPR) / AIA自願醫保尊顯計劃	
Deductible 自付費：	Deductible 自付費：

Please submit a separate Declaration Form for each existing policy 每張現有保單需獨立填寫一份投保聲明書

Request for plan change from AIA Voluntary Health Insurance Privilege Plus Scheme (AVPP) / AIA Voluntary Health Insurance Privilege Scheme (AVPR) to AIA Voluntary Health Insurance Privilege Ultra Scheme (AVPU) and Acknowledgement

I / We hereby request for plan change from AIA Voluntary Health Insurance Privilege Plus Scheme (AVPP) / AIA Voluntary Health Insurance Privilege Scheme (AVPR) ("**Original Plan**") to AIA Voluntary Health Insurance Privilege Ultra Scheme ("**AVPU**" or "**New Plan**"). I / We confirm that I / we am / are aware of the handling associated with the plan change and I / we understand and agree to all of the following:

1. Before requesting for the plan change, I / We have received the product brochure(s) and Standard Premium schedule of the New Plan, and I / We have sufficient knowledge to fully understand and accept the product features, terms and conditions, coverages, benefits, premiums, risks and exclusions of the New Plan as well as the key differences (including the difference in the amount of the premiums) between the Original Plan and the New Plan.
2. I / We understand, agree and accept all case-based exclusion(s) of my/our policy of the Original Plan, if any, shall be applicable to my / our policy of the New Plan.
3. I / We understand, agree and accept the rate of premium loading of my/our policy of the Original Plan, if any, which reflects the increased insurance risk(s) (including, but not limited to, terms in relation to the Insured Person's residence, nationality, health or occupation, or for hazardous sports or activities) shall be applicable to the New Plan and the calculation of the premium for the New Plan.
4. I / We understand that I / we can make enquiries with AIA and its intermediaries on the details of this plan change and obtain a copy of the policy contract sample of the New Plan for information. I / We should seek independent professional advice on my / our own and at my/our own cost if necessary.
5. I / We understand and agree AIA will use the information of the application form, questionnaires, evidence of insurability, any documents and information submitted to AIA in respect of my/our application for the Original Plan, and any statements and declarations made in relation to such application, including any updates of and changes to such requisite information (if so requested by AIA under Section 8 of Part 1 of the terms and conditions of the policy of the Original Plan), for the risk assessment of this plan change request. I / We understand and agree the underwriting result of the Original Plan will be treated as the underwriting result of the New Plan.
6. Subject to paragraph 7 below, for the purpose of this plan change request (which requests to change to a New Plan with the same or higher deductible as compared to the Original Plan and with the same geographic cover as the Original Plan), medical re-underwriting will be waived and I / We am / are not required to declare to AIA any changes in the health condition of the Insured Person since the Policy Issuance Date of the policy of the Original Plan and Part 1 of Important Notes in the Request for Change form of Basic Plan / Supplementary Contract (OPPOSF71) shall not be applicable.
7. If there is any non-disclosure, misrepresentation or fraud related to the Original Plan which arises from, such as but not limited to, the information collected during my / our application for the Original Plan and any statements and declarations made in relation to such application, including any updates of and changes to such requisite information (if so requested by AIA under Section 8 of Part 1 of the terms and conditions of the policy of the Original Plan), AIA has the right to conduct medical re-underwriting and to make all necessary inquiries on all facts which are material to AIA for underwriting purposes.
8. "Hospital Coverage(s) under the Original Plan(s) " and "Hospital Coverage(s) under the New Plan" are respectively specified in this Declaration Form which will be attached to and forms part of the Policy of the New Plan.

SAMPLE

Policy Number 保單號碼 | | | | | | | | | | |

9. (Only applicable if the Original Plan is AVPP) Once the Original Plan has been changed to the New Plan, the count of number of "Claims Free Years" under the "No Claim Discount" benefit of the Original Plan will not be carried forward to the New Plan, and "No Claim Discount" benefit offered under the Original Plan will not be available under the New Plan..
10. (Only applicable if the Original Plan is AVPR) "No claim medical check-up services" offered under the Original Plan will not be available under the New Plan once the Original Plan has been changed to the New Plan.
11. The definition of "Policy Effective Date" in Part 8 of the Terms and Conditions of the Policy of the New Plan:
    i. for the purpose of Section 3 of Part 7, Section 4 of Part 6 and the definition of "Pre-existing Condition(s)" in Part 8 of the Terms and Conditions of the Policy of the New Plan, shall be deemed to be the policy effective date of the policy of the Original Plan which is specified in the policy schedule of the policy of the Original Plan; and
    ii. for the purpose of all other provisions in the Terms and Benefits of the Policy of the New Plan, shall be deemed to be the "Policy Effective Date" as stated in the Policy Schedule of the Policy of the New Plan, which is the upcoming policy anniversary date (i.e. Renewal Date of the Original Plan).
12. The definition of "Policy Issuance Date" under the policy of the New Plan shall be deemed to be the policy effective date of the policy of the Original Plan, which is specified in the policy schedule of the policy of the Original Plan.
13. All claims history, case-based exclusions and rate of premium loading under the policy of the Original Plan (if any) shall be carried over to and deemed to be part of the Policy of the New Plan.
14. If AIA has approved this plan change request, my / our Original Plan will remain in-force until the day immediately prior to the Policy Effective Date of the New Plan
15. I / We understand, agree and accept the content of this Declaration Form and confirm the New Plan suits my / our needs.
16. Both English and Chinese versions are official versions and neither one shall prevail over the other. Any inconsistency shall be interpreted in favour of the Policy Holder.

更改AIA自願醫保尊裕計劃(AVPP) / AIA自願醫保尊顯計劃(AVPR)至AIA自願醫保尊耀計劃(AVPU)之申請及確認

本人 / 我們特此請求將計劃從AIA自願醫保尊裕計劃(AVPP) / AIA自願醫保尊顯計劃(AVPR)（「**原有計劃**」）更改為AIA自願醫保尊耀計劃（「**AVPU**」或「**新計劃**」）。本人 / 我們確認本人 / 我們得悉與計劃更改相關的處理，本人 / 我們明白及同意以下所有事宜：

1. 在提交計劃更改申請前，本人 / 我們已收取「新計劃」之產品小冊子及標準保費表。本人 / 我們具有足夠認知作出充分理解及接受「新計劃」之產品特色、條款及細則、保障、利益、保費、風險及不受保事項，以及「新計劃」與「原有計劃」之間的主要區別（包括保費金額的差額）。
2. 本人 / 我們明白、同意及接受在投保「原有計劃」時於本人 / 我們的保單中所接受的所有個別不保項目，如有，將適用於「新計劃」下本人 / 我們的保單。
3. 本人 / 我們明白、同意及接受在投保「原有計劃」時於本人 / 我們的保單中所接受因應增加承保風險（包括但不限於與受保人的居住地、國籍、健康狀況或職業有關，或具危險性的運動或活動的條款）而增訂的附加保費率，如有，將適用於「新計劃」及「新計劃」保費的計算。
4. 本人 / 我們明白本人 / 我們可向AIA及其持牌保險中介人查詢此計劃更改之詳情，並索取「新計劃」保單合約之樣本。如有需要，本人 / 我們應自行並自費徵詢獨立專業意見。
5. 本人 / 我們明白並同意AIA使用本人 / 我們就投保申請「原有計劃」時於投保申請表格、問卷、可保性的證明的資料、任何已向AIA提交的文件及資料，以及任何於該投保申請有關所作出的陳述及聲明（若AIA根據原有計劃的保單的條款及細則第一部分第8節提出要求，則包括相關必需資料的任何更新及改動），作本計劃更改申請的風險評估之用。本人 / 我們明白並同意「原有計劃」的核保結果將會被視為「新計劃」的核保結果。
6. 須符合下文第7段，就本計劃更改申請而言（即是申請更改至「新計劃」並與「原有計劃」具相同或較高自付費及相同地域保障範圍），重新醫療核保將會被寬免，本人 / 我們無需就「原有計劃」的保單的保單簽發日後受保人的任何健康情況轉變而向AIA作出申報，而更改基本計劃 / 附加契約申請表(OPPOSF71)內重要事項第1部分不適用。
7. 如有任何與「原有計劃」有關而未有披露事實、失實陳述或欺詐情況下，例如包括但不限於在本人 / 我們申請「原有計劃」時所收集的資料以及與該投保申請有關所作出的陳述及聲明（若AIA根據原有計劃的保單的條款及細則第一部分第8節提出要求，則包括相關必需資料的任何更新及改動），AIA有權就核保目的重新進行醫療核保及對本公司事關重要的全部事實進行所有需要的查究。
8. 「原有計劃」的「住院保障」及「新計劃」的「住院保障」分別於此聲明書內註明並會附加於「新計劃」之保單並構成其一部分。
9. （只適用如「原有計劃」為AIA自願醫保尊裕計劃(AVPP)）當「原有計劃」更改為「新計劃」，於「原有計劃」之「無索償折扣」的保障下所累積的「無索償年度」數量將不會帶至「新計劃」，「新計劃」亦不會提供「原有計劃」下的「無索償折扣」的保障。
10. （只適用如「原有計劃」為AIA自願醫保尊顯計劃(AVPR)）當「原有計劃」更改為「新計劃」，「新計劃」將不會提供「原有計劃」下的「無索償醫療檢查服務」。
11. 新計劃的保單的條款及細則第八部分中「保單生效日」的釋義：
    i. 就新計劃的保單的條款及細則第七部分第3節、第六部分第4節及第八部分中「投保前已有病症」的釋義而言，會被視為原有計劃的保單之保單生效日（即原有計劃的保單之保單資料頁內載明的「保單生效日」）；及
    ii. 就新計劃的保單的條款及細則中所有其他條文而言，會被視為新計劃的保單之保單資料頁中列明的「保單生效日」，即是為即將到達之下一個保單週年日（即原有計劃的續保日）。
12. 新計劃的保單中就「保單簽發日」的釋義會被視為原有計劃的保單之保單生效日（即原有計劃的保單之保單資料頁內載明的「保單生效日」）。
13. 原有計劃的保單下所有索償記錄、個別不保項目及附加保費率（如有）將會帶至新計劃的保單及被視為新計劃的保單的一部分。
14. 如AIA批准此計劃更改申請，本人 / 我們的「原有計劃」將繼續有效直至新計劃的保單生效日前的一天。
15. 本人 / 我們明白、同意及接受此聲明書內的內容並確認「新計劃」符合本人 / 我們的需求。
16. 中文及英文版本均為正式版本，具相同效力。若兩者存有歧義，將以較有利保單持有人的詮釋為準。

	on		
Signature of Insured Person (if different from the Policy Holder) 受保人簽署（倘非保單持有人）	於	MM月/DD日/YYYY年	
	on		on
Signature of Policy Holder 保單持有人簽署	於	MM月/DD日/YYYY年	Signature of Assignee (if applicable) 受讓人簽署（如適用） 於 MM月/DD日/YYYY年

Prior to the submission of this form, a Request for Change form of Basic Plan / Supplementary Contract (OPPOSF71) must have been submitted.
在遞交此表格前，更改基本計劃 / 附加契約申請表(OPPOSF71)必須已提交。

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即時但不遲於14天內遞交
PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

Download our mobile app AIA Connect to manage your policy anytime, anywhere!
下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單！

"AIA", "our" or "we" herein refers to AIA International Limited (Incorporated in Bermuda with limited liability).
「AIA」或「我們」是指友邦保險（國際）有限公司（於百慕達註冊成立之有限公司）。

「我們」、「AIA」、「友邦」或「友邦香港」是指友邦保險（國際）有限公司（於百慕達註冊成立之有限公司）
"We", "AIA" or "AIA Hong Kong" herein refers to AIA International Limited (Incorporated in Bermuda with limited liability)
只供 AIA 內部使用
For AIA Internal Use Only

附件四: 特別計劃轉換批註
Enclosure 4: Special plan change endorsement

AIA International Limited

友邦保險（國際）有限公司

批註

此批註將附加於本***條款及保障***並構成其一部分。除另行釋義外，在本***條款及保障***和在本批註中所使用的字詞及表述，具有相同的涵意。

由***保單生效日***開始，以下所有條款及細則將應用於***條款及保障***：

1. 此批註中「原有計劃」是指「計劃特別更改至AIA自願醫保尊耀計劃(AVPU)之投保聲明書(適用於2023年4月22日或以後繕發的AVPP及AVPR保單)」中指明的「原有計劃」的「住院保障」。

2. 除本***保單***不提供「無索償醫療檢查服務」外，本***保單***的***條款及保障***將不差於原有計劃的保單之條款及保障。

3. 本***保單***的***條款及細則***第八部分中「***保單生效日***」的釋義:
   i. 就本***保單***的***條款及細則***第七部分第3節、第六部分第4節及第八部分中「***投保前已有病症***」的釋義而言，會被視為原有計劃的保單之保單生效日（即22-10-2023）；及
   ii. 就本***保單***的***條款及保障***中所有其他條文而言，會被視為本***保單***之***保單資料頁***中列明的「***保單生效日***」。

4. 本***保單***的***條款及細則***第八部分中就「***保單簽發日***」的釋義會被視為原有計劃的保單之保單生效日（即22-10-2023）。

5. 本***保單***的***條款及細則***第八部分中就「***投保申請文件***」的釋義會被視為向***本公司***就原有計劃的保單遞交的投保申請，包括與該投保申請有關的投保申請表格、問卷、可保性的證明、任何已提交的文件及資料，以及任何已作出的陳述及聲明（若***本公司***在原有計劃的保單的***條款及細則***第一部分第8節提出要求，則包括相關必需資料的任何更新及改動）。

6. 原有計劃的保單下所有索償記錄、個別不保項目及附加保費率（如有）會被帶至本***保單***及被視為本***保單***的一部分。

7. 所有就原有計劃的保單下向***本公司***披露、提供或由***本公司***獲取的資料（不論是由***保單持有人***、***受保人***或其他第三方披露、提供或從其處獲取），包括但不限於原有計劃的保單的投保申請書和索賠表格（如有）中的資料，均應被視為已向***本公司***披露、提供或由***本公司***獲取，***本公司***可為本***保單***之目的對該等資料作出倚賴。

8. 除以上所述，本***保單***的所有***條款及保障***將維持不變。

AIA International Limited

ENDORSEMENT

This Endorsement shall be attached to and form part of the Terms and Benefits. Unless otherwise defined, words and expressions used in the Terms and Benefits shall have the same meanings when they are used in this Endorsement.

With effect from the Policy Effective Date, all of the following terms and conditions shall be applied to the Terms and Benefits:

1. "Original Plan" in this Endorsement shall mean the "Hospital Coverage(s) under the Original Plan" as specified in the "Declaration form for special plan change to AVPU applicable to AVPP or AVPR policies issued on or after 22 April 2023".

2. Except for the "no claim medical check-up services" which is not available under this Policy, the Terms and Benefits under this Policy shall be no less favourable than the terms and benefits under the policy of the Original Plan.

3. The definition of "Policy Effective Date" in Part 8 of the Terms and Conditions of this Policy:
   i. for the purpose of Section 3 of Part 7, Section 4 of Part 6 and the definition of "Pre-existing Condition(s)" in Part 8 of the Terms and Conditions of this Policy, shall be deemed to be the policy effective date of the policy of the Original Plan which is 22 October 2023; and
   ii. for the purpose of all other provisions in the Terms and Benefits of this Policy, shall be deemed to be the "Policy Effective Date" as stated in the Policy Schedule of this Policy.

4. The definition of "Policy Issuance Date" in Part 8 of the Terms and Conditions of this Policy shall be deemed to be the policy effective date of the policy of the Original Plan, which is 22 October 2023.

5. The definition of "Application" in Part 8 of the Terms and Conditions of this Policy shall be deemed to be the application submitted to the Company in respect of the policy of the Original Plan, including the application form, questionnaires, evidence of insurability, any documents and information submitted and any statements and declarations made in relation to such application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1 of the Terms and Conditions of the policy of the Original Plan).

6. All claims history, case-based exclusions and rate of premium loading under the policy of the Original Plan, if any, shall be carried over to and deemed to be part of this Policy.

7. All information disclosed to, provided to or obtained by the Company under the policy of the Original Plan, whether by or from the Policy Holder, the Insured Person or other third parties, including without limitation those in the application and claims forms (if any) of the policy of the Original Plan, shall be deemed to be disclosed to, provided to and obtained by the Company, on which the Company may place reliance for the purpose of this Policy.

8. Other than the above, all Terms and Benefits of the Policy shall remain unchanged.

SAMPLE

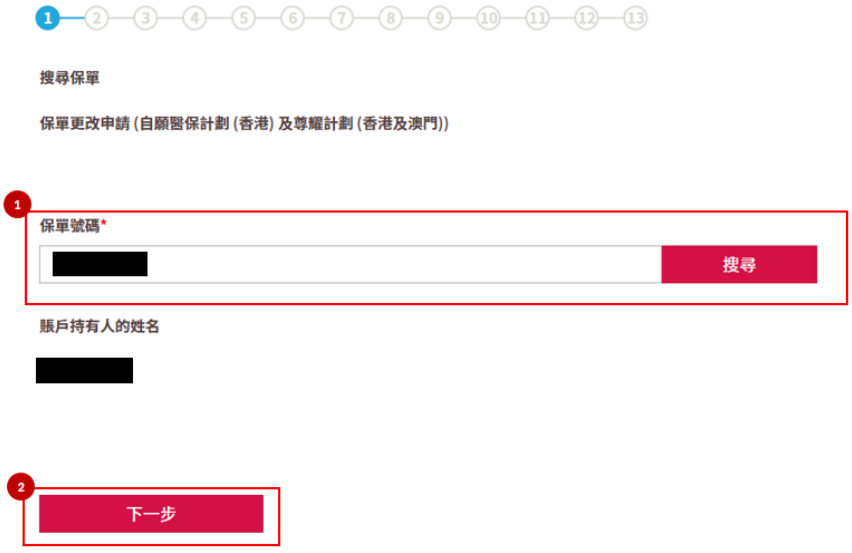
附件五: 透過 iChange 遞交一次性計劃轉換特別安排申請
Enclosure 5: Through iChange to submit the Special plan change request

財務策劃顧問可透過 iChange 遞交一次性計劃轉換特別安排申請，有關於 iChange 遞交該申請的詳細步驟如下:
Financial Planner can submit the One-off plan change request through iChange, please refer the following step in detail:

步驟一：在搜尋功能中，輸入保單更改並選擇保單更改申請 (自願醫保計劃 (香港) 及尊耀計劃 (香港及澳門))
Step 1: Fill in Plan change in search function and select Plan Change (VHIS (HK) and Privilege (HK and Macau))



步驟二：填寫需要「一次性計劃轉換特別安排」的保單號碼，完成後點擊「下一步」
Step 2: Fill in the Policy no. for one-off Plan Change arranagement and click “Next” after filled



步驟三：選擇「一次性計劃轉換特別安排」選項並勾選方格以確認客戶已完成財務需要分析，並選擇自願醫保作為最終產品。然後，選擇新保單計劃的自付額等級

Step 3: Select the option of "One-off Plan Change Arrangement" and tick the checkbox to declare the customers completed the Financial Needs Analysis, and selected VHIS as the final product. Then, choose the deductible level in the new plan

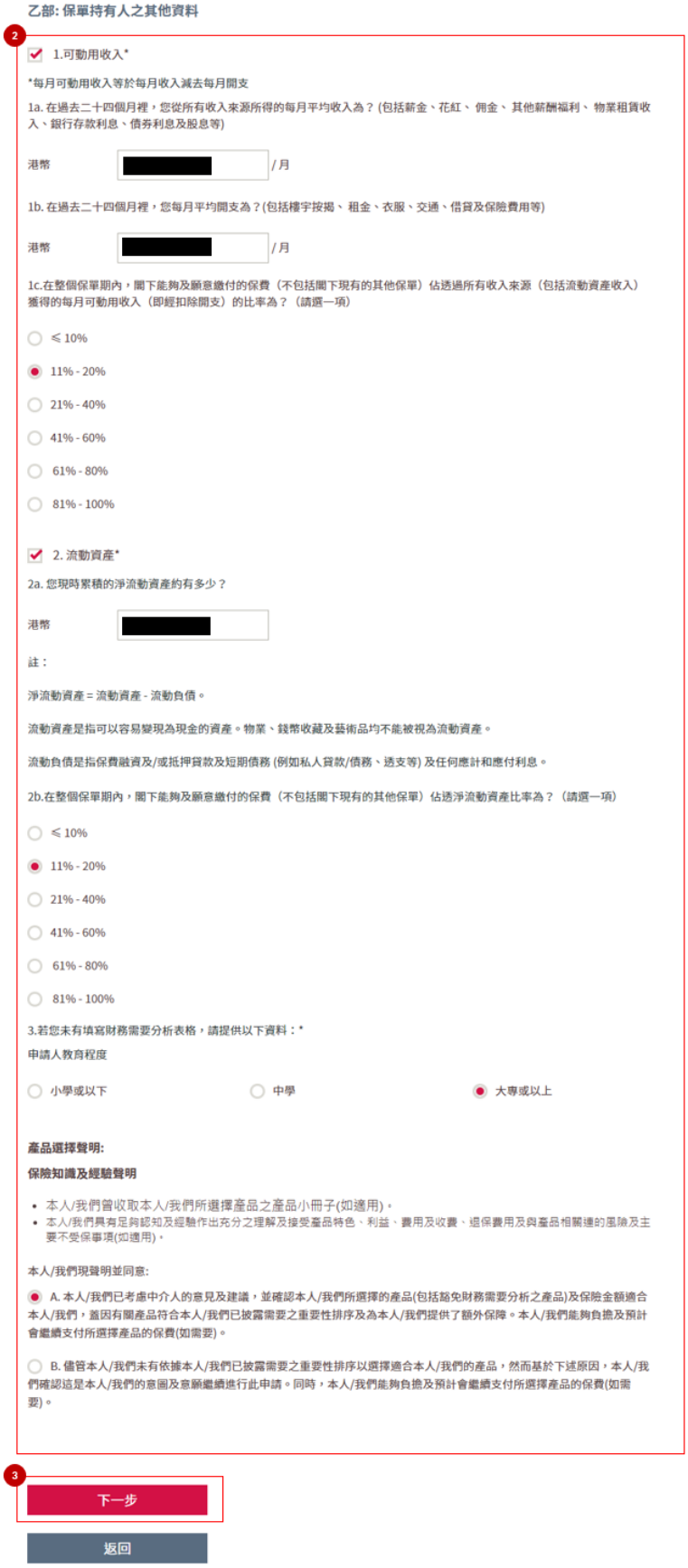
1) 保單更改必須在保單週年日之前 60 天內進行。(只適用於自願醫保產品)
1) Plan change must be within 60 days before policy anniversary date. (Applicable to VHIS Product)

2) 保單更改必須在保單週年日完結前 30 日或後 30 日內進行。(只適用於尊耀計劃產品)
2) Plan change must be submitted within 30 days before or after the Policy Anniversary ends. (Applicable to Privilege Ultra Product)

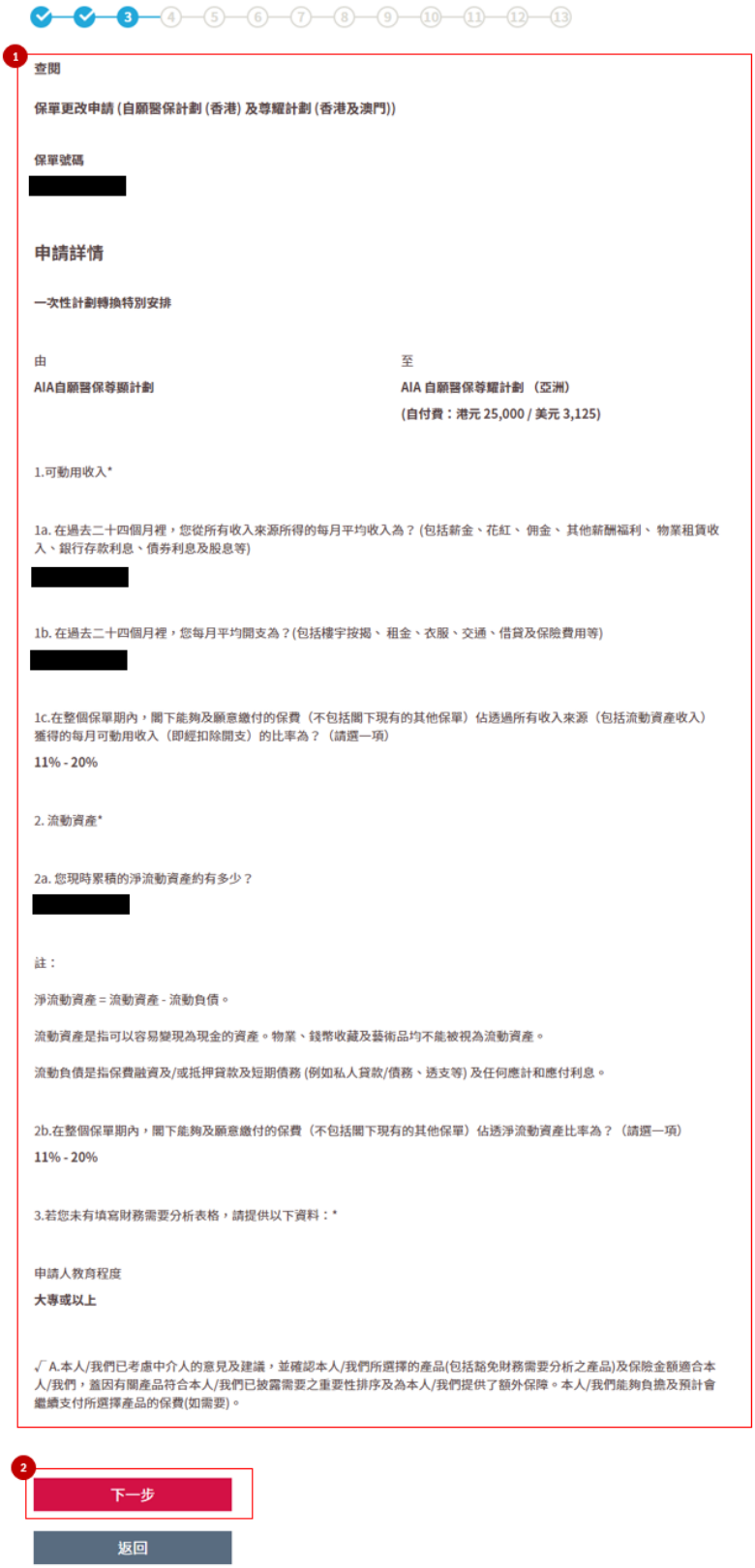
3) 如果需要選擇較低的自付額，請使用「保單更改至自願醫保計劃」選項，此轉換需要重新核保。
3) Please use "Plan Change VHIS" option if customer opt for a lower deductible level, the plan change required re-underwriting.



步驟四：回答「乙部: 保單持有人之其他資料」問題和「產品選擇聲明」，完成後點擊「下一步」
Step 4: Answer the "Part B: Additional Information of Policy Owner" and "Product Selection Declaration", click "Next"

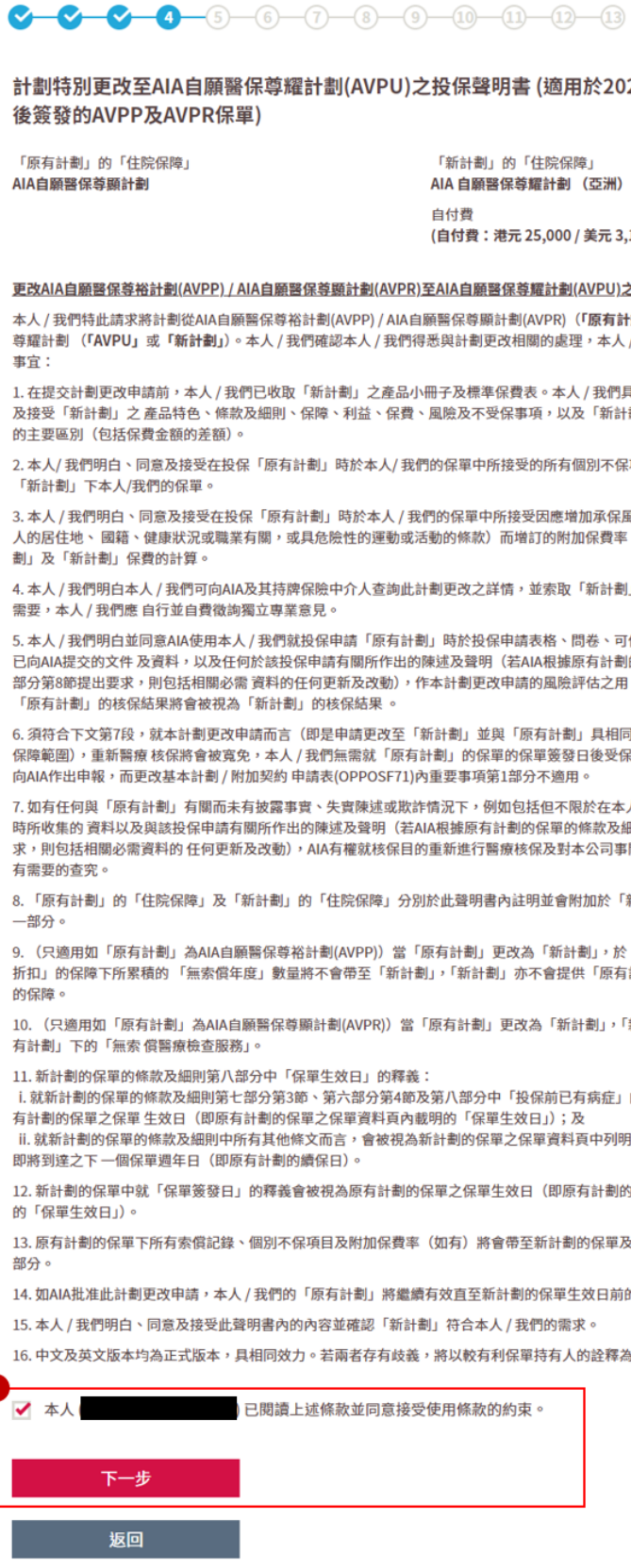


步驟五：核對有關申請內容資料，完成後點擊「下一步」
Step 5: Review the application details and click "Next" after reviewed



步驟六：閱讀「計劃特別更改投保聲明書」並勾選方格以同意條款，完成後點擊「下一步」

Step 6: Read and Acknowledge the "Declaration form for special plan change" by checking the check box, Then, click "Next"



計劃特別更改至AIA自願醫保尊耀計劃(AVPU)之投保聲明書 (適用於2023年4月22日或以後簽發的AVPP及AVPR保單)

「原有計劃」的「住院保障」
AIA自願醫保尊顯計劃

「新計劃」的「住院保障」
AIA 自願醫保尊耀計劃 （亞洲）

自付費
(自付費：港元 25,000 / 美元 3,125)

更改AIA自願醫保尊裕計劃(AVPP) / AIA自願醫保尊顯計劃(AVPR)至AIA自願醫保尊耀計劃(AVPU)之申請及確認

本人 / 我們特此請求將計劃從AIA自願醫保尊裕計劃(AVPP) / AIA自願醫保尊顯計劃(AVPR)（**「原有計劃」**）更改為AIA自願醫保尊耀計劃 （**「AVPU」**或**「新計劃」**）。本人 / 我們確認本人 / 我們得悉與計劃更改相關的處理，本人 / 我們明白及同意以下所有事宜：

1. 在提交計劃更改申請前，本人 / 我們已收取「新計劃」之產品小冊子及標準保費表。本人 / 我們具有足夠認知作出充分理解及接受「新計劃」之 產品特色、條款及細則、保障、利益、保費、風險及不受保事項，以及「新計劃」與「原有計劃」之間的主要區別（包括保費金額的差額）。

2. 本人/ 我們明白、同意及接受在投保「原有計劃」時於本人/ 我們的保單中所接受的所有個別不保項目，如有，將適用於「新計劃」下本人/我們的保單。

3. 本人 / 我們明白、同意及接受在投保「原有計劃」時於本人 / 我們的保單中所接受因應增加承保風險（包括但不限於與受保人的居住地、國籍、健康狀況或職業有關，或具危險性的運動或活動的條款）而增訂的附加保費率，如有，將適用於「新計劃」及「新計劃」保費的計算。

4. 本人 / 我們明白本人 / 我們可向AIA及其持牌保險中介人查詢此計劃更改之詳情，並索取「新計劃」保單合約之樣本。如有需要，本人 / 我們應 自行並自費徵詢獨立專業意見。

5. 本人 / 我們明白並同意AIA使用本人 / 我們就投保申請「原有計劃」時於投保申請表格、問卷、可保性的證明的資料、任何已向AIA提交的文件 及資料，以及任何於該投保申請有關所作出的陳述及聲明（若AIA根據原有計劃的保單的條款及細則第一部分第8節提出要求，則包括相關必需 資料的任何更新及改動），作本計劃更改申請的風險評估之用。本人 / 我們明白並同意「原有計劃」的核保結果將會被視為「新計劃」的核保結果 。

6. 須符合下文第7段，就本計劃更改申請而言（即是申請更改至「新計劃」並與「原有計劃」具相同或較高自付費及相同地域保障範圍），重新醫療 核保將會被寬免，本人 / 我們無需就「原有計劃」的保單的保單簽發日後受保人的任何健康情況轉變而向AIA作出申報，而更改基本計劃 / 附加契約 申請表(OPPOSF71)內重要事項第1部分不適用。

7. 如有任何與「原有計劃」有關而未有披露事實、失實陳述或欺詐情況下，例如包括但不限於在本人 / 我們申請「原有計劃」時所收集的 資料以及與該投保申請有關所作出的陳述及聲明（若AIA根據原有計劃的保單的條款及細則第一部分第8節提出要求，則包括相關必需資料的 任何更新及改動），AIA有權就核保目的重新進行醫療核保及對本公司事關重要的全部事實進行所有需要的查究。

8. 「原有計劃」的「住院保障」及「新計劃」的「住院保障」分別於此聲明書內註明並會附加於「新計劃」之保單並構成其一部分。

9. （只適用如「原有計劃」為AIA自願醫保尊裕計劃(AVPP)）當「原有計劃」更改為「新計劃」，於「原有計劃」之「無索償折扣」的保障下所累積的 「無索償年度」數量將不會帶至「新計劃」，「新計劃」亦不會提供「原有計劃」下的「無索償折扣」的保障。

10. （只適用如「原有計劃」為AIA自願醫保尊顯計劃(AVPR)）當「原有計劃」更改為「新計劃」，「新計劃」將不會提供「原有計劃」下的「無索 償醫療檢查服務」。

11. 新計劃的保單的條款及細則第八部分中「保單生效日」的釋義：
i. 就新計劃的保單的條款及細則第七部分第3節、第六部分第4節及第八部分中「投保前已有病症」的釋義而言，會被視為原有計劃的保單之保單 生效日（即原有計劃的保單之保單資料頁內載明的「保單生效日」）；及
ii. 就新計劃的保單的條款及細則中所有其他條文而言，會被視為新計劃的保單之保單資料頁中列明的「保單生效日」，即是為即將到達之下 一個保單週年日（即原有計劃的續保日）。

12. 新計劃的保單中就「保單簽發日」的釋義會被視為原有計劃的保單之保單生效日（即原有計劃的保單之保單資料頁內載明的「保單生效日」）。

13. 原有計劃的保單下所有索償記錄、個別不保項目及附加保費率（如有）將會帶至新計劃的保單及被視為新計劃的保單的一部分。

14. 如AIA批准此計劃更改申請，本人 / 我們的「原有計劃」將繼續有效直至新計劃的保單生效日前的一天。

15. 本人 / 我們明白、同意及接受此聲明書內的內容並確認「新計劃」符合本人 / 我們的需求。

16. 中文及英文版本均為正式版本，具相同效力。若兩者存有歧義，將以較有利保單持有人的詮釋為準。

1 本人 [redacted] 已閱讀上述條款並同意接受使用條款的約束。

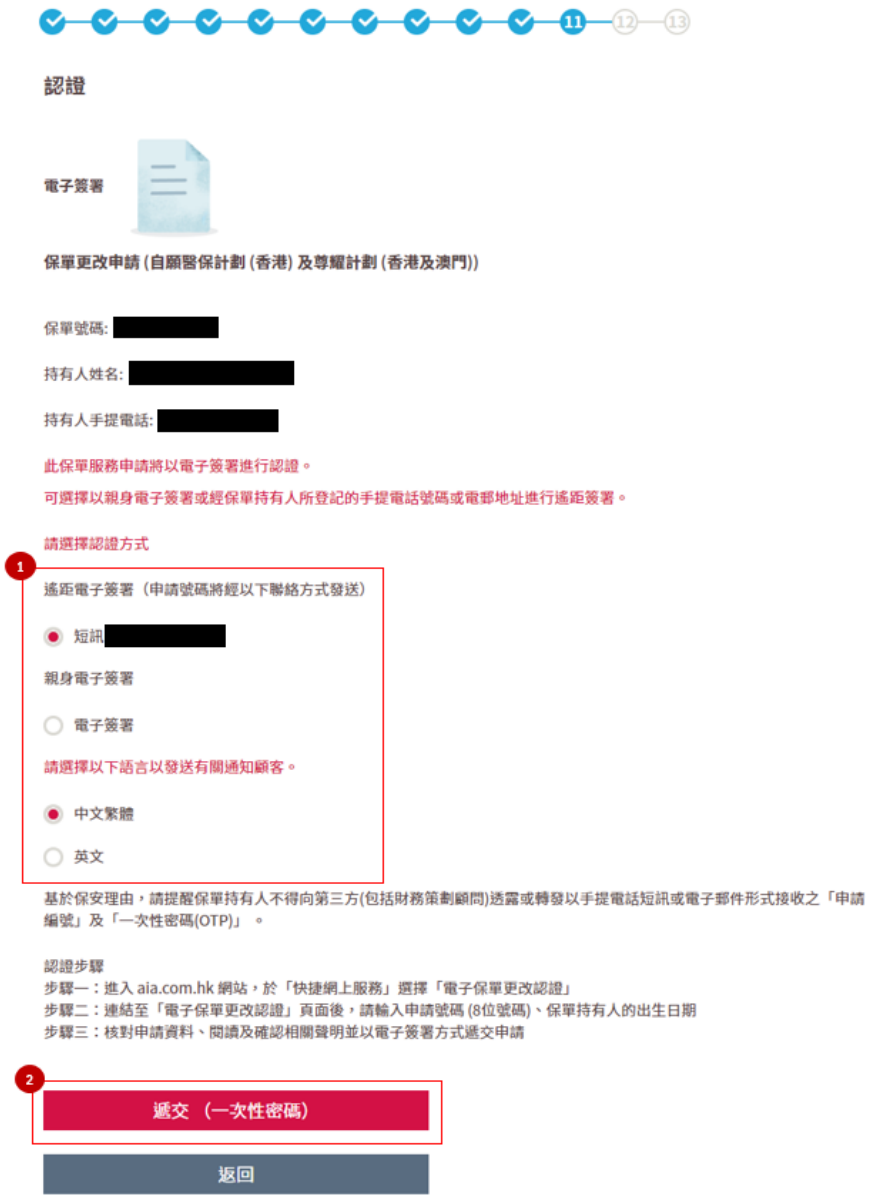
下一步

返回

步驟七：選擇認證方式，完成後點擊「遞交」

Step 7: Select the authentication method, click the "Submit" after selected

如客戶未有於電子更改上登記手提電話號碼或電郵，僅允許電子簽署。請財務策劃顧問採取行動以為仍未註冊手提電話號碼或電郵的客戶進行更新。有關詳細，請參閱先前的公告 (A230677)。
If customer have not registered mobile number or email on iChange, only e-signature authentication is allowed. Please take actions immediately in case of lacking registered mobile and email. For details, please refer to previous memo (A230677).



步驟八：申請已完成並向客戶發送認證通知，請提醒客戶進行遙距認證以完成遞交申請。此外，財務策劃顧問可以儲存或列印申請作為記錄。

Step 8: iChange request completed and send the authenticate notice to customer, please remind customers to authenticate the request by remotely for completed the request submission. Also, Financial Planner can save or print the application as record.

如需了解有關客戶如何進行遙距認證詳請，請參閱先前的公告 (A240745)。
For more details on how customers can authenticate by remotely while submitting iChange request, please refer to the previous memo (A240745).



確認

保單號碼
[redacted]

正等待客戶確認此申請!

申請詳情

一次性計劃轉換特別安排

參考編號
E202407110A0289RPOS

由	至
AIA自願醫保尊顯計劃	AIA 自願醫保尊耀計劃 （亞洲） (自付費：港元 25,000 / 美元 3,125)

1.可動用收入*

1a. 在過去二十四個月裡，您從所有收入來源所得的每月平均收入為？(包括薪金、花紅、佣金、其他薪酬福利、物業租賃收入、銀行存款利息、債券利息及股息等)
[redacted]

1b. 在過去二十四個月裡，您每月平均開支為？(包括樓宇按揭、租金、衣服、交通、借貸及保險費用等)
[redacted]

1c.在整個保單期內，閣下能夠及願意繳付的保費（不包括閣下現有的其他保單）佔透過所有收入來源（包括流動資產收入）獲得的每月可動用收入（即經扣除開支）的比率為？（請選一項）
11% - 20%

2. 流動資產*

2a. 您現時累積的淨流動資產約有多少？
[redacted]

註：

淨流動資產 = 流動資產 - 流動負債。

流動資產是指可以容易變現為現金的資產。物業、錢幣收藏及藝術品均不能被視為流動資產。

流動負債是指保費融資及/或抵押貸款及短期債務 (例如私人貸款/債務、透支等) 及任何應計和應付利息。

2b.在整個保單期內，閣下能夠及願意繳付的保費（不包括閣下現有的其他保單）佔透淨流動資產比率為？（請選一項）
11% - 20%

3.若您未有填寫財務需要分析表格，請提供以下資料：*

申請人教育程度
大專或以上

√ A.本人/我們已考慮中介人的意見及建議，並確認本人/我們所選擇的產品(包括豁免財務需要分析之產品)及保險金額適合本人/我們，蓋因有關產品符合本人/我們已披露需要之重要性排序及為本人/我們提供了額外保障。本人/我們能夠負擔及預計會繼續支付所選擇產品的保費(如需要)。

打印

保存

下一個申請

有顏色的地方代表 AVPU 較優勝
Coloured cells indicate AVPU is more competitive

附件六: 產品比較
Enclosure 6: Product comparison

	AIA 自願醫保尊耀計劃 (AVPU)	**AIA 自願醫保尊顯計劃 (AVPR) / AIA 自願醫保尊裕計劃 (AVPP)**
計劃類別	基本計劃/附加契約	AVPR:附加契約 AVPP: 基本計劃
保障年期	終身	終身
投保年齡	15 日至 80 歲	15 日至 80 歲
地域保障範圍	非急症治療:亞洲 / 全球(美國除外) (除精神科治療及次級病房級別現金惠益只限香港及澳門外) 急症治療:全球 (除環球緊急支援服務只在旅程中提供保障外)	非急症治療:亞洲 (除精神科治療及次級病房級別現金惠益只限香港及澳門外) 急症治療:全球 (除環球緊急支援服務只在旅程中提供保障外)
終身保障限額	[60,000,000 港元 / 7,500,000 美元]	[50,000,000 港元 / 6,250,000 美元]
每年限額 (以每保單年度計)	[12,000,000 港元 / 1,500,000 美元]	[10,000,000 港元 / 1,250,000 美元]
每年度自付費選項 (以每保單年度計)	[0/16,000/25,000/50,000 港元 / 0/2,000/3,125/6,250 美元]	[0/16,000/25,000 港元 / 0/2,000/3,125 美元]
病房級別	地域保障範圍內: (a) 於香港、澳門及中國大陸住院: 半私家房 (b) 於任何其他地方（香港、澳門及中國**大陸**除外）住院：標準私家房 地域保障範圍外（只限急症治療）: 標準私家房	適用於香港、澳門及中國大陸: 半私家房 適用於亞洲地區(香港、澳門及中國大陸除外): 標準私家房 適用於亞洲以外地區：標準私家房 (只適用於急診治療)
稅務扣減優惠	有	有
主要保障		
住院及手術保障		
病房及膳食	全數賠償	全數賠償
主診醫生巡房費/醫生巡房費	全數賠償	全數賠償
專科醫生費	全數賠償	全數賠償
住院雜費賠償	全數賠償	全數賠償
深切治療費用賠償	全數賠償	全數賠償
外科醫生費/手術惠益	全數賠償	全數賠償
麻醉科醫生費	全數賠償	全數賠償
手術室費用	全數賠償	全數賠償
訂明診斷成像檢測	保障 及保障於 1) 住院雜費賠償 2) 住院/日間手術前後的門診諮詢 3) 訂明非手術癌症治療	保障 及保障於 1) 住院雜費賠償 2) 住院/日間手術前後的門診諮詢 3) 訂明非手術癌症治療

有顏色的地方代表 AVPU 較優勝
Coloured cells indicate AVPU is more competitive

AIA 自願醫保尊耀計劃 – 計劃轉換安排
AIA Voluntary Health Insurance Privilege Ultra Scheme – Plan Change Arrangement

	AIA 自願醫保尊耀計劃 (AVPU)	AIA 自願醫保尊顯計劃 (AVPR) / AIA 自願醫保尊裕計劃 (AVPP)
醫療裝置費用惠益	保障 受保障於 1)雜項開支 2)重建手術的醫療裝置費用惠益 (每保單年度每項 96,000 港元 / 12,000 美元)	保障 受保障於 1)雜項開支 2)重建手術的醫療裝置費用惠益 (每保單年度每項 96,000 港元 / 12,000 美元)
日間手術惠益	全數賠償	全數賠償
日間手術現金惠益	每項手術[1,600 港元 / 200 美元] 每保單年度最多一項手術	每項手術[1,600 港元 / 200 美元] 每保單年度最多一項手術
私家看護費用	全數賠償 每保單年度最多 30 日	全數賠償 每保單年度最多 30 日
住院陪床惠益	全數賠償	全數賠償
次級病房現金惠益 (只適用於香港或澳門)	每日[1,200 港元 / 150 美元] 每保單年度最多 60 日	每日[1,200 港元 / 150 美元] 每保單年度最多 60 日
治療		
訂明非手術癌症治療	全數賠償	全數賠償
透析費用惠益	全數賠償	全數賠償
意外急症門診治療費用賠償	保障 (只涵蓋意外)	保障 (只涵蓋意外)
人體免疫力缺乏病毒/愛滋病治療惠益	保障 在保單生效日後，因感染或出現人體免疫力缺乏病毒 (“HIV”) 及其相關的傷病所招致的費用 無論何時感染, 由以下原因引起的傷病都將得到保障： 1. 性侵犯 2. 醫療援助 3. 器官移植 4. 輸血或捐血 5. 出生時受 HIV 感染	保障 在保單生效日後，因感染或出現人體免疫力缺乏病毒 (“HIV”) 及其相關的傷病所招致的費用 無論何時感染, 由以下原因引起的傷病都將得到保障： 1. 性侵犯 2. 醫療援助 3. 器官移植 4. 輸血或捐血 5. 出生時受 HIV 感染
處方藥物	保障 受保障於 1) 住院雜費賠償 2) 入院前或出院後 / 日間手術前後的門診護理	保障 受保障於 1) 住院雜費賠償 2) 入院前或出院後 / 日間手術前後的門診護理
手術前後		

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住院/日間手術前的門診諮詢；出院/日間手術後的門診諮詢	全數賠償 住院前/門診手術前的 30 日內 最多一次住院前/門診手術前的 30 日外所接受之門診諮詢 出院/門診手術後 90 日內的覆診 進行複雜或大型的手術後 365 日內	全數賠償 住院前/門診手術前的 30 日內或 出院/門診手術後 90 日內的覆診 最多一次住院前/門診手術前的 30 日外所接受之門診諮詢
出院/日間手術後的門診諮詢	全數賠償	全數賠償
手術後家中看護惠益	全數賠償 每保單年度最多 196 日	全數賠償 每保單年度最多 196 日
重建手術惠益	[160,000 港元 / 20,000 美元] 每次意外 / 每次乳房切除術	[160,000 港元 / 20,000 美元] 每次意外 / 每次乳房切除術
康復惠益	每保單年度[80,000 港元 / 10,000 美元] 每保單年度最多 60 日	每保單年度[80,000 港元 / 10,000 美元] 每保單年度最多 60 日
善終關懷服務惠益	[80,000 港元 / 10,000 美元] 每保單年度	[80,000 港元 / 10,000 美元] 每保單年度
中風康復惠益	保障	保障
出院/日間手術後輔助惠益	如下	如下
-中醫門診護理	每次診療[600 港元 / 75 美元] 以每日一次診療為限, 每次住院/日間手術 15 次 受保障於中醫的門診護理 每次出院/完成日間手術後 90 日內	每次診療[600 港元 / 75 美元] 以每日一次診療為限, 每次住院/日間手術 15 次 受保障於中醫的門診護理 每次出院/完成日間手術後 90 日內
-脊椎治療師診費	保障 受保障於住院/日間手術前的門診諮詢或出院/日間手術後的門診諮詢	保障 受保障於住院/日間手術前的門診諮詢或出院/日間手術後的門診諮詢
-物理治療師診費	保障 受保障於住院/日間手術前的門診諮詢或出院/日間手術後的門診諮詢	保障 受保障於住院/日間手術前的門診諮詢或出院/日間手術後的門診諮詢
-營養師診費	每次診療[680 港元 / 85 美元] 4 次營養師諮詢門診 受保障於住院/日間手術前的門診諮詢或出院/日間手術後的門診諮詢	每次診療[680 港元 / 85 美元] 4 次營養師諮詢門診 受保障於住院/日間手術前的門診諮詢或出院/日間手術後的門診諮詢

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AIA 自願醫保尊耀計劃 – 計劃轉換安排
AIA Voluntary Health Insurance Privilege Ultra Scheme – Plan Change Arrangement

	AIA 自願醫保尊耀計劃 (AVPU)	AIA 自願醫保尊顯計劃 (AVPR) / AIA 自願醫保尊裕計劃 (AVPP)
其他保障		
無索償優惠	不適用	AVPR:無索償醫療檢查服務 AVPP: 無索償折扣
第三期及第四期指定癌症及無法治癒的血液系統惡性腫瘤之第三期臨床試驗藥物賠償	[500,000 港元 / 62,500 美元] 每保單年度 受保人必須由專科醫生確診第三期或四期惡性瘤，或現有的非實驗性治療無法治癒的末期血癌，並有由專科醫生簽發醫生證明書，證明第三期臨床試驗藥物是由專科醫生處方及由專科醫生認為處方第三期臨床試驗藥物是對受保人罹患的指定癌症為適當的積極治療或紓緩治療。此外，該第三期臨床試驗藥物已在實驗室測試並獲得以下其中一間監管機構批准，就治療指定癌症作人體測試及 / 或治療，可用作進行第三期臨床試驗階段： • 美國食品和藥物管理局(FDA) • 歐洲藥品管理局(EMA) • 中國國家藥品監督管理局(NMPA) • 香港衞生署 • 澳門衛生局 及於處方給受保人時，該第三期臨床試驗藥物必須是正在進行第三期臨床試驗階段，而該第三期臨床試驗必須由該藥物施用地區之相關研究倫理委員會批准，而該委員會在初步審查後認為該第三期臨床試驗藥物對該指定癌症是有效的治療。 (香港、澳門或中國大陸以外之地區處方之藥物賠償額最高為合理及慣常費用之 60%, 最高可達 500,000 港元/ 62,500 美元 每保單年度)	不適用
人生階段檢查保障	保障 每逢保單第三次連續續保後緊隨的保單年度可獲一次檢查	不適用
長者癌症支援 – 指定癌症豁免自付費	受保人年滿 75 歲或以上及患上指定癌症並接受醫療服務 則就指定癌症所引起的醫療服務餘下每年自付費餘額將被減少至$0 （不適用於$0 自付費選項）	不適用
精神疾病或神經疾病惠益/精神科治療	保障 設有限額 入住香港及澳門醫院	保障 設有限額 入住香港及澳門醫院
意外死亡賠償	不適用	不適用

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AIA Voluntary Health Insurance Privilege Ultra Scheme – Plan Change Arrangement

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身故恩恤賠償	[10,000 港元 / 1,250 美元]	[10,000 港元 / 1,250 美元]
緊急牙齒治療費用賠償	保障	保障
環球緊急支援服務 (AIAS)	保障 項目(a)-(d)的總限額以個人計[5,000,000 港元 / 625,000 美元] a. 緊急醫療運送 b. 運返遺體 c. 安排一名直屬家屬探望 如需連續住院超過 5 日 d. 送返未滿 18 歲之兒童 如需連續住院超過 5 日 e. 24 小時全球電話諮詢服務	保障 項目(a)-(d)的總限額以個人計[5,000,000 港元 / 625,000 美元] a. 緊急醫療運送 b. 運返遺體 c. 安排一名直屬家屬探望 如需連續住院超過 5 日 d. 送返未滿 18 歲之兒童 如需連續住院超過 5 日 e. 24 小時全球電話諮詢服務
妊娠併發症惠益	保障 根據 AIA 自願醫保尊耀計劃保障表保障項目 I (a) – (i)、(k)、(m)、(o) 及 / 或 II (b) 的相關賠償限額支付	不適用
捐贈者費用	器官移植手術費用總和的 30% 適用於心臟、腎臟、肝臟、肺或骨髓的器官移植手術	器官移植手術費用總和的 30% 適用於心臟、腎臟、肝臟、肺或骨髓的器官移植手術

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AIA Voluntary Health Insurance Privilege Ultra Scheme – Plan Change Arrangement

	AIA Voluntary Health Insurance Privilege Ultra Scheme (AVPU)	**AIA Voluntary Health Insurance Privilege Scheme (AVPR) / AIA Voluntary Health Insurance Privilege Plus Scheme (AVPP)**
Plan Type	Basic Plan / Rider	AVPP: Basic ; AVPR: Rider
Benefit Term	Whole Life	Whole Life
Issue Age	15 days to age 80	15 days to age 80
Geographical Cover	Non-emergency treatment: Asia / Worldwide excluding United States (except for psychiatric treatments and lower ward class cash benefit covered in Hong Kong and Macau) Emergency Treatment: Worldwide (except for worldwide emergency assistance services covered during trip)	Non-emergency treatment: Asia (except for psychiatric treatments and lower ward class cash benefit covered in Hong Kong and Macau) Emergency Treatment: Worldwide (except for worldwide emergency assistance services covered during trip)
Lifetime limit	HKD 60,000,000 / USD 7,500,000	HKD 50,000,000 / USD 6,250,000
Annual Benefit Limit (per policy year)	HKD 12,000,000/ USD 1,500,000	HKD 10,000,000/ USD 1,250,000
Annual Deductible Choices (per policy year)	HKD 0/16,000/25,000/50,000 USD 0/2,000/3,125/6,250	HKD 0/16,000/25,000 / USD 0/2,000/3,125
Room Type	Within geographical cover: (a) For Hong Kong, Macau and mainland China: Semi-Private Room (b) For anywhere else, excluding Hong Kong, Macau and mainland China: Standard Private Room Outside geographical cover (for Emergency Treatment only): Standard Private Room	Hong Kong, Macau and Mainland China: Semi-private room Asia, excluding Hong Kong, Macau and Mainland China: Standard private room outside Asia: Standard private room (emergency treatment only)
Tax Deduction	Yes	Yes
Core Benefits		
Confinement & Surgical Benefits		
Room and board	Fully covered	Fully covered
Attending doctor's visit fee / Physician's visit	Fully covered	Fully covered
Specialist's fee	Fully covered	Fully covered
Miscellaneous hospital expenses	Fully covered	Fully covered
Intensive care benefit	Fully covered	Fully covered
Surgeon's fee / Surgery benefit	Fully covered	Fully covered
Anaesthetist's fee	Fully covered	Fully covered
Operating theatre charges	Fully covered	Fully covered
Prescribed diagnostic imaging tests	Covered Also covered under 1) Miscellaneous hospital expenses benefit 2) Pre-/Post-hospitalization/day surgery outpatient consultation 3) Prescribed non-surgical Cancer treatment benefit	Covered Also covered under 1) Miscellaneous hospital expenses benefit 2) Pre-/Post-hospitalization/day surgery outpatient consultation 3) Prescribed non-surgical Cancer treatment benefit
Medical appliances benefit	Covered Covered under 1) Miscellaneous charges 2) Medical appliances benefit for reconstructive surgery (HKD 96,000 / USD 12,000 each item per policy year)	Covered Covered under 1) Miscellaneous charges 2) Medical appliances benefit for reconstructive surgery (HKD 96,000 / USD 12,000 each item per policy year)
Day Surgery benefit	Fully covered	Fully covered
Day Surgery cash benefit	HKD 1,600 / USD 200 per procedure Maximum 1 procedure per policy year	HKD 1,600 / USD 200 per procedure Maximum 1 procedure per policy year

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AIA Voluntary Health Insurance Privilege Ultra Scheme – Plan Change Arrangement

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Private nurse's fee	Fully covered Maximum 30 days per policy year	Fully covered Maximum 30 days per policy year
Hospital companion bed benefit	Fully covered	Fully covered
Lower room class cash benefit (Only Applicable in Hong Kong and Macau)	HKD 1,200 / USD 150 per day maximum 60 days per policy year	HKD 1,200 / USD 150 per day maximum 60 days per policy year
Treatment		
Prescribed non-surgical Cancer treatment benefit	Fully covered	Fully covered
Dialysis benefit	Fully covered	Fully covered
Emergency outpatient treatment benefit	Covered (Accident Only)	Covered (Accident Only)
HIV / AIDS treatment benefit	Covered Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs after the Policy Effective Date Disability caused by below, regardless of the date of contraction or occur, will be covered: 1. sexual assault 2. medical assistance 3. organ transplant 4. blood transfusion or blood donation 5. infection in birth	Covered Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs after the Policy Effective Date Disability caused by below, regardless of the date of contraction or occur, will be covered: 1. sexual assault 2. medical assistance 3. organ transplant 4. blood transfusion or blood donation 5. infection in birth
Prescribed medicines and drugs	Covered Covered under 1) Miscellaneous hospital expenses benefit 2) Pre- and post-Confinement/Day Case Procedure outpatient care	Covered Covered under 1) Miscellaneous hospital expenses benefit 2) Pre- and post-Confinement/Day Case Procedure outpatient care
Pre-/Post-hospitalization / day surgery		
Pre-/Post-hospitalization / day surgery outpatient consultation	Fully covered Within 30 days before hospital stay period/day surgery Maximum 1 visit for more than 30 days before each admission or day case procedure Within 90 days after hospital stay period/day surgery Within 365 days after major or complex surgery	Fully covered Within 30 days before hospital stay period/day surgery or Within 90 days after hospital stay period/day surgery Maximum 1 visit for more than 30 days before each admission or day case procedure
Pre-hospitalization / day surgery outpatient consultation	Fully covered	Fully covered
Post hospitalization / day surgery outpatient consultation	Fully covered	Fully covered
Post surgery home nursing benefit	Fully covered maximum 196 days per policy year	Fully covered maximum 196 days per policy year
Reconstructive surgery benefit	HKD 160,000 / USD 20,000 per accident / per mastectomy	HKD 160,000 / USD 20,000 per accident / per mastectomy
Rehabilitation benefit	HKD 80,000 / USD 10,000 per policy year Maximum 60 days per policy year	HKD 80,000 / USD 10,000 per policy year Maximum 60 days per policy year
Hospice care benefit	HKD 80,000 / USD 10,000 per policy year	HKD 80,000 / USD 10,000 per policy year

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Stroke rehabilitation benefit	Covered	Covered
Post-hospitalization/outpatient surgery ancillary benefit	As below	As below
- Chinese medicine	HKD 600 / USD 75 per visit 1 visit per day, maximum 15 visits Covered under Chinese medicine practitioner outpatient care Within 90 days after each discharge from hospital or completion of day case procedure	HKD 600 / USD 75 per visit 1 visit per day, maximum 15 visits Covered under Chinese medicine practitioner outpatient care Within 90 days after each discharge from hospital or completion of day case procedure
- Chiropractor	Covered Covered under Pre-/Post-hospitalization / day surgery outpatient consultation	Covered Covered under Pre-/Post-hospitalization / day surgery outpatient consultation
- Physiotherapist	Covered Covered under Pre-/Post-hospitalization / day surgery outpatient consultation	Covered Covered under Pre-/Post-hospitalization / day surgery outpatient consultation
- Dietitian	HKD 680 / USD 85 per visit 4 visits of dietitian consultations Covered under Pre-/Post-hospitalization / day surgery outpatient consultation	HKD 680 / USD 85 per visit 4 visits of dietitian consultations Covered under Pre-/Post-hospitalization / day surgery outpatient consultation
Others		
No claim privilege	N	AVPR: No claim medical check-up services AVPP: No Claim Discount
Phase 3 Clinical Trial Drugs benefit for Stage III and Stage IV Designated Cancers and incurable haematological malignancy	HKD500,000 / USD62,500 per policy year The insured person must be diagnosed with a stage III or IV malignant tumour, or terminal blood cancer which is deemed incurable with existing non-experimental treatment by a specialist, and with a medical certificate issued by a specialist to certify that the phase 3 clinical trial drug is prescribed by and is deemed by the specialist to be an appropriate or recommended active treatment or palliative treatment of the Designated Cancer of the insured person. In addition, such prescribed Phase 3 clinical trial drug has been tested in the laboratory and has been approved by one of the following regulatory bodies for undergoing phase 3 of a clinical trial for testing and/or treatment in humans of the Designated Cancer: • United States Food and Drug Administration (FDA) • European Medicines Agency (EMA) • National Medical Products Administration (NMPA) of China • Department of Health of Hong Kong • Health Bureau of Macau And at the time of prescription, such Phase 3 clinical trial drug must be undergoing phase 3 of a clinical trial that is approved by the relevant institutional review board in the location where the drug is administered, as being an effective treatment for such Designated Cancer upon preliminary review by such board. Maximum 60% of the reasonable and customary charges for drugs prescribed outside of Hong Kong, Macau and mainland China, and	N

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	which is up to maximum of HKD500,000 / USD62,500 per policy year	
LifeStage Check-up Benefit	Covered Receive one check-up in the policy year immediately following every 3rd consecutive renewal of the policy	N
Elderly cancer support – waiver of Deductible for Designated Cancer	For elderly aged 75 or above, deductible will be reduced to zero for the medical services arising from Designated Cancer if the insured is suffered from and received Medical Services as a result of designated cancer (Not applicable to $0 deductible option)	N
Mental or nervous disorder benefit / Psychiatric treatments	Covered with sublimit For confinement in Hong Kong and Macau	Covered with sublimit For confinement in Hong Kong and Macau
Accidental death benefit	N	N
Compassionate death benefit	HKD 10,000 / USD 1,250	HKD 10,000 / USD 1,250
Emergency dental benefit	Covered	Covered
Worldwide emergency assistance services (AIAS)	Covered Items (a)-(d) subject to a total limit of HKD 5,000,000 / USD 625,000 per life a. Emergency medical evacuation b. Repatriation of remains c. Compassionate visit by one immediate family member For staying in hospital more than 5 consecutive days d. Return of children under the age of 18 For staying in hospital more than 5 consecutive days e. 24-hour worldwide telephone enquiring services	Covered Items (a)-(d) subject to a total limit of HKD 5,000,000 / USD 625,000 per life a. Emergency medical evacuation b. Repatriation of remains c. Compassionate visit by one immediate family member For staying in hospital more than 5 consecutive days d. Return of children under the age of 18 For staying in hospital more than 5 consecutive days e. 24-hour worldwide telephone enquiring services
Pregnancy complications benefit	Covered Payable according to the benefit limits of respective benefit items of I (a) – (i), (k), (m), (o) and/or II (b) as stated in AIA Voluntary Health Insurance Privilege Ultra Scheme Benefit Schedule	N
Donor's benefit	30% of the sum of surgical expenses for organ transplantation For organ transplantation of heart, kidney, liver, lung and bone marrow	30% of the sum of surgical expenses for organ transplantation For organ transplantation of heart, kidney, liver, lung and bone marrow