

Chubb Life Premium Waiver Offer

“Double Offers • Love and Protect Your Family”
Customer Promotion (Up to 3 months’ premium waiver!)

Promotion Period : 30 March 2018 - 31 May 2018 (Both dates inclusive)

CHUBB®



Protecting the well-being of our family members is paramount. That is why Chubb Life is now giving you a better reason to do so. We are offering a new customer promotion - the “Double Offers • Love and Protect Your Family” (the “Double Offers”) - for a limited period: buy one of our award-winning critical illness insurance plans for you and your family members and get premium waiver of up to 3 months!

Here are the details of the Double Offers:

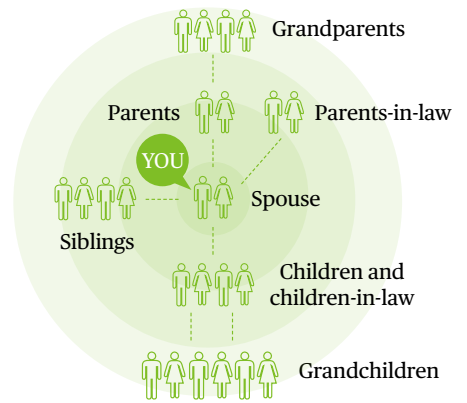
Offer (1) - Love Yourself : Up to 2 months’ premium waiver

Enjoy up to 2 months’ premium waiver when you buy our award-winning Super Care Critical Illness Protector and/or Critical Illness Combo 370 (“Eligible Basic Plan(s)”) during the Promotion Period!

Premium payment term	First-year premium of an Eligible Basic Plan and its attaching rider(s) (if any)	Premium waiver of an Eligible Basic Plan and its attaching rider(s) (if any)
12 years or below	Any amount	0.5 month
Over 12 years	Less than USD6,000	0.5 month
	USD6,000 or above but less than USD10,000	1 month
	USD10,000 or above	2 months

Offer (2) - Love Your Family : Up to 1 month's premium waiver on your family member's policies

Buy an Eligible Basic Plan for yourself and for one or more of your Eligible Family Member(s)* during the Promotion Period now and all Eligible Basic Plans and their attaching rider(s) (if any) can enjoy up to 1 month's additional premium waiver!



Number of Eligible Family Member(s)	Extra Premium Waiver Offer for an Eligible Basic Plan (for each Eligible Family Member)
1	0.5 month
2 or above	1 month

* Eligible Family Member(s) refer(s) to the spouse, children, parents, grandparents, grandchildren, siblings, parents-in-law and children-in-law of the owner and/or insured of the 1st policy.

Combine Offers (1) and (2) : Receive premium waiver of up to 3 months

Example (1)

Policy	Eligible Basic Plan	Policyowner	Premium payment term	First-year premium	Premium Waiver		
					Under Offer (1)	Under Offer (2)	Total Entitlement
1 st	Critical Illness Combo 370	Mr. Wong	8 years	USD11,000	0.5 month	0.5 month	1 month
2 nd	Super Care Critical Illness Protector	Mr. Wong's wife	12 years	USD12,000	0.5 month	0.5 month	1 month

Example (2)

Policy	Eligible Basic Plan	Policyowner	Premium payment term	First-year premium	Premium Waiver		
					Under Offer (1)	Under Offer (2)	Total Entitlement
1 st	Critical Illness Combo 370	Ms. Chan	22 years	USD13,000	2 months	1 month	3 months
2 nd	Critical Illness Combo 370	Ms. Chan's husband	22 years	USD11,000	2 months	1 month	3 months
3 rd	Super Care Critical Illness Protector	Ms. Chan's brother	18 years	USD10,000	2 months	1 month	3 months

Act Now! Contact your insurance consultant or our Customer Service Hotline at 2894 9833.

Terms and Conditions:

1. Both Offers (1) and (2) are applicable to Super Care Critical Illness Protector and Critical Illness Combo 370 (“Eligible Basic Plan”). To be entitled to Offer(s) (1) and /or (2),
 - a. the application of the corresponding Eligible Basic Plan must have USD as the policy currency;
 - b. the application must be signed and submitted to Chubb Life between 30 March 2018 and 31 May 2018 (both dates inclusive) (the “Promotion Period”); and
 - c. the policy of a successful application must be issued on or before 30 June 2018.
2. The first-year premium of each Eligible Basic Plan and its attaching rider(s) (if any) refers to the initial annual standard premium of this Eligible Basic Plan and of its attaching rider(s) (if any) as shown in the proposal last submitted by you and accepted by Chubb Life at policy application. Loading due to underwriting (if any) is also included in the calculation of first-year premium. Any pre-paid premium, increase in coverage after policy issuance and policy conversion will be excluded from the calculation of first-year premium.
3. If the premium of an Eligible Basic Plan or its attaching rider(s) is increased after policy issuance due to the increase of coverage, the amount of premium to be waived will be calculated based on the premium amount of the Eligible Basic Plan or its attaching rider(s) (where applicable) before the increase. If the premium of an Eligible Basic Plan or its attaching rider(s) is decreased after policy issuance due to decrease of the coverage, the amount of premium to be waived will be calculated based on the premium amount of the Eligible Basic Plan or its attaching rider(s) (where applicable) after the decrease.
4. For each policy (that includes an Eligible Basic Plan together with its attaching rider(s) (if any)), the total maximum amount of premium waiver jointly provided by Offers (1) and (2) is USD25,000.
5. The amount of premium waived can only be used for settlement of future premium of the policy that is entitled to the premium waiver; it is non-transferable, and cannot be redeemed for cash or withdrawn.
6. For a policy to be entitled to the premium waiver, the Eligible Basic Plan and its attaching rider(s) (if any) under the policy shall remain in-force from the issue date of the policy to the time of premium waiver. The premium waiver will cease if:
 - a. the premium of the corresponding policy is in default; or
 - b. if there is any alteration to an Eligible Basic Plan or its attaching rider(s) after policy issuance, or at the time of premium waiver an Eligible Basic Plan has been terminated (except for the situation as described in Point 3 in this Terms and Conditions section).
7. Arrangement of Offer (2)
 - a. An Eligible Family Member can be either the owner and/or proposed insured of the policy to enjoy the premium waiver provided by Offer (2). However, the policy of an insurance consultant of Chubb Life (whether as the policyowner or the insured) will not be counted.
 - b. To be entitled to the premium waiver, the owner of the policy of each Eligible Family Member must complete and sign the Family Member Declaration Form of “Double Offers · Love and Protect Your Family” Customer Promotion (the “Family Member Form”) and submit the Family Member Form together with the policy application during the Promotion Period.
 - c. If the same insured as listed in the same Family Member Form buys more than one Eligible Basic Plans during the Promotion Period, the premium amount to be waived will be calculated based on the policy (as listed in that same Family Member Form) with that same insured having the highest first-year premium amount.
 - d. To be entitled to the premium waiver, a policy enrolled in this premium waiver offer shall remain in-force from its issue date to the time of premium waiver. If the policy of a family member (whether as the policyowner or the insured) is terminated for whatever reasons after policy issuance but before the time of premium waiver, it will be excluded from the premium waiver.
8. Arrangement of Premium Waiver
 - a. For a policy to be entitled to the premium waiver, the Eligible Basic Plan and its attaching rider(s) (if any) under the policy shall remain in-force from the issue date of the policy to the time of premium waiver.
 - b. How to calculate


Premium payment mode	Entitlement to 0.5 month’s premium waiver	Entitlement to 1 month’s premium waiver	Entitlement to 1.5 months’ premium waiver
Annual	= (The annual premium of the 2 nd policy year ÷ 12) ÷ 2	= The annual premium of the 2 nd policy year ÷ 12	= (The annual premium of the 2 nd policy year ÷ 12) x 1.5
Semi-annual	= (The semi-annual premium of the 2 nd policy year ÷ 6) ÷ 2	= The semi-annual premium of the 2 nd policy year ÷ 6	= (The semi-annual premium of the 2 nd policy year ÷ 6) x 1.5
Quarterly	= (The quarterly premium of the 2 nd policy year ÷ 3) ÷ 2	= The quarterly premium of the 2 nd policy year ÷ 3	= (The quarterly premium of the 2 nd policy year ÷ 3) x 1.5
Monthly	= The monthly premium of the 2 nd policy year ÷ 2	= The monthly premium of the 2 nd policy year	= The monthly premium of the 2 nd policy year x 1.5
Time of premium waiver	The 14 th policy month	The 14 th policy month	The 14 th and 15 th policy months

Premium payment mode	Entitlement to 2 months' premium waiver	Entitlement to 2.5 months' premium waiver	Entitlement to 3 months' premium waiver
Annual	= (The annual premium of the 2 nd policy year ÷ 12) x 2	= (The annual premium of the 2 nd policy year ÷ 12) x 2.5	= (The annual premium of the 2 nd policy year ÷ 12) x 3
Semi-annual	= (The semi-annual premium of the 2 nd policy year ÷ 6) x 2	= (The semi-annual premium of the 2 nd policy year ÷ 6) x 2.5	= (The semi-annual premium of the 2 nd policy year ÷ 6) x 3
Quarterly	= (The quarterly premium of the 2 nd policy year ÷ 3) x 2	= (The quarterly premium of the 2 nd policy year ÷ 3) x 2.5	= (The quarterly premium of the 2 nd policy year ÷ 3) x 3
Monthly	= The monthly premium of the 2 nd policy year x 2	= The monthly premium of the 2 nd policy year x 2.5	= The monthly premium of the 2 nd policy year x 3
Time of premium waiver	The 14 th and 15 th policy months	The 14 th , 15 th and 16 th policy months	The 14 th , 15 th and 16 th policy months

- Premium payment mode refers to the payment mode of your policy when the premium is waived.
 - The total amount of premium that can be waived jointly by Offers (1) and (2) for a policy (including the Eligible Basic Plan and its attaching rider(s) (if any)) shall not exceed USD25,000. If the sum of the amount of premium eligible to be waived under Offer (1) and that under Offer (2) exceeds USD25,000, the monthly premium amount of the 14th policy month shall first be waived, while the remaining premium amount to be waived (i.e. USD25,000 minus the monthly premium amount of the 14th policy month) shall be waived in the next policy month (and so on), until the total amount of premium waived reaches USD25,000.
- Applicants are not eligible for Offers (1) and (2) if they have cancelled existing Eligible Basic Plan(s) and its attaching rider(s) (if any) within 6 months before the issue date of the policy of such Eligible Basic Plan(s) and then buy the same Eligible Basic Plan for the same insured during the Promotion Period. Accordingly, this policy will not be counted in determining the offer(s) to which the Family Members are entitled.
 - For the benefits and the exact terms and conditions of an Eligible Basic Plan and its attaching rider(s) (if any), please refer to the respective product brochure(s) and policy documents.
 - Each eligible new policy can only be entitled to the premium waiver once under each of Offers (1) and (2). Unless otherwise approved by Chubb Life, Offers (1) and (2) cannot be used in conjunction with any other promotion(s) offered by Chubb Life.
 - Chubb Life reserves the right to vary, suspend or terminate Offer(s) (1) and/or (2) and/or amend the Terms and Conditions at any time without prior notice.
 - In the event of a dispute, the decision of Chubb Life shall be final and conclusive.


About Super Care Critical Illness Protector and Critical Illness Combo 370

Both Eligible Basic Plans are Chubb Life's award-winning insurance plans:

Winning Products of Chubb Life	Awards won: Benchmark Wealth Management Awards	Year
Super Care Critical Illness Protector	Critical Illness Insurance - Best-in-Class 	2016
Critical Illness Combo 370	Critical Illness Insurance - Outstanding Achiever 	2017

Contact Us

Chubb Life Insurance Company Ltd.
(Incorporated in Bermuda with Limited Liability)
33/F, Chubb Tower, Windsor House,
311 Gloucester Road, Causeway Bay,
Hong Kong
Customer Service Hotline:
+852 2894 9833
life.chubb.com/hk

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This leaflet is for general reference only and should not be regarded as professional advice, recommendation and it is not part of the policy. It provides an overview of the key features of the product and should be read along with other materials which cover additional information about the product. Such materials include, but not limited to, product brochure that contains key product risks, policy provisions that contain exact terms and conditions, benefit illustrations (if any) and other policy documents and other relevant marketing materials, which are all available upon request. You might also consider seeking independent professional advice if needed.

This leaflet is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell, solicitation or persuasion to buy or provision of any of our products outside Hong Kong.

Chubb Life refers to Chubb Life Insurance Company Ltd. (Incorporated in Bermuda with Limited Liability).

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Family Member Declaration Form for “Double Offers • Love and Protect Your Family” Customer Promotion

「『二重賞 • 共享--愛家人』客戶優惠 -- 家庭成員表格

1. This enrollment form (this “Form”) is designed for the “Double Offers • Love and Protect Your Family” customer promotional offer (the “Offer”) of Chubb Life Insurance Company Ltd. (Incorporated in Bermuda with Limited Liability) (“Chubb Life”) only and should be read in conjunction with the campaign leaflet of the Offer.
2. This Form should be completed, signed and submitted together with the policy application to Chubb Life on or before 31 May, 2018.
3. Only 1 form is required for the declaration of the relationship between you and your family members.
4. The eligibility and entitlement to the Offer will be determined and calculated based on the information filled in this Form.
5. Family member(s) refer(s) to the spouse, children, parents, grandparents, grandchildren, siblings, parents-in-law and children-in-law of the owner and/or insured of the 1st policy.
6. Chubb Life reserves the right to validate the information provided by you and your family members in this Form. All information provided in this Form must be true, complete and correct. Chubb Life reserves the right to provide the Offer.

1. 此參加表格(「此表格」)只適用於參加安達人壽保險有限公司(「百慕達註冊」)(「安達人壽」)的「『二重賞 • 共享--愛家人』客戶優惠」(「此優惠」), 並須與此優惠的宣傳單張一併細閱。
2. 此表格必須於2018年5月31日或之前填妥、簽署及與投保申請書一併遞交予安達人壽。
3. 您及您的家庭成員只須遞交1份表格。
4. 享有此優惠的獎賞資格將根據此表格所填寫的資料而定。
5. 家庭成員指第一保單持有人及/或受保人的配偶、子女、父母、祖父母、孫兒、兄弟姊妹、配偶的父母及子女的配偶。
6. 安達人壽有權核實此表格上您及您的家庭成員所填寫的資料。此表格上所填寫的資料均必須為真實、完整及無誤。安達人壽有權保留提供此優惠之權利。

* Please delete as appropriate 請刪去不適用者

Please complete in BLOCK LETTERS 請以英文正楷填寫

1st Policy 第一保單

Policy / Application No. 保單編號 : _____ [To be completed by agent/intermediary 由保險代理/中介人填寫]

English Name of Owner / Proposed Insured *

保單持有人 / 準受保人 * 之英文全名 :

Date of Birth 出生日期 :

/dd 日

/mm 月

/yyyy 年

Plan Code 產品代號 :

2nd Policy 第二保單

Policy / Application No. 保單編號 : _____ [To be completed by agent/intermediary 由保險代理/中介人填寫]

English Name of Owner / Proposed Insured *

保單持有人 / 準受保人 * 之英文全名 :

Date of Birth 出生日期 :

/dd 日

/mm 月

/yyyy 年

Plan Code 產品代號 :

**Relationship with Owner / Proposed Insured *
of the 1st policy**

與第一保單持有人 / 準受保人 * 之關係

Spouse / children / parents / grandparents / grandchildren / siblings /
parents-in-law / children-in-law *

配偶 / 子女 / 父母 / 祖父母 / 孫兒 / 兄弟姊妹 / 配偶的父母 / 子女的配偶 *

3rd Policy 第三保單**Policy / Application No. 保單編號 :** _____ [To be completed by agent/intermediary 由保險代理/中介人填寫]**English Name of Owner / Proposed Insured ***

保單持有人 / 準受保人 * 之英文全名 : _____

Date of Birth 出生日期 : _____

/dd 日

/mm 月

/yyyy 年

Plan Code 產品代號 : _____**Relationship with Owner / Proposed Insured *
of the 1st policy**

與第一保單持有人 / 準受保人 * 之關係

Spouse / children / parents / grandparents / grandchildren / siblings /
parents-in-law / children-in-law *

配偶 / 子女 / 父母 / 祖父母 / 孫兒 / 兄弟姊妹 / 配偶的父母 / 子女的配偶 *

Personal Information Collection Statement And Consent 個人資料收集聲明及授權

I/WE UNDERSTAND AND CONSENT THAT, by signing this Form, any personal data collected or held by Chubb Life Insurance Company Ltd. (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the companies within the group of which the Company is a subsidiary (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference bureaus, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong to (i) process and evaluate this application and any future insurance application and claim I/we may make; (ii) provide all services related to this application, administer and process policy, medical and underwriting checks, payment instructions, premiums collection, data matching, and communicate with me/us for such purposes; (iii) enable the industry associations, the federations, the government or regulatory bodies to carry out the functions and requirements that may be assigned to them from time to time and are reasonably required in their interest and that of the insurance industry; and (iv) provide payment, data processing, administration, communications, computer, security and other services (including medical services, emergency assistance services, mailing and IT services) in connection with the operation of the Company and the provision of services to me/us. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this Form which is a condition precedent for me/us to be eligible for the Offer. Failure to supply the required information may result in the Company being unable to process the application. I/We understand that I/we have the right to obtain access to and to request correction of any personal data held by the Company or be given reasons for any refusal of access or correction. I/We also understand that a reasonable fee may be charged by the Company for processing of any access. Any questions regarding personal data, access to or correction of personal data should be made in writing and forwarded to The Data Protection Officer of Life Administration of Chubb Life Insurance Company Ltd. at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此表格，本人/吾等明白及同意安達人壽保險有限公司（「貴公司」）可以使用、處理、儲存、披露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料與貴公司隸屬同一集團附屬公司之其他公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查員、處理索賠個案的理賠師、醫療顧問、索償代理、保險行業協會及聯會、信貸資料服務公司、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論屬本地或海外，以(i)處理及審批此申請及本人/吾等將來提交之保險申請及索償；(ii)提供所有關於此申請之服務，管理及處理保單、醫療和核保檢查、付款指示、保費收取、資料核對，及因此等用途與本人/吾等聯絡；(iii)令保險行業協會及聯會、政府或監管機構執行其經不時修定及為合理要求以維護其及保險行業利益的功能及規定；及(iv)提供因貴公司營運及給予本人/吾等服務之相關付款、數據處理、行政、通訊、電腦、保安及其它服務（包括醫療服務、緊急救援服務、郵寄服務及資料科技服務）。此外，貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之資料。本人/吾等有責任提供此表格上之所需資料，以作為獲享本優惠之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本申請。本人/吾等明白本人/吾等有權取閱及要求更正任何貴公司持有之有關本人/吾等的任何個人資料，或被給予拒絕查閱或更正的理由。本人/吾等亦明白貴公司可能會收取任何查閱資料的要求之合理費用。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向貴公司壽險行政部的資料保護主任提出，並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十三樓。

Signature must be consistent with that in your policy application form.

閣下簽名模式應與保單申請書上之簽名相同，以作核對。

Signature of Owner of the 1 st policy 第一保單持有人簽署	Signature of Owner of the 2 nd policy 第二保單持有人簽署	Signature of Owner of the 3 rd policy 第三保單持有人簽署
Date 日期	Date 日期	Date 日期