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## SCHEDULE

**INSURANCE CLASS:** Collective Personal Accident

**POLICY NO.:** SDCPG20000287

**ISSUED ON:** 28/09/2020

**ACCOUNT NO.:** 0529491

**CLIENT NO.:** 0265810

**INSURED:** Association of Hong Kong Nursing Staff

**ADDRESS:** 6/F  
Hing Wan Commercial Building  
25-27 Parkes Street  
KLN

**PERIOD OF INSURANCE:** from 01/10/2020 to 30/09/2021

**BUSINESS/OCCUPATION:** Trade Union of Nursing Members

### PREMIUM

**PREMIUM DUE:** As per Enrollment

**TOTAL DUE:** As per Enrollment

### POLICY COVER

Insured Person : Any "enrolled" members - Registered Nurses,  
Enrolled Nurses and Student Nurses

Period of Insurance : 12-months period for each individual member

Age Limit : 18-65 years (Highest enrolment age: 60 years)

Beneficiary : Insured Person's Own Estate

Aggregate Limit of Liability: HKD20,000,000.00 per accident for Basic Cover  
HKD10,000,000.00 per Policy Year for Optional  
Cover (both A & B)

Form No. : SP-CP0116PJ

**RISK NO.:** 001

ITEM NO.: 001

ITEM 1. DEATH	As per below
ITEM 2. PERMANENT DISABLEMENT	As per below
ITEM 3. PERMANENT TOTAL DISABLEMENT	As per below
ITEM 4. TEMPORARY TOTAL DISABLEMENT	Not Covered
ITEM 5. MEDICAL EXPENSES	As per below
INSURED PERSON: As per Enrollment	
INDUSTRY:	
OCCUPATION: -	
BENEFICIARY NAME: -	

Benefit Limit Per Person (HKD)

Basic Cover

Plan BP1 for Registered Nurse / Enrolled Nurse Only

- Item 1 Death	2,000,000.00
- Item 2 Permanent Disablement	2,000,000.00
- Item 3 Permanent Total Disablement	2,000,000.00
- Burns Benefit (2nd and 3rd degree Burns)	200,000.00

Plan BP2 for Registered Nurse / Enrolled Nurse / Student Nurse

- Item 1 Death	1,000,000.00
- Item 2 Permanent Disablement	1,000,000.00
- Item 3 Permanent Total Disablement	1,000,000.00
- Burns Benefit (2nd and 3rd degree Burns)	100,000.00

Optional Cover A

for Registered Nurse / Enrolled Nurse and Student Nurse

Item 5 In-Patient Medical Expenses	100,000.00
- Cover Injury and Sickness	Deductible :
- Hospital Confinement required for at least 3 consecutive days	Plan ME1 - 50,000.00 Any One Disability
- Waiting Period : 15 days from date of enrolment	Plan ME2 - 100,000.00 Any One Disability

Optional Cover B

Plan HC1 for Registered Nurse / Enrolled Nurse  
Plan HC2 for Student Nurse Only

Hospital Cash Cover	500.00 per day of Confinement
- Cover Injury and Sickness	Maximum 20,000.00 Any One Disability
- Hospital Confinement required for at least 3 consecutive days of enrolment	
- Waiting Period : 15 days from date of enrolment	

MEMORANDUM 1

It is hereby noted and agreed that following Definitions are added to PART I. DEFINITIONS under this Policy :

Sickness

a physical condition marked by a pathological deviation from the normal healthy state, which has been contracted or commencing after the Insured Person has been covered under this Policy for not less than fifteen (15) days and resulting in a loss covered hereunder

Pre-Existing Condition

condition for which the Insured Person received medical treatment, diagnosis, consultation or prescribed drugs within a twelve (12) months period preceding this Policy or, a condition for which medical advice or treatment was recommended by a Medical Practitioner within a twelve (12) months period preceding the Period of Insurance in this Policy

Hospital

an establishment which meets all the following requirements:

1. holds a license as a hospital (if licensing is required in the state or governmental jurisdiction);
2. operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
3. provides 24-hour a day nursing service by registered or graduated nurses;
4. has a staff of one or more licensed Medical Practitioners available at all times;
5. provides organized facilities for diagnosis and major surgical facilities; and
6. is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts

A Day of Hospital Confinement

period for which the Hospital makes a charge for room and board to any Insured Person

Any One Disability

all disabilities arising from the same cause including any and all complications therefrom, as well as concurrent disabilities from different causes during the same Hospital Confinement or Confinements except that after ninety (90) days following the latest discharge from Hospital or the last consultation from the office of the Medical Practitioner, whichever is the later, subsequent disability from the same cause or causes shall be considered as a new disability. The Company will not be liable for any such successive period of Hospital Confinement unless it occurred during the currency of this Policy

Memorandum 2

It is hereby noted and agreed that the Section 3 Medical Expenses under PART II. BENEFITS and the Definition of "Medical Expenses - Item 5 of the Schedule" under Part I, DEFINITIONS under this Policy are deleted in its entirety and replaced by following :

Section 3 Medical Expenses

The Company shall indemnify the Insured Person up to the limit as specified in the Schedule in respect of Medical Expenses as defined (and emergency dental charges which is necessarily incurred to sound and natural teeth and caused by a Bodily Injury), requiring immediate treatment by a Medical Practitioner after the third day of Hospital Confinement.

Provided that

- a. the Company shall not be liable under Item 5 of the Schedule for payment of expenses not recommended by or undertaken by a registered Medical Practitioner and;
- b. the detailed accounts relating to such expenses shall be submitted to the Company;
- c. each Insured Person will be entitled to the cover under this section when he/she has been enrolled for more than 15 days into this Policy.

CONTINUATION SCHEDULE

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The Company's liability under this Item shall not exceed the limit as shown in the Schedule for Any One Disability.

Medical Expenses - Item 5 of the Schedule (Applicable for Hospital Confinement Only) Shall mean expenses surgical, medical treatment, examination, dignostic test necessarily incurred during Hospital Confinement, in connection with any Bodily injury substained and Sickness contracted by the Insured Person

Memorandum 3 It is hereby noted and agreed that following Benefit is added to PART II. BENEFITS under this Policy :

Section 5 Hospital Cash Cover If, as a result of Bodily Injury or Sickness as provided for in this Policy, the Insured Person shall be necessarily Confined, for three (3) or more consecutive days while this Policy is in effect, within a Hospital as a a resident patient under the professional care of a currently licensed registered Medical Practitioner, the Company will pay the daily Hospital Cash stated in the Schedule with respect to such Insured Person for each day that the Insured Person shall be so Confined therein, up to the limit as shown in in the Schedule, for Any One Disability.

MEMORANDUM 4 With respect to benefit payable under Permanent Disablement (Item 2 of the Schedule) the appropriate percentage shall be applied in accordance to following scale for the sum insured under Item 2 shown in the Schedule.

PERMANENT DISABLEMENT SCALE

Table with 2 columns: EVENTS and COMPENSATION. Scale 2. Lists 13 events and their corresponding compensation percentages.

CONTINUATION SCHEDULE

(a) both Right Joints	30%
(b) one Right Joint	15%
(c) both Left Joints	20%
(d) one Left Joint	10%
14. Loss of or the Permanent Total Loss of use of Fingers	
(a) three Right Joints	15%
(b) two Right Joints	10%
(c) one Right Joint	7.5%
(d) three Left Joints	10%
(e) two Left Joints	7.5%
(f) one Left Joint	5%
15. Loss of or the Permanent Total Loss of use of Toes	
(a) all - one Foot	20%
(b) great - both Joints	7.5%
(c) great - Joint	5%
16. Fractured Leg or Patella with established non-union	15%
17. Shortening of Leg by at least 5cm	10%
18. Permanent Disability not otherwise provided for under Events 8 to 17 inclusive. Such percentage of the Compensation as the Company shall in its absolute discretion determine and being in its opinion not inconsistent with the Compensation provided under Events 8 to 17 inclusive.	

MEMORANDUM 5

It is hereby noted and agreed that the PAER III. GENERAL EXCEPTIONS under this Policy are deleted in its entirety and replaced by following:

A. Applicable to all Sections

The Company shall not be liable :

1. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or direct participation in a civil commotion
2. sickness and disease (not applicable to In-Patient Medical Expenses and Hospital Cash cover)
3. pregnancy, miscarriage, abortion or childbirth related sickness or complications
4. the Insured Person
  - a. committing or attempting to commit suicide or intentionally inflicting self-injury
  - b. flying or taking part in any other aerial activities except whilst travelling as a passenger in an aircraft and not as pilot or aircrew nor for the purpose of any trade or technical operation in or on the aircraft
5. the Insured Person engaging in any sports in a professional capacity or where an Insured Person would or could earn income or remuneration from engaging in such sports
6. the Insured Person serving on full time active duty in the disciplinary forces, military, naval, air force or other armed service or operation of any country or international authority, whether in time of peace or war
7. violation or attempted violation of the law or resistance to arrest

B. Applicable to In-Patient Medical Expenses and Hospital Cash Cover

The Company shall not be liable :

1. Pre-Existing Condition and any sickness for which the Insured Person has received medical treatment or medical advice for treatment prior to the Period of Insurance
2. any injury or sickness caused directly or indirectly, wholly or partly, by
  - a. mental or nervous disorders, treatment of alcoholism, or drug abuse or any other complicating arising therefrom or any drug accident;

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- b. cosmetic or plastic surgery or any elective surgery or congenital anomalies;
  - c. eye refraction, fitting of glasses or hearing aids;
  - d. gingivitis, dental care or surgery unless necessitated by an accident;
  - e. procurement or use of special braces, appliances or equipment;
  - f. general check-up, convalescence, custodial or rest cure, special nursing care;
  - g. any sexually transmitted diseases other than AIDS/HIV
3. any treatment relating to birth control or treatments pertaining to infertility, sterilization of either sex
  4. vaccination and immunization injections, health check-ups or tests not incident to treatment or diagnosis or an actual sickness or injury or any treatment which is not medically necessary
  5. expenses that can be compensated from any other source

MEMORANDUM 6

It is hereby noted and agreed that following clauses are added into this Policy :

PREMIUM TABLE

Benefits	Annual Premium Per Person (HKD)	
	(before IA Levy)	
	Date of Enrollment	
	on/before 31/12/2020	on/after 01/04/2021
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Basic Cover - Plan BP1	900.23	900.10
Plan BP2	500.57	500.50
Optional Cover A - Plan ME1	4,000.60	4,000.00
Plan ME2	3,301.19	3,300.70
Optional Cover B - Plan HC1 (Other Nurse)	650.45	650.35
Plan HC2 (Student Nurse)	500.57	500.50

DECLARATION

Each member should fill out his/her Enrolment Form together with personal information and premium payment attached. Cover will not become effective until it has been accepted by the Company.

NON-DOMICILE COVER

Insured Person(s) will not be covered if stationed outside Hong Kong Territories which is not notified and with consent by the Company.

POLICY CANCELLATION

It is hereby noted and agreed that Condition Item 7 of PART IV. GENERAL CONDITIONS under the Policy is deleted in its entirety and replaced by following :

7. Policy Cancellation

The Insured may cancel this Policy by giving the Company 60 days prior notice in written instructions, the Insured will then receive a refund premium based on a customary short term premium in accordance with the table below. The Company may cancel the Insured's Policy by writing to the Insured's last known address confirming that all cover will cease 60 days after the date of the letter, the Insured will then receive a refund premium on a pro-rata basis.

Cover Period Not Exceeding	Refundable Premium on Percentage Of Premium Receivable
1 month	70%
2 months	50%
3 months	40%
4 months	30%

Exceeding 4 months

Nil

ANNUAL REVIEW CLAUSE

The Company reserves the right to amend the terms and premium rate of individual members for each individual enrolment and upon each policy anniversary.

PREMIUM AND CLAIMS SETTLEMENT

All Premium and claims settlement must be transacted within Hong Kong territory.

AGE LIMIT

The Coverage under this Policy is not applicable to Insured Person(s) whose age is over 65 years (Highest enrolment age: 60 years) nor under 18 years.

CLAIMS VERIFICATION

All claims must be verified by the Insured.

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