



活耀人生危疾保保費折扣優惠

推廣期：由 2018 年 10 月 1 日至 2018 年 12 月 31 日(包括首尾兩天)

於推廣期內，成功投保「活耀人生危疾保」可享基本計劃的首年年度化保費之一個月保費折扣優惠。保費折扣優惠將用作扣減合資格保單的首年保費。

合資格計劃	優惠詳情
「活耀人生危疾保」	1個月保費折扣

條款及細則：

1. 此推廣只適用於新投保之「活耀人生危疾保」。有關保單申請必須於 2018 年 10 月 1 日至 2018 年 12 月 31 日（包括首尾兩天）期間透過指定經紀遞交，並獲宏利於 2019 年 2 月 28 日或以前成功批核（「合資格保單」）。
2. 如保費供款方式為每季 / 每半年 / 每年繳付，保費折扣將直接用作對減合資格保單首個保單年度首期保費金額，因此，您只需要支付首期保費之淨額（即首期保費扣除保費折扣的相關價值），獲豁免保費之金額將按比例計算。例如，如合資格保單選擇以年繳方式支付保費，獲豁免之金額為合資格保單年繳保費之十二分之一(1/12)。
3. 如保費供款方式為每月繳付，保費折扣只會用作對減合資格保單首個保單年度的第 3 個月保費。您於投保時仍需要繳交首兩個月之全部保費。
4. 此推廣只適用於基本計劃的標準保費。所有額外保費不會納入計算保費折扣優惠之金額。
5. 為免生疑問，預繳保費不會納入計算保費折扣優惠金額。
6. 保費折扣優惠不能轉讓或兌換現金。
7. 若保單持有人在合資格保單之保單生效日起計過去 6 個月內曾取消現有之「活耀人生危疾保」，並就相同受保人再次申請「活耀人生危疾保」之保單，保單持有人將不能獲享此推廣優惠。若於冷靜期內取消保單或在任何退回保費的情況下，因保費折扣優惠而已扣除之保費將不會被視作已繳保費而計算在退回之保費金額內。
8. 除獲宏利另行書面同意，此推廣並不可與任何其他推廣一併使用。
9. 宏利有權更改、停止或取消此推廣優惠而不作另行通知。宏利就有關此推廣之決定乃為最終及具決定性的。

於本單張內，「您」及「閣下」指保單持有人，「我們」、「本公司」及「宏利」指宏利人壽保險（國際）有限公司（於百慕達註冊成立之有限責任公司）。

「活耀人生危疾保」乃宏利提供的保險產品。您不應單獨因此推廣或此單張而購買該產品，請參閱產品單張、建議書及保單條款以了解產品資料，請向您的持牌代表索取產品單張，您可從中了解更多詳細產品資料包括顯示產品風險的「重要事項」部份。

如欲了解詳情，歡迎與您的持牌代表聯絡，或致電客戶服務熱線(852)2510 3383。

如欲參閱宏利之私隱政策，閣下可瀏覽宏利網站，網址為www.manulife.com.hk。閣下並可要求宏利停止使用閣下的個人資料作直接促銷用途，如有此需要，請致函我們。本公司地址可於宏利網站上找到。我們不會因此而收取任何費用。



Premium Discount for ManuBright Care

Promotion Period: From Oct 1, 2018 to Dec 31, 2018 (both dates inclusive)

Apply for ManuBright Care during the Promotion Period to receive a one-month premium discount of the initial annualized premium of the basic plan! The premium discount will be used to offset the first year premium of the Eligible Policy.

Eligible Plan	Promotion Details
ManuBright Care	One-month premium discount

Terms and Conditions:

1. This offer is only applicable to new policy applications for ManuBright Care successfully submitted via the designated brokers during the period from October 1, 2018 to December 31, 2018 (both dates inclusive) and approved by Manulife on or before February 28, 2019 ("Eligible Policy").
2. If the premium is paid on a quarterly, semi-annual or annual basis, the premium discount will be used to offset the first modal premium of the first policy year of the Eligible Policy, therefore, you are only required to pay the net initial premium payment (i.e. after deducting the relevant premium discount) and the amount of premium to be waived shall be calculated proportionally. For example, if annual mode is selected for the Eligible Policy, one-twelfth (1/12) of the annual premium of the Eligible Policy will be waived.
3. If the premium is paid on a monthly basis, the premium discount will only be used to offset the third month's premium of the first policy year of the Eligible Policy. You are still required to pay two months' premium in full at the time of policy application.
4. The offer of one-month premium discount is only applicable to basic plan's standard premium. All extra premiums will not be taken into account in calculating the premium discount.
5. For the avoidance of doubt, prepaid premium will not be taken into account in calculating the premium discount.
6. The premium discount is non-transferable and non-redeemable for cash.
7. Policyowners are not eligible for this offer if they have terminated any existing ManuBright Care policy(ies) within six months before the policy issue date of the Eligible Policy and then apply for ManuBright Care again for the same insured person. In case of cancellation of the policy during the cooling-off period or premium refund, the portion of any premium payments that has been offset by the premium discount offer can under no circumstances be counted as premium paid for inclusion in the refund amount.
8. This offer cannot be used in conjunction with any other offers unless otherwise agreed by Manulife in writing.
9. Manulife reserves the right to change, terminate or cancel the offer without prior notice. Manulife's decision shall be final and conclusive.

In this leaflet, 'you' and 'your' refer to the policyowner. 'Manulife', 'we', 'us' and 'our' refer to Manulife (International) Limited (Incorporated in Bermuda with limited liability).

ManuBright Care is an insurance product provided by Manulife. You should not purchase any of the product solely on the basis of this promotional offer or this leaflet. You should read it in conjunction with the product leaflet, proposal and policy provision for product details. Please ask your licensed representative for a copy of the product leaflet which will give you more details about these products including the 'Important Information' showing the product risks.

For more information, please contact your licensed representative or call our customer service hotline on (852) 2510 3383.

To view our Privacy Policy, you can go to our website at www.manulife.com.hk. You may also ask us not to use your personal information for direct marketing purposes by writing to us. You can find our address on our website. We will not charge you a fee for this.

只供內部使用 For Internal Use Only

首期保費折扣優惠表格 Initial Premium Discount Promotion Form

推廣日期：由2018年10月1日至2018年12月31日(包括首尾兩天) Promotion Period: From October 1 to December 31, 2018 (both dates inclusive)
 業務代表須向客戶提供有關優惠的宣傳單張並解釋所有載列的保費折扣優惠的條款及細則。 Technical Representative should provide relevant promotional leaflet to customer and explain the relevant Terms and Conditions of the Premium Discount Offer stated in the relevant promotional leaflet.

請於適當的方格內填上“✓”號。 Please tick the appropriate box.

扣除保費折扣前之首年保費金額 (以保單貨幣)：
 Initial Premium Amount before Premium Discount (In Policy Currency):

HKD (港元) _____ USD (美元) _____

活耀人生危疾保 / ManuBright Care	保費折扣金額(保單貨幣) * Premium Discount Amount (Policy Currency)*	(內部使用) 系統代碼 (Internal Use Only) System Code
1 個月保費折扣 # One-month premium discount #	<input type="checkbox"/> HKD (港元) _____ <input type="checkbox"/> USD (美元) _____	1805

業務代表須將本表格正本連同折扣後保費一併遞交。 Technical Representative has to submit original of this form together with the premium balance after premium discount.

保單持有人姓名：
 Name of Policyowner: _____

保單號碼：
 Policy Number:

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業務代表姓名: _____ 代理人公司編號: _____
 Technical Representative 's Name: _____ Broker Firm code: _____

業務代表簽署: _____ 日期: _____
 Technical Representative 's Signature: _____ Date: _____

#只適用於基本計劃的首年年度化保費。 Only applicable to initial annualized premium of the basic plan.

例如，以年繳方式支付保費，獲豁免之金額為合資格保單年繳保費之十二分之一(1/12)。 For example, if annual mode is selected for the Eligible Policy, one-twelfth (1/12) of the annual premium of the Eligible Policy will be waived.

* 請以當時適用的匯率折算並下取至最近之整數。有關匯率的查詢，請致電宏利客戶服務熱線 2510 3941 或瀏覽宏利網站，網址為 www.manulife.com.hk。 Please refer to the prevailing exchange rate and round down to the nearest dollar. For enquiry of prevailing exchange rate, please call Manulife's customer service hotline at 2510 3941 or visit Manulife's website at www.manulife.com.hk.