Voluntary Health Insurance Scheme

Preamble

1. The Voluntary Health Insurance Scheme ("VHIS") is a policy initiative introduced by the Health Bureau ("HHB", formerly known as the "Food and Health Bureau") of the Government of the Hong Kong Special Administrative Region ("Government") concerning indemnity hospital insurance plans ("IHIP") offered to individuals, with voluntary participation by insurance companies and consumers.

2. VHIS seeks to offer consumers an additional choice, so that the VHIS-insured can choose to use private healthcare services when in need. The Scheme offers a Standard Plan with basic standardised features for the insured, including –

(a) guaranteed renewal rights, despite changes to the health conditions of the insured, up to the age of 100;

(b) no lifetime benefit limit;

(c) cover for Pre-existing Conditions not known at time of joining; and

(d) cover for day case procedures like endoscopy provided medically necessary, etc.

The Scheme also allows VHIS Providers to offer "Flexi Plans" with enhanced protection for the insured provided generally all protection under a Standard Plan is preserved.

3. The Scheme is administered by HHB. Insurance companies seeking to offer VHIS-compliant products must first register as a VHIS Provider; the Standard Plan, along with Flexi Plans if offered, must each be certified as VHIS-compliant Certified Plans before so marketed. Applications for registrations and certifications started on **1 December 2018**.

4. The Scheme has been fully launched, i.e. offered to consumers, as from **1 April 2019**. Premium paid on Certified Plans on or after 1 April 2019 may be eligible for tax deductions.

Scheme Documents

5. VHIS Providers must comply with all the scheme rules set out below (collectively referred to as "Scheme Documents") –

(a) **Registration Rules for Insurance Companies under the Ambit of the VHIS** – Insurance companies must be successfully registered with HHB as

VHIS Providers before they are allowed to sell Certified Plans.

(b) **VHIS Certified Plan Policy Template** – The policy terms and benefits of all Certified Plans – whether as Standard or Flexi Plans, must be based on this template.

(c) **Product Compliance Rules under the Ambit of the VHIS** – All insurance plans must be certified by HHB according to these Rules before they can be marketed as Certified Plans.

(d) **Code of Practice for Insurance Companies under the Ambit of the VHIS** – VHIS Providers must comply with the required practices stated in this Code which covers, among others, product offering, migration, sales and marketing, cooling-off period, and underwriting.

6. The Scheme Documents are non-statutory in nature. They should not supplant or conflict with any applicable statutes, laws, rules, regulations, codes or guidelines.

7. HHB may review and amend/update the Scheme Documents on a need basis. HHB may also offer clarification or elaboration on certain parts of the Scheme Documents (say, in the form of Frequently Asked Questions). Such information will not form part of the Scheme Documents but will provide guidance on the interpretation and/or elaboration.

8. HHB reserves the final right to –

(a) interpret the Scheme Documents, including the right to determine the meaning of the rules in both English and Chinese versions and to resolve inconsistency, if any, between the two versions of the same Scheme Document; and

(b) grant exemption from compliance with part of the Scheme Documents under exceptional circumstances.

Any determination made by HHB is conclusive.

Enquiries

9. Enquiries about the VHIS may be addressed to the VHIS Office of HHB via vhis_enquiry@healthbureau.gov.hk.

Product Compliance Rules under the Ambit of the Voluntary Health Insurance Scheme

Health Bureau

Version as at 1 July 2022

Table of Contents

Part 1 – Complying requirements of Certified Plans

1. Basic principles

1.1 The product compliance under the Voluntary Health Insurance Scheme ("VHIS") is defined by a set of minimum complying requirements determined by HHB. An individual Indemnity Hospital Insurance Plan ("IHIP") must be certified by HHB to be compliant with such minimum requirements before it can be marketed as a Certified Plan.

1.2 All Certified Plans must be an individual IHIP –

(a) Classified as a contract of insurance which –

(i) falls within Class 2 (sickness) of Part 3 of Schedule 1 to the Insurance Ordinance (Chapter 41)(or simply Class 2 (sickness)), which provides for benefits in the nature of indemnity against risk of loss to the Insured Person attributable to sickness or infirmity; or

(ii) combines long term business and additional business of the nature in relation to Class 2 (sickness) following paragraph 3 of Part 1 of Schedule 1 to the Insurance Ordinance (Chapter 41), for example by writing an insurance policy with both life and medical coverage or writing a medical insurance rider attached to and forming part of a life insurance policy;

(b) With hospital confinement as the core coverage of the plan; and

(c) Requiring individuals as Policy Holder and Insured Person.

1.3 For the avoidance of doubt, the following insurance plans are some examples that are not deemed as individual IHIP –

(a) Group insurance plans with master policy for employees, trade association members, etc.;

(b) Outpatient insurance plans;

(c) Non-indemnity insurance plans, including hospital cash plans and critical illness cash plans; and

(d) Indemnity insurance plans that cover specific illnesses (e.g. cancer) only.

1.4 There are two types of Certified Plans, namely Standard Plan and Flexi Plans. Subject to product compliance and prior certification by HHB, an individual IHIP can qualify as either a Standard Plan or a Flexi Plan.

1.5 A Standard Plan is virtually fixed in product design, save for minor allowable variations. It must offer terms and benefits equivalent to the minimum

requirements of Certified Plans under the VHIS, namely Basic Benefits.

1.6 A Flexi Plan must provide Enhanced Benefits as defined in Section 4 in addition to the Basic Benefits. The concept of Flexi Plans is to promote product innovation and competition for more consumer choices. The design of Flexi Plans must adhere to the "better-off principle" entailing terms and benefits that will bring more protection to the customers when compared with a Standard Plan while Policy Holders' entitlement to the Basic Benefits would not be adversely affected, save for the exceptions in Section 6.5.

1.7 Both Standard Plan and Flexi Plans may encompass a minor element of benefits other than Basic Benefits and Enhanced Benefits, namely Other Benefits in these Rules. Allowing Other Benefits to form part of a Certified Plan is intended to cater for the licensing requirement by which long-term insurers have to provide long-term insurance benefits (e.g. life insurance) in the individual IHIP they offer, and the common practice that individual IHIP includes a supplementary coverage of emergency services and other health benefits (see Section 5 for the definition and scope of Other Benefits).

1.8 The table below illustrates the principles in defining Standard Plan and Flexi Plans in accordance with Section 1.5 to Section 1.7 –

	Standard Plan	**Flexi Plan**
Basic Benefits	Must include	Must include
Enhanced Benefits	Must not include	Must include
Other Benefits	Optional	Optional

1.9 An insurance policy issued by the Company under a Certified Plan may attach, or be attached to, other insurance plan(s) as well. However, such other insurance plan(s) will not be considered by HHB as part of the Certified Plan. Besides, the policy terms and conditions of these insurance plan(s) must not contradict with the objectives of the VHIS, and must not reduce the protection of the Certified Plan to the Policy Holders under the same policy.

2. Complying requirements of Standard Plan

Definition of Standard Plan

2.1 A Standard Plan refers to an individual IHIP with terms and benefits equivalent to the minimum requirements of Certified Plans under the VHIS.

2.2 A Standard Plan is defined by Basic Benefits that include the following terms and benefits (together as the Standard Plan Terms and Benefits) prescribed by HHB under the VHIS Certified Plan Policy Template –

(a) Standardised Policy Terms and Conditions for Certified Plans ("STC"); and

(b) Benefit Schedule for the Standard Plan ("SBS").

2.3 An insurance policy that is in whole or in part issued under a Standard Plan must adopt the VHIS Certified Plan Policy Template as far as the Standard Plan Terms and Benefits announced by the Government are concerned.

2.4 Inclusion of Other Benefits is allowed subject to the requirements in Section 5.

2.5 A Standard Plan must not share the same marketing name with any other insurance plan(s).

Policy terms and conditions

2.6 An insurance policy issued under a Standard Plan must adopt STC as far as the Basic Benefits are concerned.

2.7 There are some minor allowable variations in policy terms and conditions under STC. Companies are required to provide the information or choose the options provided (see Section 7 for details).

Benefit Schedule

2.8 An insurance policy issued under a Standard Plan must adopt SBS.

Other Benefits

2.9 Inclusion of Other Benefits as part of a Standard Plan is subject to the complying requirements (e.g. guaranteed renewal and maximum actuarially fair value) and the approval by HHB (see Section 5 for details).

2.10 If any supplementary terms and benefits are adopted in respect of Other Benefits, they must be included in the application for product certification by HHB.

Age group

2.11 Companies offering Standard Plan are required to consider applications in relation to persons to be insured who are Hong Kong residents[1], and aged between 15 days and 80 years. A Standard Plan is not allowed to target at particular age groups of customers.

2.12 Certain Other Benefits under a Standard Plan may target at a particular age group (e.g. younger age groups) subject to the approval by HHB. The targeted age group and the relevant product design must be specified in the application for product certification.

Ward class

2.13 Standard Plan is not allowed to limit coverage to the use of particular ward class. In other words, the benefit entitlement of Policy Holders is not affected by the class of ward used during confinement.

Deductible, Coinsurance and Lifetime Benefit Limit

2.14 Deductible is allowed for Standard Plan only when it applies to Other Benefits.

2.15 Coinsurance other than the 30% Coinsurance for the prescribed diagnostic imaging tests is only allowed for Other Benefits of the Standard Plan.

2.16 Lifetime Benefit Limit is not allowed at plan level and for specific benefit items.

[1] Including holders of Hong Kong Identity Card, and children who are Hong Kong residents and under the age of 11.

Number of Standard Plan offered by each Company

2.17 The minor allowable variations for STC are intended to ease adaptation of Companies to the complying requirements. They are not intended to encourage any Company to offer more than one Standard Plan.

2.18 Request for certifications of more than one version of Standard Plan will only be accepted by HHB with strong justifications provided.

Currency

2.19 Denomination of benefit limits must be in Hong Kong dollars for Standard Plan.

3. Complying requirements of Flexi Plans

Definition of Flexi Plans

3.1 A Flexi Plan refers to an individual IHIP offering Enhanced Benefits on top of Basic Benefits (see Section 4 for details about Enhanced Benefits).

3.2 An insurance policy that is in whole or in part issued under a Flexi Plan must adopt the VHIS Certified Plan Policy Template as far as the terms and benefits of the Flexi Plans are concerned.

3.3 Inclusion of Other Benefits is allowed subject to the requirements in Section 5.

Plan structure

3.4 Subject to the scope and complying requirements of Enhanced Benefits stated in Section 4, and the allowable flexibilities stated in Section 6, the design of Flexi Plans can be flexible and various.

3.5 The Enhanced Benefits may be an optional or embedded product feature of a Certified Plan. Where the entire Enhanced Benefits are optional, the Basic Benefits alone will form a Standard Plan while the Basic Benefits together with the Enhanced Benefits will be treated as a Flexi Plan. Such Standard Plan and Flexi Plans will be classified as two different Certified Plans in nature and cannot share the same marketing name.

3.6 Where the Enhanced Benefits are embedded as an inseparable part of a Certified Plan, the plan will be treated as a Flexi Plan in entirety.

3.7 Where different benefit limits are offered based on the same benefit framework (e.g. varying limits for ward, semi-private room and private room accommodations respectively), each different set of benefit limits would be treated as different Certified Plans and will be assigned different certification numbers (see Section 12 for details). This arrangement is necessary for enforcement of the VHIS requirements, such as the definition of overall Portfolio basis in the requirements related to guaranteed renewal and Migration.

3.8 Where optional Enhanced Benefits are offered to a basic coverage of a Flexi Plan, different combinations will be treated as different Certified Plans from the scheme perspective according to the reasons stated in Section 3.7, and will be assigned

different certification numbers (see Section 12 for details).

Policy terms and conditions

3.9 An insurance policy issued under a Flexi Plan must adopt the STC as the basis with necessary variations to reflect the Enhanced Benefits. The following variations may be allowed subject to the approval by HHB (see Section 7 for details) –

(a) Minor allowable variations in policy terms and conditions under STC; or

(b) Direct amendment or use of supplementary terms and benefits.

Benefit Schedule

3.10 An insurance policy issued under a Flexi Plan must adopt SBS as the basis with necessary variations to reflect the Enhanced Benefits. The variations may take the form of direct amendment or additional terms set out in the footnotes to the benefit schedule, which are subject to the approval by HHB.

Other Benefits

3.11 Inclusion of Other Benefits as part of a Flexi Plan is subject to the complying requirements (e.g. guaranteed renewal and maximum actuarially fair value) and the approval by HHB (see Section 5 for details).

3.12 If any supplementary terms and benefits are adopted in respect of Other Benefits, they must be included in the application for product certification by HHB.

Age group

3.13 A Flexi Plan at plan level or certain Enhanced Benefits and Other Benefits under a Flexi Plan may target at a particular age group (e.g. younger age groups) subject to the approval by HHB. The targeted age group and the relevant product design must be specified in the application for product certification.

Client group

3.14 A Flexi Plan at plan level or certain Enhanced Benefits and Other Benefits under a Flexi Plan may target at a particular client group (e.g. members of the same association) subject to the approval by HHB. The targeted client group and the

relevant product design must be specified in the application for product certification.

Ward class

3.15 A Flexi Plan may target at a particular ward class and thus the use of higher ward class than the targeted ward class may lead to downward adjustment of benefits. If this product feature is to be instituted, the definition of ward classes and the details of benefit adjustment involved must be specified in the application for product certification.

Deductible, Coinsurance and Lifetime Benefit Limit

3.16 Deductible is allowed for Flexi Plans at plan level and for specific benefit items only when it applies to –

(a) Enhanced Benefits;

(b) Other Benefits; or

(c) situation specified under Section 6.5.

3.17 Coinsurance other than the 30% Coinsurance for prescribed diagnostic imaging tests is allowed for Flexi Plans at plan level and for specific benefit items only when it applies to –

(a) Enhanced Benefits;

(b) Other Benefits; or

(c) situation specified under Section 6.5.

3.18 Lifetime Benefit Limit is <u>not</u> allowed at plan level and for specific benefit items, save for the exceptions in Section 6.5.

Number of Flexi Plans offered by each Company

3.19 Subject to product certification, there is no limit on the number of Flexi Plans offered by a Company.

Currency

3.20 Denomination of benefit limits must be in Hong Kong dollars (HKD), Renminbi (RMB) or US dollars (USD) for Flexi Plans.

3.21 For Flexi Plans with benefit limits in RMB or USD –

(a) All the complying requirements of Flexi Plans equally apply;

(b) At the time of application for certification or re-certification, all the benefit limits, when converted to HKD, must be no less than those of the prevailing version of the Standard Plan Terms and Benefits published by the Government. The conversion will be based on the opening indicative counter exchange selling rate published by The Hong Kong Association of Banks in respect of the currency concerned on the first working date of the month in which the application for product certification or re-certification is received by HHB; and

(c) At all times when claims are made, the benefit entitlement of the Policy Holders must not be less favourable than the terms and benefits of Standard Plan according to Sections 5 and 6 of Part 1 of the VHIS Certified Plan Policy Template.

4. Complying requirements of Enhanced Benefits

Definition

4.1 Enhanced Benefits are defined by HHB and the definitions are subject to review and revision by HHB from time to time.

4.2 In principle, there are two defined types of Enhanced Benefits, the inclusion of either of which can qualify an IHIP as a Flexi Plan –

(a) The first type of Enhanced Benefits is based on the Standard Plan framework (i.e. hospital and surgical benefits related) manifested by STC and SBS. It covers the following –

(i) Higher benefit limits (e.g. supplementary major medical coverage);

(ii) Extra benefit items (e.g. expenses on companion bed during confinement);

(iii) Reduction or removal of Coinsurance for prescribed diagnostic imaging tests; and

(iv) Amendment to policy terms and benefits to the advantage of Policy Holders, such as reduction in scope of general exclusions or shorter Waiting Period for Unknown Pre-existing Conditions;

and

(b) The second type of Enhanced Benefits is prescribed by HHB which are considered to have significant complementarity with the Standard Plan benefits. The prescribed benefits are listed under **Annex I**.

Complying requirements

4.3 As a general principle, all variations in product design are subject to the "better-off principle" as defined under Section 1.6. This means that the existence of Enhanced Benefits must be advantageous to the Policy Holders and must not adversely affect the Policy Holders' entitlement to the Basic Benefits.

4.4 Enhanced Benefits are subject to guaranteed renewal as defined in STC that applies to all policies issued under that Flexi Plan. Moreover, the renewal cannot entail reduction in benefit limits and/or increase in Deductible and/or Coinsurance requirements over the preceding Policy Year.

4.5 Subject to the approval by HHB, the design of an Enhanced Benefit upon inception may encompass a pre-defined schedule of future benefit reduction (e.g. as defined by an age, a year, or a time after completion of certain Policy Years). Under this circumstance, the benefit reduction according to such schedule is not deemed to contravene the requirement in Section 4.4. However, the relevant details must be specified in the policy terms and conditions upon policy inception and must be included in the application for product certification by HHB.

4.6 Save for the exemptions in Section 6.5, no lifetime benefit limit is allowed for Enhanced Benefits.

4.7 Any ambiguity on whether a product feature is an Enhanced Benefit will be subject to the interpretation by HHB according to the "better-off principle" as defined under Section 1.6 and other basic principles under the ambit of the VHIS.

4.8 Enhanced Benefits may be an optional or embedded product feature of a Flexi Plan. In either case, the Enhanced Benefits will be certified as part of the Certified Plan.

Illustrative examples

4.9 This section provides some illustrative examples of what qualify as Enhanced Benefits –

(a) Removal of itemised benefit limit is normally treated as an Enhanced Benefit as it is advantageous to the Policy Holders in terms of benefit entitlement;

(b) A combined benefit limit for two or more benefit items (be it Basic Benefits or Enhanced Benefits) can be treated as an Enhanced Benefit provided that the combined benefit limit is not less than the sum of benefit limits under SBS for the benefit items concerned; and

(c) Splitting of a benefit item into two or more benefit items can be treated as an Enhanced Benefit provided that the benefit limit for each item after the split is not less than the benefit limit of the corresponding benefit item under the prevailing Standard Plan as certified by HHB. For example, if "implants" is taken out from "miscellaneous charges" to form a separate benefit item, the benefit limit for "implants" after the split must be no less than the benefit limit of "miscellaneous charges" under the prevailing Standard Plan as certified by HHB.

5. Complying requirements of Other Benefits

Definition

5.1 Other Benefits are defined by HHB and the definitions are subject to review and revision by HHB from time to time.

5.2 In line with the principle set out in Section 1.7, Other Benefits must be by nature insurance benefits or services related to life protection, accident protection, or health protection as prescribed by HHB.

5.3 A list of benefits accepted by HHB as Other Benefits is listed under **Annex II**. Benefits not shown on the list are normally not accepted.

5.4 Though Other Benefits can form part of a Certified Plan, their inclusion is not essential for both Standard Plan and Flexi Plans.

Complying requirements

5.5 Other Benefits must not constitute more than 10% of the actuarially fair value of the Certified Plan on average terms across all ages and gender. The actuarially fair value is measured by the cost of insurance and services, i.e. the estimated claim cost. Other business cost pertaining to administration, marketing, distribution, commission, cannot be counted towards cost of insurance and services. Also, profit margin and premium discount cannot be counted.

Compliance with the requirement on actuarially fair value must be declared in the form of application for product certification by a qualified actuary authorised by the Company ("Qualified Actuary") whose name and contact details must be stated in the form entitled "Application for Registration as a Voluntary Health Insurance Scheme (VHIS) Provider" as required by the Registration Rules for Insurance Companies under the Ambit of the VHIS.

5.6 The existence of Other Benefits must be advantageous to the Policy Holders and must not adversely affect the Policy Holders' entitlement to the Basic Benefits under Standard Plan, or Basic Benefits and Enhanced Benefits under Flexi Plans.

5.7 Other Benefits are subject to guaranteed renewal that applies to all policies issued under that Certified Plan. Moreover, the renewal cannot entail reduction in benefit limits and/or increase in Deductible and/or Coinsurance requirements

over the preceding Policy Year.

5.8 Subject to the approval by HHB, the design of an Other Benefit upon inception may encompass a pre-defined schedule of future benefit reduction (e.g. as defined by an age, a year, or a time after completion of certain Policy Years). Under this circumstance, the benefit reduction according to such schedule is not deemed to contravene the requirement in Section 5.7. However, the relevant details must be specified in the policy terms and conditions upon policy inception and must be included in the application for product certification by HHB.

5.9 Save for the exemptions in Section 6.5, no lifetime benefit limit is allowed for Other Benefits.

5.10 Any ambiguity on whether a product feature is an Other Benefit will be subject to the interpretation of HHB.

5.11 Other Benefits must be embedded as an inseparable part of a Certified Plan. In other words, Other Benefits provided as an optional product feature will not be certified as part of the Certified Plan.

6. Other flexibilities allowed for Flexi Plans

6.1 Apart from flexibility inherent to Enhanced Benefits, Flexi Plans may apply the benefit limitations listed in Section 6.2 to Section 6.4 at plan level provided that the "better-off principle" as defined in Section 1.6 is not compromised.

Territorial scope of coverage

6.2 Flexi Plans may reduce benefit coverage for eligible medical expenses incurred in territories outside Hong Kong. However, the reduction must not apply to the Basic Benefits of the Flexi Plans, i.e. the coverage equivalent to the Standard Plan. Besides, the relevant details, including the definition of territories with restriction and the benefit adjustment rules, must be specified in the policy terms and conditions and/or the benefit schedule.

See Part 6 of STC for the policy terms and conditions that must be adopted when the above restriction is applied.

Benefit adjustment for ward upgrade

6.3 Flexi Plans with targeted ward class specified may adjust the payable benefits where a confinement involves the use of ward class higher than the class specified. However, the adjustment must not apply to the Basic Benefits of the Flexi Plans, i.e. the coverage equivalent to the Standard Plan, and is subject to the following requirements –

(a) The benefit adjustment must not apply where the ward upgrade arises from –

  (i) unavailability of accommodation at the specified ward class due to ward or room shortage for emergency treatment;

  (ii) isolation reasons that require a specific class of accommodation; or

  (iii) other reasons not involving personal preference of the Policy Holders and/or the Insured Persons.

(b) The relevant details, including the definition of all ward classes (at least for hospitals in Hong Kong) and benefit adjustment rules, must be specified in the policy terms and conditions and/or the benefit schedule.

See Part 6 of STC for the policy terms and conditions that must be adopted where such restriction is applied.

Choice of healthcare services provider

6.4 Enhanced Benefits under the Flexi Plans may be provided subject to restriction in the choice of healthcare service providers. However, the restriction must not apply to the Basic Benefits part of the Flexi Plans, i.e. the coverage equivalent to the Standard Plan. Besides, the relevant details, including the up-to-date approved list of approved healthcare service providers, must be specified in the policy terms and conditions and/or the benefit schedule.

See Part 6 of STC for the policy terms and conditions that must be adopted where such restriction is applied.

Deductible, Coinsurance and Lifetime Benefit Limit

6.5 Subject to special approval by HHB, the restrictions in Section 3.16 to Section 3.18 for Flexi Plans can be partly relaxed to allow the application of Deductible, Coinsurance and/or Lifetime Benefit Limit to Basic Benefits at plan level (which are normally not allowed for both Standard Plan and Flexi Plans) provided that a Flexi Plan can fulfill the following conditions –

(a) The Annual Benefit Limit is at least HK$5 million at plan level;

(b) There is no itemised dollar benefit limits, itemised Deductible and/or Coinsurance applied for at least 10 of the 12 benefit items as prescribed under the Standard Plan framework (i.e. items (a) to (l) of the SBS);

(c) The out-of-pocket amount on all the Deductible and Coinsurance instituted into the plan (including the Coinsurance for prescribed diagnostic imaging tests) per Policy Year must not exceed 3% of the Annual Benefit Limit (e.g. a maximum of HK$150,000 on all the Deductible and Coinsurance if the annual benefit limit is HK$5 million);

(d) For the same product at policy inception, the Policy Holders must be given an option for coverage without any Deductible and Coinsurance at plan level;

(e) After policy inception, the Policy Holders must be given at least one opportunity to switch, without any Re-underwriting, to coverage without any Deductible and Coinsurance of the same product at plan level. The timing of that switch can be specified in terms of an age, a year, or a time after certain Policy Years. The relevant details must be specified in the policy terms and conditions at policy inception; and

(f) The Lifetime Benefit Limit must be at least 4 times of the Annual Benefit Limit at plan level.

7. Variations in terms and benefits of Certified Plans

Definition of terms and benefits of Certified Plans

7.1 According to the STC under the VHIS, the terms and benefits of Certified Plans include the applicable policy terms and conditions together with the benefit schedule (including benefit coverage and the schedule of surgical procedures) and any related Supplements to cater for Enhanced Benefits, Other Benefits and Case-based Exclusions where they exist. See Part 1 of the STC for details.

7.2 The prevailing versions of the STC and the SBS must be adopted as the terms and benefits of the Standard Plan, which may include Supplements to cater for Case-based Exclusions and Other Benefits where they exist.

7.3 The prevailing versions of the STC and the SBS must be the basis for formulating the terms and benefits of the Flexi Plan, with variations on this basis allowed to cater for Enhanced Benefits and Supplements to cater for Case-based Exclusions and Other Benefits where they exist.

Major allowable variations in terms and benefits

7.4 Variations in terms and benefits are allowed on a need basis to cater for Enhanced Benefits, Other Benefits and Case-based Exclusions.

7.5 Variations in terms and benefits to cater for Enhanced Benefits can take the form of (a) direct amendment to STC and/or SBS; or (b) insertion of Supplements.

Where (a) is adopted, the amendment must be clear and effective in defining the rights and obligations involved while unnecessary textual changes must be avoided.

Where (b) is adopted, the Supplements must be clear and effective in defining the rights and obligations involved with unambiguous cross reference to the policy terms and conditions and/or the benefit schedule.

7.6 Variations in terms and benefits to cater for Other Benefits and Case-based Exclusions must take the form of Supplements. The Supplements must be clear and effective in defining the rights and obligations involved with unambiguous cross reference to the policy terms and conditions and/or the benefit schedule.

7.7 Variations that do not fall under Enhanced Benefits, Other Benefits or Case-based Exclusions but offer more favourable provisions to Policy Holders (e.g. premium-related clauses like no-claim discount or discount available for staff of a company or members of an association, or claim-related clauses like direct billing) must take the form of Supplements.

The Supplements must be clear and effective in defining the rights and obligations involved, including those upon renewal (e.g. staff discount no longer valid after resignation), with unambiguous cross reference to the policy terms and conditions and/or the benefit schedule.

7.8 HHB reserves the right to decline variations proposed by Companies for the purposes stated in Section 7.4 to Section 7.7. The burden of revising the variations must rest with the Company concerned.

Minor allowable variations within STC

7.9 In order to ease market adaptation without causing significant impact to the standardisation framework, HHB allows some minor variations in policy terms and conditions within STC. Other things equal, such minor variations may render one Certified Plan (Standard Plan and Flexi Plan) slightly different from another.

7.10 Typical variations is the deviation from the prescribed minimum or maximum length of period for action or notification. Only deviation for the sake of enhancing consumer protection is allowed, such as a longer cooling-off period.

The relevant policy terms allowing such variations are clearly indicated in the VHIS Certified Plan Policy Template with square brackets starting with “insert a period of”.

7.11 Minor allowable variations may also take the form of additional or optional clauses where the VHIS so allows and where the Company so adopts. For ease of understanding, the relevant policy terms are clearly indicated in the VHIS Certified Plan Policy Template with square brackets starting with wordings such as “Option” or “Optional”.

8. Definition and structuring of a VHIS policy

Definition of insurance policy

8.1 An insurance policy is defined as the contract between the Policy Holder(s) and the Company, and is underwritten and issued by the Company. An insurance policy includes but is not limited to the terms and conditions, the benefit schedule, application documents, declarations, Policy Schedule and any Supplement(s) as defined in the STC. Where an insurance policy contains additional terms and benefits other than those of a Certified Plan, the meaning of the insurance policy must also cover such additional terms and benefits as well.

Definition of a VHIS policy

8.2 A VHIS policy is an insurance policy that is in whole or in part issued under a Certified Plan. This means that in order to qualify as a VHIS policy, an insurance policy must cover at least a Certified Plan with or without other insurance plan(s).

Multiple Policy Holders

8.3 Multiple Policy Holders are allowed subject to Part 9 of the STC.

Multiple Insured Persons

8.4 Multiple Insured Persons per coverage of a Certified Plan is not allowed.

8.5 For the avoidance of doubt, it is acceptable to have a policy covering one Insured Person for a Certified Plan and other Insured Person(s) for another insurance plan(s).

Policy Schedule

8.6 There is no standardised template for Policy Schedule but the necessary information that must be shown is set out in the VHIS Certified Plan Policy Template.

8.7 Subject to the approval by HHB, a few words and expressions in the Policy Schedule may differ from those in the VHIS Certified Plan Policy

Template despite same meaning, with a view to facilitating market adaptations where an insurance policy covers both a Certified Plan and other insurance plans, and involves different terminology in different insurance context.

Terms and benefits

8.8 Where an insurance policy is in whole issued under a Certified Plan, the terms and benefits of the policy pertain to the Certified Plan concerned in entirety.

8.9 Where an insurance policy is in part issued under a Certified Plan, the policy has to show clearly which part of the policy pertains to the Certified Plan and which part of the policy pertains to other insurance plans.

8.10 For ease of distinction in the situations stated in Section 8.8 to Section 8.9, each page of the policy terms and conditions, benefit schedule and any Supplement(s) of the VHIS policy pertaining to the Certified Plan must have footer with wordings standardised by HHB –

The content on this page is part of the Terms and Benefits of Certified Plan [(SXXXXX = first 6-digit alphanumeric of the certification number of the Certified Plan)]

Part 2 – Product certification

9. Important notes

Obligation of Companies

9.1 An IHIP for the purpose of certification as a Certified Plan must be submitted by the Company which intends to offer the IHIP to individual customers and issues policies with the Certified Plan in whole or in part.

9.2 Regardless of the delivery channel, submission of the IHIP must be endorsed with signatures of the Product Officer and Qualified Actuary appointed by the Company whose names and contact details must be stated in the form entitled "Application for Registration as a Voluntary Health Insurance Scheme (VHIS) Provider" as required by the Registration Rules for Insurance Companies under the Ambit of the VHIS.

9.3 The Product Officer must acknowledge in the submission that the Company fully understands and agrees to comply with the following –

(a) These Rules and all other Scheme Documents;

(b) The requirement that the documents submitted for certification are complete and accurate in accordance with the relevant requirements in these Rules; and

(c) The requirement that the Company will cooperate with HHB in matters related to product compliance, product certification, enforcement and supervision activities by HHB, and investigation by HHB to handle relevant enquiries and complaints.

9.4 The Qualified Actuary must endorse and declare the actuarially fair value as specified under Section 5.5.

Meaning of certification

9.5 After certification, an IHIP will become a Certified Plan under the VHIS, meaning that it is certified by HHB to be in compliance with the VHIS requirements.

9.6 According to the Inland Revenue Ordinance (Chapter 112), qualifying premiums in relation to a VHIS policy are eligible for tax deduction.

10. Required documents

Application form

10.1 There are three sets of application forms for certification purpose to cater for –

(a) Certification of a new Standard Plan;

(b) Certification of a new Flexi Plan; or

(c) Re-certification of an existing Standard Plan or Flexi Plan.

10.2 The application form for product certification must be duly signed by the Product Officer and Qualified Actuary mentioned in Section 9.3 to Section 9.4 according to the Registration Rules for Insurance Companies under the Ambit of the VHIS.

Terms and benefits

10.3 In the context of the VHIS, the terms and benefits of an IHIP are defined to include the following documents in compliance with Part I of these Rules –

(a) Terms and Conditions as defined under the VHIS Certified Plan Policy Template;

(b) Benefit schedule (including the Schedule of Surgical Procedures); and

(c) Supplements as defined under the VHIS Certified Plan Policy Template, i.e. supplementary documents that form part of the terms and benefits of the plan (e.g. Supplements for Other Benefits or premium-related terms and conditions), including but not limited to endorsement, rider, annex, schedule or table that the Companies intend to attach and issue as part of the policy terms for the IHIP.

10.4 While submission of other documents that the Companies may attach and issue as part of the policy terms for the insurance plan (e.g. application form for the plan or exclusion letter template) is not required, Companies are required to comply with the Code of Practice for Insurance Companies under the Ambit of the VHIS in designing such documents.

Policy Schedule

10.5 Though there is no standardised template or wording required, the Policy Schedule of the IHIP has to comply with the information requirement as specified in the VHIS Certified Plan Policy Template. The Policy Schedule must be included in the submission of product certification for compliance check.

Standard Premium schedule and premium-related terms and conditions

10.6 The premium levels of Certified Plans rest with the decision of the Companies and are not subject to the approval under the VHIS. Nevertheless, the Companies are required to file –

(a) Standard Premium schedule; and

(b) premium-related terms and conditions (e.g. those related to no claim discount)

of all Certified Plans to HHB for product certification to serve the following purposes –

(c) Publicity through the official VHIS website to enhance market transparency;

(d) Enforcement of the Code of Practice for Insurance Companies under the Ambit of the VHIS which requires transparency and clarity of premium information to the consumers; and

(e) Record keeping by HHB for monitoring the performance of the VHIS and compiling aggregate statistics.

10.7 For the sake of easy distinction from the terms and benefits mentioned in Section 10.3, the premium-related terms and conditions in addition to those under Part 3 of STC (if any) are required to be shown in the form of Supplement attached to the policy terms and conditions.

Marketing materials – not required

10.8 While submission of marketing materials (e.g. brochures) is not required, Companies are required to comply with the Code of Practice for Insurance Companies under the Ambit of the VHIS in the sales and marketing activities related to Certified Plans.

Illustration

10.9 The following table illustrates the documents required under various scenarios.

Plans	Scenarios	Certification required?	Documents required
(a) Standard Plan	New product certification	Yes	(i) Application for Certification of a Voluntary Health Insurance Scheme (VHIS) Standard Plan (Form no.: VHIS_CTD_01) (ii) Terms and benefits • Terms and conditions • Benefit schedule (including the Schedule of Surgical Procedures) • Supplements of terms and conditions • Policy Schedule (iii) Standard Premium schedule
(b) Flexi Plans	New product certification	Yes	(i) Application for Certification of a Voluntary Health Insurance Scheme (VHIS) Flexi Plan (Form no.: VHIS_CTD_02) (ii) Terms and benefits • Terms and conditions • Benefit schedule (including the Schedule of Surgical Procedures) • Supplements of terms and conditions • Policy Schedule (iii) Standard Premium schedule

11. Certification process

Means of submitting applications

11.1 HHB accepts submission of documents for company registration and product certification through one of the following means –

(a) The electronic platform of GovHK (for e-Cert[2] holders only);

(b) Encrypted email (for e-Cert holders only); or

(c) Hard copies.

11.2 Submission of documents through electronic means other than Section 11.1(a) and 11.1(b) above will not be accepted.

11.3 In the light of information security and efficiency, insurance companies are strongly advised to submit application through electronic means as stated in Section 11.1(a) or 11.1(b) above. Submission through hard copies will result in longer processing time.

11.4 All the key persons whose signatures are required in the application form for company registration[3] must be e-Cert holders if the application is submitted through electronic means stated in Section 11.1(a) and 11.1(b) above.

11.5 Irrespective of the means of submission, HHB will not be responsible for any risk and/or loss associated with the delivery of the documents for company registration and product certification.

Compliance check

11.6 Insurance companies are required to cooperate with HHB in the process of submission and vetting for product certification or re-certification. HHB reserves the right not to accept an IHIP for certification if the information submitted is incomplete, ambiguous, or deviant from the Standard Plan framework.

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[2] E-Cert refers to a valid Hongkong Post e-Cert (Organisational) certificate issued by Hongkong Post, or Organisational ID-Cert (Class 2 and Class 5 only) issued by the Digi-Sign Certification Services Limited.

[3] Including the Authorised Person, Qualified Actuary and Product Officer.

11.7 Upon receiving an application for product certification, HHB will issue an acknowledgement of receipt within seven calendar days, addressed to the Product Officer of the company concerned by email or by post.

11.8 HHB may approach the insurance company for additional information, clarification and revision on a need basis, where for instance the information in the application is –

(a) not compliant with the VHIS requirements;

(b) incomplete, unclear or incorrect;

(c) altered without proper authority;

(d) inconsistent on its own;

(e) inconsistent with information as recorded by the IA or other authorities; or

(f) inconsistent with any applicable statutes, laws, rules, regulations, codes or guidelines.

Application result

11.9 For a successful product certification, HHB will –

(a) assign a unique certification number to the Certified Plan; and

(b) publicise the name of the Certified Plan, its certification number and the effective date of the certification on the official VHIS website.

11.10 HHB may reject an application for product certification if the Company concerned fails to provide any information or perform any action required under Section 11.8 within a reasonable timeframe as determined by HHB.

11.11 HHB will provide reasons in writing for unsuccessful product certification.

12. Certification number

12.1 A unique certification number will be assigned to each Certified Plan according to the following structure –

(a) "Basic coverage" code to correspond to a unique marketing name of a Certified Plan;

(b) "Extension for variation in level of coverage" to identify the level of coverage of the plan (including embedded coverage);

(c) "Extension for optional Enhanced Benefits" to identify the optional Enhanced Benefits (e.g. supplementary major medical); and

(d) "Version of plan" to distinguish the updating of plan details from time to time.

12.2 For a situation when different levels of coverage are to be put under one marketing name of a Certified Plan (e.g. levels pitched at ward, semi-private room and private room accommodation respectively), "extension for variation in level of coverage" will be used to distinguish the different levels of coverage and they will be treated as different insurance plans from the scheme perspective for the purpose of enforcing scheme requirements (e.g. the requirement to offer Migration arrangements on an overall Portfolio basis under the Code of Practice for Insurance Companies under the Ambit of the VHIS).

12.3 For the same reason in Section 12.2, where optional Enhanced Benefits exist, the combination of "basic coverage" and such optional Enhanced Benefits will form a separate Certified Plan from "basic coverage" alone, which can be demonstrated by different codes of "extension for optional Enhanced Benefits". Where different levels of coverage for "basic coverage" co-exist as mentioned in Section 12.2, all unique combinations will be assigned unique certification numbers through the use of codes for "extension for variation in level of coverage" and "extension for optional Enhanced Benefits" combined.

12.4 The part of the VHIS policies pertaining to the Certified Plan must have a footer printed on each page stating that the content on the page concerned is part of the terms and benefits of the Certified Plan, and certification number where applicable.

12.5 The following table illustrates the structure of certification number under various scenarios –

Nature of certification	Basic coverage	Extension for variation in level of coverage	Extension for optional Enhanced Benefits	Version of plan	Illustrative Examples
New product	**"SXXXXX" (Standard Plan)**	"01"	"000" – no Enhanced Benefits	01	Standard Plan (S00001-01-000-01)
	"FXXXXX" (Flexi Plan)	e.g. "01" for coverage level (A); "02" for coverage level (B); "03" for coverage level (C).	Each combination of optional Enhanced Benefits will be assigned a code, e.g. "001" for supplementary major medical (SMM); "002" for Full Cover Benefit (FCB); "003" for Inpatient Maternity Benefit (MB); "004" for SMM+FCB; "005" for SMM+MB; "006" for FCB+MB; "007" for SMM+FCB+MB.	01	Flexi Plan (A) with no Enhanced Benefits (F00011-01-000-01); Flexi Plan (A) with SMM as optional Enhanced Benefits (F00011-01-001-01); Flexi Plan (B) with MB as optional Enhanced Benefits (F00011-02-003-01); Flexi Plan (C) with SMM and MB as optional Enhanced Benefits (F00011-03-005-01).
Re-certification	**"SXXXXX" (Standard Plan)**	"01"	"000" – no Enhanced Benefits	02	Standard Plan (S00001-01-000-02)
	"FXXXXX" (Flexi Plan)	"01"; "02" "03".	Each combination of optional Enhanced Benefits will be assigned a code, e.g."001"; "002"; "003"; "004"; "005"; "006"; "007"	03	Flexi Plan (A) with no Enhanced Benefits (F00011-01-000-03); Flexi Plan (A) with SMM as optional Enhanced Benefits (F00011-01-001-03); Flexi Plan (B) with MB as optional Enhanced Benefits (F00011-02-003-03); Flexi Plan (C) with SMM and MB as optional Enhanced Benefits (F00011-03-005-03).

13. Effective date and validity

13.1 After product certification, Companies are required to notify HHB at least seven calendar days in advance of the product launch date of a Certified Plan, i.e. the date when the Certified Plan starts to be made known to the customers for sales and marketing purpose.

13.2 A Certified Plan will be valid as from its effective date determined by HHB, and HHB will upload the product and premium information of the Certified Plan on the official VHIS website on or after the product launch date.

13.3 A Certified Plan will become invalid when HHB revokes certification of the plan under any of the situations mentioned in Section 15.1. The Company concerned is required to follow the usual product certification process to have the relevant plan recertified if it wishes to do so.

14. Re-certification and other changes

Re-certification of existing Certified Plans

14.1 If a Company intends to revise the terms and benefits of a Certified Plan, it is required to comply with the relevant restrictions as set out in Part 4 of STC. Moreover, the IHIP with the revised terms and benefits incorporated has to be re-certified according to the normal certification process. In any event, the Company is not allowed to revise the terms and benefits of a Certified Plan without prior approval by HHB.

14.2 If HHB intends to revise the complying requirements of Certified Plans, the following procedures will take place –

(a) HHB will notify all Companies at least six months before the new complying requirements become effective ("Notification Date");

(b) Within one month after the Notification Date, all Companies will be required to inform HHB that to the best of their understanding, which of their existing Certified Plans are compliant with the new complying requirements and which are not;

(c) For those existing Certified Plans considered by the Companies as non-compliant with the new requirements, and those existing Certified Plans considered by the Companies as compliant but deemed otherwise by HHB, the Companies will be required to revise the terms and benefits of the plans and submit the revised product information to HHB for re-certification;

(d) At least one month before the new complying requirements become effective, HHB will notify all Companies whether their existing Certified Plans remain valid under the new complying requirements or are successfully re-certified, save for the circumstances that longer processing time is needed by HHB for re-certification; and

(e) After the new complying requirements become effective, Companies will be required to undertake actions as stated in Section 15.2 for any insurance plans not yet successfully re-certified.

14.3 The re-certification procedures will be the same as those for new certification.

Changes in Standard Premium and/or premium-related information

14.4 For any subsequent changes in Standard Premium only, in the wordings of the Standard Premium schedules, and/or premium-related terms and conditions for a Certified Plan –

(a) Re-certification of that Certified Plan is not required as such changes will not amount to a change in terms and benefits; and

(b) For the purposes stated in Section 10.6(c) to 10.6(e), Companies must submit the new Standard Premium schedule to HHB at least one month prior to the effective date of such change for compliance check and prior approval before adoption, together with a declaration made by the Qualified Actuary that such changes must not result in the percentage of actuarially fair value attributed to Other Benefits exceeding the threshold set out by HHB as stated in Section 5.

See "Notification Form of Standard Premium or Policy Schedule Changes for an Existing Certified Plan".

Changes of Policy Schedule

14.5 For any subsequent changes in the wording of the Policy Schedule of a Certified Plan –

(a) Re-certification of that Certified Plan is not required as such changes will not amount to a change in terms and benefits; and

(b) Companies must file the new Policy Schedule to HHB at least one month prior to the effective date of such change for compliance check and prior approval before adoption.

See "Notification Form of Standard Premium or Policy Schedule Changes for an Existing Certified Plan".

Illustration

14.6 The following table illustrates the documents required under various scenarios.

Plans	Scenarios	Certification required?	Documents required
(a) Standard and Flexi Plans	Product changes	Yes	(i) Application for Re-certification of an existing Standard Plan or Flexi Plan (Form no.: VHIS_CTD_03) (ii) Revised Terms and benefits • Terms and conditions • Benefit schedule (including the Schedule of Surgical Procedures) • Supplements of terms and conditions (iii) Latest Policy Schedule (iv) Latest Standard Premium schedule
(b) Standard and Flexi Plans	Standard Premium or Policy Schedule changes only	No	(i) Notification of Standard Premium or Policy Schedule Changes for Existing Certified Plans (Form no.: VHIS_CTD_04) (ii) Revised premium-related terms and conditions (if applicable) (iii) Revised Policy Schedule (if applicable) (iv) Revised Standard Premium schedule (if applicable)

15.

Non-compliance

15.1 HHB reserves the right to revoke the certification of a Certified Plan when –

(a) any of its product features is found to be non-compliant with the requirements of the VHIS;

(b) any of its product features is found to breach the "better-off principle";

(c) changes are made by the Company without prior approval of HHB (if required); or

(d) there are other justified grounds.

15.2 For any of the situations mentioned under Section 15.1, Companies are required to –

(a) immediately disclose this revocation of certification to the general public at least through their company websites;

(b) immediately stop offering the relevant IHIP and stop accepting new customer applications for the relevant IHIP;

(c) immediately stop processing outstanding customer applications for the relevant IHIP;

(d) continue to renew the policies issued under the relevant IHIP according to the relevant requirements as stated in Part 4 of the VHIS Certified Plan Policy Template; and

(e) take remedial actions as requested by HHB for certification of the relevant IHIP.

The renewed insurance policies in (d) above are considered as VHIS policies which are eligible for the tax deduction under the VHIS.

Annex I – List of Enhanced Benefits

In addition to the Enhanced Benefits as defined by principle in Section 4.2(a), the benefit items prescribed below may be approved by HHB as Enhanced Benefits according to Section 4.2(b). The approval will be based on HHB's interpretation of the details of product information submitted by the Companies. Clarification from the Companies may be required by HHB if there is ambiguity. The descriptions below serve illustrative purpose only.

All the Enhanced Benefits (including those defined in Section 4.2(a) and those prescribed in this Annex) together with the Basic Benefits must constitute **at least 90% of the actuarially fair value of the Certified Plan** on average terms across all ages and gender.

HHB reserves the right to interpret and decide whether a benefit item is an Enhanced Benefit.

Prescribed Enhanced Benefits	Description
1. Donor benefit	Benefit payable expenses incurred – (a) by the organ donor where the organ recipient is the Insured Person; and/or (b) by the Insured Person as an organ donor.
2. Emergency outpatient care	Benefit payable for emergency treatment provided by a Registered Medical Practitioner as a result of an accident at an emergency room or out-patient unit of a Hospital.
3. Home nursing	Benefit payable for medical services rendered by licensed or registered nurses at home, which is directly related to and a result of the condition arising from the same cause necessitating a Confinement or Day Case Procedure.
4. Hospice and palliative care	Benefit payable for hospice and/or palliative care provided for terminal health conditions in a hospice and/or palliative care centre or facility.
5. Outpatient kidney dialysis	Benefit payable for haemodialysis or peritoneal dialysis in an outpatient setting. *Note: Kidney dialysis treatment during Confinement are covered under Standard Plan Terms and Benefits.*
6. Rehabilitative care	Benefit payable for rehabilitative care in an inpatient rehabilitation centre or facility, which is directly related to and a result of the condition arising from the same cause necessitating a Confinement or Day Case Procedure.

Annex II – List of Other Benefits

The benefit items prescribed below may be approved by HHB as Other Benefits according to Section 5.3. The approval will be based on HHB's interpretation of the details of product information submitted by the Companies. Clarification from the Companies may be required by HHB if there is ambiguity. The descriptions below serve illustrative purpose only.

All the Other Benefits **must not constitute more than 10% of the actuarially fair value of the Certified Plan** on average terms across all ages and gender.

HHB has the final right to interpret and decide whether a benefit item is an Other Benefit.

Prescribed Other Benefits	Description
1. Accidental death benefit	Benefit payable for death when the Insured Person dies as a result of an Accident.
2. Cash benefit	Benefit payable in terms of cash for – (a) hospitalisation^; (b) selected surgeries to be done as day case / outpatient basis; (c) second claim; or (d) No Claim Bonus. ^ Special requirement on hospital cash benefit – This benefit must not restrict the use of service in a public healthcare facility only.
3. Check-up benefit	Benefit payable in terms of general health check-up or wellness program for health improvement.
4. Critical illness benefit	Benefit payable when the Insured Person is diagnosed with one of the critical illnesses covered, such as cancer, heart attack or organ failure.
5. Dental care benefit	Benefit payable for prevention of oral disease, as well as identifying and treating any dental problems.
6. Life benefit or (compassionate) death benefit	Benefit payable if the Insured Person passes away.
7. Medical negligence benefit	Benefit payable when an Insured Person dies directly as a consequence of any negligence of healthcare services providers.
8. Optical benefit	Benefit payable for optical care such as optical test and purchase of spectacles, contact lenses or prescription sunglasses.
9. Outpatient care benefit	Benefit payable for outpatient visits (including but not limited to general practitioner, specialist, Chinese medical practitioner, allied health professionals) not arising or resulting from Confinement or Day Case Procedure.

Prescribed Other Benefits	Description
10. Outpatient maternity benefit	Benefit payable for outpatient expenses associated with giving birth and receiving maternity medical treatment. *Note: Benefit payable for inpatient maternity care must be considered as "Enhanced Benefit"*.
11. Personal accident benefit	Benefit payable in the unfortunate event of loss of use, dismemberment or death as a result of an accident.
12. Second opinion service	Service of providing access to medical expertise for second opinion on Insured person's medical condition.
13. Vaccination benefits	Benefit payable for the cost of vaccination.
14. Worldwide emergency assistance service	Service provided to the Insured Person who is injured or becomes ill suddenly and needs immediate medical treatment when abroad.

Annex III – Glossary

1. Case-based Exclusion(s)

The exclusion of a particular sickness or disease from the coverage of Certified Plan that may be applied by the Company based on a Pre-existing Condition or factors affecting the insurability of the Insured Person.

2. Certified Plans

Individual Indemnity Hospital Insurance Plans certified by HHB as VHIS-compliant, including the Standard Plan and Flexi Plans.

3. Coinsurance

A percentage of eligible expenses the Policy Holder must contribute after paying the Deductible (if any) in a Policy Year. For the avoidance of doubt, Coinsurance does not refer to any amount that the Policy Holder is required to pay if the actual expenses exceed the benefit limits of the Certified Plan.

4. Deductible

A fixed amount of eligible expenses that, in a Policy Year, the Policy Holder must pay before the Company reimburses the remaining eligible expenses.

5. Flexi Plan

Any individual Indemnity Hospital Insurance Plan under the VHIS framework with enhancement(s) to any or all of the protections or terms and benefits that the Standard Plan provides to the Policy Holder and the Insured Person, subject to the certification by HHB. Such plan must not contain terms and benefits which are less favourable than those in the Standard Plan, save for the exception as may be approved by HHB from time to time.

6. Government

The Hong Kong Special Administrative Region Government.

7. Indemnity Hospital Insurance Plan

An insurance plan with classification of contract of insurance which –

(a) falls within Class 2 (sickness) of Part 3 of Schedule 1 to the Insurance Ordinance (Chapter 41) (or simply Class 2(sickness)), which provides for benefits in the nature of indemnity against risk of loss to the Insured Person attributable to sickness or infirmity; or

(b) combines long term business and additional business of the nature in relation to Class 2 (sickness) following paragraph 3 of Part 1 of Schedule 1 to the Insurance Ordinance (Chapter 41), for example by writing an insurance policy with both life and medical insurance coverage or writing a medical insurance rider attached to and forming part of a life insurance policy.

8. Insured Person

Any person whose risks are covered by the Certified Plan, and named as the "Insured Person" in the Policy Schedule.

9. Migration

The process for existing individual Indemnity Hospital Insurance Plan policy holders and insured persons to transfer their plans to Certified Plans voluntarily.

10. Place(s) of Residence

The jurisdiction(s) in which a person legally has the right of abode. A change in the Place(s) of Residence refers to the situation where a person has been granted the right of abode of additional jurisdiction(s), or has ceased to have the right of abode of existing jurisdiction(s). For the avoidance of doubt, a jurisdiction in which a person legally has the right or permission of access only but without the right of abode, such as for the purpose of study, work or vacation, will not be treated as a Place of Residence.

11. Policy Effective Date

The commencement date of the part of policy issued under the Certified Plan which is specified as "Policy Effective Date" in the Policy Schedule.

12. Policy Holder

The person who is a legal holder of the Certified Plan policy and is named as the “Policy Holder” in the Policy Schedule.

13. Policy Issuance Date

The date of first issuance of the Certified Plan.

14. Policy Schedule

A schedule which sets out, among others, the Policy Effective Date, renewal date, the name and the relevant particulars of the Policy Holder and the Insured Person, the eligible benefits, premium and other relevant details.

15. Policy Year

The period of time the Certified Plan is in force. The first Policy Year will be the period from the Policy Effective Date to the day immediately preceding the first renewal date as specified in the Policy Schedule (both days inclusive) within one (1) year period; and each subsequent Policy Year will be the one (1) year period from each renewal date.

16. Portfolio

All policies of the same terms and conditions and benefit schedule. As an illustrative example, if an existing Indemnity Hospital Insurance Plan has three levels of coverage, namely "General ward", "Semi-private" and "Private", and each with an optional supplementary major medical ("SMM") rider, there will be six Portfolios as shown below –

(a) Portfolio one – "General ward";
(b) Portfolio two – "Semi-private";
(c) Portfolio three – "Private";
(d) Portfolio four – "General ward + SMM";
(e) Portfolio five – "Semi-private + SMM"; and
(f) Portfolio six – "Private + SMM".

17. Pre-existing Condition

Any sickness, disease, injury, physical, mental or medical condition or physiological degradation, including congenital condition, that has existed prior to the Policy Issuance Date or the Policy Effective Date in respect of the Insured Person, whichever is the earlier. An ordinary prudent person should be reasonably aware of a Pre-existing Condition, where –

(a) it has been diagnosed;
(b) it has manifested clear and distinct signs or symptoms; or
(c) medical advice or treatment has been sought, recommended or received.

18. Premium Loading

Additional premium on top of the Standard Premium charged by the Company to the Policy Holder according to the additional risk assessed for the Insured Person.

The level of Premium Loading is correlated to the risk class determined through Underwriting. One common form of Premium Loading is in a percentage of the Standard Premium.

19. Standard Plan

The insurance plan with terms and benefits equivalent to the minimum compliant product requirements of the VHIS, which are from time to time published and subject to regular review by the Government.

20. Standard Plan Terms and Benefits

The terms and conditions and the benefit schedule of the Standard Plan, which are from time to time published and subject to regular review by the Government.

21. Standardised Policy Terms and Conditions for Certified Plans

The Terms and Conditions that apply to the Standard Plan and the part of Flexi Plans tantamount to the Standard Plan.

22. Standard Premium

The basic premium for the coverage under an insurance plan charged by the Company to the Policy Holder on an overall Portfolio basis, which may be adjusted in accordance with the age, gender and/or lifestyle factors of the Insured Person.

Standard Premiums also vary from one product to another and from one Company to another, depending on the cost factors and pricing strategy.

23. Supplement(s)

Any document which may add, delete, amend or replace the terms and benefits of the policy. Supplement(s) will include but is not limited to endorsement, rider, annex, schedule or table attached and issued with the policy.

24. Underwriting / Re-underwriting

In the context of health insurance, the process by which a Company evaluates the risk of an Insured Person. The Underwriting result helps the Company decide whether to accept the application, and whether to introduce Premium Loading and/or Case-based Exclusion(s) in the insurance policy to manage risk.

Re-underwriting refers to the re-evaluation by a Company of the risk of an individual after he is insured with a policy.

25. Waiting Period for Unknown Pre-existing Conditions

A period after issuance of a VHIS policy during which the Policy Holder is not eligible for, partially or fully, benefit coverage of Pre-existing Conditions that the Policy Holder is not aware of and will not reasonably have been aware of. For the Standard Plan, the waiting period is set at three Policy Years, with reimbursement ratio at 0%, 25% and 50% for the first three Policy Years respectively. A shorter waiting period or higher reimbursement ratio is encouraged for Flexi Plans.

Annex IV – Forms

1. Application for certification of a Voluntary Health Insurance Scheme (VHIS) Standard Plan

Application for certification of a Voluntary Health Insurance Scheme (VHIS) Standard Plan

Please tick as appropriate. Please read "Part Seven ─ Important Notes" carefully before submitting application.

Part One – Product Information	
Name of insurance company ("the Company")	(Chinese) (English)
Name of product for certification ('the Product")	(Chinese) (English)
Policy structure : ☐ Standalone plan only ☐ Standalone plan and rider	Proposed launch date of the Product (DD/MM/YY) ☐☐/☐☐/☐☐

Part Two – Benefit Items		
	Yes	**No**
1) Are there any Other Benefit items embedded[1] to the basic coverage of the Product? *(If yes, please proceed to question 2 of this part.)*	☐	☐

2) Please provide information of such Other Benefit items accordingly

Other Benefit Items embedded to the basic coverage	**Yes**	**No**	**Name of the corresponding benefit item in the Benefit Schedule**
a) Accidental Death Benefit	☐	☐	
b) Cash Benefit	☐	☐	
c) Check-up Benefit	☐	☐	
d) Critical Illness Benefit	☐	☐	
e) Dental Benefit	☐	☐	
f) Life / (Compassionate) Death Benefit	☐	☐	
g) Medical Negligence Benefit	☐	☐	
h) Optical Benefit	☐	☐	
i) Outpatient Care Benefit	☐	☐	
j) Outpatient Maternity Benefit	☐	☐	
k) Personal Accident Benefit	☐	☐	
l) Second Opinion Service	☐	☐	
m) Vaccination Benefit	☐	☐	
n) Worldwide Emergency Assistance Services	☐	☐	

[1] *Other Benefit items not embedded to the basic coverage (i.e. additional premium is required) will not be considered as part of the Certified Plan.*

Part Three – Minor Allowable Variations

1) Please provide information of the minor allowable variations accordingly

Items	**Contents**	**Reference in the Product**	**Standardised Policy Terms and Conditions**
a) Cooling-off period	_____ days after the listed conditions in the policy terms and conditions		Section 2, Part 2
b) Cancellation after cooling-off period	_____ days prior written notice to the Company		Section 3, Part 2 and Section 1, Part 4

Cont'd Part Three – Minor Allowable Variations			
Items	**Contents**	**Reference in the Product**	**Standardised Policy Terms and Conditions**
c) Currency	(i) ☐ HKD ☐ Others, please specify: _____ (ii) Claim for Eligible Expenses in non-HKD currency will be converted to HKD at the exchange rate published by The Hong Kong Association of Banks for the date on which – ☐ the claim is settled by the Company ☐ the actual Eligible Expenses are settled by the Policy Holder or Insured Person		Section 7, Part 2
d) Misstatement of personal information	(i) Grace period: _____ days after the due date as notified by the Company (ii) Arrangement of refund – ☐ For the current Policy Year and the previous Policy Years in which the Policy was in force ☐ For the current Policy Year only		Section 13, Part 2
e) Arrangement of premium refund regarding misrepresentation or fraud	☐ For the current Policy Year and the previous Policy Years in which the Policy was in force ☐ For the current Policy Year only		Section 14, Part 2
f) The right to request the Policy Holder to transfer the ownership of the Policy to the Insured Person who has reached the Age specified by the Company	☐ Yes, please specify Age: _____ ☐ No		Section 20, Part 2
g) Grace period for regular premium payment	_____ days after the premium due date		Section 3, Part 3
h) Notification of renewal	_____ days prior to Renewal Date.		Section 3, Part 4
i) Re-underwriting on the Place(s) of Residence	☐ Yes ☐ No		Section 4, Part 4
j) Re-underwriting on occupation	☐ Yes ☐ No		Section 4, Part 4
k) Period of claims submission	Within_____ days after the date of treatment		Section 1, Part 5
l) Legal action of claims provisions	Within the first_____ days from which all proof of claims has been received by the Company.		Section 3, Part 5
m) Definition – Certified Plan Additional Endorsement, Rider, other terms attached	☐ Yes ☐ No		Part 8
n) Definition – Confinement or Confined	Minimum length of stay – ☐ Yes, a period of no less than _____ hours ☐ No		Part 8
o) Provisions for multiple Policy Holders	☐ Yes ☐ No		Part 9

Cont'd Part Three – Minor Allowable Variations			
p) The right to request the Policy Holder to transfer the ownership of the Policy to the Insured Person who has reached the Age specified by the Company (Multiple Policy Holders)	☐ Yes, please specify Age: _____ ☐ No		Section 4, Part 9

2) Are there any other variable or information included in the policy terms and conditions, the Benefit Schedule or Supplement(s) of the Product not mentioned in Part Two and question 1 of this Part Three?

☐ Yes, please provide information in the table below

☐ No

Items	**Reference**

Part Four – Supplementary Information

Please provide the supplementary information of Part One to Part Three here. Please specify the reference clearly.

Part Five – Declaration

By signing this form, the Product Officer declares to the best of his/her knowledge, information and belief as follows –

1) the information contained in this application form is true and complete;

2) the Product has met the complying requirements of the prevailing versions of the following Voluntary Health Insurance Scheme ("VHIS") Scheme Documents published by the Health Bureau at the time of submitting application for product certification –
   a) Voluntary Health Insurance Scheme Certified Plan Policy Template;
   b) Code of Practice for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;
   c) Product Compliance Rules under the Ambit of the Voluntary Health Insurance Scheme; and
   d) Registration Rules for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;

3) in the event of any inconsistency between –
   a) the terms and benefits of the Product; and
   b) the prevailing version of the Standard Plan Terms and Benefits published by the Health Bureau at the time of submitting application for product certification.

   then so far as the scope of Standard Plan Terms and Benefits is concerned, the terms and benefits which are more favourable to the Policy Holder or the Insured Person will prevail to the extent of such inconsistency and the terms and benefits which impose additional restrictions or limitations to the Policy Holder or the Insured Person will become ineffective, save for the exceptions of Case-based Exclusions, the Coinsurance of Prescribed Diagnostic Imaging Tests and any other exceptions as may be approved by the Government from time to time; and

the Qualified Actuary declares to the best of his/her knowledge, information and belief as follows –

4) all Other Benefit items of the Product are listed in Part Two of this form and the inclusion of such Other Benefit items, if any, constitutes no more than 10% of the actuarially fair value (i.e. cost of insurance and services) on average terms across all ages and gender.

Signed on behalf of the Company

	Product Officer	**Qualified Actuary**
Name		
Position		
Telephone		
Email		
Signature[2]		
Company Chop[3]		
Date		

[2] Submission by electronic means (i.e. via GovHK or by encrypted email) requires digital signatures by a valid Hongkong Post e-Cert (Organisational) certificate issued by Hongkong Post or Organisational ID-Cert (Class 2 and Class 5 only) issued by the Digi-Sign Certification Services Limited.

[3] Company Chop is only required for submission by hardcopy.

Part Six – Required Documents

To process your product certification promptly, please ensure that the following documents have been enclosed –

Required Documents	Please insert the corresponding files here[4]
☐ The completed form "Application for certification of a Voluntary Health Insurance Scheme (VHIS) Standard Plan"	NA
☐ Terms and conditions	
☐ Benefit Schedule (including the Schedule of Surgical Procedures)	
☐ Standard Premium schedule	
☐ Policy Schedule	
☐ Supplements of terms and conditions (if any)	

[4] *For the use of submission by electronic means only.*

Part Seven – Important Notes

1. This form is for use by the Company applying for the VHIS Standard Plan certification.

2. This form must be submitted with all the required documents as listed in Part Six of this form. Otherwise, product certification will not be proceeded.

3. This form can be submitted to the Health Bureau –
   a) via GovHK, please click here;
   b) by email containing the required documents encrypted with e-Cert[5] and sent to: *vhis_esubmit@healthbureau.gov.hk*; or
   c) by post or in person to: Voluntary Health Insurance Scheme Office,
      Units 2902 & 2907, Millennium City 6,
      392 Kwun Tong Road, Kowloon, Hong Kong
      (Attn: Compliance Team)

   Upon receipt of the form and any relevant information, the Health Bureau will send out an acknowledgement email or mail to the Product Officer according to the details provided in this form. If the Product Officer does not receive such acknowledgement email or mail, the form and any relevant information will not be regarded as delivered to the Health Bureau and the Product Officer must resend the form and any relevant information to the Health Bureau.

   [5] *Should you send us an encrypted email, please download our e-Cert (Encipherment) certificate from the Hongkong Post. For detailed information on the use of e-Cert, please browse the e-Cert user guide of the Hongkong Post.*

4. The personal information collected in this form will be kept confidential and will be used for the purpose of product certification only. The parties concerned have a right of access to and correction of their personal data as provided for in Section 18 and Section 22 and principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. The right of access includes the right to obtain a copy of the personal data provided in this form.

2. Application for certification of a Voluntary Health Insurance Scheme (VHIS) Flexi Plan

Application for certification of a Voluntary Health Insurance Scheme (VHIS) Flexi Plan

Please tick as appropriate. Please read "Part Seven – Important Notes" carefully before submitting application.

Part One – Product Information		
Name of insurance company ("the Company")	(Chinese)	
	(English)	
Name of product for certification ('the Product")	(Chinese)	
	(English)	
Policy structure : ☐ Standalone plan only ☐ Rider only ☐ Standalone plan and rider	Proposed launch date of the Product (DD/MM/YY) ☐☐☐☐☐☐	No. of plan levels ☐

Part Two – Benefit Items

1) Basic Benefit Items (under the framework of the Standard Plan coverage)

Please provide information of the Basic Benefit items accordingly

Basic Benefit items	**Full cover up to the Annual Benefit Limit**	**Item limit applies[1]**
a) Room and board	☐	☐
b) Miscellaneous charges	☐	☐
c) Attending doctor's visit fee	☐	☐
d) Specialist's fee	☐	☐
e) Intensive care	☐	☐
f) Surgeon's fee	☐	☐
g) Anaesthetist's fee	☐	☐
h) Operating theatre charges	☐	☐
i) Prescribed Diagnostic Imaging Tests	☐	☐
j) Prescribed Non-surgical Cancer Treatments	☐	☐
k) Pre- and post-Confinement/Day Case Procedure outpatient care	☐	☐
l) Psychiatric treatments	☐	☐

[1] *Only Flexi Plans offering full cover up to the Annual Benefit Limit (i.e. no itemised dollar benefit limits) for at least 10 of the 12 Basic Benefit items listed above are qualified for the exemptions of Lifetime Limit and cost-sharing at policy level in the Product.*

2) Enhanced Benefit Items

Please provide information of the Enhanced Benefit items in addition to the enhancement of Basic Benefit Items of (1) accordingly

Enhanced Benefit Items	**Embedded[2]**	**Optional[3]**	**Name of the corresponding benefit item in the Benefit Schedule**
a) Donor benefit	☐	☐	
b) Emergency outpatient treatment	☐	☐	
c) Home Nursing	☐	☐	
d) Hospice and palliative care benefit	☐	☐	
e) Outpatient kidney dialysis	☐	☐	
f) Rehabilitative care	☐	☐	
g) Others, please specify: ☐ ☐	☐ ☐	☐ ☐	

[2] *The benefit items embedded to the basic coverage do not require additional premium and the applicants cannot opt out from such benefit items.*

[3] *The benefit items provided on an optional basis require additional premium and the applicants can choose not to opt for such benefit items.*

Cont'd Part Two – Benefit Items

3) Other Benefit Items

	Yes	**No**
a) Are there any Other Benefit items embedded[4] to the basic coverage of the Product? *(If yes, please proceed to question b of this part.)*	☐	☐

b) Please provide information of such Other Benefit items accordingly

Other Benefit Items embedded to the basic coverage	**Yes**	**No**	**Name of the corresponding benefit item in the Benefit Schedule**
i) Accidental Death Benefit	☐	☐	
ii) Cash Benefit	☐	☐	
iii) Check-up Benefit	☐	☐	
iv) Critical Illness Benefit	☐	☐	
v) Dental Benefit	☐	☐	
vi) Life / (Compassionate) Death Benefit	☐	☐	
vii) Medical Negligence Benefit	☐	☐	
viii) Optical Benefit	☐	☐	
ix) Outpatient Care Benefit	☐	☐	
x) Outpatient Maternity Benefit	☐	☐	
xi) Personal Accident Benefit	☐	☐	
xii) Second Opinion Service	☐	☐	
xiii) Vaccination Benefit	☐	☐	
xiv) Worldwide Emergency Assistance Services	☐	☐	

[4] *Other Benefit items not embedded to the basic coverage (i.e. additional premium is required) will not be considered as part of the Certified Plan.*

Part Three – Allowable Variations

1) Please provide information of the allowable variations accordingly

Items	**Contents**	**Reference in the Product**	**Standardised Policy Terms and Conditions**
a) Lifetime Benefit Limit[5]	☐ Yes, please specify: _____ ☐ No		Section 1, Part 6
b) Cost-sharing on a policy level[5]	☐ Deductible ☐ Other cost sharing terms		Section 5, Part 6
c) Territorial scope of cover[6]	☐ Worldwide without any restrictions ☐ Worldwide without any restrictions (except for psychiatric treatment) ☐ Restrictions for specific regions		Section 1, Part 6
d) Choice of health care service provider[6]	☐ No restrictions ☐ Choice of health care service provider may affect benefits entitlement		Section 1, Part 6
e) Choice of ward class[6]	☐ No restrictions ☐ With restrictions, please specify targeted ward class :		Section 1, Part 6
f) Cooling-off period	_____ days after the listed conditions in the policy terms and conditions		Section 2, Part 2
g) Cancellation after cooling-off period	_____ days prior written notice to the Company		Section 3, Part 2 and Section 1, Part 4

Cont'd Part Three – Allowable Variations			
Items	**Contents**	**Reference in the Product**	**Standardised Policy Terms and Conditions**
h) Currency	(i) ☐ HKD ☐ Others, please specify : _____ (ii) Claim for Eligible Expenses in non-HKD currency will be converted to HKD at the exchange rate published by The Hong Kong Association of Banks for the date on which: ☐ the claim is settled by the Company ☐ the actual Eligible Expenses are settled by the Policy Holder or Insured Person		Section 7, Part 2
i) Misstatement of personal information	(i) Grace period: _____ days after the due date as notified by the Company (ii) Arrangement of refund: ☐ For the current Policy Year and the previous Policy Years in which the Policy was in force ☐ For the current Policy Year only		Section 13, Part 2
j) Arrangement of premium refund regarding misrepresentation or fraud	☐ For the current Policy Year and the previous Policy Years in which the Policy was in force ☐ For the current Policy Year only		Section 14, Part 2
k) The right to request the Policy Holder to transfer the ownership of the Policy to the Insured Person who has reached the Age specified by the Company	☐ Yes, please specify Age: _____ ☐ No		Section 20, Part 2
l) Grace period for regular premium payment	_____ days after the premium due date		Section 3, Part 3
m) Notification of renewal	_____ days prior to the Renewal Date		Section 3, Part 4
n) Re-underwriting on the Place(s) of Residence	☐ Yes ☐ No		Section 4, Part 4
o) Re-underwriting on occupation	☐ Yes ☐ No		Section 4, Part 4
p) Period of claims submission	Within _____ days after the date of treatment		Section 1, Part 5
q) Legal action of claims provisions	Within the first _____ days from which all proof of claims has been received by the Company.		Section 3, Part 5
r) Definition – Certified Plan Additional Supplement(s), other terms and benefits	☐ Yes ☐ No		Part 8
s) Definition – Confinement or Confined	Minimum length of stay: ☐ Yes, a period of no less than _____ hours ☐ No		Part 8
t) Provisions for multiple Policy Holders	☐ Yes ☐ No		Part 9

Cont'd Part Three – Allowable Variations			
u) The right to request the Policy Holder to transfer the ownership of the Policy to the Insured Person who has reached the Age specified by the Company (Multiple Policy Holders)	☐ Yes, please specify Age: _____ ☐ No		Section 4, Part 9

[5] *Applicable to Flexi Plans offering full cover up to the Annual Benefit Limit (i.e. no itemised dollar benefit limits) for at least 10 of the 12 Basic Benefit items prescribed under the Standard Plan framework only.*

[6] *Not applicable to the terms and benefits within the scope of the Standard Plan coverage.*

2) Are there any other variable information included in the policy terms and conditions, the Benefit Schedule or Supplement(s) of the Product not mentioned in Part Two and question 1 of this Part Three?

☐ Yes, please provide information in the table below

☐ No

Items	**Reference**

Part Four – Supplementary Information

Please provide the supplementary information of Part One to Part Three here. Please specify the reference clearly.

Part Five – Declaration

By signing this form,

the Product Officer declares to the best of his/her knowledge, information and belief as follows –

1) the information contained in this application form is true and complete;

2) the Product has met the complying requirements of the prevailing versions of the following Voluntary Health Insurance Scheme ("VHIS") Scheme Documents published by the Health Bureau at the time of submitting application for product certification –
   a) Voluntary Health Insurance Scheme Certified Plan Policy Template;
   b) Code of Practice for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;
   c) Product Compliance Rules under the Ambit of the Voluntary Health Insurance Scheme; and
   d) Registration Rules for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;

3) in the event of any inconsistency between –
   a) the terms and benefits of the Product; and
   b) the prevailing version of the Standard Plan Terms and Benefits published by the Health Bureau at the time of submitting application for product certification,

   then so far as the scope of Standard Plan Terms and Benefits is concerned, the terms and benefits which are more favourable to the Policy Holder or the Insured Person will prevail to the extent of such inconsistency and the terms and benefits which impose additional restrictions or limitations to the Policy Holder or the Insured Person will become ineffective, save for the exceptions of Case-based Exclusions, the Coinsurance of Prescribed Diagnostic Imaging Tests, the Coinsurance or Deductible on a plan level (if any) and any other exceptions as may be approved by the Government from time to time; and

the Qualified Actuary declares to the best of his/her knowledge, information and belief as follows –

4) all Other Benefit items of the Product are listed in Part Two of this form and the inclusion of such Other Benefit items, if any, constitutes no more than 10% of the actuarially fair value (i.e. cost of insurance and services) on average terms across all ages and gender.

Signed on behalf of the Company

	Product Officer	**Qualified Actuary**
Name		
Position		
Telephone		
Email		
Signature[7]		
Company Chop[8]		
Date		

[7] *Submission by electronic means (i.e. via GovHK or by encrypted email) requires digital signatures by a valid Hongkong Post e-Cert (Organisational) certificate issued by Hongkong Post or Organisational ID-Cert (Class 2 and Class 5 only) issued by the Digi-Sign Certification Services Limited.*

[8] *Company Chop is only required for submission by hardcopy.*

Part Six – Required Documents

To process your product certification promptly, please ensure that the following documents have been enclosed –

Required Documents	Please insert the corresponding files here[9]
☐ The completed form "Application for certification of a Voluntary Health Insurance Scheme (VHIS) Flexi Plan"	NA
☐ Terms and conditions	
☐ Benefit Schedule (including the Schedule of Surgical Procedures)	
☐ Standard Premium schedule	
☐ Policy Schedule	
☐ Supplements of terms and conditions (if any)	

[9] *For the use of submission by electronic means only.*

Part Seven – Important Notes

1) This form is for use by the Company applying for the VHIS Flexi Plan certification.

2) This form must be submitted with all the required documents as listed in Part Six of this form. Otherwise, product certification will not be proceeded.

3) This form can be submitted to the Health Bureau –
   a) via GovHK, please click here;
   b) by email containing the required documents encrypted with e-Cert[10] and sent to: *vhis_esubmit@healthbureau.gov.hk* ; or
   c) by post or in person to: Voluntary Health Insurance Scheme Office,
      Units 2902 & 2907, Millennium City 6,
      392 Kwun Tong Road, Kowloon, Hong Kong
      (Attn: Compliance Team)

   Upon receipt of the form and any relevant information, the Health Bureau will send out an acknowledgement email or mail to the Product Officer according to the details provided in this form. If the Product Officer does not receive such acknowledgement email or mail, the form and any relevant information will not be regarded as delivered to the Health Bureau and the Product Officer must resend the form and any relevant information to the Health Bureau.

   [10] *Should you send us an encrypted email, please download our e-Cert (Encipherment) certificate from the Hongkong Post. For detailed information on the use of e-Cert, please browse the e-Cert user guide of the Hongkong Post.*

4) The personal information collected in this form will be kept confidential and will be used for the purpose of product certification only. The parties concerned have a right of access to and correction of their personal data as provided for in Section 18 and Section 22 and principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. The right of access includes the right to obtain a copy of the personal data provided in this form.

3. Application for re-certification of an existing Voluntary Health Insurance Scheme (VHIS) Certified Plan

自願醫保計劃（自願醫保）現有認可產品再認可申請
Application for re-certification of an existing Voluntary Health Insurance Scheme (VHIS) Certified Plan

Please tick as appropriate. Please read "Part Five – Important Notes" carefully before submitting application.
請於適用地方加「✓」號。在遞交表格前，請細閱「第五部 – 重要事項」。

第一部 – 產品資料 **Part One – Product Information**	
保險公司(「公司」)名稱 Name of insurance company ("the Company")	(中文) (English)
申請再認可保險產品(「產品」)名稱 Name of product for re-certification ('the Product")	(中文) (English)
建議產品發布日期(日日/月月/年年) Proposed Product launch date (DD/MM/YY) ☐☐☐☐☐☐	現有認可產品編號 Existing certification number *(請提供產品下所有計劃的認可產品編號)* *(Please provide the certification numbers of all plans under the Product)*

第二部 – 產品更改內容
Part Two – Changes of Product

請提供更改資料 Please provide information of the changes accordingly –

☐ 按照醫務衞生局(「局方」)的新合規要求作出改動
Changes according to the new complying requirements announced by the Health Bureau

☐ 更改標準保費 [1]
Changes of Standard Premium[1]

☐ 其他更改，請列明更改內容並指出在附件中的參考資料
Other changes, please specify the changes and references to the attached documents clearly –

[1] 如只更改標準保費 (即未有就條款及保障進行任何改動)，請填寫「現有認可產品標準保費或保單資料頁更改通知表格」，無需進行再認可程序。
For changes of Standard Premium only (i.e. no changes have been made to the terms and benefits), please fill in the "Notification Form of Standard Premium or Policy Schedule Changes for an Existing Certified Plan" and re-certification is not required.

第三部 – 聲明
Part Three – Declaration

簽署此表格，即代表：

產品專員就其深知及確信，作出以下聲明：

1) 在本申請表格所載有的資料均屬正確及完整；
2) 除本表格第二部所列明的更改內容外，本產品未有其他內容改動；
3) 本產品已合乎下列由局方公布的自願醫保計劃(「自願醫保」)文件所載有的合規要求（以申請產品認可時所適用的最新版本為準）：
   a) 自願醫保計劃認可產品保單範本；
   b) 自願醫保計劃下保險公司的實務守則；
   c) 自願醫保計劃下產品的合規規則；及
   d) 自願醫保計劃下保險公司的註冊規則；
4) 當
   a) 本產品的條款及保障；與
   b) 局方公布的標準計劃條款及保障(以申請產品認可時適用的最新版本為準)
   有任何互相抵觸或不相符之處時，只要涉及標準計劃條款及保障的範圍，將以對保單持有人或受保人較有利的條款及保障為準，而對保單持有人或受保人加設額外約束或限制的條款及保障應被視為無效(個別不保項目、訂明診斷成像檢測的共同保險、產品的共同保險或自付費(如適用)及政府可能不時批准的其他豁免事項除外)；

合資格精算師就其深知及確信，作出以下聲明：

5) 本產品內所包括的「其他保障項目」(如適用)，其精算公平價值(即保險及服務成本)並不超過整體的百分之十 (按所有年齡及性別以平均值計算)。

By signing this form,

the Product Officer declares to the best of his/her knowledge, information and belief as follows –

1) the information contained in this application form is true and complete;
2) other than the changes stated in Part Two of this form, no further changes have been made to the Product;
3) the Product has met the complying requirements of the prevailing versions of the following Voluntary Health Insurance Scheme ("VHIS") Scheme Documents published by the Health Bureau at the time of submitting application for product certification –
   a) Voluntary Health Insurance Scheme Certified Plan Policy Template;
   b) Code of Practice for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;
   c) Product Compliance Rules under the Ambit of the Voluntary Health Insurance Scheme; and
   d) Registration Rules for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;
4) in the event of any inconsistency between –
   a) the terms and benefits of the Product; and
   b) the prevailing version of the Standard Plan Terms and Benefits published by the Health Bureau at the time of submitting application for product certification,
   then so far as the scope of Standard Plan Terms and Benefits is concerned, the terms and benefits which are more favourable to the Policy Holder or the Insured Person will prevail to the extent of such inconsistency and the terms and benefits which impose additional restrictions or limitations to the Policy Holder or the Insured Person will become ineffective, save for the exceptions of Case-based Exclusions, the Coinsurance of Prescribed Diagnostic Imaging Tests, the Coinsurance or Deductible on a plan level (if any) and any other exception as may be approved by the Government from time to time; and

the Qualified Actuary declares to the best of his/her knowledge, information and belief as follows –

5) the inclusion of all Other Benefit items of the Product, if any, constitutes no more than 10% of the actuarially fair value (i.e. cost of insurance and services) on average terms across all ages and gender.

接續第三部 – 聲明
Cont'd Part Three – Declaration

代表公司簽署 Signed on behalf of the Company

	產品專員 Product Officer	**合資格精算師 Qualified Actuary**
姓名 **Name**		
職位 **Position**		
聯絡電話 **Telephone**		
電郵 **Email**		
簽署 **Signature**[2]		
公司印章 **Company Chop**[3]		
日期 **Date**		

[2] *以電子方式（即香港政府一站通或加密電子郵件）提交的資料，必須以有效的證書進行數碼簽署，包括香港郵政發出的香港郵政電子證書（機構）或由電子核證服務有限公司發出的機構認可證書（只限於類別二或類別五）。*
Submission by electronic means (i.e. via GovHK or by encrypted email) requires digital signatures by a valid Hongkong Post e-Cert (Organisational) certificate issued by Hongkong Post or Organisational ID-Cert (Class 2 and Class 5 only) issued by the Digi-Sign Certification Services Limited.

[3] *公司印章僅適用於遞交列印表格的公司。*
Company Chop is only required for submission by hardcopy.

第四部 – 所需文件
Part Four – Required Documents

為了更迅速完成產品的再認可程序，請確保已附上下列文件：
To process the product re-certification promptly, please ensure that the following documents have been enclosed –

所需文件 **Required Documents**	**請在下列位置附上相關文件 [4]** **Please insert the corresponding file(s) here[4]**
☐ 已填妥的「自願醫保計劃（自願醫保）現有認可產品再認可申請」表格 The completed "Application for re-certification of an existing Voluntary Health Insurance Scheme (VHIS) Certified Plan" form	不適用 NA
☐ 條款及細則 Terms and Conditions	
☐ 保障表 (包括手術表) Benefit Schedule (including the Schedule of Surgical Procedures)	
☐ 標準保費表 Standard Premium schedule	
☐ 保單資料頁 Policy Schedule	
☐ 條款及細則的補充文件(如適用) Supplements of terms and conditions (if any)	

[4] *只適用於透過電子方式遞交申請表格使用。*
For the use of submission by electronic means only.

第五部 – 重要事項
Part Five – Important Notes

1) 本表格只供公司就現有自願醫保認可產品再認可申請使用。

2) 本表格必須與第四部列明的所需文件一同遞交，否則將未能進行產品再認可程序。

3) 本表格可透過下列形式遞交至局方：
   a) 香港政府一站通，請按此；
   b) 以電子證書 [5]加密的郵件將所需文件電郵至: *vhis_esubmit@healthbureau.gov.hk*；或
   c) 郵寄或親身遞交至: 香港九龍觀塘道 392 號創紀之城 6 期 2902 及 2907 室
      自願醫保計劃辦事處 (致:「合規組」)

   在收到本表格及相關資料後，局方均會按本表格所示資料向產品專員發出通知電郵或郵件以確認收悉。如產品專員未有收到相關通知電郵或郵件，則本表格及相關資料不會被視為已成功遞交予局方。產品專員應向局方重新遞交本表格及相關資料。

   [5] *請到香港郵政下載我們的電子證書(保密)，以向我們發送加密電子郵件。就電子證書的使用詳情，請參閱香港郵政電子證書用戶指南。*

4) 本表格內所列明的個人資料，將被保密並只作進行產品認可程序的用途。根據《個人資料（私隱）條例》第 18 及 22 條，以及附表 1 第 6 原則，有關人士有權查閱及修改其個人資料。查閱的權利包括索取在本表格內所提供的個人資料副本。

1) This form is for use by the Company applying for product re-certification of an existing VHIS Certified Plan.

2) This form must be submitted with all the required documents as listed in Part Four of this form. Otherwise, product re-certification will not be proceeded.

3) This form can be submitted to the Health Bureau –
   a) via GovHK, please click here;
   b) by email containing the required documents encrypted with e-Cert[5] and sent to: *vhis_esubmit@healthbureau.gov.hk* ; or
   c) by post or in person to: Voluntary Health Insurance Scheme Office,
      Units 2902 & 2907, Millennium City 6,
      392 Kwun Tong Road, Kowloon, Hong Kong
      (Attn: Compliance Team

   Upon receipt of the form and any relevant information, the Health Bureau will send out an acknowledgement email or mail to the Product Officer according to the details provided in this form. If the Product Officer does not receive such acknowledgement email or mail, the form and any relevant information will not be regarded as delivered to the Health Bureau and the Product Officer must resend the form and any relevant information to the Health Bureau.

   [5] *Should you send us an encrypted email, please download our e-Cert (Encipherment) certificate from the Hongkong Post. For detailed information on the use of e-Cert, please browse the e-Cert user guide of the Hongkong Post.*

4) The personal information collected in this form will be kept confidential and will be used for the purpose of product certification only. The parties concerned have a right of access to and correction of their personal data as provided for in Section 18 and Section 22 and principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. The right of access includes the right to obtain a copy of the personal data provided in this form.

4. Notification of Standard Premium or Policy Schedule changes for an existing Voluntary Health Insurance Scheme (VHIS) Certified Plan

自願醫保計劃（自願醫保）現有認可產品
標準保費或保單資料頁更改通知
Notification of
Standard Premium or Policy Schedule changes for an existing
Voluntary Health Insurance Scheme (VHIS) Certified Plan

Please tick as appropriate. Please read "Part Five – Important Notes" carefully before submitting application.
請於適用地方加「✓」號。在遞交表格前，請細閱「第五部 – 重要事項」。

第一部 – 產品資料 **Part One – Product Information**	
保險公司(「公司」)名稱 Name of insurance company ("the Company")	(中文)
	(English)
申請更改保險產品(「產品」)名稱 Name of product for changes ('the Product")	(中文)
	(English)
建議更改發布日期(日日/月月/年年) Proposed changes launch date (DD/MM/YY) ☐☐/☐☐/☐☐	現有認可產品編號 Existing certification number *(請提供產品下所有計劃的認可產品編號)* *(Please provide the certification numbers of all plans under the Product)*

第二部 – 更改性質
Part Two – Nature of Changes

☐ 更改標準保費及/或與保費有關的條款及細則 Change of Standard Premium and/or the premium-related terms and conditions
☐ 更改保單資料頁 Change of Policy Schedule

第三部 – 聲明
Part Three – Declaration

簽署此表格，即代表 –

產品專員就其深知及確信，作出以下聲明 ：

1) 在本申請表格所載有的資料均屬正確及完整 ；
2) 除標準保費率或保單資料頁的更改外，本產品未有其他內容改動；
3) 本產品已合乎下列由醫務衞生局(「局方」)公布的自願醫保計劃(「自願醫保」)文件所載有的合規要求（以申請產品認可時所適用的最新版本為準）
   a) 自願醫保計劃認可產品保單範本 ；
   b) 自願醫保計劃下保險公司的實務守則 ；
   c) 自願醫保計劃下產品的合規規則 ； 及
   d) 自願醫保計劃下保險公司的註冊規則 ；
4) 當
   a) 本產品的條款及保障 ； 與
   b) 局方公布的標準計劃條款及保障(以申請產品認可時適用的最新版本為準)

   有任何互相抵觸或不相符之處時，只要涉及標準計劃條款及保障的範圍，將以對保單持有人或受保人較有利的條款及保障為準，而對保單持有人或受保人加設額外約束或限制的條款及保障應被視為無效(個別不保項目、訂明診斷成像檢測的共同保險、產品的共同保險或自付費(如適用)及政府可能不時批准的其他豁免事項除外) ;

合資格精算師就其深知及確信，作出以下聲明 ：

5) 本產品內所包括的其他保障項目(如適用)，其精算公平價值(即保險及服務成本)並不超過整體的百分之十 (按所有年齡及性別以平均值計算)。

接續第三部 – 聲明 Cont'd Part Three – Declaration

By signing this form,

the Product Officer declares to the best of his/her knowledge, information and belief as follows:

1) the information contained in this notification form is true and complete;

2) other than the changes of Standard Premium rates or Policy Schedule, no further changes have been made to the Product;

3) the Product has met the complying requirements of the prevailing versions of the following VHIS Scheme Documents published by the Health Bureau at the time of submitting application for product certification –
   a) Voluntary Health Insurance Scheme Certified Plan Policy Template;
   b) Code of Practice for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;
   c) Product Compliance Rules under the Ambit of the Voluntary Health Insurance Scheme; and
   d) Registration Rules for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;

4) in the event of any inconsistency between –
   a) the terms and benefits of the Product; and
   b) the prevailing version of the Standard Plan Terms and Benefits published by the Health Bureau at the time of submitting application for product certification,

   then so far as the scope of Standard Plan Terms and Benefits is concerned, the terms and benefits which are more favourable to the Policy Holder or the Insured Person will prevail to the extent of such inconsistency and the terms and benefits which impose additional restrictions or limitations to the Policy Holder or the Insured Person will become ineffective, save for the exceptions of Case-based Exclusions, the Coinsurance of Prescribed Diagnostic Imaging Tests , the Coinsurance or Deductible on a plan level (if any) and any other exception as may be approved by the Government from time to time; and

the Qualified Actuary declares to the best of his/her knowledge, information and belief as follows (applicable to changes of Standard Premium only) –

5) the inclusion of all Other Benefit items of the Product, if any, constitutes no more than 10% of the actuarially fair value (i.e. cost of insurance and services) on average terms across all ages and gender.

代表公司簽署 Signed on behalf of the Company

	產品專員 Product Officer	**合資格精算師 Qualified Actuary[1]**
姓名 Name		
職位 Position		
聯絡電話 Telephone		
電郵 Email		
簽署 Signature[2]		
公司印章 Company Chop[3]		
日期 Date		

合資格精算師的資料及簽署僅適用於更改標準保費的產品。

[1] *Information and signature of Qualified Actuary is only required for products with changes of standard premium.*

[2] *以電子方式（即香港政府一站通或加密電子郵件）提交的資料，必須以有效的證書進行數碼簽署，包括香港郵政發出的香港郵政電子證書（機構）或由電子核證服務有限公司發出的機構認可證書（只限於類別二或類別五）。*

Submission by electronic means (i.e. via GovHK or by encrypted email) requires digital signatures by a valid Hongkong Post e-Cert (Organisational) certificate issued by Hongkong Post or Organisational ID-Cert (Class 2 and Class 5 only) issued by the Digi-Sign Certification Services Limited.

公司印章僅適用於遞交列印表格的公司。

[3] *Company Chop is only required for submission by hardcopy.*

第四部 – 所需文件 Part Four – Required Documents

為了更迅速完成資料更改程序，請確保已附上下列文件：

To process the changes promptly, please ensure that the following documents have been enclosed –

所需文件 **Required Documents**	**請在下列位置附上相關文件[4]** **Please insert the corresponding file(s) here[4]**
☐ 已填妥的「自願醫保計劃（自願醫保）現有認可產品標準保費或保單資料頁更改通知」表格 The completed "Notification of Standard Premium or Policy Schedule changes for an existing Voluntary Health Insurance Scheme (VHIS) Certified Plan" form	不適用 NA
☐ 已修改的標準保費表 (如適用) Revised Standard Premium schedule (if applicable)	
☐ 已修改的保單資料頁 (如適用) Revised Policy Schedule (if applicable)	

[4] *只適用於透過電子方式遞交申請表格使用。*

For the use of submission by electronic means only.

第五部 – 重要事項 Part Five – Important Notes

1) 本表格只供公司就現有認可產品作出標準保費或保單資料頁更改作出通知使用。
2) 本表格必須與第四部列明的所需文件一同遞交，否則將未能進行更改程序。
3) 本表格可透過下列形式遞交至局方：
   a) 香港政府一站通，請按此；
   b) 以電子證書[5]加密的郵件將所需文件電郵至: *vhis_esubmit@healthbureau.gov.hk*；或
   c) 郵寄或親身遞交至: 香港九龍觀塘道 392 號創紀之城 6 期 2902 及 2907 室
      自願醫保計劃辦事處 (致:「合規組」)

   在收到本表格及相關資料後，局方會按本表格所示資料向產品專員發出通知電郵或郵件以確認收悉。如產品專員未有收到相關通知電郵或郵件，則本表格及相關資料不會被視為已成功遞交予局方。產品專員應向局方重新遞交本表格及相關資料。

   [5] *請到香港郵政下載我們的電子證書(保密)，以向我們發送加密電子郵件。就電子證書的使用詳情，請參閱香港郵政電子證書用戶指南。*
4) 本表格內所列明的個人資料，將被保密並只作進行產品認可程序的用途。根據《個人資料（私隱）條例》第 18 及 22 條，以及附表 1 第 6 原則，有關人士有權查閱及修改其個人資料。查閱的權利包括索取在本表格內所提供的個人資料副本。

1) This form is for use by the Company notifying the changes of Standard Premium or Policy Schedule of an existing Certified Plan.
2) This form must be submitted with all the required documents as listed in Part Four of this form. Otherwise, changes will not be proceeded.
3) This form can be submitted to the Health Bureau –
   a) via GovHK, please click here;
   b) by email containing the required documents encrypted with e-Cert[5] and sent to: *vhis_esubmit@healthbureau.gov.hk* ; or
   c) by post or in person to : Voluntary Health Insurance Scheme Office,
      Units 2902 & 2907, Millennium City 6,
      392 Kwun Tong Road, Kowloon, Hong Kong
      (Attn: Compliance Team)

   Upon receipt of the form and any relevant information, the Health Bureau will send out an acknowledgement email or mail to the Product Officer according to the details provided in this form. If the Product Officer does not receive such acknowledgement email or mail, the form and any relevant information will not be regarded as delivered to the Health Bureau and the Company must resend the form and any relevant information again to the Health Bureau.

   [5] *Should you send us an encrypted email, please download our e-Cert (Encipherment) certificate from the Hongkong Post. For detailed information on the use of e-Cert, please browse the e-Cert user guide of the Hongkong Post.*
4) The personal information collected in this form will be kept confidential and will be used for the purpose of product certification only. The parties concerned have a right of access to and correction of their personal data as provided for in Section 18 and Section 22 and principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. The right of access includes the right to obtain a copy of the personal data provided in this form.