



SCHEDULE 1

附件 1

招商信诺精英版附加团体失能收入损失保险条款 CIGNA & CMC Additional Group Disability Income Insurance (Elite) Clause

第一条 附加合同说明

Clause 1 Description of *The Additional Contract*

招商信诺精英版附加团体失能收入损失保险（以下简称“**本附加合同**”），依主保险合同（以下简称“**主合同**”，具体的主合同以**保单约定为准**）投保人的申请，经本公司同意后，附加在主合同上。凡**本附加合同**条款未做规定的内容，主合同条款适用于**本附加合同**。如主合同条款与**本附加合同**条款互有抵触时，则以**本附加合同**条款规定为准。

CIGNA & CMC Additional Group Disability Income Insurance (Elite) (hereinafter referred to as “*The Additional Contract*”) should be applied for in addition to the principal insurance contract (hereinafter referred to as the “Principal Contract”, which shall be determined and agreed in the *policy*) based on the application proposed by *policyholder* of the Principal Contract and the acceptance of the *company*. So far as any respect is concerned where *The Additional Contract* has no stipulation, the clauses of the Principal Contract shall apply. If any clauses of the Principal Contract contravene those of *The Additional Contract*, the clauses of *The Additional Contract* shall apply.

第二条 保险合同的构成

Clause 2 Components of the Insurance Contract

本附加合同由**保单**及所附**保险条款**、**批注**、**附贴批单**、**投保单**，与**本附加合同**有关的**投保文件**、**声明**、**被保险人名单**、**其他书面文件**构成。

The *Additional Contract* is composed of the insurance *policy* with the accessory provisions, endorsements, addendums, the insurance application form, and the application documents, the declarations, the name lists of *Insured Persons*, and other writing agreements related to *The Additional Contract*.

第三条 保险责任

Clause 3 Insurance Liabilities

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在本附加合同保险期间内，本公司承担下列保险责任：

During the insurance period of *The Additional Contract*, *The Company* shall undertake the following insurance liabilities:

一、 失能收入损失保险金

1. Disability income insurance benefit

如果被保险人在本附加合同保险期间内发生疾病或遭受意外事故，并以该次疾病或意外事故为直接原因导致其完全丧失劳动能力，且持续经过等待期后，本公司自等待期届满时起按月向受益人给付完全失能收入损失保险金，该保险金的给付不得超过或低于保单载明的最高或最低限额。等待期分为90日与180日两种，由投保人在投保时与本公司约定并在保单上载明。每月给付的完全失能收入损失保险金按照如下公式进行计算：完全失能收入损失保险金 = 月保障工资 × 失能收入替代比例 - 其他收入。其中，失能收入替代比例由投保人在投保时与本公司约定并在保单上载明。

If any *Illness* or *Accident* occurs to *The Insured Person* during the effective period of insurance of *The Additional Contract*, and if the *Illness* or *Accident* is the direct cause to result in his or her *Total Loss of Ability to Work*, and also if *The Elimination Period* has elapsed, *The Company* shall pay to the beneficiary disability income insurance benefits for loss of income due to total disability each month starting from the date of ending of *The Elimination Period*. The insurance benefit shall be subject to the amount limitation specified in the *policy*. There are two types of *The Elimination Periods*: 90 days and 180 days. The *policyholder* and *The Company* should agree upon and indicate which type to apply in the insurance *policy* when *The Additional Contract* is applied for. The monthly disability income insurance benefits due to total disability shall be calculated using the following formula: the monthly disability income insurance benefits due to total disability = *Monthly Covered Salary* x substitute ratio of disability income – *Other Income*. The substitute ratio of disability income should be agreed upon between the *policyholder* and *The Company* when the *policyholder* applies for the insurance, and indicated in the insurance *policy*.

在本公司给付完全失能收入损失保险金期间，如果被保险人部分恢复劳动能力，本公司将按月向受益人给付部分失能收入损失保险金，该保险金的给付不得超过或低于保单载明的最高或最低限额。每月给付的部分失能收入损失保险金按照如下公式进行计算：部分失能收入损失保险金 = 原每月给付的完全失能收入损失保险金 × (月保障工资 - 当前工作月收入) / 月保障工资 - 其他收入。

During the period when *The Company* pays the disability income insurance benefits due to total



disability, if *The Insured Person* Recovers the Ability to Work Partially, *The Company* then shall pay to the beneficiary the disability income insurance benefits due to partial disability each month. The insurance benefit shall be subject to the amount limitation specified in the *policy*. The monthly disability income insurance benefits due to partial disability shall be calculated using the following formula: the monthly disability income insurance benefits due to partial disability = the original sum of disability income insurance benefits due to total disability x (*Monthly Covered Salary* – current monthly salary) / *Monthly Covered Salary* – *Other Income*.

如果本公司给付失能收入损失保险金期间被保险人完全恢复劳动能力，且被保险人在完全恢复劳动能力之日起的连续 180 天内又因该次疾病或意外事故而再次完全丧失劳动能力，即使被保险人再次完全丧失劳动能力发生在本附加合同保险期间届满后，本公司仍按本附加合同约定承担保险责任，受益人因此而申请相应保险金时，不受等待期限制。

During the period when *The Company* pays disability income insurance benefit, if *The Insured Person* Recovers the Ability to Work Totally, and if *The Insured Person* Loses the Ability to Work Totally again due to the same *Illness* or *Accident* during the consecutive 180 days starting from the day when *The Insured Person* Recovers the Ability to Work Totally, *The Company* then shall still bear the insurance liability as stipulated in *The Additional Contract*, ever if *The Insured Person* Loses the Ability to Work Totally again after the expiry of the effective insurance period of *The Additional Contract*. The limit of *The Elimination Period* shall not apply when the beneficiary applies for the relevant insurance benefits in this situation.

本公司给付失能收入损失保险金的期限依据被保险人完全丧失劳动能力时的年龄而有所不同，且不超过本附加合同附表《失能收入损失给付期限列表》规定所对应的最长给付期限。

The period during which *The Company* pays disability income insurance benefit varies depending upon the ages when *The Insured Person* Loses the Ability to Work Totally, and does not exceed the corresponding maximum payment period as stipulated in the Table of Payment Periods of Disability Income Benefit attached to *The Additional Contract*.

二、因精神疾病而丧失劳动能力的给付限制

2. Limits of payment for loss of ability to work due to *Mental Illness*.

被保险人因精神疾病而完全丧失劳动能力的，失能收入损失保险金最多给付 24 个月。但下述两种情况除外：

If *The Insured Person* Loses the Ability to Work Totally due to *Mental Illness*, the maximum payment period of disability income insurance benefit is 24 months, except for in two kinds of situations as follows:



1、如果**被保险人**在本公司 24 个月的失能收入损失保险金给付期间结束时尚未出院，仍继续在**医院**进行**精神疾病**住院治疗，在**被保险人**住院期间，本公司将继续向受益人给付失能收入损失保险金。如果**被保险人**在出院时仍处于**完全丧失劳动能力**状态，自**被保险人**出院之日起 90 天内，本公司将继续向受益人给付失能收入损失保险金。如果**被保险人**在上述 90 天内入院继续进行**治疗**，且连续**住院**达 14 天及以上，在**被保险人**住院期间以及出院之日起的 90 天内，本公司将继续按照本条规定向受益人给付失能收入损失保险金；

i. If *The Insured Person* is *Hospitalized* when the 24 month maximum payment period of disability income insurance benefits ends, and continues with the *Hospitalized* treatment of *Mental Illness* within the *Hospital*, *The Company* shall continue to pay to the beneficiary disability income insurance benefit. If *The Insured Person* is still in the state of *Total Loss of Ability to Work* when being discharged from *Hospital*, within 90 days starting from the date of being discharged, *The Company* shall continue to pay to the beneficiary disability income insurance benefit. If *The Insured Person* is again *Hospitalized* to continue with the treatment within the above mentioned 90 day period and remains *Hospitalized* for the following consecutive 14 days or more, during the period when *The Insured Person* is *Hospitalized* and 90 days starting from the date of being discharged again, *The Company* shall continue to pay to the beneficiary disability income insurance benefit in accordance with this stipulation.

2、如果**被保险人**持续处于**完全丧失劳动能力**状态，并在本公司 24 个月的失能收入损失保险金给付期间结束后，连续**住院**进行**精神疾病**治疗达 14 天及以上，本公司将向受益人按月给付**被保险人**在**住院**期间的失能收入损失保险金，但不超过依**本附加合同附表《失能收入损失给付期限列表》**规定所对应的最长给付期限。

ii. If *The Insured Person* remains in the state of *Total Loss of Ability to Work*, and if he or she is *Hospitalized* for treatment of *Mental Illness* for consecutive 14 days or more after the expiry of *The Company's* maximum 24 month payment period of disability income insurance benefit, *The Company* shall pay to the beneficiary disability income insurance benefit each month for the period of *Hospitalization*, but the payment period shall not exceed the corresponding maximum payment period as stipulated in the Table of Payment Periods of Disability Income Benefit attached to *The Additional Contract*.

三、 保险费豁免

3. Waive of insurance premium payment



如果被保险人处于领取本附加合同约定的失能收入损失保险金期间，投保人无须支付该被保险人的保险费。

If an *Insured Person* is within a period when he or she is receiving disability income insurance benefit as stipulated by *The Additional Contract*, the *policyholder* does not need to pay the insurance premium for that *Insured Person*.

第四条 责任免除

Clause 4 Exclusions

如果被保险人因下列任一情况而丧失劳动能力，本公司不承担给付保险金的责任：

We shall not undertake the liability to pay insurance benefits if *The Insured Person* loses ability to work due to any of the following:

一、战争（不论是宣布的还是未宣布的），或者任何战争行为；；

1. War (declared or undeclared), or any acts of War;

二、被保险人有意实施的自我伤害；

2. Injury inflicted intentionally by *The Insured Person* upon himself or herself;

三、被保险人主动参与骚乱；

3. *The Insured Person* participating riots on his or her own initiative;

四、被保险人故意犯罪，或者任何试图犯罪的行为。

4. *The Insured Person* intentionally committing crimes or having any acts of attempting to commit crimes.

五、本公司核保后确定的既往疾病，除非：

5. *Treatment of a pre-existing illness except where:*

1. 该病人曾至少连续六个月作为本附加合同下的被保险人，且在此期间未曾接受任何关于该既往疾病的医疗建议或治疗，或



The patient has been an Insured Person under this insurance policy for a continuous period of at least 6 months, and has never received any medical advice or treatment regarding such pre-existing illness during the period, or

2. 该病人曾至少连续十二个月作为本附加合同下的被保险人，或

The patient has been an Insured Person under this insurance policy for a continuous period of at least 12 months, or

3. 本公司核保后决定对因既往疾病造成的丧失劳动能力承担保险责任的。

The company has decided, after underwriting, to assume the insurer's liability for treatment of pre-existing illnesses.

第五条 保险金领取方式和保险费

Clause 5 Way of receiving insurance benefits and insurance premium

- 一、本附加合同的保险金领取方式为月领。

1. The Insurance benefit under *The Additional Contract* is received on monthly basis.

- 二、本附加合同的交费方式由投保人与本公司在保单中载明。投保人应按照约定，定期缴纳约定交费方式下的当期保险费。

2. The premium shall be paid in accordance with the method and frequency of payment set forth in the Schedule of this Contract, as mutually agreed by *policyholder* and the *company*. The *policyholder* shall pay the premium in accordance with the amount of each payment.

第六条 未交纳保险费的处理

Clause 5 Failure of Premium Payment

无论投保人与本公司约定的保险费交费方式是一次性交费还是分期交费，投保人未能在本附加合同生效日期前足额支付全部保险费或首期保险费的，或投保人足额支付首期保险费后，在保险费到期日未足额支付本附加合同规定的续期保险费的，自保险费到期日的 24 时起 60 日为宽限期。宽限期内发生的保险事故，本公司仍会承担保险责任，但在给付保险金时会扣减欠交的各期保险费。如果投保人宽限期结束时仍未足额交付保险费，则本附加合同自宽限期满日的 24 时起终止效力。



Regardless of the method and frequency of payment being a lump sum payment or instalment payment, if the *policyholder* fails to pay the agreed one lump sum premium or the initial premium in full before the *effective date* of this Contract or if the *policyholder* fails to pay any later instalment of premium at the *due date* provided by this Contract after the initial premium is duly paid, a grace period of 60 days commencing from the date immediately after the *due date* shall apply. For insurance *accident* occurs within the grace period, the *company* shall still undertake insurance liability but shall be entitled to make deduction equivalent to the unpaid premium before paying insurance benefit. If the *policyholder* fails to pay the outstanding premium in full within the grace period, this Contract shall be terminated as of the date immediately after expiry of grace period.

第七条 保险期间

Clause 6 Period of insurance

本附加合同的保险期间为一年，起止日期与主合同一致。

The period of insurance of *The Additional Contract* is one year with the same commencement and termination date of the Principal Contract.

第八条 保险责任开始

Clause 7 Inception of the insurance liabilities

投保人如投保本附加合同，应与主合同同时投保，主合同保险责任开始条款适用本附加合同。

The Additional Contract shall be applied with the Principal Contract at the same time, and the Principal Contract's clause of the commencement of the insurance liability also applies to *The Additional Contract*.

第九条 保险责任终止

Clause 8 Termination of the disability benefit

一、被保险人保险责任终止

1. Termination of the disability benefit towards *The Insured Person*

在本公司给付失能收入损失保险金期间，如果被保险人发生了以下情形之一的，本公司对该被保险人的保险责任终止，但本附加合同另有约定的除外：

During the payment period of disability income insurance benefit, except for the otherwise stipulated in *The Additional Contract*, *The Company's* disability benefit towards *The Insured Person*

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shall terminate if **any of the following situations occurs to *The Insured Person***:

1、被保险人完全恢复劳动能力；

i. *The Insured Person* Recovers the Ability to Work Totally;

2、被保险人身故；

ii. *The Insured Person* dies;

3、投保人与本公司在本附加合同订立时约定于附表《失能收入损失给付期限列表》的给付期限届满；

iii. The payment period provided in the Table of Payment Periods of Disability Income Benefit, which is agreed upon between the *policyholder* and *The Company* at the time of concluding *The Additional Contract* ends and expires;

4、自等待期结束之日起24个月内被保险人的月收入达到或超过月保障工资的80%，或自等待期结束之日起24个月后被保险人的月收入达到或超过月保障工资的60%。

iv. Within 24 months starting from the date of expiry of *The Elimination Period*, the monthly income of *The Insured Person* reaches or exceeds 80% of the *Monthly Covered Salary*, or, after 24 months starting from the date of expiry of *The Elimination Period*, the monthly income of *The Insured Person* reaches or exceeds 60% of the *Monthly Covered Salary*.

被保险人部分或完全恢复劳动能力后，投保人或被保险人应及时通知本公司。

After *The Insured Person's* Partial or Total Recovery of the Ability to Work, *The Insured Person* or the *policyholder* shall inform *The Company* in time.

二、本附加合同终止

2. Termination of *The Additional Contract*

本附加合同的终止条件与主合同相同。另外，下列情况之一发生时，本附加合同效力终止：

The terms and conditions of termination of *The Additional Contract* are the same as those of the Principal Contract. Besides, *The Additional Contract* shall also be terminated if any of following situations occurs:

1、主合同保险期满、解除或终止。



i. The Principal Contract expires, or it is cancelled or terminated.

2、投保人解除本附加合同。

ii. The *policyholder* cancels *The Additional Contract*.

本附加合同效力终止时，如本附加合同保险期间内未发生保险金给付，本公司扣除手续费后退还未满期保险费；如本附加合同保险期间内发生过保险金给付，本公司不退还保险费。

Upon the termination of *The Additional Contract*, if there has been no payment of insurance benefits during current insurance period of *The Additional Contract*, the Net Unearned Premium for the remaining part of the insurance period shall be refunded after the deduction of *Formalities Charges*. If payment of insurance benefits has occurred during the current insurance period of *The Additional Contract*, *The Company* shall not refund any premium.

第十条 合同内容的变更

Clause 9 Modification of the Contents of *The Additional Contract*

在本附加合同保险期间内，经投保人和本公司协商一致，可以变更本附加合同的有关内容，由本公司在保单上批注或者附贴批单。

During the insurance period of *The Additional Contract*, the relevant contents of *The Additional Contract* can be modified after consultation and agreement reached between the *policyholder* and *The Company*. *The Company* shall note the modification in the *policy* or attach endorsements to that effect to the *policy*.

第十一条 保险金申请

Clause 10 Application for Insurance Benefits

申领失能收入损失保险金时，申请人应填写失能收入损失保险金给付申请书，并提供下列证明和资料：

When applying for disability income insurance benefit, the applicant shall complete the Application Form for disability income insurance benefits, and submit the following evidence and materials:



一、保险合同；

1. The insurance contract;

二、申请人的有效身份证件；

2. Valid documents of identity of the applicant;

三、**被保险人完全丧失劳动能力当时的在职证明和收入证明，完全丧失劳动能力后部分恢复劳动能力需提供较低收入工作的在职证明和收入证明；**

3. The evidence of being with employment and evidence of salary at the time of *The Insured Person Losing the Ability to Work Totally*. In the case of *Partial Recovery of the Ability to Work* after Losing the Ability to Work Totally, evidence of being with employment for a lower salary and the evidence of income should be submitted;

四、**医院出具的医学报告，包括意外事故或疾病的发生、演变过程及影响，失能的持续时间、程度等；如医院出具的医学报告存在瑕疵，被保险人有义务配合本公司在指定的医疗机构进行检查。由于被保险人完全恢复劳动能力后本公司的保险责任终止和被保险人部分恢复劳动能力对本公司给付失能收入损失保险金额产生影响，被保险人须根据本公司要求定期向本公司提供医院最新的医学报告，以证明其仍处于完全失能或部分失能状态。**

4. Medical reports issued by the *Hospital*, including the contents in relation to the occurrence, development and impacts of the *Accident* or *Illness*, the time length of the existence of the disability and extent of the disability. If the medical report is defective, *The Insured Person* has the duty to cooperate with *The Company* and go to the designated medical institutions for examinations. Due to the reasons that *The Company's* insurance liabilities are terminates when *The Insured Person* Recovers the Ability to Work Totally and that *The Insured Person's Partial Recovery of the Ability to Work* affects the benefit amount *The Company* pays for disability income insurance benefit, *The Insured Person* shall provide *The Company*, in accordance with *The Company's* request and on a regular basis, with the latest medical reports issued by the *Hospital* to evidence that he or she still remains in the condition of total or partial disability.

五、所能提供的与确认保险事故的性质、原因、伤害程度等有关的其它证明和资料。

5. Other evidences and materials which can be submitted in relation to the nature, causes, extent of injury, and so on of the *Accident* insured against.

保险金作为**被保险人**遗产时，必须提供可证明合法继承权的相关权利文件。

When the insurance benefits are treated as the legacy of *The Insured Person*, the relevant documents of rights which can prove the legal right of inheritance must be submitted.



委托他人申领保险金时，受托人必须提供本人的有效身份证件及委托人亲笔签名的授权委托书。

When entrusting other persons to apply for and receive the Insurance Benefits, the entrusted person must submit his or her valid identity documents as well as the authorized entrustment letter signed by the entrusting party.

以上证明或资料不完整的，本公司将及时一次性通知申请人补充提供有关证明和资料。

If the above evidence or materials are incomplete, *The Company* shall notify the applicant in time once for all to supplement and provide the relevant evidence and materials.

第十二条 保险金给付

Clause 11 Payment of Insurance Benefits

本公司收到索赔申请和有关证明、资料后，将及时作出核定；情形复杂的，或者保险事故的性质、原因、损失程度等难以确定的，本公司将在调查核实后作出核定。

After receiving the application for claims payment and relevant evidence and materials, *The Company* shall make check and review in time. In the case of complicated situations or the nature, causes, extent of loss and other things of the *Accident Insured Against* being difficult to be determined, *The Company* shall make decisions after checking and investigation.

对属于保险责任的，本公司在与受益人达成给付保险金的协议后 10 日内，履行给付保险金义务。

For the loss covered under Our insurance liability, *The Company* shall perform its duty to pay the Insurance Benefits within 10 days after *The Company* has reached agreement with the Beneficiary on the payment of the Insurance Benefits.

本公司未及时履行前款规定义务的，除支付保险金外，应当赔偿受益人因此受到的损失。

If *The Company* fails to perform its duty stipulated in the paragraph immediately above, *The Company* shall, in addition to paying the Insurance Benefits, make compensation for the loss thus incurred to the Beneficiary.



对不属于保险责任的，本公司自作出核定之日起 3 日内向受益人发出拒绝给付保险金通知书并说明理由。

For the loss which is not covered under the insurance liability, *The Company* shall issue to the Beneficiary the notification of denial of insurance benefits payment within 3 days after the date of making the decision.

本公司在收到索赔申请及有关证明和资料之日起 60 日内，对给付保险金的数额不能确定的，根据已有证明和资料可以确定的数额先予支付；本公司最终确定给付保险金的数额后，将支付相应的差额。

Within 60 days after the date of receiving the application for claims payment and relevant evidence and materials, if the amount of Insurance Benefits to be paid cannot be determined, the part of the Insurance Benefits which can be determined according to the available evidence and materials shall be paid out first. After having finally determined the amount of Insurance Benefits payment, *The Company* shall pay the remaining part.

保险金以人民币支付，不含利息。

The Insurance Benefits shall be paid in the currency of RMB, excluding interests.

第十三条 受益人

Clause 12 Beneficiary

除另有约定外，失能收入损失保险金受益人为**被保险人本人**。

Unless otherwise stipulated, the beneficiary of disability income insurance benefits shall be *The Insured Person* himself or herself.

第十四条 释义

Clause 13 Definitions

下列词汇和短语具有指定含义。当以下词汇和短语出现在**本附加合同**相关文件中并表达该指定含义时，将以**黑体字**表示。

The following words and terms have their respective designated meanings. When the following words and terms appear in the relevant document in relation to *The Additional Contract* and express the designated meanings, they shall be shown with the first character being capitalized.



本附加合同指招商信诺精英版附加团体失能收入损失保险。

The Additional Contract refers to CIGNA & CMC Additional Group Disability Income Insurance (Elite) .

本公司指招商信诺人寿保险有限公司。

The Company refers to CIGNA & CMC Life Insurance Company Limited.

疾病指被保险人在本附加合同保障期间内发生的病症、疾病、妊娠或妊娠并发症。

Illness refers to the symptoms, *Illness*, pregnancy or pregnancy syndrome which occur during the insurance period of *The Additional Contract*.

意外事故指突然发生、不可预见的事件。

Accidents refers to the unforeseeable events which suddenly occur.

完全丧失劳动能力

Lose the Ability to Work Totally/Total Loss of Ability to Work

疾病或意外事故发生 24 个月内，完全丧失劳动能力指被保险人满足以下所有条件：

Within 24 months after the occurrence of the *Illness* or *Accident*, losing the ability to work totally refers to the situation where *The Insured Person* meets all the following requirements:

一、完全无法从事自己之前的主要工作或完全无法从事依其教育程度、技能培训或经验可从事的任何工作；

1. Being completely unable to do the main job *The Insured Person* used to do, or being unable to do any job he or she would be able to do considering the level of education, skills training he or she has received or his or her experiences;

二、处在定期医生随访或治疗过程中。

2. Being periodically visited by Doctors or being in the course of receiving treatment;

疾病或意外事故发生 24 个月后，完全丧失劳动能力指保险人满足以下所有条件：

After 24 months starting from the occurrence of the *Illness* or *Accident*, losing the ability to work totally refers to the situation where *The Insured Person* meets all the following requirements:



一、没有从事任何有收入的工作；

1. Having not being engaged in any job with salary;

二、处在定期医生随访或治疗过程中。

2. Being periodically visited by Doctors or being in the course of receiving treatment;

被保险人指由本附加合同投保人指定并支付薪水的每周最低工作时间不少于30小时的正式员工。

The Insured Person refers to any formal employee who has been designated and paid salary by the *policyholder*, and who works at least 30 hours per week.

等待期，本附加合同所指的等待期是自被保险人经医生诊断确定完全丧失劳动能力之日起，完全失能的状态持续不断达到一定的天数后，本公司才开始给付失能收入损失保险金，该天数称为**等待期**。

The Elimination Period refers to, in this contract, the number of days of a period starting from the date of *The Insured Person* being ascertained through diagnosis as Losing the Ability to Work Totally during which the state of Losing the Ability to Work Totally continues without interruption until the above mentioned number of days is reached.

月保障工资指除另有约定外，每一被保险人**月保障工资**参照该被保险人参加本附加保险时每月基本工资（不包括津贴、奖金、分红等）确定，且不超过本公司规定的最高**月保障工资**限额。

Monthly Covered Salary. Unless otherwise stipulated, each *Insured Person's Monthly Covered Salary* shall be determined with reference to his or her monthly basic salary (excluding allowances, bonus, share of profits, etc.) at the time when *The Insured Person* begins to be covered by *The Additional Contract*, which shall be subject to the maximum covered salary stipulated by *The Company*.

其他收入指被保险人因丧失劳动能力而获得以下来源的收入：

Other Income refers to the income *The Insured Person* receives from the following sources as result of losing the ability to work:

一、其他保险公司支付的失能保险金；

1. The insurance benefits for disability paid by other insurers;



二、政府、社会保障金或工伤保险金；

2. The governmental benefits, social security benefits or insurance benefits for workers' compensation.

三、其他依法获得的赔偿金。

3. Other compensations received legally.

既往疾病指符合以下条件之一的任何疾病或损伤，或与此类疾病或损伤相关的症状：

Pre-existing illness - any *sickness* or *injury*, or symptoms related to such *sickness* or *injury* for which:

一、被保险人在加入本附加合同之前 6 个月内寻求或接受医疗咨询或治疗，或

1. medical advice or *treatment* has been sought or received by *Insured Person* within 6 months immediately before he/she joined *The Addition Contract*; or

二、被保险人的家属知道，但没有在加入本附加合同之前 6 个月内为之寻求医疗咨询或治疗。

2. *Insured Person* or dependant was aware of but did not seek medical advice or *treatment*, within 6 months immediately before he/she joined *The Addition Contract*.

完全恢复劳动能力指经过治疗后，被保险人满足以下条件之一：

Recover the Ability to Work Totally/Total Recovery of the Ability to Work refers to the situation where, after receiving the treatment, *The Insured Person* meets any of the following requirements:

一、能够在全职状态下完成其原有工作或依其教育程度、技能培训或经验可从事的工作；

1. Being able to do on full-time basis the job *The Insured Person* used to do or the job he or she is able to do considering the level of education, skills training he or she has received or his or her experiences;

二、当前工作收入超过月保障工资的 80%。

2. The current monthly salary from work exceeds 80% of the *Monthly Covered Salary*.



部分恢复劳动能力指经过治疗后，**被保险人**满足以下所有条件：

Recover the Ability to Work Partially/Partial Recovery of the Ability to Work refers to the situation where, after receiving the treatment, *The Insured Person* meets all of the following requirements:

一、能够在完成其原有工作或依其教育程度、技能培训或经验可从事的任何工作内容中的一项或一部分，但不是全部工作内容，或者能够在减少工作时间的状态下工作；

1. Being able to do one item of work or part of the job, but not all the parts of the job, which *The Insured Person* used to do or which he or she would be able to do considering the level of education, skills training he or she has received or his or her experiences; or, being able to work on a basis of reduced work time.

二、当前工作收入不超过**月保障工资**的 80%。

2. The current monthly salary from work does not exceed 80% o the *Monthly Covered Salary*.

精神疾病指任何由于精神和心理上的病症引发的残疾，包括但不限于：

Mental Illness refers to any disability resulted from mental and psychiatric diseases, including but not limited to cases as follows:

一、 精神分裂症；

1. Schizophrenia

二、 抑郁；

2. Depression

三、 疯狂压抑型或两极型；

3. Manicdepression or bi-polar disorders

四、 焦虑；

4. Anxiety

五、 人格错乱；

5. Personality disorders



六、 调整失调；

6. Adjustment disorders

或者其他通常由**精神疾病**医疗机构或其他合格的医疗机构使用心理治疗、精神科药物或其他在治疗以上病症过程中所使用的类似方式来加以治疗的病症。

Or, other diseases which are usually treated by mental medical institutions or other qualified medical institutions using psychiatric treatment, psychiatric medicines or other similar methods applied in the course of treating the above diseases.

本限制不适用于由以下情况引起的痴呆症：

This limitation does not apply to the dementia caused by the cases as follows:

一、 中风；

1. Stroke

二、 创伤；

2. Trauma

三、 病毒感染；

3. Infection of virus

四、 阿尔茨海默病

4. Alzheimer's disease

或其他以上没有列出的通常不是由**精神疾病**医疗机构使用心理治疗、精神科药物或其他类似方式来加以治疗的病症。

Or, other diseases which have not been listed above, and which are usually not treated by mental medical institutions using psychiatric treatment, psychiatric medicines or other similar methods.

医院指在其所在国注册或被许可为内科或外科**医院**，并由医疗人员或合格护士为**病人**提供日常照料或护理的机构。

Hospital refers to the institution which has been registered or licensed as an internal or surgical medical **Hospital**, where medical practitioners or qualified nurses provide the daily care and nursing service to **Patients**.



病人指接受治疗的**被保险人**。

Patient refers to *The Insured Person* who receives treatment.

住院指**被保险人**由于遭受意外伤害或由于**疾病**的发生而遵照医嘱办理入、出院手续，留在**医院**中占有病床并接受超过 24 个小时以上的连续治疗，所住之病房为**医院**住院部正式病房，但不包括在门（急）诊观察室、急诊科病房、康复病房、家庭病床及其他非正式病房的治疗。

Hospitalized refers to the situation where *The Insured Person* goes through the *Hospitalization* and discharge from *Hospital* formalities following the advice from Doctors as result of incurring *Accidental injury* or suffering from *Illness*, stays in the *Hospital* occupying a *Patient* bed and receives consecutive treatment for more than 24 hours, but excluding the treatment received in the clinic observation room, emergency *Patient* room, rehabilitation room, family *Patient* bed and other non-formal *Patient* rooms. The *Patient* room where *The Insured Person* stays should be a formal *Patient* room in the *Hospital's* in-*Patient* ward,

战争指无论宣战与否的**战争**，或者是任何类似**战争**的行动，包括由政权国家出于经济、领土、民族、政治、种族、宗教等目的所采取的任何军事行动。

Wars refers to *Wars* declared or undeclared, or any actions similar to *Wars*, including any military actions adopted by states for the economic, territorial, ethnic, political, racial, religious and other purposes.

保险费到期日指**投保人**应为本附加合同支付保险费的日期。本附加合同的生效日期为第一个**保险费到期日**。对于分期交费方式，如果在任何的月份，没有和生效日期相对应的那一天，那么该月份的最后一日为**保险费到期日**。

Due Date refers to the date for *policyholder* to pay premium under *The Additional Contract*. The effective date of *The Additional Contract* shall be the first *due date* of premium. For premium payment by instalments, if there's no such a date exactly the same with effective date in the month that an instalment of premium is due, the last date of this month shall be the *due date*.

手续费指本附加合同的服务和管理成本，该成本占总保险费的 25%。

Formalities Charges refers to the administrative cost of *The Additional Contract*, which accounts for 25% of the total premium.

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附表：

Attached table

失能收入损失给付期限列表

Table of Payment Periods of Disability Income Benefit

完全丧失劳动能力时的年龄 <i>Age at the time of Total Loss of Ability to Work</i>	最长给付期限 <i>Maximum Payment Period</i>
小于 60 周岁 Younger than 60 years old	直至 65 周岁 Until reaching the age of 65
60 周岁 60 years old	60 个月 60 months
61 周岁 61 years old	48 个月 48 months
62 周岁 62 years old	42 个月 42 months
63 周岁 63 years old	36 个月 36 months
64 周岁 64 years old	30 个月 30 months
65 周岁 65 years old	24 个月 24 months
66 周岁 66 years old	21 个月 21 months
67 周岁 67 years old	18 个月 18 months
68 周岁 68 years old	15 个月 15 months
69 周岁及以上 69 years old and older than 69	12 个月 12 months

请扫描以查询验证条款
招商信诺[2013] 失能收入损失保险 018 号



Important Notice: Insurance clauses are provided in both Chinese and English. The English version is for reference only. In the case of any inconsistency or conflict between the Chinese and English versions, the Chinese version shall prevail.

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