

**Best Practice on Standardization  
of Critical Illness Definitions (“Best Practice”)**

**1. Preamble**

- 1.1 The Hong Kong Federation of Insurers (HKFI) has initiated a project to standardize Critical Illness (CI) definitions in the Hong Kong insurance market to enhance transparency and customer protection.
- 1.2 Currently, the definitions of CI conditions in CI insurance policies vary across insurers in Hong Kong, resulting in disputes from policyholders / claimants due to inconsistencies. In other insurance markets, such as Chinese Mainland, Singapore and the United Kingdom, there are established practices that promote greater standardization and transparency in CI definitions.
- 1.3 A survey conducted by the HKFI indicates strong member support for standardization of CI definitions in the Hong Kong insurance market. The top outcomes will be:
  - i Improving policyholders’ satisfaction with consistent claim outcomes when claims are submitted to multiple insurance companies;
  - ii Enhancing the clarity of the contractual definitions;
  - iii Enhancing transparency and customer protection; and
  - iv Ensuring the CI definitions are up to date, reflecting the latest medical developments and diagnosis.

**2. Scope**

- 2.1 These CI definitions are tailored for the Hong Kong market, developed with reference to established definitions in Mainland China and Singapore, and the majority of the prevailing practices across the Hong Kong market. The project standardized bilingual CI definitions for 16 major and 5 minor conditions, which accounts for approximately 90% of claims for life insured across the age spectrum, including males, females and juveniles in the Hong Kong insurance market. It also standardizes the common term “Activities of Daily Living” (ADL), used by Hong Kong insurers in certain CI definitions to determine eligibility for benefits. For details, please refer to **Annex 1**.
- 2.2 The standardized definitions apply to new products launched on or after the effective date. In the first phase, the project applies to individual CI policies only. This initiative is administered by the HKFI on a best-practice / voluntary basis for member insurers.

**3. General Principles**

- 3.1 The definitions are designed to address most scenarios encountered in practice; however, no standard can anticipate every circumstance, and exceptional cases should be handled by member insurers on an individual case-by-case basis.
- 3.2 The definitions constitute a minimum standard. Member insurers may offer additional CI coverage, but to avoid confusion for policyholders and the public, any additions should be illustrated clearly and separately, rather than incorporating them directly into the standardized definitions.

- 3.3 Member Insurers are not restricted from having a different definition/criteria/requirement for second or subsequent claims of the same CI condition in their policy contracts.
- 3.4 The names of certain conditions are refined to provide better clarity as to what is covered and all member insurers following this Best Practice should align the condition name and the corresponding definition, to avoid confusion. The use of different condition names by different member insurers covering the same condition is not permissible.
- 3.5 Where definitions reference external authorities, such as the World Health Organization (WHO) or the American Joint Committee on Cancer (AJCC), member insurers are encouraged to provide links to the most up-to-date references through their own channels. The HKFI will review and, where necessary, update the definitions should there be changes to the external authorities' references used in the definitions.
- 3.6 This project is intended to be neutral to pricing with minimal pricing impact.

#### **4. Technical Considerations**

- 4.1 In developing the current proposal, the reinsurer group under the Life Operations and Risk Management Working Group (LORMWG) of the Life Insurance Council has considered prevailing market practices with a view to minimising potential pricing impact.
- 4.2 Coverage and exclusions for Major Cancer, Carcinoma in situ and Early-Stage Cancer will be defined separately, as not all products offer all three conditions. To avoid confusion for policyholders and the public, insurers are encouraged to illustrate any interdependencies between these conditions in a separate section, rather than embedding them within the definitions.
- 4.3 Certain exclusions such as HIV are specifically mentioned in the definition as not all companies would have it as a general exclusion and general policy exclusions fall outside of the scope of this project. Similarly, where exclusions state, "drug use except as prescribed by a registered doctor", the intention is to exclude any drug use except that prescribed by a registered doctor and not just "drug abuse". The term "drug abuse" has been avoided to reduce subjectivity and potential disputes.
- 4.4 Selected technical terms used in some definitions (e.g., "permanent neurological deficit" or lung capacity measurements based on percentage instead of volume, etc.) will be addressed in a subsequent phase.
- 4.5 Where a time-based criterion is required, whole-day thresholds (e.g., 30, 60, 90 or 180 days) have been adopted to promote coherence across definitions and to avoid inconsistencies arising from odd day counts, weeks, or months. Chinese Classification of Mental Disorders (CCMD) diagnostic coding is excluded due to challenges in assessing severity as compared with Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This exclusion does not preclude qualified practitioners from using DSM-5 for claims assessment purposes.

## **5. Implementation**

- 5.1 The standardized CI definitions apply only to new products launched on or after the effective date of this Best Practice.
- 5.2 This initiative is not intended to limit coverage to 21 CI conditions. While some member insurers may streamline their CI offerings to focus on a core set of 21 commonly recognized conditions (especially for simplified or entry-level products), or offer coverage limited to only specific conditions such as major cancer, severe heart attack and stroke with permanent neurological deficit, the comprehensiveness of coverage offered is at the discretion of individual member insurers.

## **6. Impact on Policies**

- 6.1 Insurance policies are binding contracts; therefore, this initiative will not alter the terms of existing policies, whether individual, group or rider benefits. The standardized definitions will only apply to new products issued on or after the effective date.
- 6.2 The standardized definitions are not expected to be applied to policy renewals, as doing so could create inconsistencies among customers holding the same product. Member insurers may, at their discretion, adopt the latest definitions for renewals or increases in cover.
- 6.3 Reinstated policies and existing policies issued prior to the effective date will continue to be governed by their original contract terms; member insurers cannot unilaterally substitute the original terms of the policies with the standardized definitions.
- 6.4 Any disputes, if they arise, should be managed / handled following the existing procedures listed in the related insurance policy manual(s) to ensure fair and timely resolution.

## **7. Periodic Review**

- 7.1 To ensure the CI definitions remain current and clinically robust, the HKFI and the industry will review them regularly in light of medical advances and other significant developments. The intention is to conduct a comprehensive review every two to three years, supplemented by ad hoc reviews of specific clauses where earlier updates are warranted.

## **8. Commencement**

- 8.1 This Best Practice shall take effect from 1 July 2026.

**December 2025**

## Annex 1

### Standardization of Critical Illness (CI) Definitions

#### Scope to be covered\*

#### Major CI

- Major Cancer
- Severe Heart Attack / Myocardial Infarction
- Stroke with Permanent Neurological Deficit
- Other Serious Coronary Artery Disease
- End Stage Kidney Failure
- Open Chest Heart Valve Surgery
- End Stage Lung Disease with Respiratory Failure
- Open Surgery to Aorta
- Major Head Trauma
- End-Stage Liver Failure
- Severe Primary Cardiomyopathy
- Benign Brain Tumor
- Major Organ Transplant
- Coronary Artery Bypass Surgery
- Severe Parkinson's Disease
- Alzheimer's Dementia and other Major Neurocognitive Disorders (Dementia) with Severe Cognitive Impairment

#### Minor CI

- Percutaneous Transluminal Coronary Angioplasty
- Carcinoma-in-situ
- Early Stage Cancer
- Endovascular Treatment for Cerebral Aneurysm
- Severe Autism Spectrum Disorder

#### Other

- Activities of Daily Living

\*For the standardized definitions of the conditions above, please refer to:

<https://ci-definitions.hkfi.org.hk/best-practice>

# The Chinese version is a translation of the original in English. In case of any discrepancy(ies), the English original will prevail.

危疾定義標準化最佳行業準則  
(「最佳行業準則」)

## 1. 前言

- 1.1 香港保險業聯會（保聯）已啟動一項計劃，旨在於香港保險市場推行危疾定義的標準化，以提升透明度及保障客戶利益。
- 1.2 目前，香港各保險公司在危疾保險產品中的疾病定義並不一致，導致保單持有人或索償人因定義差異而產生爭議。在其他保險市場，例如中國內地、新加坡及英國已有確立的做法，促進及改善危疾定義的標準化及透明度。
- 1.3 保聯進行的一項調查顯示，會員公司強烈支持在香港保險市場推行危疾定義標準化。主要預期成果包括：
  - (i) 提升保單持有人在向多間保險公司提出索償時，獲得一致理賠結果的滿意度；
  - (ii) 加強合約條款定義的清晰度；
  - (iii) 增加透明度及保障消費者權益；以及
  - (iv) 確保危疾定義與時並進，反映最新醫療發展及診斷標準。

## 2. 範圍

- 2.1 這些危疾定義是專為香港市場而制定，並參考中國內地及新加坡的既有定義，以及香港市場現行的主流定義。此項計劃將 16 項危疾及 5 項早期危疾病況的中英文定義標準化，涵蓋本地保險市場約九成跨越不同年齡層受保人（包括男性、女性及青少年）的索償個案。同時，亦標準化香港保險公司用作判定部分危疾理賠資格的常用術語—「日常生活活動」。詳情請參閱附件一。
- 2.2 標準化定義適用於在生效日期或之後推出的新產品，首階段僅適用於個人危疾保單。此項計劃由保聯以最佳行業準則／自願性方式推行，供會員公司參考。

## 3. 一般原則

- 3.1 這些定義旨在涵蓋大部分實際情況；然而，任何標準都無法預見所有狀況，特殊個案應由會員公司因應個別情況處理。
- 3.2 這些定義為最低標準。會員公司可提供額外的危疾保障，但為免令保單持有人及公眾混淆，任何新增保障應清晰並獨立列明，而非直接納入標準化定義中。
- 3.3 會員公司在其保單合約中，對於同一危疾的第二次或後續索償，並不受限於必須採用相同的定義／準則／要求。

- 3.4 部分疾病名稱已作優化，以便更清晰地說明保障範圍，所有遵循本最佳行業準則的會員公司應統一疾病名稱及相應定義，以免混淆。不同會員公司不允許對同一疾病採用不同的名稱。
- 3.5 如定義中引用外部權威機構（例如世界衛生組織〔WHO〕或美國癌症聯合委員會〔AJCC〕），建議會員公司透過自身渠道提供最新參考資料的連結。保聯將在相關外部權威參考資料有變更時，檢視並在必要時更新定義。
- 3.6 本項計劃旨在保持保費中立，預期對定價影響極輕微。

#### 4. 技術考慮

- 4.1 在制定現行建議方案時，壽險總會轄下的人壽業務營運及風險管理下的再保險工作小組已考慮市場現行做法，以期將定價的潛在影響降至最低。
- 4.2 因為並非所有產品均涵蓋重大癌症、原位癌及早期癌症，這三項疾病的保障範圍及不保事項將被分別定義。為避免保單持有人及公眾混淆，建議保險公司將這些疾病之間的任何相互關聯，於獨立章節中清楚列示，而非直接列入定義內。
- 4.3 某些不保事項（例如 HIV）會在定義中明確列出，因並非所有保險公司均將其列為一般不保事項，而且一般不保事項不在此項計劃範圍內。同樣地，當不保事項條款的表述為「除註冊醫生處方外的藥物使用」時，其目的在於排除任何非註冊醫生處方的藥物使用，而不僅限於「濫用藥物」。為減少主觀性及潛在爭議，已避免使用「濫用藥物」一詞。
- 4.4 部分定義中使用的技術術語（例如「永久性神經功能缺損」或以百分比而非容量衡量的肺活量等）將於後續階段處理。
- 4.5 在需要以時間作衡量標準的定義中，已採用完整日數作為門檻（例如 30、60、90 或 180 日），以保持定義的一致性，並避免因非整數的日數、週或月份而出現不一致的情況。由於與《精神疾病診斷與統計手冊》第五版（DSM-5）相比，《中國精神疾病分類與診斷標準》（CCMD）在評估嚴重程度方面存在較多爭議，因此標準化定義排除 CCMD 診斷編碼。此舉並不妨礙合資格專業人士在理賠評估中使用 DSM-5。

#### 5. 實施安排

- 5.1 標準化危疾定義僅適用於在本最佳行業準則生效日期或之後推出的新產品。
- 5.2 此項計劃並非旨在將保障限制於 21 項危疾。部分會員公司可能會簡化其危疾產品，集中於 21 項常見疾病（尤其是簡化或入門級的產品），或僅提供特定疾病的保障，例如重大癌症、嚴重心臟病發及伴有永久性神經功能缺損的中風。保障範圍的全面性仍由各會員公司自行決定。

## 6. 對保單的影響

- 6.1 保單屬具法律約束力的合約，因此，此項計劃不會更改現有保單的條款（無論是個人保單、團體保單或附加保障）。標準化定義僅適用於在生效日期或之後簽發的新產品。
- 6.2 標準化危疾定義預期不會適用於保單續保，因這樣做可能導致不同客戶持有同一款產品，但出現不一致的地方。會員公司可自行決定是否在續保或增加保障時採用最新定義。
- 6.3 復效保單及於生效日期前簽發的現有保單，將繼續受原有保單合約條款約束；會員公司不得單方面以標準化定義取代原有保單條款。
- 6.4 如出現任何爭議，應按照相關保險政策手冊中列明的現有程序，確保得到公平、及時的處理。

## 7. 定期檢討

- 7.1 為確保危疾定義保持最新及具臨床嚴謹性，保聯及業界將定期檢視相關定義，以配合醫學進展及其他重大發展。計劃意向是每兩至三年進行全面檢討，並在有需要時，針對特定條款進行臨時檢視及更新。

## 8. 生效日期

- 8.1 本最佳行業準則將於二零二六年七月一日生效。

二零二五年十二月

## 危疾定義標準化 涵蓋範圍\*

### 危疾

- 重大癌症
- 嚴重心臟病發作／心肌梗塞
- 中風並導致永久性神經功能缺損
- 其他嚴重的冠狀動脈疾病
- 末期腎功能衰竭
- 開胸心臟瓣膜手術
- 末期肺病並導致呼吸衰竭
- 開胸／開腹主動脈手術
- 嚴重頭部創傷
- 末期肝功能衰竭
- 嚴重原發性心肌病
- 良性腦腫瘤
- 主要器官移植
- 冠狀動脈搭橋手術
- 嚴重帕金森症
- 阿爾茨海默症及其他重大神經認知障礙（癡呆症）並伴嚴重認知障礙

### 早期危疾

- 經皮冠狀動脈腔內成形術
- 原位癌
- 早期癌症
- 腦動脈瘤的血管內治療
- 嚴重自閉症譜系障礙

### 其他

- 日常生活活動

\*有關上述疾病的標準化定義，請參閱：

<https://ci-definitions.hkfi.org.hk/best-practice>

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