

对于主被保险人及其每一附属被保险人的健康状况，请仔细阅读并如实回复下列问题。

Please read the following questions very carefully and answer each question accurately.

若回答为“是”，请提供详细情况。主被保险人或每一附属被保险人：

For each YES answer, please explain and provide details. Have the primary insured or any of his/her dependents:

1. 是否曾发生以下情况？

Currently having or ever had a situation listed below?

1.1 最近一年内曾有医学检查(包括健康体检)结果异常？

In recent a year, has the primary insured or any dependents had any abnormal result of a medical examination (including a health examination or a health check-up)?

1.2 过去两年内曾住过院 (包括入住疗养院、康复医院等医疗机构) 或做过手术？

In the past two years, has the primary insured or any dependents been admitted to a hospital (including sanatorium, rehabilitation hospital or other medical facility) or had surgery?

2. 过去两年内是否定期服药或被建议定期服药 (包括非处方药、处方药或其他药物)？

In the last 2 years, has the primary insured or any dependents regularly taken any medication or have been suggested to regularly take any medication (including non-prescription medications, prescription medications and/or other medicines)?

3. 近期一年内是否被建议或预期将接受任何形式的治疗或诊断性检查，包括住院、门诊、手术、牙科、眼科等？

In recent a year, has the primary insured or any dependents been suggested or expected to take any kinds of medical treatment or diagnostic examination, including inpatient, outpatient medical treatment, surgery, dental procedures or ophthalmology treatment?

4. 在过去两年内曾因病或遭受意外伤害而休病假30日或以上？

In the past 2 years, has the primary insured or any dependents suffered from a disease or an accident entailing 30 days or more sick leave?

5. 投保人身保险或健康保险时是否有被保险公司拒保、延期、加费或附加相关条件承保？

Has the primary insured or any dependents been refused, extended, charged or attached relevant conditions when applying for life insurance or health insurance?

6. 是否曾经患有或经受下列疾病/伤害或出现相关症状或体征，或曾经接受任何检查且检查结果为“异常”、或曾经接受任何治疗？

Has the primary insured or any dependents been diagnosed with or suffering from any of the following diseases/impairments/related symptoms or had any examinations with abnormal outcome, or had any treatments?

A. 反复咽痛、慢性咳嗽、咯血、哮喘、呼吸困难、支气管扩张、气胸、肺气肿、结核、胸膜炎、慢性支气管炎或其他呼吸系统疾病？ Repeated pharyngalgia, chronic cough, hemoptysis, asthma, difficulty breathing, bronchiectasis, pneumothorax, emphysema, tuberculosis, pleurisy, chronic bronchitis, or other diseases of the respiratory system?

B.尿频、尿急、尿痛、排尿困难、血尿、蛋白尿、尿量异常、夜尿增多、面部浮肿、肾或尿路结石、肾炎、肾病、肾积水或其他泌尿系统疾病？ Frequent urination, urgency of urination, pain in urination, difficulty urinating, blood or protein in the urine, abnormal amount of urine, nocturia, swelling in the face, kidney and urinary tract stone, nephritis, nephropathy, hydronephrosis, or other urinary system problems?

C. 返酸、嗝气、恶心、呕吐、腹胀、腹痛、便秘、腹泻、呕血、黑便、便血、黄疸、吞咽困难、溃疡、肠炎、胃病、疝气、直肠疾病、乙肝病毒携带、肝脏疾病、胆囊疾病、胰腺疾病或其他消化系统疾病？ Acid reflux, belch, nausea, vomiting, abdominal distention, abdominal pain, constipation, diarrhea, hematemesis, melena, hematochezia, jaundice, difficulty swallowing, ulcer, colitis, stomach problems, hernia, rectal problems, HBV Carrier, liver disorders, gall bladder disorder, pancreas problems or other digestive system problems?

D. 胸痛、心悸、活动后气促、咯血、下肢水肿或静脉曲张、胸闷、晕厥、风湿热或心脏杂音、心律失常、心肌炎、心肌梗死、中风、动脉瘤、冠心病、高血压、高血脂或其他循环系统疾病？ Thoracalgia, Palpitation, tachypnea after exercise, hemoptysis, edema or varicose veins of lower extremity, chest tightness, syncope, rheumatic fever or heart murmur, arrhythmia, myocarditis, myocardial infarction, stroke, aneurysm, coronary heart disease, hypertension, hyperlipaemia, or other circulatory system disorder?

E. 不明原因出血、皮下出血、紫癜、骨痛、贫血、或其他血液系统疾病？ Bleeding of undetermined origin, subcutaneous hemorrhage, purpura, pain in bone, anemia, or other blood system disorders?

F. 关节炎、痛风、腰背痛、颈椎病、腰椎病、肌肉萎缩、神经损害或其他肌肉骨骼 / 关节疾病？ Arthritis, gout, back and lumbar pain, cervical vertebral disease, lumbar vertebral disease, myophagism, nervous lesion or musculoskeletal/joint problems?

G. 血糖异常、双手震颤、肥胖、系统性红斑狼疮、类风湿性关节炎或其他免疫系统疾病、糖尿病、甲状腺疾病或其他代谢和内分泌系统疾病？ Dysglycemia, tremor on hands, obesity, systematic lupus erythematosus, rheumatoid arthritis, or other immune deficiency disorders, diabetes, thyroid diseases, or other metabolism and endocrine system problems?

H. 头痛、头昏、眩晕、晕厥、记忆力减退、视力障碍、失眠、意识障碍、震颤、抽搐、惊厥、瘫痪、感觉异常、癫痫或其他神经系统疾病？ Cephalalgia, dizziness, vertigo, syncope, hypomnesia, disturbance of vision, insomnia, disturbance of consciousness, tremor, convulsions, seizure, paralysis, sensory abnormality, epilepsy, or other nerve system disorder?

I. 前列腺疾病、乳腺炎、月经失调、子宫内膜异位症、子宫肌瘤、不孕不育或其他男 / 女性生殖系统疾病？ Prostate disorder, mastitis, menstrual disorder, endometriosis, myoma of uterus, infertility, or other diseases of the male/female reproductive organs?

J. 癌症、瘤或肿块、结节、息肉、囊肿、腺体、淋巴结或器官增生肿大、皮肤疾病或色素沉着、乳房异常增生或其他相关的疾病？ Cancer, tumor or mass, nodules, polyps, cysts, enlarged glands, lymph nodes or organ, disorders of the skin or pigmentation, abnormal growth in the breasts or any related conditions?

K. HIV病毒感染、艾滋病、艾滋相关综合征或其他免疫系统疾病、传染病或性病？ HIV infection, AIDS, AIDS-related complex or other immune deficiency disorders, infection problems or venereal diseases?

L. 酗酒，吸毒，药物滥用，精神/神经、行为、情感或饮食障碍？ Alcohol, drug or substance abuse, mental/nervous, behavioral, emotional, or eating disorders?

M. 白内障、青光眼；听力损失；任何眼耳鼻喉疾患？ Cataracts; glaucoma; hearing loss; or any eye, ear, nose, or throat disorder?

N. 伤残性疾病、身体缺陷、生长发育异常、智力低下、遭受意外伤害影响、先天性疾病、遗传性疾病、基因缺陷？您或您的附属保险人是否有家族病史？ Disabling illness, physical defect, abnormal growth and development, mental retardation, suffers from the consequences of accident, congenital disease, hereditary disease, genetic defect? Does the primary insured or any dependents have any family medical history?

O. 主被保险人或其附属被保险人现在是否怀孕： Are the primary insured or any dependents currently pregnant?

P. 除了以上情况，主被保险人或其附属被保险人是否存在下列任何状况： Other than the above stated, does the primary insured or any dependents have situations as below:

a. 每天抽烟超过20支或以任何方式食用烟草？ Does the primary insured or any dependents smoke more than 20 cigarettes per day or use tobacco in any form?

b. 在过去5年中，一年内体重增加或减少超过12公斤或25磅？ Within the past 5 years, did the primary insured or any dependents gain or lose more than 12kg or 25lbs during 12 months?

Q. 任何被保险人是否存在以上未提到的症状/疾病（无论是否已向医生或其他医疗保健人士咨询、就诊）？如果有，在下面的表格中请详细描述。 If the primary insured or any dependents has any other medical condition which are not disclosed above? Please describe in detail below.