

Extra care when it counts



A new kind of support from a different kind of insurer

We offer the FWD Care recovery plan¹ ('the Plan') which provides the needed support to eligible customers^{2,4} who got an approved claim under Crisis Benefit, for benefits in relation to reimbursement of hospitalisation and surgical expenses or hospital cash due to Cancer, Heart Attack or Stroke¹¹ or Death Benefit under designated individual life insurance products³. From health care advice to emotional support, the Plan is at the heart of our values, and our role as an insurer.

Traditionally, insurance has been good at supporting you financially and the support usually stops without anything more. Which is why at FWD, we offer you the kind of help you might not expect from an insurer.

The FWD Care recovery plan offers a range of support that's led entirely by your needs. It might be that you need emotional support. Or possibly that you could do with some practical help. FWD Care recovery plan starts with us listening to your need and how we can support you, as we believe that insurance is so much more than paying a claim.

FWD Care recovery plan: Let's change what it feels like to make a claim

We know that if you've made a claim, you're probably going through a difficult time, and that's when you need as much help as possible.

FWD Care recovery plan is designed to offer a registered nurse ('Recovery Nurse') and a range of support services to help you navigate any recovery challenges ahead^{5,6,7,8}.



Professional support services

The FWD Care recovery plan provides a range of support services. These services can be selected and covered by your personalised plan of care after your first consultation with a clinical psychologist or cardiologist; and you can book these services with your Recovery Nurse.

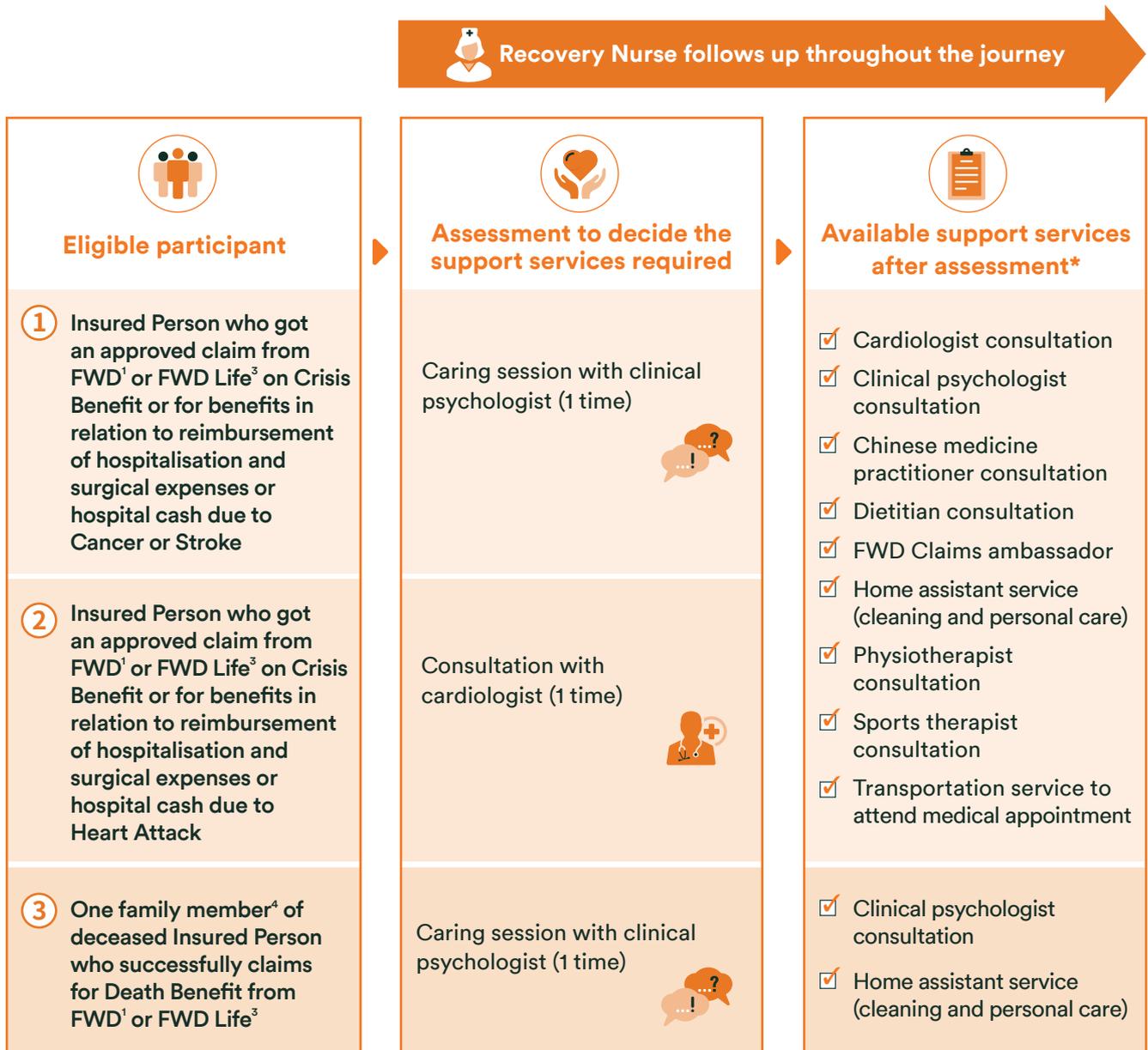
How you'll experience the FWD Care recovery plan

We've made it as simple as possible for you/ your family member to experience the Plan.

- 1 Make a claim**
The moment the eligible claim is approved we'll know it's time for us to talk and will get in touch.
- 2 Provide your/ your family member's consent**
You/Your family member will then receive a request for consent⁹ to the terms of the services under the Plan, including the consent for transfer of personal data.
- 3 Hear from a nurse**
The Recovery Nurse assigned to you/your family member will be in touch and be your companion throughout your journey.
- 4 Get the support you/ your family member need**
Your Recovery Nurse will discuss the support services that best suit you/your family member after your first consultation with a clinical psychologist or cardiologist; and coordinate for you/ your family member.
- 5 Plan completion**
The FWD Care recovery plan lasts for 6 months¹⁰. Remember, you/your family member will have full access to the Recovery Nurse for the whole 6 months, even if the support services agreed with the Recovery Nurse have been completed before then.



How will your personalised plan of care be created



* The availability of these support services cannot be guaranteed and will be subject to the availability of service providers. For details, please see remark 6 below.

Is my claim eligible?

The FWD Care recovery plan is available when a claim on Crisis Benefit or for benefits in relation to reimbursement of hospitalisation and surgical expenses or hospital cash due to Cancer, Heart Attack or Stroke¹¹ or Death Benefit under a policy of any designated insurance product³. The claim must be approved by FWD or FWD Life (as defined in remarks 1 and 3) between the period of 1 October 2021 and 30 June 2022 (both dates inclusive).



Examples



Example 1

Mrs. Lau, aged 52, was diagnosed with liver cancer, and her condition stabilized after treatment. Mr. Lau hoped that his wife would recover as soon as possible. Therefore, after receiving Mrs. Lau's Crisis Benefit claims payment from FWD, Mr. Lau encouraged his wife to accept the invitation from FWD to join the FWD Care recovery plan. Apart from the weekly support care from the FWD Care Recovery Nurse, the Plan includes:

Support services	Frequency
Clinical psychologist assessment	1
Dietitian consultation on diet and nutritional management	2
Registered Chinese medicine practitioner consultation	4
Sports therapist consultation	2



Example 2

Mr. Li, aged 49, has received his Crisis Benefit claims payment from FWD due to a heart attack. To strengthen his heart, Mr. Li participated in the FWD Care recovery plan at the invitation of FWD. The Plan includes the weekly support care from the FWD Care Recovery Nurse and:

Support services	Frequency
Cardiologist assessment	1
Dietitian consultation on diet and nutritional management	2
Sports therapist consultation	4



Example 3

Mr. Chan, now 65, is a widower following the unfortunate loss of his wife this year. He was invited by FWD and joined the FWD Care recovery plan after receiving his wife's Death Benefit claims payment from FWD. The Plan offers the weekly call from FWD Care Recovery Nurse and:

Support services	Frequency
Clinical psychologist consultation	2
Home assistant services (2 hours each time)	6

Remark: The examples above are for reference only. Please note all participation and support services provided are assessed on a case-by-case basis.

For more information, please call your FWD insurance adviser or our service hotline: (852) 3123 3123.

Remarks:

1. The Plan is arranged by FWD Life Insurance (Bermuda) Company Limited (incorporated in Bermuda with limited liability) ('FWD') and the Recovery Nurses are provided by Aspire Lifestyles (HK) Limited ('Aspire'). The support services are provided by the following organizations:

- a. Aspire: home assistant service (cleaning and personal care) and transportation service to attend medical appointment;
- b. FWD: claims ambassador (employed and provided by FWD); and
- c. HealthMutual Group Limited and its service providers ('HMG'): cardiologist consultation; clinical psychologist consultation; Chinese medicine practitioner consultation; dietitian consultation; physiotherapist consultation and sports therapist consultation.

It is not a part of the policy or benefit item under the policy provisions of designated individual life insurance products (as defined in remark 3 below). FWD will not be responsible for or liable to any services provided by Aspire, HMG and their service providers under the Plan. FWD, Aspire and HMG reserve the right to terminate or vary the Plan in their sole discretion without further notice. The information, procedure and arrangements of the Plan on this leaflet are for reference only. The Plan is provided in Hong Kong only. More details on Aspire and HMG can be found here:

Aspire: <https://www.aspirelifestyles.com/>

HMG: <http://www.hmg.com.hk/>

2. Eligible customer refers to the Insured Person of designated individual life insurance products (as defined in remark 3) or his/her spouse, children or parents ('Family Member') as stated in remark 4 ('Eligible Customer').

3. Designated individual life insurance products include the following individual insurance products underwritten by FWD (as defined in remark 1), FWD Life (Hong Kong) Limited and FWD Life Assurance Company (Hong Kong) Limited (FWD Life (Hong Kong) Limited and FWD Life Assurance Company (Hong Kong) Limited collectively called 'FWD Life'):

- a. for Death Benefit: all individual life insurance products; and
- b. for Crisis Benefit and benefits in relation to reimbursement of hospitalisation and surgical expenses or hospital cash: all individual medical products, such as indemnity hospital insurance plans (include but not limited to Voluntary Health Insurance Scheme products) and individual critical illness insurance products

(Hereinafter called 'Designated Insurance Product(s)')

The respective Designated Insurance Products are subject to change as determined by FWD and FWD Life from time to time without further notice. The Policies of the Designated Insurance Products are subject to the respective policies' terms and conditions. Please refer to the product brochures and policy provisions for details.

4. Under each policy of the Designated Insurance Product, (i) the Insured Person (in the case of an approved claim from FWD or FWD Life on Crisis Benefit or for benefits in relation to reimbursement of hospitalisation and surgical expenses or hospital cash due to Cancer, Heart Attack or Stroke) or (ii) the Insured Person's spouse, children or parents ('Family Members') (in case of successful claim of Death Benefit) can enroll in the Plan once only. Only one person can enroll in the Plan under each policy and there shall be no change of the person once being enrolled. If the Insured Person is covered by more than one policies of Designated Insurance Products, he/she is entitled to the Plan once only and can choose to use all support services provided under the Plan. In case the Insured Person of Designated Insurance Products passed away and has not used the Plan before he/she passed away, one of his/her Family Members can choose to use the clinical psychologist consultation and/or home assistant services. For the avoidance of doubt, if the Insured Person is the Family Member of another Insured Person of another policy under Designated Insurance Product, he/she is entitled to the Plan twice – one as an Insured Person; and another time as a Family Member.

5. The Plan cannot be transferred or refunded, exchanged for cash, other goods or services. After enjoying the support services as agreed with the Recovery Nurse, if the Insured Persons or their Family Members choose to receive extra services or services (if any) other than the agreed support services from Aspire or HMG, they have to pay an extra amount to Aspire or HMG.

6. There is no charge for the designated Recovery Nurse support under this Plan. The Recovery Nurses will make their best effort to arrange support services. The availability of these services cannot be guaranteed and will be subject to the availability of service providers. The Recovery Nurse and service providers have the sole discretion in deciding the types and frequency of support services on a case-by-case basis. Any disputes in relation to the Recovery Nurses and support services provided by service providers shall be resolved between the Eligible Customer, Aspire and HMG.

7. Please seek your doctor's independent advice on the appropriateness of any medical service to be provided. The Recovery Nurses under this Plan are healthcare professionals employed by Aspire and not FWD employees or representatives. FWD shall not be responsible for or liable to their actions, negligence or omission.

8. If the Insured Person's policies of Designated Insurance Products also cover Life Enrichment Program, PREMIER THE ONEcierge One Team Health Management and CANcierge ('Rehabilitation Services') which are also provided by Aspire or HMG, this Plan will be provided as part of the Rehabilitation Services when selecting support services for the personalised plan of care. Details of this Plan and Rehabilitation Services will be determined at the sole discretion of FWD, Aspire and HMG at the time the services are provided.

9. To activate the Plan, FWD needs permission from the Insured Persons and/or their Family Members to pass their details, include but not limited to personal data and related claims information and medical reports, on to FWD's service providers. These details will only be used to offer the Plan, for contacting, training and quality assurance purposes.

10. The Plan will be valid for 6 months from the approval date of the Death Benefit claim, Crisis Benefit claim or for benefits in relation to the reimbursement of hospitalisation and surgical expenses or hospital cash claim of such respective Cancer, Heart Attack or Stroke by FWD/FWD Life; after which both designated Recovery Nurse support and support services will end. Insured Persons and/or their Family Members can end or opt out of the Plan (and its services) at any time within the 6-month period.

11. The definition of Stroke, Heart Attack and Cancer are specified in policy provisions for respective Designated Insurance Products. Please refer to respective policy provisions for details. In case such definitions are not provided in the provisions of Designated Insurance Products, the following definitions of Cancer, Heart Attack and Stroke shall apply:

a. Cancer

Cancer means

- Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue; or
- Any occurrence of histologically confirmed leukemia, lymphoma or sarcoma.

The following tumours are excluded:

- Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as pre-malignant;
- All skin cancers, unless there is evidence of metastases or the tumour is a malignant melanoma of greater than 1.5mm maximum thickness as determined by histological examination using the Breslow method;
- Non life-threatening cancers, such as prostate cancers which are histologically described as TNM Classification T1 (a) or T1(b), or are of another equivalent or lesser classification;
- Papillary micro-carcinoma of the thyroid;
- Non-invasive papillary cancer of the bladder histologically described as TaNOm0 or of a lesser classification; and
- Chronic lymphocytic leukaemia less than RAI Stage I or Binet Stage A-I.

b. Heart Attack

The death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The diagnosis must be supported by all of the following:

- a history of typical chest pain;
- new electrocardiogram (ECG) changes indicating acute myocardial infarction; and
- elevation of cardiac enzymes CK-MB or cardiac troponin T/I > 0.5 ng/ml.

Provided other criteria are met but cardiac enzymes are not available, echocardiographic proof of death of a portion of the heart muscle with the evidence of reduction in left ventricular ejection fraction of less than 50% or significant hypokinesia, akinesia, or wall motion abnormalities consistent with a heart attack having occurred will be considered. The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes including but not limited to angina are excluded.

c. Stroke

Any cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis. The diagnosis must be supported by all of the following conditions:

- evidence of permanent neurological damage confirmed by a consultant neurologist at least 4 weeks after the event; and
- findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- transient ischaemic attacks;
- vascular disease affecting the eye or optic nerve; and
- ischaemic disorders of the vestibular system.

12. In case of any dispute arises in the contents of this leaflet, FWD has the final interpretation right on the contents of this leaflet.

13. This leaflet is issued by FWD and is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products or services of FWD or FWD Life outside Hong Kong. All selling and application procedures of the insurance plans and services in this promotion must be conducted and completed in Hong Kong.

Any promotional offer(s) or material(s) should be read in conjunction with the relevant product brochure. Customers should not apply for the relevant insurance product(s) solely on the basis of any promotional offer(s) or material(s). The above does not contain the full terms and conditions of the relevant insurance plan. For full terms and conditions, details and risk disclosures of the relevant insurance plan, please refer to relevant product brochure and policy documents.