

Crisis OneCover Prime

Safeguarding your extraordinary future

Critical Illness Protection • Participating Life



Crisis OneCover Prime

The emergence of unknown infectious diseases (such as SARS and COVID-19) and unexpected illness may bring a huge impact on your living, and substantial medical expenses may disrupt your life.

FWD's Crisis OneCover Prime ("the Plan") is first-in-Hong Kong⁺ protection plan which covers defined and undefined/ unknown disease based on the level of severity and is designed to help take the uncertainty out of your life journey while supporting you with a team of professionals, so that every step of the way is a giant step in the right direction!

For you and your loved ones, the best is yet to come. To make sure nothing stands between you and the wonderful life you deserve, you need comprehensive protection that will empower you to face any challenges that may lie ahead with confidence.

An all-in-one, future-proof plan that's with you all the way to suit your needs in different stages:

Pre-illness stage: Prevention	What you can get from the Plan
Regular check-ups are one of the best ways to detect any hidden critical illness	<ul style="list-style-type: none"> 0.2% of the Initial Sum Insured and once for every 2 policy years, up to 10 policy years as Health Screening Benefit¹
Suspicion followed by diagnosis of a serious disease after health screening	<ul style="list-style-type: none"> Crisis Cover Series – PREMIER THE ONEcierge One Team Health Management (“PREMIER THE ONEcierge”)², a service that arranges for the best-suited doctor to follow up on the case <p>Crisis Cover series means Crisis VCover, Crisis OneCover, Crisis OneCover Prime and other selected critical illness insurance plan(s) as specified by FWD from time to time.</p>

Illness stage: Coverage from Defined Diseases to Undefined/ Unknown Diseases	What you can get from the Plan
Suffered from an illness or Injury e.g. COVID-19 (confined in Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support and in a Hospital for 10 consecutive days)	<ul style="list-style-type: none"> A sum equivalent to 20% of Initial Sum Insured would be paid as Critical Medical Care Benefit^{3,4} A sum equivalent to 50% of Initial Sum Insured would be paid as Life Impact Benefit^{3,5}
When diagnosed with a covered Serious Disease, e.g. Carcinoma-in-situ of Colon	<ul style="list-style-type: none"> 25% of the Initial Sum Insured would be paid with non-guaranteed accumulated Annual Dividends and interest (if any)⁶ and proportionate Special Bonus (if any)⁷ as Crisis Benefit for Serious Diseases^{3,8}
Unfortunately, the Serious Disease progresses to a Colorectal Cancer, one of the covered Major Crises	<ul style="list-style-type: none"> 100% of the Initial Sum Insured would be paid with non-guaranteed accumulated Annual Dividends and interest (if any)⁶ and Special Bonus (if any)⁷ as Crisis Benefit for Major Crises³ Additional Coverage Benefit⁹ (if the Colorectal Cancer is diagnosed within the first 15 policy years) Additional Benefit for Designated Cancers¹⁰

Introduction and plan mechanism

Post-illness stage: Continuous Protection and Care	What you can get from the Plan
<p>Confined in an Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support due to Colorectal Cancer within one year after the date of First Confirmed Diagnosis of the same cancer</p>	<ul style="list-style-type: none"> • A sum equivalent to 50% of Initial Sum Insured would be paid as Extended Critical Medical Care Benefit¹¹
<p>In addition to PREMIER THE ONEcierge, you can enjoy peace of mind and also be assured by treatment and mental support</p>	<ul style="list-style-type: none"> • Health Supplement Benefit¹² with additional 2% of the Initial Sum Insured will be payable per month after Crisis Benefit for Major Crises is paid (up to a maximum of 6 months) • Life Enrichment Program¹³ would be on standby to fight against Cancer, Stroke and Heart Attack with you to speed up recovery
<p>The Insured is diagnosed with the Colorectal Cancer and is receiving Active Treatment or End-of-life Care at least 1 year after the date of First Confirmed Diagnosis of the same cancer</p>	<ul style="list-style-type: none"> • A sum equivalent to 20% of Initial Sum Insured would be paid as Cancer Booster Benefit¹⁴
<p>The Insured has the First Confirmed Diagnosis of Alzheimer’s Disease</p>	<ul style="list-style-type: none"> • Dementia Support Program¹⁵ is here to provide support for the Insured once Alzheimer’s Disease is confirmed
<p>Unfortunately another covered non-cancer Major Crisis is diagnosed a few years after recovery from Colorectal Cancer</p>	<ul style="list-style-type: none"> • 100% of the Initial Sum Insured would be paid as Multiple Crisis Benefit³

Maximum eligible benefit amount under the Plan could exceed 1450% of Initial Sum Insured.¹⁶

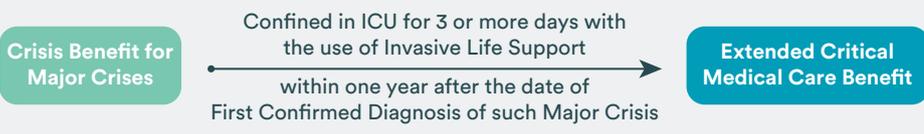


Everything You Need in One Single Plan

Your peace of mind starts here! The Plan’s comprehensive protection gives you the confidence to focus your attention on what truly matters. It covers 162 Major Crises and Serious Diseases, including Cancer, Heart Attack and Juvenile Diseases.

First-in-Hong Kong*

Furthermore, after the Multiple Crisis Benefit – Crisis Benefit for Major Crises has been paid or is payable, the Plan provides Extended Critical Medical Care Benefit – extended protection in respect for the same Major Crisis for a sum equivalent to 50% of Initial Sum Insured if the Insured is Confined in an Intensive Care Unit (“ICU”) of 3 or more consecutive days with the use of Invasive Life Support for the same Major Crisis within 1 year after the date of First Confirmed Diagnosis of such Major Crisis.¹¹

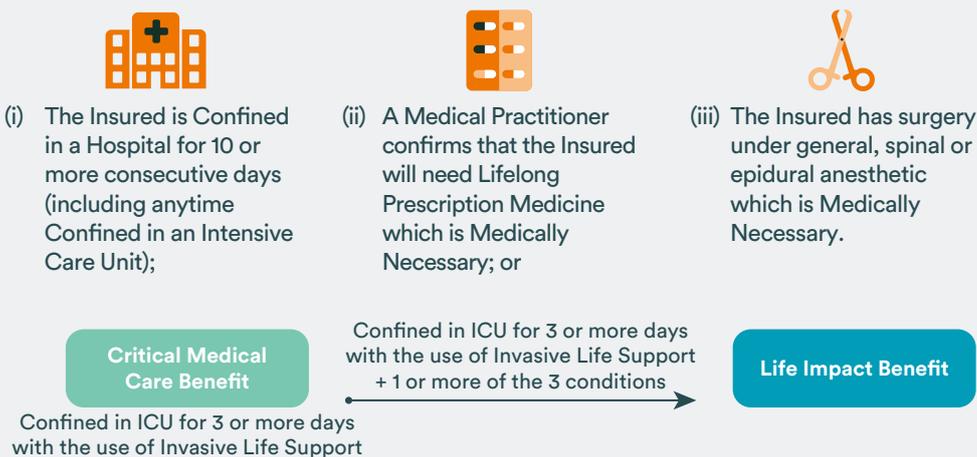


From Defined Diseases to Undefined/ Unknown Diseases

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Unknown diseases can strike you and your family when you least expect it, for an illness and Injury that lead to Confinement in Intensive Care Unit of 3 or more consecutive days with the use of Invasive Life Support, the Plan will pay Critical Medical Care Benefit^{3,4} to alleviate your financial situation.

The Plan also offers a Life Impact Benefit^{3,5} which is a sum equivalent to 50% of Initial Sum Insured covering undefined/ unknown illnesses and Injuries which caused to a more severe impact to the Insured’s life to a state as specified below. It is payable if the Insured is Confined in an Intensive Care Unit for 3 or more consecutive days for an illness or Injury with the use of Invasive Life Support and experiences 1 or more of the following conditions due to the same illness or Injury within the same 120-day period:





Simple Disease Grouping with Premium Waiver

The plan is with you every step of the way. You will be covered with up to 500% of the Initial Sum Insured for diseases in the Cancer Group and Non-Cancer Group respectively. That means even if you are unfortunately diagnosed with a covered disease after recovering from another crisis¹⁷, you will still be well-protected. In addition, your future premium will be waived if the total Multiple Crisis Benefit paid has reached 100% of the Initial Sum Insured³.

Group of diseases	Percentage of Initial Sum Insured to be paid for each Serious Disease ⁸ / Juvenile Disease ¹⁸	Percentage of Initial Sum Insured to be paid for each Major Crisis ³	Maximum percentage of Initial Sum Insured payable ⁵
Cancer Group	25%	100%	500%
Non-Cancer Group	25%	100%	500%
Total			1000%



Extra Protection When You Need It Most

The plan provides extra protection against some of the most common cancers – an additional 25% of the Initial Sum Insured¹⁰ if you are diagnosed with Lung Cancer, Colorectal Cancer, Breast Cancer or Prostate Cancer.

We have extra support of Cancer Booster Benefit¹⁴ (A sum equivalent to 20% of Initial Sum Insured) for enhanced cancer coverage under the Plan if Multiple Crisis Benefit – Crisis Benefit for Major Crises has been paid for Cancer and the Insured is diagnosed with the same Cancer and is receiving Active Treatment or End-of-life Care at least 1 year after the date of First Confirmed Diagnosis in respect of the same Cancer.



More Additional Protection at No Extra Charge

FWD understands that if you were to experience a Major Crisis or pass away during your early years, your family could face serious financial challenges. That's why the Plan offers up to an extra 90% of the Initial Sum Insured⁹ if you are diagnosed with any covered Major Crises or pass away in the first 15 policy years.



Extra Protection against Benign Tumour^{3,19}

In case of tumour that a doctor suggests to be malignant potential; and can only to be confirmed as benign by complete surgical removal for diagnosis purpose, the Plan offers you up to additional 30% of Initial Sum Insured to relieve your financial burden if it is confirmed diagnosed as Benign Disease, so you can focus on your road to full recovery with peace of mind.



Protecting You from Congenital Diseases^{3,8}

If the signs and symptoms of a congenital disease are undetected before we issue the policy and within the first 90 days after we have issued the policy, the Plan provides coverage if the congenital disease develops into a covered disease. There is no simpler way to guard against these undetected congenital diseases.



Taking Care of What Matters to You Most – Your Newborn

Everyone wants to take the best possible care of their babies. Under the Plan, should an infant be born to you or your spouse, your new born will be covered by Crisis Benefit for Major Crises or Death Benefit under Special Benefit for Infant²⁰ at no extra premium or impact on your own coverage to the child's 5th birthday – 40% of the Initial Sum Insured (up to a per newborn infant of HK\$400,000 / US\$50,000 under all policies of the Insured and/or Insured's spouse of Crisis Cover Series).



Dedicated to Looking After Your Health

FWD also understands that the follow-up medical costs you face can be a real challenge when you are battling a Major Crisis. That's why the Plan provides an extra 2% of the Initial Sum Insured monthly as a Health Supplement Benefit¹² for a maximum of 6 months, when Crisis Benefit for Major Crises is paid.

In addition, you can enjoy the Health Screening Benefit¹ once every two policy years, so that you can maintain a schedule of regular check-ups to ensure early detection of potential health problems.



Good Health is now Extra Rewarding

With this Plan, your good health is a cause for celebration! The Plan provides you with a Guaranteed Cash Value starting from the 3rd Policy Anniversary when you surrender the policy. You can utilise the capital to further your goals and reach your dreams. What's more, you may also enjoy accumulated Annual Dividends and interest (if any)⁶ and Special Bonus (if any)⁷ to strengthen your financial reserve.



Recovery Support to Back You Up in Every Way

First-in-Hong Kong*

What's more, it is worryless even if you are diagnosed with Cancer, Stroke or Heart Attack since our Life Enrichment Program¹³ will provide a professional rehabilitation service to you. With this service, you can then focus on recovery and be able to continue enjoying your life!

Provided that the policy was issued after age 35 at the next birthday of the Insured, upon the Insured's or the Insured's parents First Confirmed Diagnosis of Alzheimer's Disease, we will, under the Dementia Support Program¹⁵, offer a designated support program to the Insured or a referral service for a designated support program to the Insured's parents, giving you and your family a peace of mind.



Professional Health Solutions to Simplify Your Life

On top of giving you protection from diseases, the Plan also gives you access to a priority health coaching service: Crisis Cover Series – PREMIER THE ONEcierge One Team Health Management (“PREMIER THE ONEcierge”)². It's designed to give you well-rounded health protection. Simply call the service hotline and PREMIER THE ONEcierge will provide you with a network of leading specialists so that you can receive the most appropriate treatment from the best-suited doctor and access top-tiered network hospitals in the Pan-Asia Region. If hospitalisation is required, our team could make the necessary arrangements with the hospital for confinement. All you'll need to do is concentrate on your treatment and recovery.

Optimal treatment requires complete peace of mind. At FWD, we are committed to giving you the most thoughtful care. As soon as a Major Crisis is diagnosed, a top U.S. medical institution can be consulted for a Second Medical Opinion²¹ with a team of renowned doctors standing by to assist. Apart from crisis specialists, the Plan can also provide referral services (“Family Care Services”)²² to help with taking care of your home.



Extended Coverage for Your Loved Ones – Waiver of Premium on Death Benefit (Parents) / (Spouse) (Optional Benefit)²³

This optional benefit could help you give your loved ones a much-needed safety net – with no health information required. If the parent of an insured child (as a Policy Owner or Parent Contingent Owner) or the spouse of an insured adult (as a Spouse Owner or Spouse Beneficiary) passes away before the age of 75 (age next birthday), we will activate the benefit to waive the future policy premiums to lighten your burden.

* Per a comparison made by FWD on 31 Mar 2021 among the critical illness insurance plans of key insurers available in Hong Kong, Critical Medical Care Benefit, Extended Critical Medical Care Benefit, Life Enrichment Program, Dementia Support Program and Life Impact Benefit are first in Hong Kong.

Example



Insured: Ms Tina Chen

Age at next birthday: 32

Job: Partner of an accountancy firm

Initial Sum Insured of the Plan: HK\$1,200,000

Premium Payment Term of the Plan: 20 years

Background:

Tina is married and has a 6-year-old son. She and her husband love travelling and enjoying an active, outgoing life with their son.

Six months ago, she lost her father to cancer. Amidst her sorrow it also prompted her to pay more attention to her health and welfare. She understands that she needs to take better care of herself so that she could be there for her family.

She wants to make better planning against the unexpected, like possible critical illnesses. As she does not want to pay the treatment cost of critical illnesses, such as cancer, to affect her savings and become a financial burden that would disrupt the lives of her family, she purchased the Plan as her safeguard.

This is for illustrative purpose only and assume that

- a) all premiums are paid in full when due,
- b) there is no indebtedness under the policy,
- c) the definitions and claims requirements of the benefits are fulfilled, and
- d) the Initial Sum Insured of the Basic Plan of the policy remains unchanged throughout the policy term.

How this plan works

Apr 2021

Purchased the Plan

	Cancer Group	Non-Cancer Group
Maximum benefit to be paid for Multiple Crisis Benefit	HK\$6,000,000 (500% of the Initial Sum Insured)	HK\$6,000,000 (500% of the Initial Sum Insured)



Aug 2021



She suffered with COVID-19 and confined in a Hospital for 10 consecutive days and in an Intensive Care Unit for 3 consecutive days with the use of Invasive Life Support. **Critical Medical Care Benefit**, which is additional 20% of the Initial Sum Insured (HK\$240,000), and **Life Impact Benefit**, which is additional 50% of the Initial Sum Insured (HK\$600,000), are claimed.



Oct 2025



Enjoy Health Screening Benefit and unfortunately diagnosed with Carcinoma-in-situ of Breast and hence Crisis Benefit for Serious Disease is claimed plus accumulated Annual Dividends and interest (if any) and proportionate Special Bonus (if any):

	Cancer Group	Non-Cancer Group
Amount of claim (guaranteed)	HK\$300,000 (25% of the Initial Sum Insured)	HK\$0
Remaining claimable amount of Multiple Crisis Benefit (guaranteed)	HK\$5,700,000 (475% of the Initial Sum Insured)	HK\$6,000,000 (500% of the Initial Sum Insured)



Jan 2026



Unfortunately her Carcinoma-in-situ of Breast has progressed to Breast Cancer and hence, Crisis Benefit for Major Crises with Additional Coverage Benefit and Additional Benefit for Designated Cancers, 215% of Initial Sum Insured in total, plus accumulated Annual Dividends and interest (if any) and Special Bonus (if any) are claimed.

Jan 2026

	Cancer Group	Non-Cancer Group
Amount of claim (guaranteed)	HK\$1,200,000 (100% of the Initial Sum Insured) + HK\$1,080,000 (Additional Coverage Benefit: 90% of the Initial Sum Insured) + HK\$300,000 (Additional Benefit for Designated Cancers: 25% of the Initial Sum Insured) i.e. HK\$2,580,000	HK\$0
Remaining claimable amount of Multiple Crisis Benefit (guaranteed)	HK\$4,500,000 (375% of the Initial Sum Insured, since the amount of Additional Coverage Benefit and Additional Benefit for Designated Cancers will not be deducted from Multiple Crisis Benefit Limit)	HK\$6,000,000 (500% of the Initial Sum Insured)

She can also have the coverage and support from **Health Supplement Benefit** and **Life Enrichment Program**. As over 100% of Initial Sum Insured of her policy has been claimed, **no more premium is required to be paid** and the Guaranteed Cash Value is reduced to zero accordingly, and any future Annual Dividend and Special Bonus will not be declared.



Feb 2027



She is still receiving Active Treatment to cure Breast Cancer. Since 1 year from the date of First Confirmed Diagnosis of the Breast Cancer has passed, **Cancer Booster Benefit** which is equal to additional 20% of Initial Sum Insured (HK\$240,000) is paid.



Jul 2031



After the recovery of Breast Cancer, she is diagnosed with Kidney Failure and the **Crisis Benefit for Major Crises is being claimed for the second time**. So Multiple Crisis Benefit is paid:

	Cancer Group	Non-Cancer Group
Amount of claim (guaranteed)	HK\$0	HK\$1,200,000 (100% of the Initial Sum Insured)
Remaining claimable amount of Multiple Crisis Benefit (guaranteed)	HK\$4,500,000 (375% of the Initial Sum Insured)	HK\$4,800,000 (400% of the Initial Sum Insured)

Total eligible amount claimed in this example is 430% of Initial Sum Insured.

What this plan covers

Diseases Covered

Set of Disease	Major Crisis	Serious Disease 1	Serious Disease 2	Juvenile Disease	Maximum benefit to be paid per each Set of Diseases (as of the percentage of Initial Sum Insured) [®]
Cancer Group (maximum amount of coverage of this group: 500% of Initial Sum Insured)					
1	Cancer	<p>Carcinoma-in-situ of Specific Organs (all organs except skin, including but not limited to the organs listed below)*</p> <ul style="list-style-type: none"> • Breast • Cervix Uteri • Uterus • Ovary • Fallopian Tube • Vagina • Testis • Pancreas • Other specific organs (colon and rectum, penis, lung, liver, stomach and esophagus, nasopharynx and urinary tract (for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included)) 	<p>Early Stage Malignancy of Specific Organs*</p> <ul style="list-style-type: none"> • Chronic lymphocytic leukaemia • Non melanoma skin cancer • Prostate • Thyroid 	-	500%
Non-Cancer Group (maximum amount of coverage of this group: 500% of Initial Sum Insured)					
Related to circulatory system					
2	Heart Attack	Pericardectomy	Cardiac pacemaker / defibrillator insertion	-	300%
3	Stroke	Carotid Artery Surgery	Angioplasty for Carotid Arteries	-	300%
4	Cardiomyopathy	Early Cardiomyopathy	-	-	100%
5	Coronary Artery Disease Surgery	-	-	-	100%
6	Eisenmenger's Syndrome	Insertion of a Vena-Cava Filter	-	-	100%
7	Heart Valve Surgery	Percutaneous Valve Surgery	Heart Valve Replacement (with Permanent Device or Prosthesis)	-	100%
8	Infective Endocarditis	Moderately Severe Infective Endocarditis	-	-	100%
9	Kidney Failure	Early Renal Failure	-	-	100%
10	Major Organ Transplantation (kidney, heart)	-	-	-	100%
11	Other Serious Coronary Artery Disease	Keyhole Coronary Bypass Surgery	Angioplasty of Coronary Artery*	-	100%
12	Primary Pulmonary Arterial Hypertension	Secondary Pulmonary Hypertension	-	-	100%
13	Surgery to Aorta	Minimally Invasive Surgery to Aorta	-	-	100%
14	-	Aortic Aneurysm	-	-	25%
15	-	Cerebral Aneurysm Requiring Surgery	-	-	25%

Diseases Covered

Set of Disease	Major Crisis	Serious Disease 1	Serious Disease 2	Juvenile Disease	Maximum benefit to be paid per each Set of Diseases (as of the percentage of Initial Sum Insured) [®]
Related to circulatory system					
16	-	Endovascular Treatment of Peripheral Arterial Disease	-	-	25%
17	-	Transmyocardial Laser Revascularisation	-	-	25%
Related to organ failure					
18	Aplastic Anaemia	Acute Aplastic Anaemia	-	-	100%
19	Chronic Auto-Immune Hepatitis	-	-	-	100%
20	Chronic Liver Disease	Liver Surgery	-	-	100%
21	Chronic Lung Diseases	Moderately Severe Chronic Lung Disease	-	-	100%
22	End Stage Lung Disease (including Chronic Obstructive Lung Disease, Severe Bronchiectasis and Severe Emphysema)	-	-	-	100%
23	Fulminant Hepatitis	Biliary Tract Reconstruction Surgery	-	-	100%
24	Major Organ Transplantation (lung, pancreas, liver and bone marrow)	Skin Transplantation	-	-	100%
25	Medullary Cystic Disease	Surgical Removal of One Kidney	-	-	100%
26	Occupationally Acquired HIV	-	-	-	100%
27	HIV Due to Blood Transfusion	HIV Due to Organ Transplantation	-	-	100%
28	Severe Systemic Lupus Erythematosus (SLE) with Lupus Nephritis	Moderately Severe Systemic Lupus Erythematosus (SLE) with Lupus Nephritis	-	-	100%
29	Severe Pulmonary Fibrosis	Moderately Severe Pulmonary Fibrosis	-	-	100%
30	Surgical Removal of One Lung	-	-	-	100%
31	-	Miliary Tuberculosis	-	-	25%
32	-	Partial Hepatectomy	-	-	25%
33	-	Tracheostomy	-	-	25%
Related to nervous system					
34	Alzheimer's Disease	Moderately Severe Alzheimer's Disease	-	-	100%
35	Amyotrophic Lateral Sclerosis	Early Amyotrophic Lateral Sclerosis	-	-	100%
36	Apallic Syndrome	Surgery for Subdural Haematoma	-	-	100%
37	Bacterial Meningitis	Moderately Severe Bacterial Meningitis	-	-	100%
38	Benign Brain Tumour	Surgical Removal of Pituitary Tumour	-	-	100%
39	Blindness	Loss of Sight in One Eye	-	-	100%

What this plan covers

Diseases Covered

Set of Disease	Major Crisis	Serious Disease 1	Serious Disease 2	Juvenile Disease	Maximum benefit to be paid per each Set of Diseases (as of the percentage of Initial Sum Insured) [®]
Related to nervous system					
40	Brain Surgery	Cerebral Shunt Insertion	-	-	100%
41	Creutzfeld-Jacob Disease	Moderately Severe Creutzfeld-Jacob Disease	-	-	100%
42	Encephalitis	Less Severe Encephalitis	-	-	100%
43	Loss of Hearing	Cochlear Implant Surgery	-	-	100%
44	Major Head Trauma	Moderately Severe Brain Damage	-	-	100%
45	Meningeal Tuberculosis	Tuberculous Myelitis	-	-	100%
46	Motor Neurone Disease	Early Motor Neurone Disease	-	-	100%
47	Multiple Sclerosis	Early Multiple Sclerosis	-	-	100%
48	Muscular Dystrophy	Moderately Severe Muscular Dystrophy	-	-	100%
49	Paralysis	Moderately Severe Paralysis	-	-	100%
50	Parkinson's Disease	Moderately Severe Parkinson's Disease	-	-	100%
51	Poliomyelitis	Moderately Severe Poliomyelitis	-	-	100%
52	Progressive Bulbar Palsy	Early Progressive Bulbar Palsy	-	-	100%
53	Progressive Muscular Atrophy	Early Progressive Muscular Atrophy	-	-	100%
54	Progressive Supranuclear Palsy	Early Progressive Supranuclear Palsy	-	-	100%
55	Severe Myasthenia Gravis	Moderately Severe Myasthenia Gravis	-	-	100%
56	-	Pituitary Adenoma	-	-	25%
57	-	Severe Psychiatric Illness	-	-	25%
Other Major Crises / Serious Diseases					
58	Amputation of Feet due to Complication from Diabetes Mellitus	Amputation of One Foot due to Complication from Diabetes Mellitus	Diabetic Retinopathy	-	100%
59	Chronic Adrenal Insufficiency	Adrenalectomy for Adrenal Adenoma	-	-	100%
60	Chronic Relapsing Pancreatitis	Acute Necrohemorrhagic Pancreatitis	-	-	100%
61	Coma	Coma for 48 hours	-	-	100%
62	Crohn's Disease	Crohn's Disease (Regional Enteritis)	-	-	100%
63	Ebola	-	-	-	100%
64	Elephantiasis	Early Elephantiasis	-	-	100%
65	Haemolytic Streptococcal Gangrene	-	-	-	100%
66	HIV due to Assault	-	-	-	100%

Diseases Covered

Set of Disease	Major Crisis	Serious Disease 1	Serious Disease 2	Juvenile Disease	Maximum benefit to be paid per each Set of Diseases (as of the percentage of Initial Sum Insured) [®]
Other Major Crises / Serious Diseases					
67	Loss of Independent Existence [#]	Moderately Loss of Independent Existence [#]	-	-	100%
68	Loss of Limbs	Severance of One Limb	-	-	100%
69	Loss of Speech	Loss of Speech due to Vocal Cord Paralysis	-	-	100%
70	Major Burns	Moderately Severe Burns	Facial Reconstructive Surgery for Injury and Burns due to Accident	-	100%
71	Necrotizing Fasciitis	-	-	-	100%
72	Pheochromocytoma	-	-	-	100%
73	Severe Osteoporosis [^]	Osteoporosis with Fractures [^]	-	-	100%
74	Severe Rheumatoid Arthritis	Moderately Severe Rheumatoid Arthritis	-	-	100%
75	Systemic Sclerosis	-	-	-	100%
76	Terminal Illness [#]	-	-	-	100%
77	Ulcerative Colitis	Moderately Severe Ulcerative Colitis	-	-	100%
78	-	Optic Nerve Atrophy	-	-	25%
79	-	Postherpetic Neuralgia (PHN)	-	-	25%
80	-	Psoriasis with arthritis	-	-	25%
81	-	Severe Central or Mixed Sleep Apnea	-	-	25%
82	-	Severe Obstructive Sleep Apnea	-	-	25%
Juvenile Diseases (For Age Next Birthday 1 (15 days) - 18)					
83	-	-	-	Attention-Deficit Hyperactivity Disorder (ADHD)*	25%
84	-	-	-	Autism*	25%
85	-	-	-	Dengue Haemorrhagic Fever*	25%
86	-	-	-	Glomerulonephritis with Nephrotic Syndrome*	25%
87	-	-	-	Intellectual Impairment due to Sickness or Injury*	25%
88	-	-	-	Juvenile Huntington Disease*	25%
89	-	-	-	Kawasaki Disease*	25%
90	-	-	-	Marble Bone Disease (Osteopetrosis)*	25%
91	-	-	-	Osteogenesis Imperfecta*	25%
92	-	-	-	Rheumatic Fever with Valvular Impairment*	25%

What this plan covers

Diseases Covered

Set of Disease	Major Crisis	Serious Disease 1	Serious Disease 2	Juvenile Disease	Maximum benefit to be paid per each Set of Diseases (as of the percentage of Initial Sum Insured) [®]
Juvenile Diseases (For Age Next Birthday 1 (15 days) - 18)					
93	-	-	-	Scar due to Accident* a) Keloid or Hypertrophic scar where located on the face or neck of the Insured or on any of his/her limbs; or b) Contracture scar on any part of the body of the Insured.	25%
94	-	-	-	Severe Asthma*	25%
95	-	-	-	Severe Epilepsy*	25%
96	-	-	-	Severe Haemophilia*	25%
97	-	-	-	Still's Disease*	25%
98	-	-	-	Type 1 Diabetes Mellitus*	25%
99	-	-	-	Type I Juvenile Spinal Amyotrophy*	25%
100	-	-	-	Wilson's Disease*	25%

Benign Disease

- Surgical Excision of Covered Benign Tumour**

© The maximum benefit to be paid per each Set of Disease is also subject to the maximum coverage of the respective group.

Terminal Illness, Loss of Independent Existence and Moderately Loss of Independent Existence will not be covered after the total Multiple Crisis Benefit paid has reached 100% of the Initial Sum Insured. If the first Multiple Crisis Benefit is for Terminal Illness, Loss of Independent Existence or Moderately Loss of Independent Existence, the First Confirmed Diagnosis date for any subsequent claim for Multiple Crisis Benefit must be at least 3 years after the date of First Confirmed Diagnosis of immediately preceding Claim for Terminal Illness, Loss of Independent Existence or Moderately Loss of Independent Existence.

^ The claim for Severe Osteoporosis or Osteoporosis with Fractures will only be paid if at the time of diagnosis the Insured is aged 70 (age next birthday) below.

* Subject to HK\$400,000/US\$50,000 per life of each claim under all policies of the Crisis Cover Series.

“-” means that there is no particular disease in that Set of Disease.

** Covered Benign Tumour include: (a) adrenal gland, (b) bone, (c) breast, (d) kidney, (e) liver, (f) lung, (g) nerve in cranium or spine, (h) ovary, (i) pancreas, (j) pituitary gland, (k) testis, or (l) uterus.

The decision for excision of tumour must be recommended by Specialist which the tumour is considered to have a definite and significant malignant potential according to appropriate medical criteria after full and appropriate investigations and must be in accordance with accepted medical protocols and based on clinical, imaging and any histopathological evidence.

Covered Benign Tumour specifically excluded:

- surgery for ovarian cysts including but not limited to simple cysts, endometrial cysts (endometriomas) of the ovary;
- surgery for removal of tumours in organs not listed above or surgery for removal of gall bladder, gall stones, kidney stones, benign hormone secreting tumours of the adrenal glands; and
- surgery for the following causes in all organs:
 - High grade dysplasia, Lipoma, Haemangioma, non-solid tumours including simple cysts;
 - Tumours which were clearly established as benign or of low malignant potential on radiological criteria or biopsy;
 - Tumours removed for reasons other than ruling out cancer; and
 - Partial excision of tumour or other procedures including open or closed biopsies, needle aspiration biopsy or cytology, aspiration, embolization or any procedure to reduce tumour size.

Please refer to the definition of Major Crises, Serious Diseases, Juvenile Diseases and Benign Disease in the policy provision for the details of Major Crises, Serious Diseases, Juvenile Diseases and Benign Disease.

Plan Summary

Plan Structure	Basic Plan			
Policy Term	To the Policy Anniversary immediately preceding the 100 th birthday of the Insured			
Issue Age (Age Next Birthday)	1 - 70	1 - 60	1 - 55	1 - 50
Premium Payment Period	10 years	15 years	20 years	25 years
Premium Structure	The premium is non-guaranteed ²⁴ but it will not be increased based on the age of the Insured on his or her next birthday			
Currency	HKD / USD			
Premium Payment Mode	Monthly / Semi-Annual / Annually			
Minimum Initial Sum Insured	HK\$300,000 / US\$37,500 (per policy)			
Maximum Initial Sum Insured ²⁵	Age next birthday 18 or below: HK\$5,000,000 / US\$625,000 (per life) Age next birthday 19 or above: HK\$12,000,000 / US\$1,500,000 (per life)			
Maximum benefit available for claims of Multiple Crisis Benefit of (a), (b) and (c) below ³	Total of 1000% of the Initial Sum Insured (the maximum total of 500% of Initial Sum Insured for Cancer Group and Non-Cancer Group respectively, subject to the benefit limit of each Set of Disease)			
(a) Crisis Benefit for Major Crises ³	100% of the Initial Sum Insured + accumulated Annual Dividends and interest (if any) ⁶ + Special Bonus (if any) ⁷			
(b) Crisis Benefit for Serious Diseases ⁸	25% of the Initial Sum Insured (Subject to a maximum of HK\$400,000 / US\$50,000 per Insured of each claim under all policies of the Crisis Cover Series for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery) + accumulated Annual Dividends and interest (if any) ⁶ + proportionate Special Bonus (if any) ⁷			
(c) Crisis Benefit for Juvenile Diseases ¹⁸	25% of the Initial Sum Insured (Subject to a maximum of HK\$400,000 / US\$50,000 per Insured of each claim under all policies of the Crisis Cover Series) + accumulated Annual Dividends and interest (if any) ⁶ + proportionate Special Bonus (if any) ⁷			
Additional Coverage Benefit ⁹	The benefit is only applicable to Insured whose issue age is 1 - 65 (age next birthday). Additional 90% of the Initial Sum Insured (for the Insured whose issue age is 35 or below at next birthday) or 60% of the Initial Sum Insured (for the Insured whose issue age is above 35 at next birthday) will be payable if the Insured is diagnosed with covered Major Crises or passes away before the 15 th Policy Anniversary while the coverage of the policy is in effect			
Critical Medical Care Benefit ⁴	Additional 20% of Initial Sum Insured (subject to a maximum of HK\$400,000/ US\$50,000 per Insured of each claim under all policies of the Crisis Cover Series)			
Cancer Booster Benefit ¹⁴	Additional 20% of the Initial Sum Insured			
Additional Benefit for Designated Cancers ¹⁰	Additional 25% of the Initial Sum Insured will be payable if the Insured is diagnosed with Lung Cancer, Colorectal Cancer, Breast Cancer or Prostate Cancer			
Extended Critical Medical Care Benefit ¹¹	Additional 50% of the Initial Sum Insured			
Life Impact Benefit ⁵	Additional 50% of the Initial Sum Insured			

What this plan covers

Plan Summary

Benign Tumour Extra Benefit ^{3,19}	<p>Group 1: Surgical Excision of Covered Benign Tumour of (i) breast, (ii) ovary, or (iii) uterus - Additional 10% of Initial Sum Insured (subject to a maximum of HK\$160,000 / US\$20,000 per Insured of each claim under all policies of Crisis Cover Series of each organ)</p> <p>Group 2: Surgical Excision of Covered Benign Tumour of (i) adrenal gland, (ii) bone, (iii) kidney, (iv) liver, (v) lung, (vi) nerve in cranium or spine, (vii) pancreas, (viii) pituitary gland, or (ix) testis - Additional 30% of Initial Sum Insured (subject to a maximum of HK\$400,000 / US\$50,000 per Insured of each claim under all policies of Crisis Cover Series of each organ), less amount of Benign Tumour Extra Benefit claim paid and/or payable</p> <p>The Benign Tumour Extra Benefit for each organ will be payable once only. A maximum of all claims paid and/or payable under this benefit is subject to the lower of: (i) 30% of Initial Sum Insured; or (ii) HK\$400,000 / US\$50,000 per Insured under all policies of Crisis Cover Series</p>
Life Enrichment Program ¹³	If Crisis Benefit for Major Crises is payable for the first Cancer, Heart Attack or Stroke, relevant rehabilitation program will be provided
Dementia Support Program ¹⁵	If the Insured/Insured's parent(s) has/have First Confirmed Diagnosed of Alzheimer's disease, a designated support program or a referral service for a designated support program will be offered to the Insured or the Insured's parent(s) respectively
Health Supplement Benefit ¹²	Additional 2% of the Initial Sum Insured is payable per month after Crisis Benefit for Major Crises is payable (up to a maximum of 6 months)
Health Screening Benefit ¹	0.2% of Initial Sum Insured is payable once for every 2 policy years up to 10 policy years (no more than 5 times per policy)
Special Benefit for Infant ²⁰	If the Insured (or the Insured's spouse) gives birth to a child, the new-born infant shall be covered by the Crisis Benefit for Major Crises or Death Benefit (40% of the Initial Sum Insured per new-born infant and up to a per newborn infant of HK\$400,000 / US\$50,000 under all policies of the Insured and/or Insured's spouse of Crisis Cover Series) from the attained age of 15 days until the child's 5 th birthday or termination of the policy of the Insured, whichever is earlier
Surrender/Maturity Benefit	Guaranteed Cash Value + accumulated Annual Dividends and interest (if any) ⁶ + Special Bonus (if any) ⁷
Death Benefit ^{3, 26}	Current Sum Insured + accumulated Annual Dividends and interest (if any) ⁶ + Special Bonus (if any) ⁷
Compassionate Death Benefit ²⁷	Additional 10% of the Initial Sum Insured
Option to apply for new policy of critical illness at specified age (Age Next Birthday)	Option to apply for a critical illness protection plan upon the Policy Anniversary which immediately comes on or after the respective ages of 18 / 30 / 40 / 60 of the Insured without evidence of insurability ²⁸

Plan Summary

Crisis Cover Series – PREMIER THE ONEcierge One Team Health Management ²	Service Program
Second Medical Opinion ²¹	Service Program
Family Care Services ²²	Service Program
Extended Grace Period Benefit	Available since the 2 nd policy year, if the Policy Owner becomes a parent, gets married or divorced, or becomes involuntarily unemployed during the premium payment period of the Plan, Policy Owner can choose to apply for the Extended Grace Period Benefit to stay protected by this Plan while enjoying an extended grace period for premium payment up to 365 days
Waiver of Premium on Death Benefit (Parents) / (Spouse) (optional benefit) ²³	After the policy has been in force for 2 years, if the parent of an insured child (as a Policy Owner or Parent Contingent Owner) or the spouse of an insured adult (as a Spouse Owner or Spouse Beneficiary) passes away, the future premiums will be waived to lighten your burden

Remarks

1. FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD" or "We") will reimburse the reasonable and customary charges for health screening (up to max. HK\$6,000 / US\$750 for Health Screening Benefit under all policies of the Crisis Cover Series per Insured) received by the Insured once for every 2 policy years (up to 10 policy years), provided that the Insured must have been continuously covered for 2 years from the Policy Date. This benefit amount will not be deducted from the Multiple Crisis Benefit Limit. Crisis Cover series means Crisis VCover, Crisis OneCover, Crisis OneCover Prime and other selected critical illness insurance plan(s) as specified by FWD from time to time.
2. PREMIER THE ONEcierge is provided by HealthMutual Group Limited ("HMG") and its healthcare network team and Parkway Hospitals Singapore ("Parkway") and shall not form a part of the policy or benefit item under the policy provisions. FWD reserves the right to terminate or vary the service in its sole discretion without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team and Parkway. This service is only available in the Pan-Asia Region. The hotline for PREMIER THE ONEcierge is (852) 8120 9066 for Hong Kong and there is also a toll-free number for Mainland, 400 9303078. For details, please refer to the attached PREMIER THE ONEcierge's brochure.
3. FWD shall not pay the Multiple Crisis Benefit, Critical Medical Care Benefit, Life Impact Benefit or Benign Tumour Extra Benefit where the symptoms appear, the condition occurs or the diagnosis relating to the relevant Major Crisis, Serious Disease, Juvenile Disease, Benign Disease or illness occurs before or within the first 90 days from the Policy Date, the Policy Restart Date or Initial Sum Insured increased date (for the increased amount). The aggregate maximum amount of benefits payable for all claims under Multiple Crisis Benefit is 500% of Initial Sum Insured for Cancer Group and for Non-Cancer Group respectively ("Multiple Crisis Benefit Limit"). Major Crises, Serious Diseases and Juvenile Diseases claim under Multiple Crisis Benefit ("Claim") for each Set of Disease can be made up to a maximum benefit amount of a percentage of the Initial Sum Insured as set out in the table under the "Diseases Covered" section and subject to the Multiple Crisis Benefit Limit. In respect to the Claim under the policy, if the total amount of Claim paid and / or payable exceeds 100% of the Initial Sum Insured, the Insured must have survived for a period of at least 14 days from the date of First Confirmed Diagnosis of the respective disease (except for continuous cancer) in order to be eligible for the respective benefit. If the total Claim paid under the policy reaches 100% of the Initial Sum Insured, FWD will waive the balance of premium payable under the Basic Plan. The first premium to be waived will be the one falling due immediately after the date following the First Confirmed Diagnosis of the Major Crisis, Serious Disease or Juvenile Disease which leads the total Claim paid under the policy to reach 100% of the Initial Sum Insured and all the riders will be terminated. No Multiple Crisis Benefit will be paid by the policy upon the payment of 1000% of the Initial Sum Insured as Multiple Crisis Benefit. Current Sum Insured means the Initial Sum Insured less any claims paid and / or payable for Multiple Crisis Benefit under the policy which will be reduced accordingly, subject to a minimum of zero. Guaranteed Cash Value, future premium, future Annual Dividend (if any) and Special Bonus (if any) will be reduced accordingly. Once the Current Sum Insured amount of the policy has been reduced to zero, the Guaranteed Cash Value is reduced to zero accordingly, and any future Annual Dividend and Special Bonus will not be declared.

Waiting period of multiple claims

No waiting period between 2 Crisis Benefit Claims is required except the following:

- a. If both of the 2 Crisis Benefit Claims are for Major Crisis (other than in the scenario stated in (b) and (c) below), in order for the subsequent claim to be covered under the policy, the First Confirmed Diagnosis of the Major Crisis of the subsequent Crisis Benefit Claim for Major Crisis will be at least 1 year after the date of the First Confirmed Diagnosis of the Major Crisis of the immediately preceding Crisis Benefit Claim for Major Crisis (for which benefit has been paid under this policy).
 - b. If both of the 2 Crisis Benefit Claims are for Crisis Benefit for Major Crises under the cancer group, continuous cancer, recurrence of the cancer and cancer in different sites will be covered, provided that:
 1. if the subsequent claim for cancer is a continuous cancer of the preceding cancer claim (for which benefit has been paid), the cancer of the subsequent claim will be covered only if 3 years has passed since the date of the confirmed diagnosis of that preceding claim for cancer which has not been completed in remission;
 2. if the subsequent claim for cancer is a recurrence of the cancer of the preceding cancer claim (for which benefit has been paid), the cancer of the subsequent claim will be covered only if the First Confirmed Diagnosis of the subsequent cancer takes place at least 3 years after the date of the First Confirmed Diagnosis of that preceding claim for cancer (for which benefit has been paid);
 3. if the subsequent claim for cancer is not a continuous cancer or recurrence of the cancer of the preceding cancer claim (for which benefit has been paid), the cancer of the subsequent claim will be covered only if the First Confirmed Diagnosis of the subsequent cancer takes place at least 1 year after the date of the First Confirmed Diagnosis of that preceding claim for cancer (for which benefit has been paid).
 - c. If there is a Crisis Benefit Claim for terminal illness, loss of independent existence or moderately loss of independent existence (which has been approved under the policy), the subsequent Crisis Benefit Claim (irrespective of whether it is a Crisis Benefit Claim for Juvenile Disease, Serious Disease or Major Crisis) will only be covered if the date of the First Confirmed Diagnosis of the illness of such subsequent Crisis Benefit Claim is at least 3 years after the date of the First Confirmed Diagnosis of the terminal illness, loss of independent existence or moderately loss of independent existence (as the case may be) of the immediately preceding Crisis Benefit Claim for terminal illness, loss of independent existence or moderately loss of independent existence (as the case may be).
4. While this policy is in force, if it becomes Medically Necessary for the Insured to be Confined in an Intensive Care Unit for 3 or more consecutive days for an illness or Injury with the use of Invasive Life Support, FWD will pay Critical Medical Care Benefit. This benefit can be claimed once only under this policy and this additional benefit amount will not be deducted from the Current Sum Insured and Multiple Crisis Benefit Limit.

This benefit is also subject to the following conditions:

1. if both (a) Multiple Crisis Benefit – Crisis Benefit for Major Crises, and (b) Critical Medical Care Benefit are payable by us as a result of the same illness or Injury, we will only pay Multiple Crisis Benefit – Crisis Benefit for Major Crises but not the Critical Medical Care Benefit;
2. if any preceding claim for the same illness or Injury has been paid under Multiple Crisis Benefit – Crisis Benefit for Major Crises, we will not pay the Critical Medical Care Benefit for the same illness or Injury; and
3. if both (a) Life Impact Benefit, and (b) Critical Medical Care Benefit are payable by us as a result of same illness or Injury, we will pay both Life Impact Benefit and Critical Medical Care Benefit.

Remarks

5. This benefit can be claimed 4 times under this policy and this additional benefit amount will not be deducted from the Current Sum Insured and Multiple Crisis Benefit Limit. This benefit will automatically be terminated on the Policy Anniversary immediately preceding the 86th birthday of the Insured.
This benefit is also subject to the following conditions:
 1. if both (a) Multiple Crisis Benefit – Crisis Benefit for Major Crises, and (b) Life Impact Benefit are payable by us as a result of the same illness or Injury, we will only pay Multiple Crisis Benefit – Crisis Benefit for Major Crises but not the Life Impact Benefit;
 2. if any preceding claim for the same illness or Injury has been paid under Multiple Crisis Benefit – Crisis Benefit for Major Crises, we will not pay the Life Impact Benefit for the same illness or Injury; and
 3. if both (a) Life Impact Benefit, and (b) Critical Medical Care Benefit are payable by us as a result of same illness or Injury, we will pay both Life Impact Benefit and Critical Medical Care Benefit.
6. Annual Dividend (if any) will be payable every year starting from the 1st Policy Anniversary provided that the policy is in force and premium is paid in full when due. Annual Dividend is a non-guaranteed payment and is determined by FWD from time to time at its absolute discretion. Annual Dividend will not be payable when total payments of Multiple Crisis Benefit under the policy reach 100% of the Initial Sum Insured.
7. When the policy has been in force for 5 years or more, a Special Bonus (if any) will be payable under the policy upon the payment of Crisis Benefit for Major Crises or Death Benefit under the policy, surrender, maturity or at the end of the one year restart period if the policy lapses and is not restarted within that period. Special Bonus is not guaranteed and is determined by FWD from time to time at its absolute discretion. A proportionate Special Bonus, if any, may also be paid upon payment of the Crisis Benefit for Serious Diseases, Crisis Benefit for Juvenile Diseases or partial surrender. Special Bonus (if any) will then be reduced on a pro rata basis accordingly. Special Bonus will not be payable when total payments of Multiple Crisis Benefit under the policy reach 100% of the Initial Sum Insured.
8. Each Serious Disease can be payable once only (except Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery). A maximum of two claims can be made in respect of Angioplasty of Coronary Artery under the Plan. To be eligible for the second claim under it, the treatment must be performed on a location of stenosis or obstruction in a major coronary artery where no stenosis greater than 60 percent was identified in the coronary angiogram relating to the first claim of this illness, for which benefit has been paid. Carcinoma-in-situ or Early Stage Malignancy of Specific Organs can be claimed more than once. To be eligible for the subsequent claims, the claims must be a Carcinoma-in-situ or Early Stage Malignancy of one of the covered organs that is different from the organ(s) of the previous claims for which benefit(s) have / has been paid. If the relevant covered organ has both a left and a right component (such as, but not limited to, the lungs or breasts), the left side and right side of the organ shall be considered one and the same organ. A maximum of HK\$400,000 / US\$50,000 per Insured of each claim is payable under all policies of the Crisis Cover Series for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery.
9. Additional 90% of the Initial Sum Insured (for the Insured whose issue age is 35 or below at next birthday) or 60% of the Initial Sum Insured (for the Insured whose issue age is above 35 at next birthday) will be payable as at the date when the Crisis Benefit for Major Crises or Death Benefit is payable under the policy. This benefit will be payable once only under the policy and will be terminated (i) upon the termination of the policy; (ii) once the Crisis Benefit for Major Crises or Death Benefit has been paid or becomes payable; or (iii) on the 15th Policy Anniversary, whichever is the earliest. This additional benefit amount will not be deducted from the Multiple Crisis Benefit Limit.
10. The benefit payable is equivalent to 25% of the Initial Sum Insured as at the date when the designated Cancer (i.e. Lung Cancer, Colorectal Cancer, Breast Cancer or Prostate Cancer) is payable under Crisis Benefit for Major Crises of the policy. This benefit can be payable once only under the policy. The coverage of this benefit shall be terminated upon 500% of the Initial Sum Insured is paid from Cancer Group, regardless of whether the benefit has even been paid or not. This additional benefit amount will not be deducted from the Multiple Crisis Benefit Limit.
11. While this policy is in force, after Multiple Crisis Benefit – Crisis Benefit for Major Crises has been paid or is payable, and it becomes Medically Necessary for the Insured to be Confined in an Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support in respect of the same covered Major Crisis, provided that the first day of Confinement of Intensive Care Unit is within 1 year after the date of First Confirmed Diagnosis of such Major Crisis, FWD will pay Extended Critical Medical Care Benefit. This benefit can be claimed twice under this policy and this additional benefit amount will not be deducted from the Multiple Crisis Benefit Limit.
12. While the Insured is still alive and the policy is in force, when the Crisis Benefit for Major Crises is payable, Health Supplement Benefit will be payable per month (up to a maximum of 6 months) starting from the payment date of the respective Crisis Benefit for Major Crises. This benefit will be payable once only under the policy and this additional benefit amount will not be deducted from the Multiple Crisis Benefit Limit.
13. This service is provided by HMG and its healthcare network team. FWD reserves the right to vary the services in its sole discretion without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team. While the Insured is still alive and the policy is still in force, when the Crisis Benefit for Major Crises for the first Cancer, first Heart Attack or first Stroke is payable, FWD will provide the Life Enrichment Program which shall be started within 6 months from the payment date of Claim of such respective Cancer, Heart Attack or Stroke. This benefit will be payable only once for each Claim of first Cancer, first Heart Attack and first Stroke under Crisis Benefit for Major Crises per life. This service is only available in Hong Kong region.
14. While the policy is in force, if Multiple Crisis Benefit – Crisis Benefit for Major Crises has been paid for cancer, and the Insured is diagnosed with the same cancer and is receiving Active Treatment or End-of-life Care in respect of the same cancer on the recommendation of a Specialist, which is Medically Necessary, at least 1 year after the date of First Confirmed Diagnosis of the Cancer in respect of which Multiple Crisis Benefit – Crisis Benefit for Major Crises has been paid under the policy, FWD will pay Cancer Booster Benefit. This benefit will be payable only once under this policy, and this additional benefit amount paid will not be deducted from the Multiple Crisis Benefit Limit of this policy.
This benefit will automatically be terminated on the Policy Anniversary immediately preceding the 86th birthday of the Insured.

Important to know

Remarks

15. This benefit will only apply if the policy was issued after age 35 at the next birthday of the Insured:
 1. When the Insured has the First Confirmed Diagnosis of Alzheimer's Disease, FWD will provide a designated support program to the Insured and the fee will be waived once per life.
 2. When a parent of the Insured has the First Confirmed Diagnosis of Alzheimer's Disease, FWD will provide a referral service of designated support program once to each of the parents of the Insured. All other relevant fees and charges will be borne by the Insured or users of the service including the Insured's parents.Dementia Support Program is currently provided by Senior Citizen Home Safety Association ("SCHSA") and its healthcare network team. FWD reserves the right to vary the services in its sole discretion without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of SCHSA and its healthcare network team. Dementia Support Program will start within 6 months from the date of First Confirmed Diagnosis of Alzheimer's Disease. This service is only available in Hong Kong region.
16. The maximum eligible benefit amount under the Plan includes Multiple Crisis Benefit, Additional Coverage Benefit, Critical Medical Care Benefit, Cancer Booster Benefit, Additional Benefit for Designated Cancers, Extended Critical Medical Care Benefit, Life Impact Benefit, Benign Tumour Extra Benefit and Health Supplement Benefit and subject to specified terms and conditions under the respective benefits.
17. Subject to the relevant waiting period, please refer to the policy provisions for details.
18. Each Juvenile Disease can be payable once only and the cover is up to aged 18 (Age Next Birthday).
19. Surgical Excision of Covered Benign Tumour means an actual undergoing of a complete surgical excision of a Solid Tumour and such tumour is excised specifically for the purpose of ruling out cancer and is confirmed by histopathological examination in writing by a specialist as a non-cancerous benign tumour. This additional benefit amount will not be deducted from the Multiple Crisis Benefit Limit.
20. This additional benefit is available if the policy has been in effect for at least 2 consecutive policy years after the Policy Date or the last Policy Restart Date, whichever is later. Policy Owners have to notify FWD within 180 days from the date of birth of the infant for application of this benefit. Once the coverage of the covered child has been in effect by FWD, upon the death of the covered child or if the covered child has the first symptoms of a Major Crisis that appear after the first 90 days from the coverage effective date and has the First Confirmed Diagnosis of the Major Crisis subsequently, FWD will pay the benefit. Any claim of the new-born infant under this benefit shall not be deducted from the Insured's Current Sum Insured and will not affect the other benefits available for the Insured under this policy. Policy Owners can only claim either the Crisis Benefit for Major Crises or Death Benefit (not both) under Special Benefit for Infant for any one covered child.
21. The service is currently provided by International SOS and is not guaranteed renewable. All relevant fees and charges (if any) of this service shall be borne by the Insured solely. FWD shall not be responsible for any act or failure to act on the part of International SOS. Details of the services and service provider may be revised from time to time without giving any notice.
22. The service is currently provided by Aspire Lifestyles ("Aspire") and is not guaranteed renewable. All relevant fees and charges (if any) of this service shall be borne by the Insured solely. FWD shall not be responsible for any act or failure to act on the part of Aspire and/or any of its affiliates. Details of the services and service provider may be revised from time to time without FWD's prior notice.
23. For Waiver of Premium on Death Benefit (Parents) / (Spouse) selected at time of application:
 - (i) Waiver of Premium on Death Benefit (Parents)

An Insured child must be below the age of 19 (age next birthday) at the time of policy application. After the policy has been in force for 2 years, if you (i.e. the Policy Owner) and / or the Parent Contingent Owner pass(es) away, FWD will waive the premiums payable under the basic plan which fall due from the date of the Policy Owner's death or the death of Parent Contingent Owner (as the case may be) up to and including the Policy Anniversary immediately preceding the 25th birthday of the Insured. You and the Parent Contingent Owner need to be at or below the age of 50 (age next birthday) at the time of policy application, or at the date of request for nomination or change of contingent ownership of the policy (as the case may be). The Parent Contingent Owner must be the Insured child's parent. For the purpose of this benefit, you may reassign a parent who is at or below the age of 50 (age next birthday) as the Policy Owner or Parent Contingent Owner any time while the policy is in effect. This waiver of premium benefit with respect to the reassignment will be effective after 2 years of the relevant reassignment, subject to the age and relationship requirements described above.
 - (ii) Waiver of Premium on Death Benefit (Spouse)

An Insured adult must be at the age of 19 (age next birthday) or above at the time of policy application. After the policy has been in force for 2 years, if the Insured's spouse, who is (i) the Policy Owner, (ii) a sole beneficiary or (iii) one of the beneficiaries of the policy, passes away, FWD will waive the balance of premium payable under the basic plan. The Insured's spouse must be at or below the age of 50 (age next birthday) at the time of policy application, or the request for nomination or change of Spouse Owner or Spouse Beneficiary (as the case may be). For the purpose of this benefit, you may reassign your spouse who is at or below the age of 50 (age next birthday) as the Policy Owner or beneficiary any time while the policy is in effect. This waiver of premium benefit with respect to the reassignment will be effective after 2 years of the relevant reassignment, subject to the age and relationship requirements described above.
24. Premium rates are not guaranteed and FWD reserves the right to review the premium rates from time to time.
25. Subject to the aggregate maximum Sum Insured per life of all designated critical illness policies, which is determined by FWD's prevailing rules and regulations.
26. If the Claim paid reaches 100% of Initial Sum Insured, no Death Benefit will be payable under the policy.
27. If the Insured dies, FWD will pay additional 10% of the Initial Sum Insured as Compassionate Death Benefit irrespective of the amount of any Claim paid by FWD under his policy.
28. The Policy Owner has the right to apply for a new critical illness protection plan within 31 days immediately before or after relevant Policy Anniversary which immediately comes on or after the respective ages of 18 / 30 / 40 / 60 (Age Next Birthday) of the Insured without providing further evidence of insurability on the Insured (the aggregate maximum of the sum insured is HK\$500,000/US\$62,500 per life), provided that the original policy has been in effect for at least 3 consecutive policy years after the Policy Date or the last Policy Restart Date, whichever is later, no benefit has been paid or become payable under the original policy, and no loading premium and/or additional individual exclusions when the original policy is issued. This right shall be subject to the plan available at the time of application and such terms and conditions of FWD and the aggregate maximum sum insured per life of all designated critical illness policies, which is determined by FWD's then rules and regulations. This benefit is irrevocable after execution.

Dividend / Bonus Information & Investment Strategy

Dividend / Bonus Information

The non-guaranteed special bonus is determined based on the latest dividend / bonus declaration philosophy and investment strategy of FWD that shown below (Please refer to FWD's website for latest information:

<https://www.fwd.com.hk/en/regulatory-disclosures/dividend-bonus-declaration-philosophy/>)

You may also refer to below FWD's website for dividend / bonus history:

[\(https://www.fwd.com.hk/en/regulatory-disclosures/fulfilment-ratios/\)](https://www.fwd.com.hk/en/regulatory-disclosures/fulfilment-ratios/)

Dividend / Bonus Declaration Philosophy

FWD issues participating policies, which offer the policyholders ("You") with dividend/bonus benefits that are not guaranteed. Dividend/bonus includes annual dividend (Include interest on accumulated dividends), terminal dividend, reversionary bonus and special bonus.

Through the dividend/bonus declaration, you participate in the financial performance of the participating products. The financial performance of participating products covers the experience and future outlook of a number of factors, including but not limited to:

1. Investment return; 2. Expenses; 3. Persistency; 4. Claims experience

FWD reviews the dividend/bonus at least annually based on our dividend policy. The dividend/bonus could be adjusted if the financial performance is different from the expectation, and as a result the actual declared dividend/bonus may be different from the benefit illustrations.

The dividend/bonus recommendation is reviewed and approved by our Board of Directors (the "Board"), with written declaration by the Chairman of the Board, an Independent Non-Executive Director and the Appointed Actuary on due regard to our dividend policy as well as the principle of fair treatment of customers.

The current year and projected dividend/bonus would be communicated to you at least annually. Any changes in the current year and projected dividend/bonus will be reflected in the policy annual statement.

Smoothing

Financial performance is unforeseeable. To facilitate your financial planning, we have a smoothing process aiming to deliver a more stable dividend/bonus payouts during the policy term.

When the financial performance is better (worse) than expected, we may hold back a portion of the gains (losses), which will be passed back to you over the future years to ensure a more stable dividend/bonus payouts. Due to the variation of features and benefits of different products, different levels of smoothing may also be applied.

Pooling

Consistent with the nature of insurance contracts, we also group similar policies together to pool the risks amongst a larger number of policyholders to provide diversification benefits, which help to stabilize the financial performance (and hence the dividend/bonus payouts).

To maintain the fairness between policyholders, we may also separate different generations of policies of the same product into different buckets with different dividend/bonus scales, with an aim to more closely reflect the underlying financial performance. As a result, the frequency and magnitude of the dividend/bonus adjustments may vary among different products and buckets. In general, the adjustments on dividend/bonus are more frequent and significant for products with higher risk profile.

Dividend / Bonus Information & Investment Strategy

Investment Strategy

FWD's investment strategies are customized for different products to optimize the return. In particular, these asset portfolios employ a balanced asset allocation investment strategy, which consists of

- Investment-grade fixed income-type securities
- Equity-type investments to enhance the investment performance in the long run. This may include listed equity, hedge funds, mutual funds, private equity and property

The current long-term target asset allocation of this product is as follows:

Asset type	Target asset allocation
Fixed income-type securities	50% - 70%
Equity-type investments	30% - 50%

The asset portfolios also target to provide diversification across different geographic regions and industries to the extent the size of portfolio can support.

Currency exposure of the underlying policies is mitigated by closely matching either through direct investments in the same currency denomination or the use of currency hedging instruments. Currently, the majority of the asset is invested in the United States and Asia Pacific and denominated in USD.

Furthermore, the asset portfolio is actively managed by investment professionals to closely monitor the investment performance. In addition to conducting regular review, FWD also reserves the right to change the investment strategy and shall notify policyholders for any material changes.

Investment Vehicle

The dividend/bonus rate will be influenced by the performance of the underlying investment portfolio, which consists of both fixed income-type securities and equity-type investments. The performance is not static and will be highly affected by the change in market conditions:

Fixed income-type securities

- The return of fixed income-type securities arise from the interest income ("the yield") attained at the purchase of the securities. Under a higher (lower) market interest rates environment, the company is more likely to attain higher (lower) interest income with the new money (e.g. proceeds from coupons, maturities, new contributions);
- The defaults or downgrades of the fixed income-type securities will result in unfavorable investment performance.

Equity-type investments

- The movement of the market price of the equity-type investments will result in change in the market value of the portfolio. Rise (fall) in the market price will increase (decrease) the market value of the portfolio.
- The change in dividend-type income from the equity-type investments will impact the investment results. Higher (lower) dividend-type income from the underlying investment will improve (worsen) the investment results.

Key Product Risks

Credit risk

This product is an insurance policy issued by FWD. The application of this critical illness insurance product and all benefits payable under your policy are subject to the credit risk of FWD. You will bear the default risk in the event that FWD is unable to satisfy its financial obligations under this insurance contract.

Liquidity risk

This product is a long term insurance policy. This policy of long term insurance will be made for certain determined term of years starting from the policy effective date to the policy maturity date. The policy contains value and, if you surrender your policy in the early policy years or before its maturity date, the amount you get back may be considerably less than the total premium you have paid. Application of the Plan may constitute the liquidity risk to your financial condition. You need to bear the liquidity risk associated with the Plan.

Exchange rate and currency risk

The application of this insurance product with the policy currency denominated in a foreign currency is subject to that foreign currency's exchange rate and currency risk. The foreign currency may be subject to the relevant regulatory bodies' control (for example, exchange restrictions). If your home currency is different from the policy currency, please note that any exchange rate fluctuation between your home currency and the policy currency of this insurance product will have a direct impact on the amount of premium required and the value of benefit(s) to be received. For instance, if the policy currency of the insurance product depreciates substantially against your home currency, there is a negative impact on the benefits you receive from the product. If the policy currency of the insurance product appreciates substantially against your home currency, your burden of the premium payment is increased.

Inflation risk

The cost of living in the future may be higher than now due to the effects of inflation. Therefore, the benefits under this policy may not be sufficient for the increasing protection needs in the future even if FWD fulfills all of its contractual obligations.

Early surrender risk

If you surrender your policy in the early policy years or before its maturity date, the amount of the benefit you will get back may be considerably less than the total amount of the premiums you paid.

Non-guaranteed benefits

Non-guaranteed benefits (including but not limited to Annual Dividend / Special Bonus) are not guaranteed and are determined at FWD's discretion based on its Dividend / Bonus declaration philosophy.

Premium adjustment

The premium is non-guaranteed during premium payment term and may significantly increase due to factors including but not limited to claims experience and policy persistency. However, the premium will not be increased based on the age of the Insured on his or her next birthday.

Premium term and non-payment of premium

The premium payment term of the policy is 10, 15, 20 or 25 years.

FWD allows a grace period of 30 days after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the grace period and the policy has no cash value, the policy will be terminated from the date the first unpaid premium was due. If the policy has any loanable cash value, FWD shall automatically advance the amount of premium due as a loan against such loanable cash value of the policy. Once the total amount of outstanding loan and interest accrued thereon is equal to or exceeds the loanable cash value of the policy, the policy will be terminated and you may lose all of your benefits.

Key Product Risks

Termination conditions

The policy shall terminate on the earliest of the following:

1. On the date you surrender your policy.
2. On the date of the Insured's death.
3. From the premium due date, if you have not paid your premiums after the 30-day premium grace period or 365-day extended grace period (as the case may be) unless the automatic premium loan applies.
4. On the date your outstanding policy loan amounts (including interest and automatic premium loans) are equal to or greater than the cash value (excluding Special Bonus) of this policy.
5. On the date that (1) the total amount of Crisis Benefit Claims paid and/or payable reaches 1000% of the Initial Sum Insured, (2) Cancer Booster Benefit (if applicable) has been paid or terminated and (3) Extended Critical Medical Care Benefit (if applicable) has been paid twice or terminated.
6. On the policy Expiry Date.

Exclusions

This policy shall not cover any loss / claim directly or indirectly caused by or resulting from the below exclusions listed that apply for following benefits:

Death Benefit, Additional Coverage Benefit (Death Benefit) and Compassionate Death Benefit

- We will not pay any Death Benefit, Additional Coverage Benefit (Death Benefit) or Compassionate Death Benefit if the death arises from suicide or a self-inflicted act by the Insured within 13 months after the protection starts, restarts, or is increased (for the increased amount). This applies regardless of the Insured's mental state. Instead, we will pay an amount equal to any premium we received without interest, after taking off any benefits we have paid and amounts owed to us and any outstanding insurance levy.

Multiple Crisis Benefit, Additional Coverage Benefit (Crisis Benefit for Major Crises), Critical Medical Care Benefit, Cancer Booster Benefit, Additional Benefit for Designated Cancer, Extended Critical Medical Care Benefit, Life Impact Benefit and Benign Tumour Extra Benefit

- The illness or accidental Injury being claimed for arises from an attempted suicide or a self-inflicted act by the Insured regardless of the Insured's mental state.
- A claim arises because you, the Insured, or the beneficiary participated in an unlawful act.
- If any condition arising out of consumption of poisoning drugs, psychiatric drug, drug abuse, alcohol abuse, abuse of solvents and other substances unless prescribed by a Medical Practitioner for treatment.
- If the illness relates to HIV or AIDS and/or any mutations, derivations or variations thereof, which is derived from an HIV infection, unless the claim is for the following Major Crises or Serious Disease, which meet all of the requirements shown under Section 10 (Medical definitions for major crises) or Section 11 (Medical definitions for serious diseases) of policy provisions (as the case maybe):
 - HIV due to assault.
 - HIV due to blood transfusion.
 - HIV due to organ transplantation.
 - Occupationally acquired HIV.

Special Benefit for Infant

- A claim arises because you, the Insured, or the beneficiary participated in an unlawful act.

Others

Please refer to the provisions for the exclusion for the Extended Grace Period Benefit and other benefits.

This product material is for reference only and is indicative of the key features of the product. For the full and exact terms and conditions and the full list of exclusions of the product, please refer to the policy provisions of this product. In the event of any ambiguity or inconsistency between the terms of this leaflet and the policy provisions, the policy provisions shall prevail. In case you want to read the terms and conditions of the policy provisions before making an application, you can obtain a copy from FWD. The policy provisions of the product are governed by the laws of Hong Kong.

Important Notes

Cancellation Right within Cooling-off Period

If you are not fully satisfied with this policy, you have the right to change your mind.

We trust that this policy will satisfy your financial needs. However, if you are not completely satisfied, you have the right to cancel and obtain a full refund of the insurance premium paid by you and levy paid by you without interest by giving us written notice. Such notice must be signed by you and received directly by the office of FWD within 21 calendar days immediately following either the day of delivery of the policy or a Cooling-off Notice to you or your nominated representative, whichever is the earlier. The notice is the one sent to you or your nominated representative (separate from the policy) notifying you of your right to cancel within the stated 21 calendar day period. No refund can be made if a claim payment under the policy has been made prior to your request for cancellation. Should you have any further queries, you may (1) call our Customer Service Hotline on 3123 3123; (2) visit our FWD Insurance Solutions Centres; (3) email to cs.hk@fwd.com and we will be happy to explain your cancellation rights further.

Cancellation Right after Cooling-off Period

To surrender the policy, the Policy Owner needs to send FWD a completed surrender form or by any other means acceptable by FWD.

Automatic Exchange of Financial Account Information

FWD must comply with the following requirements of the Inland Revenue Ordinance to facilitate the Inland Revenue Department automatically exchanging certain financial account information:

- I. To identify accounts as non-excluded “financial accounts” (“NEFAs”);
- II. To identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
- III. To determine the status of NEFA-holding entities as “passive non-financial entities (NFEs)” and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
- IV. To collect information on NEFAs (“Required Information”) which is required by various authorities; and
- V. To furnish Required Information to the Inland Revenue Department.

The Policy Owner must comply with requests made by FWD to comply with the above listed requirements.

Incorrect disclosure or non-disclosure

Your policy is based on the information you and the Insured gave FWD during the application process. It is important that you and the Insured were truthful and accurate with all of the information you provided, as this information helped FWD to decide if you and they were eligible for the policy, and what you need to pay.

You or the Insured are/is required to disclose all material facts in response to FWD's underwriting questions. Material facts are the facts, information or circumstances, in particular medically-related facts, e.g. medical history, smoking status, etc., that would influence the judgment of FWD in setting the premium, or in determining whether to insure the risk. If you or the Insured are/is uncertain as to whether or not a certain piece of information is material, please take a cautious approach and disclose it to FWD.

You should let us know immediately if the information you or the Insured gave us was inaccurate, misleading, or exaggerated. If you or the Insured did not provide accurate and truthful information, or you or they gave misleading or exaggerated information, your benefits or premium under your policy may be affected, and in some cases we may cancel your policy.

How to make a claim

Please tell us as soon as possible if you need to make a claim under your policy.

We must be advised within 90 days of the event leading to the claim. If we are not advised in this time frame, we may refuse the claim.

Please refer to policy provision for the details of claims procedures of each benefit.

Important Words

Confinement or Confined

The period when the Insured stays in a Hospital as an in-patient for Medically Necessary treatment of an illness or Injury. The Hospital stay must be for at least 6 continuous hours or, if this does not happen, the Hospital must charge for room and board. The Insured cannot leave the Hospital before he or she is discharged. Confinement ends when the Hospital issues its final accounts in preparation for the Insured to formally leave, or be discharged from, the Hospital.

Disease(s)

The disease(s) covered under this policy are shown in a table in Section 9 (List of diseases covered) of policy provisions. In the list of Major Crises, Serious Diseases and Juvenile Diseases, each disease is presented in a row and identified by the number as shown in the 1st column of each row. Each disease is classified into 3 sickness conditions, namely Major Crises, Serious Diseases and Juvenile Diseases as set out in the 2nd, 3rd, 4th and 5th columns of each row respectively in the said Section 9. Some diseases do not contain all the said 3 sickness conditions and “-” will be indicated at the relevant column if that particular sickness condition does not exist in that disease. A disease as defined and classified under “Benign Disease” will be included in the list of Benign Disease covered in Crisis OneCover Prime. Each disease is further defined in Section 10, Section 11, Section 12 or Section 13 (as the case may be) of policy provisions.

First Confirmed Diagnosis

The first time that a diagnosis of a Major Crisis, Serious Disease, Juvenile Disease or Benign Disease (as the case may be) is made by a Medical Practitioner and confirmed by histopathological and / or cytopathological patterns and / or radiological tests, blood tests and / or other laboratory tests results. Date of diagnosis of a Major Crisis, Serious Disease, Juvenile Disease or Benign Disease suffered by the Insured will be the day when tissue specimen, culture, blood specimen or any other laboratory investigation upon which the diagnosis is determined is first taken from the Insured. For cancer and carcinoma-in-situ or early stage malignancy of specific organs and benign disease, a diagnosis based on history, physical and radiological findings only will not meet the standards of diagnosis required by this policy.

Invasive Life Support

A medical service, procedure or supply which is necessary and is:

- Extracorporeal Membrane Oxygenation (ECMO); or
- Left ventricular assist device (LVAD) or intra-aortic balloon pump; or
- Ventilatory support by invasive artificial airway (endotracheal tube or tracheostomy tube) for a minimum of 3 days.

The following are not covered: Prolonged admission and ventilation in Intensive Care Unit or surgery done for organ donation; admission to Intensive Care Unit or surgery for cosmetic, weight reduction or gender transformation purposes; hospitalisation for psychiatric or mental illness; surgery to correct vision or refractory disorder; or hospitalisation to High Dependency Unit (HDU), or general hospital ward. However, ventilation by any non-invasive ventilator such as CPAP, BiPAP or Face mask, is specifically excluded.

Medically Necessary

The treatment, medication, or mobility aid is necessary according to a Medical Practitioner to diagnose, relieve or cure the illness or Injury being claimed for, and where all of the following are true.

- The Insured's medical condition will be negatively affected if the treatment is not carried out.
 - The treatment is widely accepted within the medical profession in Hong Kong or the country of treatment as being effective, appropriate and essential based on recognised medical standards of the specialty involved.
 - The treatment is not experimental or for cosmetic or aesthetic purposes.
 - The treatment is not only to prevent illness or Injury.
 - The treatment is not for the personal convenience or comfort of the Insured or any person who cares for the Insured.
- We will not treat a stay in Hospital as Medically Necessary if the Insured can be safely and adequately treated in any other facility.

Important Words

Pre-existing Conditions

Any condition or illness in respect of an Insured, which existed or was existing; or where its direct cause existed or was existing; or where the Insured and / or the Policy Owner was aware or should reasonably have been aware of signs or symptoms of the condition or illness; or where any laboratory test or investigation showed the likely presence of the condition or illness, in each case, prior to the Policy Date.

Reasonable and Customary

In relation to a fee, a charge or an expense, any fee or expense which

- is actually charged for treatment, supplies or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an ill or injured person under the care, supervision or order of a Medical Practitioner;
- does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred;
- does not include charges that would not have been made if no insurance existed; and
- does not exceed the actual fee, charge or expense incurred.

We may adjust benefit(s) payable under this policy for fees or expenses that we judge not to be reasonable and customary after comparing with fee schedules used by the government, relevant authorities or recognised medical associations in the location where the fee or expense is incurred.

Declarations

- This product is underwritten by FWD. FWD is solely responsible for all features, policy approval, coverage and benefit payment under the product. FWD recommends that you carefully consider whether the product is suitable for you in view of your financial needs and that you fully understand the risk involved in the product before submitting your application. You should not apply for or purchase the product unless you fully understand it and you agree it is suitable for you. Please read through the following related risks before making any application of the product.
- This product material is issued by FWD. FWD accepts full responsibility for the accuracy of the information contained in this product material. This product material is intended to be distributed in the Hong Kong Special Administrative Region ("Hong Kong") only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of FWD outside Hong Kong. All selling and application procedures of the product must be conducted and completed in Hong Kong.
- This product is an insurance product. The premium paid is not a bank savings deposit or time deposit. The product is not protected under the Deposit Protection Scheme in Hong Kong.
- This product is a participating life product with savings element. The premium of this plan has covered the costs of insurance and the related costs of the policy despite the product brochure / leaflet and / or the illustration documents of this plan having no schedule / section of fees and charges or no additional charge noted other than the premium.
- The product is a participating life product. If you surrender your policy before its maturity date, the amount you get back may be less than the total premium you have paid.
- All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the Insured in the insurance application to decide to accept or decline the application with a full refund of any premium paid and any insurance levy paid without interest. FWD reserves the right to accept / reject any insurance application and can decline your insurance application without giving any reason.
- All the above benefits and payment are paid after deducting policy debts (if any, e.g. unpaid premiums or policy loan with interest).

For more information

Please contact your financial advisor,
call our Service Hotline or
simply check out our website.

fwd.com.hk



Service Hotline
3123 3123



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