

Crisis XDefender Signature / Crisis XDefender Signature Plus

Geared to go

Critical Illness Protection • Participating Life



Geared to go

Wearing a helmet is more than just looking cool; it allows you to be safe while you are exploring the world. Just like critical illness protection. It has become a must-have in life these days for you to enjoy the things around you.

The emergence of unknown infectious diseases (such as SARS and COVID-19) and unexpected illness may bring a huge impact, and substantial medical cost can disrupt your life. To accompany and support you wherever you want to go, FWD brings you a comprehensive critical illness protection – Crisis XDefender Signature and Crisis XDefender Signature Plus (collectively “the Plans”).

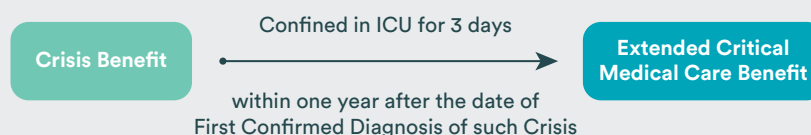


Higher Confidence from a Broad Coverage

In addition to protection against 62 Crises, the Plans also cover 65 Special Diseases with 12 of them specifically for juveniles. There's no simpler way to achieve broad protection against critical illnesses.^{1,2,3}

First-in-Hong Kong*

Furthermore, after the Crisis Benefit has been paid or is payable, Crisis XDefender Signature Plus provides Extended Critical Medical Care Benefit - extended protection in respect of the same Crisis for an additional 50% of Initial Sum Insured if the Insured is Confined in an Intensive Care Unit ("ICU") of 3 or more consecutive days for the same Crisis within one year.⁴



From Defined Diseases to Undefined / Unknown Diseases

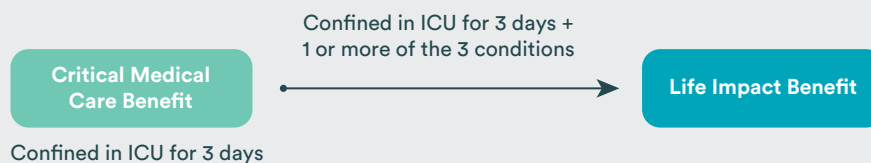
First-in-Hong Kong*

Unknown diseases can strike you and your family when you least expect it, for illness and Injury that lead to Confinement in Intensive Care Unit of 3 or more consecutive days, the Plans will pay Critical Medical Care Benefit^{1,5} to alleviate your financial situation.

Crisis XDefender Signature Plus offers a Life Impact Benefit^{1,6} which provides coverage when faced with undefined/unknown illnesses and Injuries and caused to a more severe impact to the Insured's life to a state as specified. It is payable if the Insured is Confined in an Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support and experiences one or more of the following conditions within the same 120-day period which is caused by the same illness or Injury:

- (i) The Insured is Confined in a Hospital for 10 or more consecutive days (including anytime Confined in an Intensive Care Unit);
- (ii) A Medical Practitioner confirms that the Insured will need lifelong prescription medicine which is Medically Necessary; or
- (iii) The Insured has surgery under general, spinal or epidural anesthetic which is Medically Necessary.

It is only available under Crisis XDefender Signature Plus that an additional 50% of Initial Sum Insured will be payable.



Once Total Claims paid for any Crisis Benefit, Special Disease Benefit and/or Critical Medical Care Benefit equal 100% of the Initial Sum Insured, the rest of the premium payable under the Plans will be waived.¹



Enhanced Security from Designated Crises (Up to 710% of Initial Sum Insured)

After the Crisis Benefit has been paid, if the Insured is subsequently diagnosed with either Cancer, Heart Attack or Stroke, FWD will pay Multiple Benefit for Designated Crises for a maximum of 5 times for a total up to additional of 690% of Initial Sum Insured.^{1,7}

We have extra support of Cancer Booster Benefit (additional 20% of Initial Sum Insured) for enhanced cancer coverage⁸ under the Plans if Crisis Benefit or Multiple Benefit for Designated Crisis 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 at least after 1 year.



Greater Reassurance from Additional Benefits (Up to 75% of Initial Sum Insured)

The Plans provide up to 75% of Initial Sum Insured of Additional Coverage Benefit to back you up if the Insured is diagnosed with any covered Crises or passes away in the first 15 Policy Years⁹.



Extra Protection against Benign Tumour^{1,10}

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 Plans offer you Benign Tumour Extra Benefit (up to additional 15% of Initial Sum Insured) to relieve you of your financial burden if it is confirmed diagnosed as a Benign Disease. This way, you can focus on your road to full recovery.



Protect you from congenital diseases^{1,2,3}

If 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 Plans provide coverage if the congenital disease develops into a covered Disease. There's no simpler way to shield against these undetected congenital diseases.



Special Care on Your Road to Recovery

Ongoing treatment may be necessary to fully recover from a critical illness. After the Insured's first confirmed diagnosis of a Heart Attack or Stroke, and the Crisis Benefit has been paid, the Insured can get the Rehabilitation Benefit¹¹ of an additional 1% of the Initial Sum Insured per month for up to 6 months.

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After the Insured's first confirmed diagnosis of a Heart Attack or Stroke, and the Crisis Benefit has been paid, the Insured can enjoy the Lifestyle Management Program¹² which is a tailor-made professional rehabilitation program to support recovery.

If the Insured is diagnosed with an illness related to Group 3 diseases (illnesses related to Circulatory System except for Heart Attack and Stroke), the Lifestyle Management Program¹² will refer the Insured to the best-suited rehabilitation program. The initial consultation fee will also be waived.

Provided that the Policy was issued after age 35 at the next birthday of the Insured, after the Insured's or the Insured's parents First Confirmed Diagnosis of Alzheimer's Disease, the Lifestyle Management Program¹² will offer a tailor-made support program for the recovery journey or a referral service for designated rehabilitation program to the Insured's parents (as the case may be), giving you a peace of mind.



Protection for Your Newborn

Everyone wants to protect their babies as much as they can. Under the Plans, should an infant be born to you or your spouse, Crisis Benefit or Death Benefit will be extended to your child from the child's age of 15 days to the child's 5th birthday under Special Benefit for Infant¹³ at no extra premium or impact on the Insured's coverage.



Medical Check-up for Your Wellness

Early detection is always the better option. To help you maintain your well-being, the Plans offer a Medical Check-up¹⁴ on each of the 2nd, 4th, 6th, 8th and 10th Policy Anniversaries of the Plans.



Reward for Healthy Body

In addition to the medical check-up, the Plans reward you if you are in good health. The Plans offer you Guaranteed Cash Value from the 3rd Policy Anniversary and Special Bonus from the 5th Policy Anniversary (if any)¹⁵ when you surrender the policy before 100% of the Initial Sum Insured is claimed.



Professional Services Are Around You

As part of our promise of care, the Plans also give you access to a priority health coaching service: Crisis XDefender Series – PREMIER THE ONEcierge One Team Health Management (“PREMIER THE ONEcierge”)¹⁶. You can simply call the hotline and PREMIER THE ONEcierge will provide you with a leading network of specialists so you can receive the most suitable treatment from the best-suited doctor and top-tiered network hospitals in the Pan-Asia Region.

When your crisis claim is approved, you are given access to some of the highest-ranked medical institutions in the U.S. for a second medical opinion¹⁷. What’s more, the Plans also provide a referral service (“Family Care Services”)¹⁸ to help with taking care of your home. Through Family Care Services, you have immediate access to a wide range of carefully selected referral services including home-cleaning service, Chinese soup service, child care service and pet care service.



Extended coverage for your loved ones - Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider (optional rider)¹⁹

This optional rider could help you give your loved ones a much-needed safety net - with no additional 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 end of premium payment term, we will waive the future premiums of the Plans and this rider to lighten the burden.

* Per a comparison made on 31 Dec 2020 among the critical illness insurance plans of key insurers available in Hong Kong, Critical Medical Care Benefit, Extended Critical Medical Care Benefit, Lifestyle Management Program and Life Impact Benefit are first in Hong Kong.

**Get real. Don't lag behind.
Talk to us today!**

Example



Insured: Ms Emily Wong

Age next birthday: 30

Job: Sales Manager

Plan: Crisis XDefender Signature

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

Premium Payment Term of the plan: 20 years

Background:

Emily is married and loves travelling and enjoying an active life.

She wants to better plan against the unexpected, like possible critical illnesses. She purchased the plan to safeguard her capital and lower the financial burden in the event of critical illness.

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

Jan 2021

Purchased the plan



Feb 2022

She is suffered with COVID-19 and Confined in Intensive Care Unit for 3 consecutive days with the use of Invasive Life Support. **Critical Medical Care Benefit** is claimed, which is advanced payment of 20% of the Initial Sum Insured (HK\$200,000) plus proportionate Special Bonus (if any).

After the payment of Critical Medical Care Benefit, the Current Sum Insured will be reduced accordingly. Death Benefit, Crisis Benefit, Guaranteed Cash Value, future premium and Special Bonus (if any) will be reduced accordingly.



Jan 2025

Through medical check-up, it is discovered that there is a tumour in breast that a doctor suggests to be malignant potential; and can only to be confirmed as benign by complete surgical removal for diagnosis purpose. She undergoes a complete surgical excision of the solid tumour which is then confirmed by histopathological examination as a non-cancerous benign tumour. The **Benign Tumour Extra Benefit** is payable, which is equal to HK\$50,000 (5% of the Initial Sum Insured).



Feb 2029

She has chest pains and is unfortunately diagnosed with carcinoma-in-situ of breast and hence **Special Disease Benefit** is claimed, which is 20% of the Initial Sum Insured (HK\$200,000) plus proportionate Special Bonus (if any).

After the payment of Special Disease Benefit, the Current Sum Insured will be reduced accordingly. Death Benefit, Crisis Benefit, Guaranteed Cash Value, future premium and Special Bonus (if any) will be reduced accordingly.



May 2030

She is diagnosed with a Heart Attack. **Crisis Benefit**, which is 100% of Current Sum Insured or equivalent to 60% of Initial Sum Insured (HK\$600,000) and **Additional Coverage Benefit**, which is 75% of Initial Sum Insured (HK\$750,000) are payable, 135% of Initial Sum Insured (HK\$1,350,000) in total, plus Special Bonus (if any) are claimed.

She can also have the coverage and support from **Rehabilitation Benefit** and **Lifestyle Management 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 Special Bonus will not be declared.



July 2031

The carcinoma-in-situ of breast has progressed to breast cancer. 1 year waiting period has passed and hence **Multiple Benefit for Designated Crisis** is paid and the amount is HK\$1,200,000 (120% of Initial Sum Insured).



July 2032

She is receiving active treatment to cure breast cancer. 1 year waiting period has passed and **Cancer Booster Benefit** which is equal to additional 20% of Initial Sum Insured (HK\$200,000) is paid.



July 2034

Unfortunately the breast cancer continues and has not been completed in remission. 3 years waiting period has passed and hence **Multiple Benefit for Designated Crisis** is paid and the amount is HK\$1,200,000 (120% of Initial Sum Insured).

What this plan covers

Plan Summary

| | | | |
|---|---|----------|----------|
| Plan Type | Basic Plan | | |
| Benefit Term | To age 100 | | |
| Issue Age (Age Next Birthday) | 1 – 70 | 1 – 60 | 1 – 55 |
| Premium Payment Term | 10 years | 15 years | 20 years |
| Premium Structure | The premium is non-guaranteed ²⁰ 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-Annually / Annually | | |
| Minimum Initial Sum Insured | HK\$120,000 / US\$15,000 (per policy) | | |
| Maximum Initial Sum Insured ²¹ | HK\$12,000,000 / US\$1,500,000 (per life) | | |
| Crisis Benefit ^{1,3} | 100 % of Current Sum Insured + Special Bonus (if any) ¹⁵ | | |
| Multiple Benefit for Designated Crises ^{1,7} | If the Crisis Benefit is paid, in the event the Insured is subsequently diagnosed with Cancer, Heart Attack or Stroke, an additional 120% of Initial Sum Insured will be paid for the 1 st and 2 nd claims, and additional 150% of Initial Sum Insured will be paid for the 3 rd , 4 th and 5 th claims respectively | | |
| Cancer Booster Benefit ⁸ | Additional 20% of the Initial Sum Insured | | |
| Special Disease Benefit ^{1,2} | Advanced payment of 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 XDefender Series for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, Angioplasty of Coronary Artery and Special Diseases for Juvenile)+ proportionate Special Bonus (if any) ¹⁵ | | |
| Critical Medical Care Benefit ^{1,5} | Advanced payment of 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 XDefender Series)+ proportionate Special Bonus (if any) ¹⁵ | | |
| Additional Coverage Benefit ⁹ | Additional 75% of the Initial Sum Insured (for the insured whose issued age is 35 or below at next birthday) or 60% of the Initial Sum Insured (for the insured whose issued age is above 35 at next birthday) will be payable if the Insured is diagnosed with covered Crises or passes away before the 15 th Policy Anniversary | | |
| Benign Tumour Extra Benefit ^{1,10} | Group 1: Surgical Excision of Covered Benign Tumour of (i) breast, (ii) ovary, or (iii) uterus by a Specialist - Additional 5% of Initial Sum Insured (subject to a maximum of HK\$80,000/US\$10,000 per Insured of each claim under all policies of Crisis XDefender Series of each organ) | | |
| | 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 by a Specialist - Additional 15% of Initial Sum Insured (subject to a maximum of HK\$200,000/US\$25,000 per Insured of each claim under all policies of Crisis XDefender Series of each organ), less amount of Benign Tumour Extra Benefit claim paid and/or payable | | |
| | 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) 15% of Initial Sum Insured; or (ii) HK\$200,000/US\$25,000 per Insured under all policies of Crisis XDefender Series | | |

Plan Summary

| | |
|---|---|
| Rehabilitation Benefit ¹¹ | Additional 1% of the Initial Sum Insured is payable per month after Crisis Benefit for Heart Attack or Stroke is payable (up to a maximum of 6 consecutive months) |
| Special Benefit for Infant ¹³ | If the Insured (or the Insured's spouse) gives birth to a child, the new-born infant shall be covered by the Crisis Benefit or Death Benefit (20% of the Initial Sum Insured of this Policy once per new-born infant and up to a per newborn infant of HK\$200,000 / US\$25,000 under all policies of the Insured and/or Insured's spouse of Crisis XDefender 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 Benefit / Maturity Benefit | Guaranteed Cash Value + Special Bonus (if any) ¹⁵ |
| Death Benefit ¹ | Current Sum Insured + Special Bonus (if any) ¹⁵ |
| Medical Check-up ¹⁴ | Medical check-up coupon will be offered on each of the 2 nd , 4 th , 6 th , 8 th and 10 th Policy Anniversaries of the Plans if all premiums are paid when due |
| Lifestyle Management Program ¹² | Service Program |
| Crisis XDefender Series – PREMIER THE ONEcierge One Team Health Management ¹⁶ | Service Program |
| Second Medical Opinion ¹⁷ | Service Program |
| Family Care Services ¹⁸ | Service Program |
| Extended Grace Period Benefit ²² | 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 Term of the Plans, the Policy Owner can choose to apply for the Extended Grace Period Benefit to stay protected by the Plans while enjoying an extended grace period for premium payment up to 365 days |
| Extended Critical Medical Care Benefit ⁴ (Only applicable under Crisis XDefender Signature Plus) | Additional 50% of the Initial Sum Insured |
| Life Impact Benefit ^{1,6} (Only applicable under Crisis XDefender Signature Plus) | Additional 50% of the Initial Sum Insured |
| Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider (optional rider) ¹⁹ | 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 of the basic plan and this rider will be waived |

What this plan covers

Crises covered in Crisis XDefender Signature / Crisis XDefender Signature Plus

Group 1 : Cancer

- Cancer
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Group 2 : Illnesses related to Organ Failure

- Aplastic Anaemia
 - Chronic Liver Disease
 - Chronic Lung Disease
 - End Stage Lung Disease (including Chronic Obstructive Lung Disease, Severe Bronchiectasis and Severe Emphysema)
 - Fulminant Hepatitis
 - HIV Due to Blood Transfusion
 - Major Organ Transplantation (lung, pancreas, liver, bone marrow)
 - Medullary Cystic Disease
 - Occupationally Acquired HIV
 - Severe Pulmonary Fibrosis
 - Severe Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis
 - Surgical Removal of One Lung
-

Group 3 : Illnesses related to Circulatory System

- Cardiomyopathy
 - Coronary Artery Disease Surgery
 - Eisenmenger's Syndrome
 - Heart Attack
 - Heart Valve Surgery
 - Infective Endocarditis
 - Kidney Failure
 - Major Organ Transplantation (kidney, heart)
 - Other Serious Coronary Artery Disease
 - Primary Pulmonary Arterial Hypertension
 - Stroke
 - Surgery to Aorta
-

Group 4: Illnesses related to Nervous System

- Alzheimer's Disease
 - Apallic Syndrome
 - Bacterial Meningitis
 - Benign Brain Tumour
 - Blindness
 - Creutzfeld-Jacob Disease
 - Encephalitis
 - Loss of Hearing®
 - Major Head Trauma
 - Motor Neurone Disease
 - Multiple Sclerosis
 - Muscular Dystrophy
 - Paralysis
 - Parkinson's Disease
 - Poliomyelitis
 - Progressive Bulbar Palsy
 - Progressive Muscular Atrophy
 - Progressive Supranuclear Palsy
 - Severe Myasthenia Gravis
-

Group 5: Other Illnesses

- Amputation of Feet due to Complication from Diabetes Mellitus
- Chronic Adrenal Insufficiency
- Chronic Relapsing Pancreatitis
- Coma
- Crohn's Disease
- Ebola
- Elephantiasis
- Loss of Independent Existence
- Loss of Limbs
- Loss of Speech
- Major Burns
- Necrotizing Fasciitis
- Pheochromocytoma
- Severe Osteoporosis*
- Severe Rheumatoid Arthritis
- Systemic Sclerosis
- Terminal Illness
- Ulcerative Colitis

Special Diseases covered in Crisis XDefender Signature/ Crisis XDefender Signature Plus

Group 1 : Cancer[^]

- Carcinoma-in-situ of Specific Organs
(all organs except skin, including but not limited to the organs listed below)
 - a) Breast
 - b) Cervix Uteri
 - c) Colon and Rectum
 - d) Fallopian Tube
 - e) Lung
 - f) Liver
 - g) Nasopharynx
 - h) Ovary
 - i) Pancreas
 - j) Penis
 - k) Stomach and Esophagus
 - l) Testis
 - m) Urinary Tract
(for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included)
 - n) Uterus
 - o) Vagina
- Early Stage Malignancy of Specific Organs
 - a) Chronic Lymphocytic Leukaemia
 - b) Prostate
 - c) Thyroid
 - d) Non Melanoma Skin Cancer

Group 2 : Illnesses related to Organ Failure

- Acute Aplastic Anaemia
- Biliary Tract Reconstruction Surgery
- Liver Surgery
- Miliary Tuberculosis
- Moderately Severe Chronic Lung Disease
- Moderately Severe Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis
- Skin Transplantation
- Surgical Removal of One Kidney

Group 3 : Illnesses related to Circulatory System

- Angioplasty for Carotid Arteries
- Angioplasty of Coronary Artery[^]
- Cardiac pacemaker / defibrillator insertion
- Carotid Artery Surgery
- Early Cardiomyopathy
- Early Renal Failure
- Insertion of a Vena-Cava Filter
- Keyhole Coronary Bypass Surgery
- Minimally Invasive Surgery to Aorta
- Percutaneous Valve Surgery
- Pericardiectomy
- Secondary Pulmonary Hypertension

Group 4 : Illnesses related to Nervous System

- Cochlear Implant Surgery
- Cerebral Aneurysm Requiring Surgery
- Early Amyotrophic Lateral Sclerosis
- Early Multiple Sclerosis
- Early Progressive Bulbar Palsy
- Early Progressive Muscular Atrophy
- Less Severe Encephalitis
- Loss of Sight in One Eye
- Moderately Severe Alzheimer's Disease
- Moderately Severe Bacterial Meningitis
- Moderately Severe Brain Damage
- Moderately Severe Muscular Dystrophy
- Moderately Severe Paralysis
- Moderately Severe Parkinson's Disease
- Moderately Severe Poliomyelitis
- Severe Psychiatric Illness
- Surgery for Subdural Haematoma
- Surgical Removal of Pituitary Tumour

What this plan covers

Special Diseases covered in Crisis XDefender Signature/ Crisis XDefender Signature Plus

Group 5 : Others Illnesses

- Acute Necrohemorrhagic Pancreatitis
 - Adrenalectomy for Adrenal Adenoma
 - Amputation of One Foot due to Complication from Diabetes Mellitus
 - Coma for 48 hours
 - Crohn's Disease (Regional Enteritis)
 - Diabetic Retinopathy
 - Early Elephantiasis
 - Loss of Speech due to Vocal Cord Paralysis
 - Moderately Severe Burns
 - Moderately Severe Rheumatoid Arthritis
 - Osteoporosis with Fractures*
 - Severance of One Limb
 - Severe Central or Mixed Sleep Apnea
-

Special Diseases for Juvenile^ (age next birthday 1 (15 days) – 18) covered in Crisis XDefender Signature/ Crisis XDefender Signature Plus

- Autism
 - Dengue Haemorrhagic Fever
 - Juvenile Huntington Disease
 - Kawasaki Disease
 - Marble Bone Disease (Osteogenesis)
 - Osteogenesis Imperfecta
 - Rheumatic Fever with Valvular Impairment
 - Severe Asthma
 - Still's Disease
 - Type 1 Diabetes Mellitus
 - Type I Juvenile Spinal Amyotrophy
 - Type II Juvenile Spinal Amyotrophy
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Benign Disease covered in Crisis XDefender Signature/ Crisis XDefender Signature Plus

- Surgical Excision of Covered Benign Tumour #

@ The claim for Loss of Hearing will only be paid if at the time of diagnosis the Insured is aged 3 (age next birthday) or above.

* The claim for Severe Osteoporosis and 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 Insured of each claim under all policies of Crisis XDefender Series.

Covered Benign Tumour includes: (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.

Note : Benefits relating to Crisis, Special Disease and Benign Disease are payable according to the Policy Provisions. Please refer to the definition of Crises, Special Diseases and Benign Disease in the Policy Provisions for the details of Crises, Special Diseases and Benign Disease.

Remarks

- 1 FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD" or "We") will pay the Crisis Benefit / Critical Medical Care Benefit / Life Impact Benefit (Only applicable under Crisis XDefender Signature Plus) / Special Disease Benefit / Benign Tumour Extra Benefit / Multiple Benefit for Designated Crises only where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Crisis, Special Disease, Benign Disease or illness occurs after the first 90 days from the Policy Date. This first 90 days limitation does not apply if any Disease or illness is solely and directly caused by an Accident and independently of any cause.
If the total claims paid of Crisis Benefit, Special Disease Benefit and/or Critical Medical Care Benefit under the Policy reach 100% of the Initial Sum Insured while the Policy is still in force, FWD will waive the balance of premium payable under the Policy falling due immediately after the date following the First Confirmed Diagnosis of the Crisis or Special Disease or the first day of Confinement to Intensive Care Unit which leads the Total Claims paid under the Policy to reach 100% of the Initial Sum Insured and all the riders will be terminated.
The Special Disease Benefit and Critical Medical Care Benefit will be payable until the Aggregate Limit has been reached. Upon the payment of claims under Special Disease Benefit and Critical Medical Care Benefit, the Current Sum Insured of the policy will be reduced accordingly. Current Sum Insured means the Initial Sum Insured less any claims paid and / or payable for Special Disease Benefit and Critical Medical Care Benefit under the Policy. Death Benefit, Crisis Benefit, Guaranteed Cash Value, future premium and Special Bonus (if any) will be reduced accordingly. The subsequent payment(s) under each claim of Special Disease Benefit or Critical Medical Care Benefit will not be higher than the reduced Current Sum Insured.
- 2 Each Special Disease is payable once only (except for 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 Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery under the Plans. To be eligible for the second claim under Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, 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. To be eligible for the second claim under Angioplasty of Coronary Artery, 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.
- 3 This Crisis Benefit will only be paid once until the Aggregate Limit has been reached while this Policy is in force.
- 4 While this Policy is in force, after Crisis Benefit has been paid or is payable, 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 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 Crisis, FWD shall pay Extended Critical Medical Care Benefit (Only applicable under Crisis XDefender Signature Plus). This benefit will be payable only once under this Policy.
- 5 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 with the use of Invasive Life Support, FWD shall pay Critical Medical Care Benefit. This benefit will be payable only once under this Policy.
- 6 This additional benefit amount will not be deducted from the Current Sum Insured. This benefit will be payable only once under this Policy. This benefit will automatically terminate on the Policy Anniversary immediately preceding the 86th birthday of the Insured.
This benefit is also subject to the following conditions,
 1. if (a) any of Crisis Benefit or Multiple Benefit for Designated Crises, and (b) Life Impact Benefit are payable by FWD as a result of same incident, FWD will not pay the Life Impact Benefit.
 2. if any preceding claim for illness or Injury has been paid under Crisis Benefit or Multiple Benefit for Designated Crises, FWD will not pay the Life Impact Benefit for the same illness or Injury.
- 7 While the policy is in force, this Multiple Benefit for Designated Crises is payable if, following payment of a Crisis Benefit, the Insured is diagnosed with a subsequent Cancer, Heart Attack or Stroke and survives for a period of at least 14 days from the date of First Confirmed Diagnosis of such respective Cancer (except for Continuous Cancer), Heart Attack or Stroke, subject to the following conditions and additional requirement as set out in the respective definition of Cancer, Heart Attack or Stroke:
 - (a) If the immediately preceding claim paid under Crisis Benefit for any Crisis or Multiple Benefit for Designated Crises for Cancer, Heart Attack or Stroke covered by this policy, subsequent claim(s) for Cancer, Heart Attack or Stroke can be made provided that the First Confirmed Diagnosis of the subsequent claim(s) for Cancer, Heart Attack or Stroke shall be at least 1 year after the date of the First Confirmed Diagnosis of the immediately preceding Crisis Benefit claim for any Crisis or Multiple Benefit for Designated Crises claim for Cancer, Heart Attack or Stroke covered by this policy (for which benefit has been paid under the policy); and
 - (b) If any preceding claim for Cancer has been paid under Crisis Benefit or Multiple Benefit for Designated Crises, subsequent claim(s) for Cancer (Continuous Cancer, recurring Cancer and Cancer in different sites) can be made provided that,
 - 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 shall 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;
 - 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 shall 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);
 - 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 shall 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).

This benefit cannot be claimed more than 5 times under this policy. In case the Insured is aged 70 (age next birthday) or above and makes any subsequent claim for prostate cancer resulting from the Continuous Cancer of a previous prostate cancer for which a previous claim was made, the benefit will only be payable if the Insured has received or is in the process of receiving the full course of cancer-directed surgery, radiotherapy, chemotherapy, targeted therapy or a combination of these treatments (excluding hormonal therapy) which is Medically Necessary during the intervening period between the diagnosis of the previous and subsequent prostate cancer.
- 8 While the Policy is in force, if Crisis Benefit or Multiple Benefit for Designated 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 and performed at least 1 year from date of First Confirmed Diagnosis of the Cancer of which Crisis Benefit or Multiple Benefit for Designated Crises has been paid under the Policy, FWD shall pay Cancer Booster Benefit. This benefit will be payable only once under this Policy.
This benefit will automatically terminate on the earlier of the following:
 1. If the Crisis Benefit or Multiple Benefit for Designated Crises under this Policy have been exhausted and none of them are paid or payable in respect of Cancer; or
 2. the Policy Anniversary immediately preceding the 86th birthday of the Insured.
- 9 The benefit is only applicable to Insured whose issue age is 1 – 65 (age next birthday). This benefit will be payable once only under the Policy and will be ceased (i) upon the termination of the Policy; (ii) once the Crisis Benefit 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 Current Sum Insured.
- 10 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. The Benign Tumour Extra Benefit for each organ will be only payable once under this Policy. For those organs with both left and right component (including but not limited to breast, kidney, ovary, lung and testis), the left component and right component of the organ shall be considered as one and the same organ. This additional benefit amount will not be deducted from the Current Sum Insured.
- 11 While the Insured is alive and the Policy is in force, when the Crisis Benefit for Heart Attack or Stroke is payable, Rehabilitation Benefit will be payable for every month (up to a maximum of 6 consecutive months) starting from the payment date of the Crisis Benefit for Heart Attack or Stroke. This benefit will be payable once only under this Policy, and will not be deducted from the Current Sum Insured.

What this plan covers

- 12 While this Policy is in force and the Insured is still alive, when (a) Multiple Benefit for Designated Crises, Crisis Benefit and / or Special Disease Benefit for their respective Group 3 Diseases (Illnesses related to Circulatory System) is payable, (b) the Insured has the First Confirmed Diagnosis of Alzheimer's Disease, or (c) the Insured's parents has the First Confirmed Diagnosis of Alzheimer's Disease, the Insured or the Insured's parents (as the case may be) is eligible for the Lifestyle Management Program, subject to the following conditions:
- When the Multiple Benefit for Designated Crises or Crisis Benefit for Heart Attack or Stroke is payable, FWD will provide a designated rehabilitation program to the Insured and the fee will be waived once per life. Each Insured can only claim either this designated rehabilitation program or designated rehabilitation program for Alzheimer's Disease.
 - When the Crisis Benefit and/or Special Disease Benefit for their respective Group 3 Diseases (Illnesses related to Circulatory System, except Heart Attack or Stroke) is payable, FWD will refer the Insured to the designated rehabilitation programs and pay the initial consultation fee, once per life, of the program chosen by the Insured. All other relevant fees and charges will be borne by the Insured.
 - Provided that 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 rehabilitation program to the Insured and the fee will be waived once per life. Each Insured can only claim either this designated rehabilitation program or designated rehabilitation program for Heart Attack or Stroke.
 2. When a parent of the Insured has the First Confirmed Diagnosis of Alzheimer's Disease, FWD will provide a referral service of designated rehabilitation 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.
- Lifestyle Management Program is only available in Hong Kong region.
The Lifestyle Management Program will start within 6 months from the payment date of the claim of Multiple Benefit for Designated Crises, Crisis Benefit or Special Disease Benefit of such respective Disease under Group 3 (Illness related to Circulatory System) or the date of First Confirmed Diagnosis of Alzheimer's Disease. Details of the Lifestyle Management Program will be determined at the sole discretion of FWD at the time the services are provided, and the services may be provided by third party service providers as FWD may designate.
The rehabilitation service for Heart Attack or Stroke is provided by HealthMutual Group Limited ("HMG") and its healthcare network team currently.
The rehabilitation service for Alzheimer's Disease is provided by Senior Citizen Home Safety Association and its healthcare network team currently.
FWD reserves the right to vary the services in its sole discretion at any time without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of the above service providers and/ or their healthcare network teams.
- 13 This additional benefit is available if the Policy has been in effect for at least 2 consecutive Policy Years after the Policy Date. Policy Owners have to notify FWD and provide required documents 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 Crisis that appear after the first 90 days from the coverage effective date and has the first confirmed diagnosis of the Crisis subsequently, FWD will pay the benefit. This first 90 days limitation does not apply if the Crisis is caused solely and directly by an Accident and independently of any other cause. 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. The terms and conditions of the coverage for the Covered Child is determined by FWD from time to time and at its sole discretion, including but not limited to FWD's prevailing rules and regulations.
- 14 Provided that the Policy was issued at the Insured's age of 18 (age next birthday) or above, all premiums are paid when due and the Policy is in force. If the issued age of Insured is 17 (age next birthday) or below, medical check-up coupon will be offered biennially to the Insured starting from the Policy Anniversary of the Insured's age of 20 at next birthday. The Insured is entitled to a maximum of 5 medical check-ups under this Policy offered by third party service providers designated by FWD. The terms and conditions of the check-up service will be determined at the sole discretion of FWD at the time the services are provided. FWD reserves the right to amend or exchange any of the above benefits without prior notice to the Policy Owner and/or the Insured.
- 15 When the policy has been in effect for 5 years or more, a Special Bonus, which is not guaranteed, may be payable under the policy upon the payment of Crisis Benefit, Death Benefit, Surrender Benefit or Maturity Benefit under the policy, or at the end of the one year reinstatement period if the policy lapses and is not reinstated within that period. A proportionate non-guaranteed Special Bonus, if any, may be also paid upon payment of the Special Disease Benefit, Critical Medical Care Benefit or Partial Surrender Benefit. Non-guaranteed Special Bonus (if any) will then be reduced on a pro rata basis accordingly. Non-guaranteed Special Bonus will be payable until Total Claims of Crisis Benefit, Special Disease Benefit and/or Critical Medical Care Benefit under the policy reach 100% of the Initial Sum Insured.
- 16 PREMIER THE ONEcierge, provided by HMG and its healthcare network team and Parkway Hospitals Singapore ("Parkway") is not a part of the Policy or benefit item under the Policy Provisions and is not guaranteed renewable. 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 and policy document for details.
- 17 Second Medical Opinion is provided by International SOS currently and is not guaranteed renewable. All relevant fees and charges (if any) of this service shall be borne by the Insured. FWD shall not be responsible for any act or failure to act on the part of International SOS. Details of the services may be revised from time to time without FWD's prior notice. Please refer to policy document for details.
- 18 Family Care Services is provided by Aspire Lifestyles ("Aspire") currently and is not guaranteed renewable. All relevant fees and charges (if any) of this service shall be borne by the Insured. 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 may be revised from time to time without FWD's prior notice. Please refer to policy document for details.
- 19 The premium of Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider is non-guaranteed but it will not be increased based on the age next birthday of the Policy Owner, Parent Contingent Owner, Spouse Owner or Spouse Beneficiary (as the case may be).
For Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider selected at time of application:
- (i) Waiver of Premium on Death Benefit (Parents) Rider
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 and this rider 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 rider, 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) Rider
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 and this rider. 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 rider, 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.
- 20 Premium rates are not guaranteed and FWD reserves the right to review the premium rates from time to time. Please refer to Premium adjustment under Key Product Risk for details.
- 21 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.
- 22 You must provide FWD with all documents and information FWD requires within 30 days from the date you first receive relevant proof. If any premium is unpaid at the end of the Extended Grace Period, the premium shall be in default and the Policy shall cease to be in force from the date of the first unpaid premium was due without prejudice to any claim arising prior to the date the Policy ceases to be in force. Any due and unpaid premium shall be deducted from any benefit otherwise payable. You are only entitled to apply and claim for the Extended Grace Period Benefit once under this Policy.

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. FWD may also deduct as appropriate any cost and expense to support the policy benefits (such as charges to support guarantee) which will be reflected in the actual declared dividend/bonus.

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.

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

Dividend / Bonus Information & Investment Strategy

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

| Asset type | Target asset allocation |
|------------------------------|-------------------------|
| Fixed income-type securities | 30% - 100% |
| Equity-type investments | 0% - 70% |

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

The Plans are insurance policies issued by FWD. The application of these insurance products 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

The Plans are long term insurance policies. These policies 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 Plans may constitute the liquidity risk to your financial condition. You need to bear the liquidity risk associated with the Plans.

Key Product Risks

Exchange rate and currency risk

The application of these insurance products 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 these policies 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 of the Plans and Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider (if applicable) are non-guaranteed and FWD reserves the right from time to time to review, vary and significantly increase the premium 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, Policy Owner, Parent Contingent Owner, Spouse Owner or Spouse Beneficiary (as the case may be) on his or her next birthday.

Premium term and non-payment of premium

The premium payment term of the Plans are 10, 15 or 20 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.

Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider (if applicable)

The premium payment term of the Waiver of Premium on Death Benefit (Spouse) Rider is the same as basic plan.

The premium payment term of the Waiver of Premium on Death Benefit (Parents) Rider is the premium payment term of basic plan or up to the Policy Anniversary immediately preceding the 25th birthday of the Insured, whichever is earlier.

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, the rider will be terminated from the date the first unpaid premium was due. Please note that once the rider is terminated on this basis, you will lose all of your rider benefits.

Termination conditions

The Plans shall terminate on the earliest of the following:

1. The death of the Insured;
2. The Maturity Date of the Policy;
3. The date of Policy surrender. Such date is determined in accordance with FWD's applicable rules and regulations in relation to Policy surrender;
4. The date of termination of the Policy due to default in payment of any premium determined in accordance with Grace Period or Extended Grace Period Benefit (as the case may be);

Key Product Risks

5. The Indebtedness equals or exceeds the Guaranteed Cash Value of the Policy; or
6. The Total Claims paid and / or payable reaches 100% of the Initial Sum Insured (except when Crisis Benefit is payable, the Policy will be terminated when the Multiple Benefit for Designated Crises has been paid for a maximum of 5 times and Cancer Booster Benefit has been paid or terminated). All riders will also be terminated once the Aggregate Limit is reached where the Total Claims paid for any Crisis Benefit, Special Disease Benefit and / or Critical Medical Care Benefit equals 100% of the Initial Sum Insured.

Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider (if applicable)

Waiver of Premium on Death Benefit (Parents)/ (Spouse) Rider (if applicable) will be terminated on the earliest of the following:

1. the date the Basic Policy terminates or becomes paid-up;
2. the premium due date if the premium grace period expires and We have not received the premium payment;
3. the first premium due date which occurs after Our receipt of the Policy Owner's written request for termination of this Rider;
4. on the date that the Current Sum Insured of the Basic Policy is reduced to zero; and
5. upon the termination of Waiver of Premium on Death Benefit (Parents) Rider with respect to both the Policy Owner and the Parent Contingent Owner as stated below (only applicable to Waiver of Premium on Death Benefit (Parents) Rider); or
6. the Policy Anniversary immediately preceding the 75th birthday of the Spouse Owner or Spouse Beneficiary (only applicable to Waiver of Premium on Death Benefit (Spouse) Rider).

Waiver of Premium on Death Benefit (Parents) Rider with respect to the Policy Owner will be terminated on the earliest of the following:

1. the Policy Anniversary immediately preceding the 25th birthday of the Insured;
2. the Policy Anniversary immediately preceding the 75th birthday of Policy Owner; and
3. the date when this Rider with respect to the Parent Contingent Owner becomes effective upon the death of a Parent Contingent Owner who predeceases Policy Owner.

Waiver of Premium on Death Benefit (Parents) Rider with respect to the Parent Contingent Owner will be terminated on the earliest of the following:

1. the Policy Anniversary immediately preceding the 25th birthday of the Insured;
2. the Policy Anniversary immediately preceding the 75th birthday of the Parent Contingent Owner; and
3. the date when this Rider with respect to the Policy Owner becomes effective upon the death of Policy Owner who predeceases the Parent Contingent Owner.

Exclusions

The below exclusions apply to Crisis Benefit, Special Disease Benefit, Critical Medical Care Benefit, Extended Critical Medical Care Benefit (Only applicable under Crisis XDefender Signature Plus), Cancer Booster Benefit, Benign Tumour Extra Benefit, Multiple Benefit for Designated Crises and Life Impact Benefit (Only applicable under Crisis XDefender Signature Plus).

This Policy shall not cover any loss / claim directly or indirectly caused by or resulting from any of the following:

1. Human Immunodeficiency Virus (HIV) related illness, including Acquired Immunization Deficiency Syndrome (AIDS) and / or any mutations, derivations or variations thereof, which is derived from an HIV infection (Except "HIV due to Blood Transfusion" and "Occupationally Acquired HIV").
2. Intentional self-inflicted injury or attempted suicide, while sane or insane and while intoxicated or not.
3. The participation in any criminal event.
4. 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.

Please refer to policy provisions for the exclusion for the respective benefits.

Waiting Period

Please refer to the remarks 1, 7, 13 and 22 for the waiting periods for the respective benefits.

Suicide

If the Insured dies by suicide, whether sane or insane, within 13 calendar months from the Policy Date, FWD's liability shall be limited to the amount of the premiums paid without interest, less any outstanding insurance levy, Indebtedness and any benefit which has been paid under this Policy.

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.

Notice of Claim

Written notice of any claim for Death Benefit, Crisis Benefit, Special Disease Benefit, Critical Medical Care Benefit, Extended Critical Medical Care Benefit (Only applicable under Crisis XDefender Signature Plus), Cancer Booster Benefit, Life Impact Benefit (Only applicable under Crisis XDefender Signature Plus), Benign Tumour Extra Benefit and Multiple Benefit for Designated Crises must be given to FWD within 30 days (and in any case no later than 6 months) from the date of death of the Insured, the date of the relevant medical treatment or First Confirmed Diagnosis of such respective Crisis, Special Disease or Benign Disease. Any claims for Death Benefit, Crisis Benefit, Special Disease Benefit, Critical Medical Care Benefit, Extended Critical Medical Care Benefit (Only applicable under Crisis XDefender Signature Plus), Cancer Booster Benefit, Life Impact Benefit (Only applicable under Crisis XDefender Signature Plus), Benign Tumour Extra Benefit and Multiple Benefit for Designated Crises received after the said 6-month period shall not be accepted, unless FWD in its sole discretion decides otherwise.

Please refer to policy provisions for claiming procedures for Special Benefit for Infant and Extended Grace Period Benefit.

Incorrect disclosure or non-disclosure

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.

Incorrect disclosure or non-disclosure of any material facts, including but not limited to, age, gender and other material facts declared on the relevant application form, in FWD’s opinion, may affect FWD’s risk assessment. As the case may be, FWD may collect the premium shortfall with interest and any additional insurance levy, refund the excess premium and insurance levy without interest or even void this Policy from the Policy Date. In case the Policy is declared void from the Policy Date, FWD’s liability shall be limited to the amount of Total Premiums Paid and total insurance levy paid without interest, less any benefit which has been paid under this Policy.

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 as set out in “Appendix 1: List of Diseases Covered” of policy provisions. Each Disease is further defined in Appendix 2, Appendix 3 or Appendix 4 of policy provisions.

First Confirmed Diagnosis

The first time that a diagnosis of a Crisis, Special 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 Crisis, Special 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, 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.

First Symptoms

Any condition or illness or any of its direct causes in respect of an Insured, 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.

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

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

- a. consistent with the diagnosis and customary medical treatment for the Insured’s disease;
- b. recommended by a Medical Practitioner for the care or treatment of the Insured’s disease involved and must be widely accepted professionally in Hong Kong as effective, appropriate and essential based upon recognized standards of the health care specialty involved; and
- c. not furnished primarily for the personal comfort or convenience of the Insured or any medical service provider. Experimental, screening and preventive services or supplies are not considered Medically Necessary.

Declarations

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