

Mind Strength Protection Plan

Protect yourself against mental illness with
breakthrough solutions that are important for a healthy mind

Medical • Non-Participating Life



Your mind is powerful but also sensitive. We think it can handle anything and so we often push it to the limit. Especially these days, as we keep up with the new norms brought on by the digital era and prolonged pandemic.

We have designed Mind Strength Protection Plan (“the Plan” or “Mind Strength”) so you can get proactive about providing coverage for your mind, your most powerful asset.

Your mind can do more for you, if you do more for your mind.

A strong mind is important in all aspects of your life: be it your work, relationships and even social life, your mind is worth being covered.

Additionally, you always try your best to adapt to the new digital ways of working, follow the rules of living in a long pandemic and put up with the negativity in social media and the news. Mind Strength is equipped to help when you choose to cover the Mental Illness that may emerge in the future.

Strong mind, strong body

Mind Strength is a mental illness protection plan which provides coverage from initial diagnosis and treatment stage, which is the coverage for Out-Patient consultation for designated Mental Illnesses, to Hospitalisation stage, which includes coverage for Hospitalisation solely for Medically Necessary treatment of a Mental Illness, daily hospital income and a lump sum payment for Severe Psychiatric Illness as well as coverage for post Hospitalisation including post hospitalisation Out-Patient consultation, Retreat Benefit and Monthly Income Support Benefit (if applicable).



The Plan reimburses Out-Patient consultation with a Psychiatrist or consultation with a Clinical Psychologist in Hong Kong for designated Mental Illnesses up to 80% of the Eligible Expenses¹. If the Insured is Hospitalised in Hong Kong solely for Medically Necessary treatment of a Mental Illness, the Plan provides coverage for the Eligible Expenses of psychiatric treatments up to a designated maximum amount per Policy Year².



The Plan offers daily hospital income to ease your financial burden for Hospitalisation in Hong Kong solely for Medically Necessary treatment of a Mental Illness.³



If the Insured is Hospitalised in a Hospital in Hong Kong for Medically Necessary treatment of a Mental Illness for 10 or more consecutive days, We will pay a cash benefit under the Retreat Benefit for you to relax and retreat such as staycation, travelling, fitness or wellness course.⁴



If the Insured is Hospitalised in a Hospital in Hong Kong solely for Medically Necessary treatment of a Mental Illness for 30 or more consecutive days, Monthly Income Support Benefit (optional benefit) will be provided.⁵

We are committed to help you focus on mental health when fighting with illness, easing your financial burden. This is the reason why we launch the innovative medical insurance plan to provide coverage for Mental Illness.



Out-Patient Psychiatrist consultation / Clinical Psychologist consultation Reimbursement for initial diagnosis and treatment stage

First in HK⁺

Whether the designated Mental Illness is mild or severe, you may need medical care, which may invariably lead to amassing bills. To ease your financial burden, the Plan will reimburse 80% of the Eligible Expenses for Out-Patient consultation with a Psychiatrist and consultation with a Clinical Psychologist solely for the below designated Mental Illnesses in Hong Kong.¹

- Anxiety Disorders
- Bipolar Disorder
- Depression
- Obsessive Compulsive Disorder
- Post-traumatic Stress Disorder
- Schizophrenia



Full cover for psychiatric treatments

The Plan provides full cover on Eligible Expenses incurred for Hospitalisation and treatments in a Hospital in Hong Kong solely for Medically Necessary treatment of a Mental Illness with no itemised benefit limits to restrict its reimbursement amount (subject to covered benefit items and benefit limit per Policy Year).²



Heightened Mental Illness protection

First in HK⁺

The Plan is designed to give you daily hospital income for Hospitalisation in Hong Kong solely for Medically Necessary treatment of a Mental Illness³. It eases the financial burden during the Hospitalisation.

What's more, the Plan will reimburse the Eligible Expenses for follow-up Out-Patient consultation with a Psychiatrist and follow-up consultation with a Clinical Psychologist after Hospitalisation in Hong Kong for 10 or more consecutive days solely for Medically Necessary treatment of a Mental Illness, and the Psychiatric Treatment Benefit is payable in respect of such Mental Illness under this policy, up to maximum coverage of the selected plan level, maximum number of consultation per Policy Year and maximum number of consultation per life.⁶



Severe Psychiatric Illness Benefit

If the Insured is diagnosed with Severe Psychiatric Illness, We will also pay a lump sum benefit up to HK\$800,000 or US\$100,000 for plan 3 to lighten the financial burden and focus on the treatment and recovery.⁷



Special care on the road to recovery

First in HK⁺

If the Insured is Hospitalised in a Hospital in Hong Kong for Medically Necessary treatment of a Mental Illness for 10 or more consecutive days, We will pay the Retreat Benefit for you to relax and retreat such as staycation, travelling, fitness or wellness course.⁴

Ongoing treatment may be necessary to fully recover from a Mental Illness. If the Insured is Hospitalised in a Hospital in Hong Kong solely for Medically Necessary treatment of a Mental Illness for 30 or more consecutive days, you can get the Monthly Income Support Benefit (optional benefit) of up to HK\$15,000 or US\$1,875 per month for up to 6 consecutive months while this policy is in force and the Insured is still alive.⁵ Whether to ease your financial burden at the face of mounting hospital and medical expenses, or to supplement loss of income at the time of Mental Illness, all these are being taken care of.

⁺ Per a comparison made by FWD on 30 September 2022 among the medical insurance plans of key insurers available in Hong Kong, FWD is the first insurance company in Hong Kong to launch Out-Patient Psychiatrist Consultation/ Clinical Psychologist Consultation Benefit, Daily Hospital Income Benefit, Post Hospitalisation Out-Patient Psychiatrist Consultation/ Clinical Psychologist Consultation Benefit, Retreat Benefit and Monthly Income Support Benefit (optional benefit).

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 and c) the definitions and claims requirements of the benefits are fulfilled.



Example

Background:

Winnie is married, with a 1-year-old son. She and her husband love travelling and enjoying an active, outgoing life with their son. She has applied a critical illness and medical plan several years ago, and now she wants a plan for mental wellness.

Insured: Ms Winnie Wong
Job: Sales manager

Age next birthday: 30
Plan details: Mind Strength - Plan 2

Jan 2023

Winnie purchased the Plan



Apr 2028

Her medication is prescribed by a Psychiatrist for 180 consecutive days, the benefit uplift to a total of extra 5 more Out-Patient Psychiatrist consultations and Clinical Psychologist consultations for that Policy Year from the date of which the medication is prescribed by a Psychiatrist is reached for at least 180 consecutive days, and uplift to a total of extra 15 visits of Out-Patient Psychiatrist consultation and Clinical Psychologist consultation per life.

She attends 5 Out-Patient consultations with a Psychiatrist solely for that Perinatal Depression in Hong Kong. Each consultation fee increases to HK\$2,000, and she receives HK\$1,500 (HK\$2,000 – HK\$400 (Coinsurance amount = HK\$2,000 x 20%) = HK\$1,600, subject to benefit limit of HK\$1,500 per consultation) for each consultation under Out-Patient Psychiatrist Consultation/Clinical Psychologist Consultation Benefit.

(subject to 20% coinsurance and benefit limit per consultation is HK\$1,500)



September 2028

After discharge from the Hospital, she visits Out-Patient Psychiatrist consultations and Clinical Psychologist consultations for a total of 5 times for such Perinatal Depression in Hong Kong.

Each consultation fee is HK\$1,500, and she receives HK\$1,500 for each consultation under Post Hospitalisation Out-Patient Psychiatrist Consultation/Clinical Psychologist Consultation Benefit.



Sep 2027

She is 5 months pregnant with her second child, however she is unfortunately diagnosed with Perinatal Depression, and attended 4 Out-Patient consultations with a Psychiatrist solely for that Perinatal Depression in Hong Kong.

Each consultation fee is HK\$1,800, and she receives HK\$1,440 (HK\$ 1,800 – HK\$360 (Coinsurance amount = HK\$1,800 x 20%)) for each consultation under Out-Patient Psychiatrist Consultation/ Clinical Psychologist Consultation Benefit.

(subject to 20% coinsurance and benefit limit per consultation is HK\$1,500)



May 2028

The Perinatal Depression has progressed to moderate Perinatal Depression. She is Hospitalised in a Hospital in Hong Kong solely for Medically Necessary treatment of that moderate Perinatal Depression for 15 consecutive days.

Winnie can get reimbursement for the Eligible Expenses incurred for Medically Necessary treatment of that moderate Perinatal Depression up to HK\$100,000 per Policy Year.

We will pay HK\$1,500 for each day, which is HK\$22,500 for the Daily Hospital Income Benefit.

We will also pay a cash benefit of HK\$3,000 for Retreat Benefit.

Does the Plan suit you?

If you answer “yes” to any of the statements below, the Plan is for you.



You are looking for a comprehensive mental health protection product to cover from Out-Patient consultation, Hospitalisation treatment benefit to post Hospitalisation including post Hospitalisation Out-Patient consultation and Retreat Benefit.



You are looking for a lump sum benefit for Severe Psychiatric Illness.



You wish to receive the daily hospital income for Hospitalisation for treatment of Mental Illness.

Plan Summary

Plan Structure	Basic Plan
Issue Age (Age Next Birthday)	6 – 61
Premium Payment Term	To the Policy Anniversary immediately preceding the 71 st birthday of the Insured
Benefit Term	Guaranteed renewable up to the Policy Anniversary immediately preceding the 71 st birthday of the Insured
Renewable Period	Yearly Renewable
Premium Structure	Premium is not guaranteed and We reserve the right to review and adjust the premium rates based on factors including but not limited to the claims experience, medical inflation and policy persistency from all policies under this product upon renewal, provided any premium review will be applied to all other policies of the same kind.
Currency	HKD / USD
Premium Payment Mode	Monthly / Annually

What this plan covers

Benefit Summary

Benefits	Plan 1	Plan 2	Plan 3
	Coverage		
Out-Patient Psychiatrist Consultation/Clinical Psychologist Consultation Benefit¹			
Benefit limit per consultation	HK\$1,000/US\$125	HK\$1,500/US\$187.5	HK\$2,000/US\$250
	Maximum 1 visit per day and subject to 20% coinsurance		
Maximum no. of visits per Policy Year	4	6	10
Maximum no. of visits per life	12	18	30
Extra 5 visits during that Policy Year and extra 15 visits per life if the medication is prescribed by a Psychiatrist for 180 or more consecutive days			
Psychiatric Treatment Benefit²			
Benefit limit per Policy Year	HK\$50,000/ US\$6,250	HK\$100,000/ US\$12,500	HK\$200,000/ US\$25,000
	(a) Room & Board		Full Cover
	(b) Miscellaneous charges		Full Cover
	(c) Attending Psychiatrist's visit fee		Full Cover
	(d) Specialist's fee		Full Cover
	(e) Intensive care		Full Cover
	(f) Surgeon's fee		Full Cover
	(g) Anaesthetist's fee		Full Cover
	(h) Operating theatre charges		Full Cover
Daily Hospital Income Benefit³			
Benefit amount per day	HK\$1,000/US\$125	HK\$1,500/US\$187.5	HK\$2,000/US\$250
	Maximum 60 days per Policy Year and Maximum 180 days per life		
Post Hospitalisation Out-Patient Psychiatrist Consultation/Clinical Psychologist Consultation Benefit⁶			
Benefit limit per consultation	HK\$1,000/US\$125	HK\$1,500/US\$187.5	HK\$2,000/US\$250
	10 – 60 consecutive days Hospitalisation for treatment of Mental Illness: Maximum 5 visits during that Policy Year		
	61 or more consecutive days Hospitalisation for treatment of Mental Illness: Extra 5 visits during that Policy Year		
Retreat Benefit⁴	HK\$2,000/US\$250	HK\$3,000/US\$375	HK\$4,000/US\$500
Severe Psychiatric Illness Benefit⁷	HK\$400,000/ US\$50,000	HK\$600,000/ US\$75,000	HK\$800,000/ US\$100,000
Compassionate Death Benefit	HK\$1,000/US\$125		
Monthly Income Support Benefit⁵ (Optional Benefit)	HK\$15,000/US\$1,875/per month (up to a maximum of 6 consecutive months) up to 1 time per life		

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.

Remarks

- 1 If the Insured has the First Confirmed Diagnosis of any one of the designated Mental Illnesses, and has undergone an Out-Patient consultation with a Psychiatrist and/or a consultation with a Clinical Psychologist solely relating to that Mental Illness in Hong Kong, FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) (“FWD”, “We” “Us” or “Our”) will reimburse 80% of the Eligible Expenses including any prescribed medication, diagnostic tests and treatments for such consultation, up to the limits set out in the Policy Schedule or any Endorsement.

For the definition of the designated Mental Illnesses, please refer to the policy provisions for details.

The first Out-Patient consultation with a Psychiatrist or the first consultation with a Clinical Psychologist for the diagnosis or treatment of any one of the designated Mental Illnesses must be undergone under face-to-face setting between the Insured and the Psychiatrist / the Clinical Psychologist in Hong Kong. For the avoidance of doubt, phone and video-based teleconsultation is not allowed for the first consultation.

Once the medication is prescribed for the Insured by a Psychiatrist for 180 or more consecutive days (“Eligible Medication Period”) in a Policy Year, We will uplift the maximum number of visits for Out-Patient consultation with a Psychiatrist and consultation with a Clinical Psychologist per Policy Year under this benefit for such Policy Year, and uplift the maximum number of visits for Out-Patient consultation with a Psychiatrist and consultation with a Clinical Psychologist per life under this benefit, up to the limits set out in the Policy Schedule or any Endorsement.

In case the Eligible Medication Period spans more than 1 Policy Year, and less than 180 consecutive days medication is prescribed for the Insured by the Psychiatrist in the first Policy Year during the Eligible Medical Period, we will not uplift the maximum number of visits for Out-Patient consultation with a Psychiatrist and consultation with a Clinical Psychologist per Policy Year for the first Policy Year of the Eligible Medical Period, instead we will uplift the maximum number of visits for Out-Patient consultation with a Psychiatrist and consultation with a Clinical Psychologist per Policy Year for the subsequent Policy Years (other than the first Policy Year) of the Eligible Medical Period, up to the limits set out in the Policy Schedule or any Endorsement. We will also only uplift the maximum number of visits for Out-Patient consultation with a Psychiatrist and consultation with a Clinical Psychologist per life from the date on which the medication is prescribed by a Psychiatrist for at least 180 consecutive days, up to the limits set out in the Policy Schedule or any Endorsement.

For the avoidance of doubt, each 180 consecutive days period of medication prescribed by a Psychiatrist will be eligible for uplifting the maximum number of visits for Out-Patient consultation with a Psychiatrist and consultation with a Clinical Psychologist per Policy Year under this benefit once only. A separate 180 consecutive days period of medication prescribed by a Psychiatrist will be required for uplifting the maximum number of visits for Out-Patient consultation with a Psychiatrist and consultation with a Clinical Psychologist per Policy Year for another Policy Year under this benefit. We will only uplift the maximum number of visits for Out-Patient consultation with a Psychiatrist and consultation with a Clinical Psychologist per Policy Year once for each Policy Year under this benefit.

Notwithstanding any other provisions of this policy, if both the Out-Patient Psychiatrist Consultation/ Clinical Psychologist Consultation Benefit and the Post Hospitalisation Out-Patient Psychiatrist Consultation/ Clinical Psychologist Consultation Benefit are payable by Us as a result of the same Mental Illness (including its complications) at the same time, We will not pay the Out-Patient Psychiatrist Consultation/ Clinical Psychologist Consultation Benefit for the same Mental Illness (including its complications).

- 2 If the Insured, as a result of a Mental Illness and upon the recommendation of a Psychiatrist is Hospitalised in a psychiatric unit of a Hospital in Hong Kong solely for Medically Necessary treatment, We will reimburse the Eligible Expenses in accordance with the benefit items, up to the limits set out in the Policy Schedule or any Endorsement.
- 3 We will pay a benefit for each day the Insured is Hospitalised in a psychiatric unit of a Hospital in Hong Kong solely for the purpose of Medically Necessary treatment of a Mental Illness, up to the limits set out in the Policy Schedule or any Endorsement.
- 4 If the Insured is Hospitalised in a psychiatric unit of a Hospital in Hong Kong for the purpose of Medically Necessary treatment of a Mental Illness for 10 or more consecutive days, We will pay a Retreat Benefit.
This benefit is payable once under this policy.
- 5 Subject to Our applicable rules and procedures, You may select the Monthly Income Support Benefit when You apply for Your policy, and You can cancel this benefit by submitting a written request to Us before the Policy Anniversary after which the revisions will take effect. If You select this benefit, it will be set out in Policy Schedule or Endorsement. You are not permitted to re-select this benefit after cancellation.

Important to know

Remarks

- 6 If the Insured's Psychiatrist recommends the Insured to undergo follow-up Out-Patient consultations with a Psychiatrist and/or follow-up consultations with a Clinical Psychologist in Hong Kong after the Hospitalisation in a psychiatric unit of a Hospital in Hong Kong for a period of 10 or more consecutive days solely for Medically Necessary treatment of a Mental Illness, and the Psychiatric Treatment Benefit is payable in respect of such Mental Illness under this policy, We will reimburse the Eligible Expenses for the consultations including any prescribed medication, diagnostic tests and treatments undergone in the Policy Year from the date on which the Insured is discharged from the Hospital, up to the limits set out in the Policy Schedule or any Endorsement.
Once the Insured has been Hospitalised in a psychiatric unit of a Hospital in Hong Kong for 61 or more consecutive days solely for the purpose of Medically Necessary treatment of a Mental Illness, We will uplift the maximum number of visits for follow-up Out-Patient consultations with a Psychiatrist and follow-up consultations with a Clinical Psychologist per Policy Year under this benefit for the Policy Year from the date of which the Insured is discharged from the Hospital, up to the limits set out in the Policy Schedule or any Endorsement.
- 7 This benefit is payable once under this policy.

Key Product Risks

Credit risk

This product is an insurance policy issued by FWD. The application of this 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.

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.

Premium adjustment

The premium is non-guaranteed and FWD reserves the right to review and adjust the premiums upon renewal. The premium may increase significantly due to factors including but not limited to claims experience, medical inflation and policy persistency, provided any premium review shall be applied to all other policies of the same kind.

Premium term and non-payment of premium

The premium payment term of the policy up to age 71 (Age Next Birthday).

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

Termination conditions

The policy will automatically end on the earliest of the following:

1. The death of the Insured;
2. The Expiry Date of this policy;
3. The date of policy cancellation. Such date is determined in accordance with Our applicable rules and regulations in relation to policy cancellation; or
4. On the premium due date, if the Policy Owner has not paid the premium within the 30-day grace period.

Key Product Risks

Exclusions

We will not pay any benefits (except for Compassionate Death Benefit) under this policy if the Hospitalisation, treatment, consultation or charges incurred relate to or arise as a direct or indirect result of any of the following:

- a) Expenses or Hospitalisation incurred for Medical Services as a result of Mental Illness arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity.
- b) Expenses incurred for purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use.
- c) Expenses or Hospitalisation incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.
- d) Expenses or Hospitalisation incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured attained the age of 8 years.
- e) Expenses or Hospitalisation incurred for treatment for Mental Illness arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.
- f) Expenses or Hospitalisation incurred for Pre-existing condition(s), which is the existence of:
 1. a condition of the Insured for which medical advice, diagnosis, care or treatment was recommended or received before the Policy Date or the date of Endorsement, whichever is later; or
 2. any sign or symptoms related to the covered conditions in this policy preceding the Policy Date or the date of Endorsement, whichever is later, which would have caused an ordinary prudent person to seek medical advice, diagnosis, care or treatment.

Waiting period

We will not pay the Out-Patient Psychiatrist Consultation/Clinical Psychologist Consultation Benefit, Psychiatric Treatment Benefit, Daily Hospital Income Benefit, Post Hospitalisation Out-Patient Psychiatrist Consultation/Clinical Psychologist Consultation Benefit, Retreat Benefit, Severe Psychiatric Illness Benefit and Monthly Income Support Benefit where the First Symptoms relating to the relevant Mental Illness appear, the condition relating to the relevant Mental Illness occurs, or the diagnosis or surgery relating to the relevant Mental Illness occurs within the first 180 calendar days from the Policy Date or the date of Endorsement, whichever is later.

We will not pay the Out-Patient Psychiatrist Consultation/Clinical Psychologist Consultation Benefit, Psychiatric Treatment Benefit, Daily Hospital Income Benefit, Post Hospitalisation Out-Patient Psychiatrist Consultation/Clinical Psychologist Consultation Benefit, Retreat Benefit, Severe Psychiatric Illness Benefit and Monthly Income Support Benefit where the First Symptoms relating to the relevant Perinatal Depression appear, the condition relating to the relevant Perinatal Depression occurs, or the diagnosis or surgery relating to the relevant Perinatal Depression occurs within the first 2 years from the Policy Date or the date of Endorsement, whichever is later.

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

Obligation to Provide Information

FWD is obliged to comply with the following legal and/or regulatory requirements in various jurisdictions as promulgated and amended from time to time, such as the United States Foreign Account Tax Compliance Act, and the automatic exchange of information regime ("AEOI") followed by the Inland Revenue Department (the "Applicable Requirements"). These obligations include providing information of clients and related parties (including personal information) to relevant local and international authorities and/or to verify the identity of the clients and related parties. In addition, our obligations under the AEOI are to:

- I. identify accounts as non-excluded "financial accounts" ("NEFAs");
- II. identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
- III. 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. collect information on NEFAs ("Required Information") which is required by various authorities; and
- V. furnish Required Information to the Inland Revenue Department.

The Policy Owner must comply with requests made by FWD to comply with the above Applicable 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 the Insured gave misleading or exaggerated information, your benefits or premium under your policy may be affected, and in some cases We may cancel your policy.

Important Notes

Refund from Other Sources

If You can obtain a refund of any expenses in any of Out-Patient Psychiatrist Consultation/ Clinical Psychologist Consultation Benefit, Psychiatric Treatment Benefit and Post Hospitalisation Out-Patient Psychiatrist Consultation/ Clinical Psychologist Consultation Benefit from any other sources, We will only pay for any excess costs of these expenses up to the limit set out in the Policy Schedule or any Endorsement.

You must tell Us if the Insured can obtain a refund of all or part of expenses specified in Out-Patient Psychiatrist Consultation/ Clinical Psychologist Consultation Benefit, Psychiatric Treatment Benefit and Post Hospitalisation Out-Patient Psychiatrist Consultation/ Clinical Psychologist Consultation Benefit from any other sources. If We have paid a benefit which is recoverable from another source, You must refund this amount to Us.

Renewal

While this policy is in effect and the Insured is alive, the basic plan of this policy can be renewed at each Policy Anniversary without the requirement of evidence of insurability. Unless you tell Us in writing before the next renewal that you do not want to renew, the basic plan of this policy will be automatically renewed at each Policy Anniversary until the Expiry Date based on the terms and conditions of this policy, provided that premiums under this policy are paid when due.

FWD reserves the right to revise, amend or modify this policy at each Policy Anniversary, and FWD will notify you in writing at least 30 calendar days before the Policy Anniversary after which the revisions will take effect.

Notice of Claim

Written notice of any benefit claim must be given to FWD within 30 calendar days (and in any case no later than 6 calendar months) of the Insured's discharge from Hospital, surgery date, consultation date or the date of death of the Insured, for which a claim will be made on this policy. Any claims received after the said 6-month period shall not be accepted, unless FWD in its sole discretion decide otherwise.

Important Words

Eligible Expenses

are reasonable and customary charges for Medically Necessary treatment or services for a Mental Illness.

Reasonable and customary refers to a fee or expense which:

1. is actually charged for Medically Necessary treatment, supplies or Medical Services;
2. 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;
3. does not include charges that would not have been made if no insurance existed.

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 association in the location where the fee or expense is incurred.

Hospitalise and Hospitalisation

refers to an admission of the Insured to a psychiatric unit of a Hospital in Hong Kong that is recommended by a Psychiatrist for Medical Service and as an In-Patient as a result of a Medically Necessary condition.

Hospitalisation shall be evidenced by a daily room charge invoiced by the Hospital in Hong Kong and the Insured must stay in the Hospital in Hong Kong for at least 6 consecutive hours and continuously for the entire period of Hospitalisation.

Medically Necessary

is a medical recommendation by a Physician, Psychiatrist, Clinical Psychologist, Surgeon or Specialist as part of his or her diagnosis and/or treatment of a Mental Illness. The medical recommendation must meet each of the following criteria:

1. the Insured's medical condition will be adversely affected if the medical recommendation is not followed;
2. The recommendation is widely accepted within the medical profession in Hong Kong as being effective, appropriate and essential to diagnose, relieve or cure the Insured's Mental Illness based on recognised western medical standards of the specialty involved;
3. The recommended medical management and/or treatment is not experimental in nature; and
4. The recommended diagnosis and/or treatment is not preventative, investigational or screening in nature, is not opted or selected by the Insured alone, nor is it for the personal convenience or comfort of the Insured or any medical service provider. This precludes:
 - general check-up unrelated to a Mental Illness;
 - preventative screening or checkups looking for the presence of a Mental Illness where there are no symptoms or history of that Mental Illness;
 - convalescence, custodial or rest care unrelated to a Mental Illness;
 - cosmetic surgery for aesthetic purposes, including gender identity treatment or procedures of any kind (even if not for aesthetic purposes);
 - dental treatment, eye tests and/or optical treatment and surgery, unless this treatment is directly related to a Mental Illness covered by this policy.

Mental Illness

means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria within the most recent edition of the DSM-5. For a Mental Illness to be covered under this policy, the First Symptoms must appear, the condition must occur and the diagnosis or surgery relating to that Mental Illness must happen 180 days after the Policy Date or the date of Endorsement, whichever is later. Diagnosis of a Mental Illness covered under this policy must be based on the criteria under DSM-5. If the Insured and a Psychiatrist do not agree on the signs, symptoms or manifestation of a Mental Illness, We will follow the Psychiatrist's professional opinion.

Important Words

Severe Psychiatric Illness

is a first definitive diagnosis of severe Depression, Anxiety Disorders, Schizophrenia, Bipolar Disorder, Post-Traumatic Stress Disorder or Obsessive Compulsive Disorder by a Psychiatrist, which requires Hospitalisation for more than 180 consecutive days in the psychiatric unit of a designated Hospital for Severe Psychiatric Illness as listed under “List of Designated Hospitals for Severe Psychiatric Illness” on Our website. Such list may be varied, updated and amended from time to time at Our discretion, and any change shall be deemed effective as of the date of publication on Our website (regardless of whether any notice is separately given).

The diagnosis must fulfill all of the following criteria:

- The Hospitalisation must be primarily due to severe Depression, Anxiety Disorders, Schizophrenia, Bipolar Disorder, Post-Traumatic Stress Disorder or Obsessive Compulsive Disorder;
- The severe Depression, Anxiety Disorders, Schizophrenia, Bipolar Disorder, Post-Traumatic Stress Disorder or Obsessive Compulsive Disorder is not related to drug, alcohol or substance abuse; and
- The Hospitalisation is not for drug or alcohol rehabilitation.

Declarations

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