

CANcover/CANcover Pro Cancer Protection Plan

Focus on getting the best care available,
instead of the fear of cancer

Critical Illness Protection • Participating Life



We are frequently presented with scary facts about cancer that make us feel uncertain and fearful about our future. That should never be the way we approach life.

At FWD, we want you to feel optimistic about your future. And why shouldn't you, when technology is improving our lives in so many ways, even in cancer treatment and care?

An old disease with modern treatments

Many important medical advances have been made over the years in how cancer patients are cared for. Cancer treatment now starts earlier, is more personalised, reduces side-effects and goes beyond just surgical solutions.

While your medical insurance should cover the medical costs for these, the impact to your life from taking time-off and potentially travelling abroad for a long period of time for treatment is something you should also be prepared for.

This can be difficult if you're a provider to your family and cannot afford to stop working for extended periods.

At FWD, we're here to ensure that you don't need to live in fear of your future, because you can be equipped with the best treatment and care out there.

Supporting you with the best new cancer treatments and care throughout the whole journey

CANcover/CANcover Pro Cancer Protection Plans (collectively “the Plans”) equip you with 360° support from initial diagnosis to post-treatment care. This will be the key for you to take full advantage of the advances in cancer treatment and care.

And that’s due to five core features which we’ve listened and designed to suit your needs.



Coverage starts as early as needed

Timing is critical for any treatments. So the Plans provide coverage for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs¹ so you can get the best help at the earliest time.



Higher and wider cancer coverage

We want to give you the full financial support for getting the best treatments, you can receive up to **515%*** of your Initial Sum Insured, including Cancer Benefit², Additional Cancer Coverage Benefit³, Cancer Booster Benefit⁴ and Multiple Benefit for Cancer⁵.



Prime years booster

Receive **extra** payment equivalent to **50%** of the Initial Sum Insured as Additional Cancer Coverage Benefit³ within the first 10 Policy Years without paying any additional premium.



Support that doesn’t stop

The Plans will care for you throughout your recovery journey even if you suffer from chronic disease. With our first-in-market Cancer Rehabilitation Program⁶ and Hypertension Care Programme⁷, along with a Post Cancer Treatment Benefit⁸ covering Medical Consultations, Counselling Services, Physiotherapy and Occupational Therapy, we will back you up to return to a normal life.



No wastage refund

At the end of the day, we don’t want you to feel what you’ve prepared is wasted. So if you have not made any claims under your Plans, you’ll have your paid premiums returned up to 100% upon policy maturity⁹. Moreover, you can have a peace of mind that the premium refundable will not be reduced even if you have made any claims for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit¹.

* It is the calculation of the maximum claims of Cancer Benefit, Additional Cancer Coverage Benefit, Cancer Booster Benefit and Multiple Cancer Benefit under CANcover Pro Cancer Protection Plan, and assume that a) all premiums and levies are paid in full when due, b) the definitions and claims requirements of the benefits are fulfilled, c) the Initial Sum Insured of the Basic Plan of the Policy remains unchanged throughout the policy term, and d) the Policy is in force and has not been surrendered throughout the policy term.

Rest assured that we will be with you along the whole journey if you unfortunately suffer from critical illness.



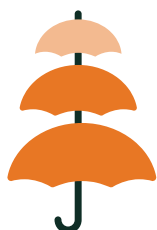
Win with prompt action

The Plans provide up to 2 claims of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit¹ and each claim offers an advance payment equivalent to 20% of Initial Sum Insured (subject to a maximum of HK\$400,000/US\$50,000 per claim per Insured) (“Limited Advanced Payment”).



All-rounded cancer coverage with post treatment support

The Plans provide a payment equivalent to 100% of Initial Sum Insured less Limited Advanced Payment (if applicable), plus a non-guaranteed Special Bonus¹⁰ (if any) as Cancer Benefit². To provide a more comprehensive protection, we offer an extra payment equivalent to 50% of the Initial Sum Insured as Additional Cancer Coverage Benefit³ within the first 10 Policy Years. To cater your specific needs, the Plans offer Post Cancer Treatment Benefit⁸ within 2 years from the First Confirmed Diagnosis of Cancer.



Enhanced cancer safety net (Applicable to CANcover Pro Cancer Protection Plan only)

We have extra support of Cancer Booster Benefit⁴ (additional 15% of Initial Sum Insured) for enhanced Cancer coverage if Cancer Benefit² has been paid and the Insured is diagnosed with the same Cancer and is receiving Active Treatment or End-of-life Care at least 1 year.

In addition, we also provide Multiple Benefit for Cancer⁵ for **up to 4 claims**. We will pay **50%** of Initial Sum Insured for **each** of the **first 3** claims, and **200%** of Initial Sum Insured for the **4th** claim regardless the Cancer is a new one, a recurrence or continuation of any preceding claim for Cancer.



Recovery support to back you up in every way

First-in-Hong Kong⁺

What's more, you can be worryless even if you are diagnosed with Cancer, since our tailor-made Cancer Rehabilitation Program⁶ will provide a professional rehabilitation service to you. With this service, you can focus on recovery and still be able to enjoy your life!

First-in-Hong Kong⁺

We always take a step further to provide you with a more comprehensive life coverage, even for chronic disease management. Therefore, we offer a Hypertension Care Programme⁷. You will be able to access the one-stop medical and healthcare services, from consultation with medical practitioner and dietician, blood pressure level monitoring, to even prescribed medicine delivery service.



Professional health solutions to simplify your life

On top of giving you Cancer protection, the Plans also give you an access to a priority health coaching service: PREMIER THE ONEcierge One Team Health Management ("PREMIER THE ONEcierge")¹¹. Simply call the service hotline and PREMIER THE ONEcierge will provide you a network of leading specialists so that you can receive the most appropriate treatment and access top-tiered network hospitals in the Pan-Asia Region. Our team could also make the necessary arrangements if hospitalisation is required. Not sure if you have got the most suitable treatment? As soon as Cancer is diagnosed, we can help to connect you with a top U.S. medical institution for a Second Medical Opinion¹². Apart from Cancer specialists, the Plans can also provide referral services ("Family Care Services")¹³ to help with taking care of your home.



100% premium refund at policy maturity

Upon policy maturity date, 100% of total premiums paid will be refunded (without interests)⁹. Even in the case of surrender, a partial amount of the total premiums paid according to the designated percentage of Refund of Premium Table could still be refunded⁹. In addition, the Plan offers a non-guaranteed Special Bonus¹⁰ (if any) to give you an extra leverage in your Cancer treatment or in pursuing your dreams.



Protect you once congenital diseases develops into a covered disease^{1,2,4,5}

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.



Embracing the changes in life

The Plans provide the flexibility for you to freely apply for a new Cancer protection plan¹⁴ when you turn 18, 40 and/or 65 years old (age next birthday) irrespective of your health condition at the time without evidence of insurability.

+ Per a comparison made on 1 July 2021 among the critical illness insurance plans of key insurers available in Hong Kong, Cancer Rehabilitation Program and Hypertension Care Programme are the first in Hong Kong.



Let's check out below how Betty could benefit from CANcover Pro Cancer Protection Plan ("CANcover Pro").

Example

Betty, at age 30 (age next birthday), owns a critical illness plan originally. But she is concerned about the increasing risk of contracting Cancer and the high-rising medical fees for treatment and rehabilitation. Therefore, she decided to enrol CANcover Pro to enhance her Cancer coverage, with an Initial Sum Insured of HK\$800,000 and premium payment term of 20 years.



At age 30 (age next birthday)
Betty enrolled in **CANcover Pro**.



At age 38 (age next birthday)

Betty is diagnosed with Carcinoma-in-situ of breast. She will receive **Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit** which is equal to an advance 20% of Initial Sum Insured (HK\$160,000) (the Limited Advance Payment) and proportionate non-guaranteed Special Bonus (if any).

At age 39 (age next birthday)

Unfortunately, her Carcinoma-in-situ of breast has progressed to Breast Cancer and hence, she will receive **Cancer Benefit**, which is 100% of Initial Sum Insured, less Limited Advance Payment (HK\$800,000 - HK\$160,000 = HK\$640,000), plus non-guaranteed Special Bonus (if any).

Since her First Confirmed Diagnosis of Cancer falls within the first 10 Policy Years, she is also entitled to the **Additional Cancer Coverage Benefit**, which is an additional 50% of Initial Sum Insured (HK\$400,000).

Moreover, she will be entitled to our **Cancer Rehabilitation Program** and we will also **waive** her future premiums.



At age 41 (age next birthday)

Betty is still battling her Breast Cancer and is receiving active treatment, she will receive **Cancer Booster Benefit**, a 15% of Initial Sum Insured (HK\$120,000).



At age 44 (age next birthday)

3 years later, Betty suffers from a recurrence of Breast Cancer and is receiving active treatment, she will receive **Multiple Benefit for Cancer**, being an additional 50% of Initial Sum Insured (HK\$400,000).



At age 53 (age next birthday)

Betty is diagnosed with Hypertension. She will be entitled to our **Hypertension Care Programme**.

In the above example, Betty will receive HK\$1,720,000 in total, which equals to 215% of the Initial Sum Insured.

The above is for illustrative purpose only and assume that a) all premiums and levies are paid in full when due, b) the definitions and claims requirements of the benefits are fulfilled, c) the Initial Sum Insured of the Basic Plan of the Policy remains unchanged throughout the policy term, and d) the Policy is in force and has not been surrendered throughout the policy term.

Do these Plans suit you?

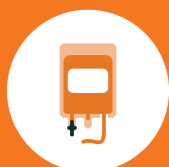
If you answer yes to any of the statements below, the Plans are for you.



You are looking for a low premium entry **Cancer** protection plan.



You wish to add on your **Cancer** coverage on top of your critical illness plan.



You suffer from Type 2 diabetes and /or hypertension and cannot be covered under any critical illness plan, provided that you are eligible to enrol the Plan(s) through our full underwriting.

What these plans cover

Plan Summary

Plan Type	Basic Plan																							
Policy Term	To the Policy Anniversary immediately preceding the 100 th birthday of the Insured																							
Issue Age (age next birthday)	1 – 70	1 – 60	1 – 55	1 – 55																				
Premium Payment Period	10 years	15 years	20 years	25 years																				
Premium Structure	The premium is non-guaranteed ¹⁵ 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\$180,000 / US\$22,500 (per Policy)																							
Maximum Initial Sum Insured ¹⁶ (per Insured)	Age next birthday 18 or below : HK\$5,000,000 / US\$625,000 Age next birthday 19 or above : HK\$12,000,000 / US\$1,500,000																							
Surrender/Maturity Benefit ⁹	<p>Refund of Premium (based on the designated percentage as shown in the below Refund of Premium Table) + non-guaranteed Special Bonus¹⁰ (if any)</p> <p style="text-align: center;">Refund of Premium Table (without interest)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">End of Policy Year</th> <th style="text-align: center;">Refund of Premium (Percentage of Total Premiums Paid)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1 – 4</td> <td style="text-align: center;">0%</td> </tr> <tr> <td style="text-align: center;">5 – 9</td> <td style="text-align: center;">5%</td> </tr> <tr> <td style="text-align: center;">10 – 14</td> <td style="text-align: center;">10%</td> </tr> <tr> <td style="text-align: center;">15 – 19</td> <td style="text-align: center;">20%</td> </tr> <tr> <td style="text-align: center;">20 – 24</td> <td style="text-align: center;">35%</td> </tr> <tr> <td style="text-align: center;">25 – 29</td> <td style="text-align: center;">50%</td> </tr> <tr> <td style="text-align: center;">30 – 34</td> <td style="text-align: center;">65%</td> </tr> <tr> <td style="text-align: center;">End of the 35th Policy Year and thereafter (before the Policy Maturity Date)</td> <td style="text-align: center;">80%</td> </tr> <tr> <td style="text-align: center;">Policy Maturity Date (Age 100 (age next birthday))</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>				End of Policy Year	Refund of Premium (Percentage of Total Premiums Paid)	1 – 4	0%	5 – 9	5%	10 – 14	10%	15 – 19	20%	20 – 24	35%	25 – 29	50%	30 – 34	65%	End of the 35 th Policy Year and thereafter (before the Policy Maturity Date)	80%	Policy Maturity Date (Age 100 (age next birthday))	100%
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End of the 35 th Policy Year and thereafter (before the Policy Maturity Date)	80%																							
Policy Maturity Date (Age 100 (age next birthday))	100%																							
Cancer Benefit ²	100% of the Initial Sum Insured - Limited Advanced Payment + non-guaranteed Special Bonus ¹⁰ (if any)																							
Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit ¹ (maximum 2 claims per Insured)	Advanced payment of 20% of the Initial Sum Insured (subject to a maximum of HK\$400,000 / US\$50,000 per Insured for each claim under all policies of CANcover Series) + a proportionate non-guaranteed Special Bonus ¹⁰ (if any)																							

Plan Summary

Post Cancer Treatment Benefit ⁸ (Chinese Medicine Consultation, Counselling Services, Dietician Consultation, Physiotherapy and Occupational Therapy)	Up to HK\$600 / US\$75 per visit, 1 visit per day and 20 visits per Insured under all policies of CANcover Series (applicable to designated treatments under Post Cancer Treatment Benefit within 2 years from the date of First Confirmed Diagnosis of Cancer)
Additional Cancer Coverage Benefit ⁵	Additional 50% of the Initial Sum Insured before the 10 th Policy Anniversary
Cancer Booster Benefit ⁴ (Only applicable to CANcover Pro Cancer Protection Plan)	Additional 15% of Initial Sum Insured
Multiple Benefit for Cancer ⁵ (Only applicable to CANcover Pro Cancer Protection Plan)	For the 1 st , 2 nd and 3 rd claim: each 50% of Initial Sum Insured For the 4 th claim: 200% of Initial Sum Insured
Death Benefit ¹⁷	100% of Refund of Premium + HK\$10,000 / US\$1,250 + non-guaranteed Special Bonus ¹⁰ (if any)
Option to apply for new cancer protection plan at specified age ¹⁴	Option to apply for a new cancer protection plan upon the Policy Anniversary which immediately comes on or after the respective ages of 18, 40 and/or 65 (age next birthday) of the Insured without evidence of insurability. (the aggregate maximum of the sums insured shall be 100% of Initial Sum Insured at the inception of original policy of the Plans or HK\$1,000,000 / US\$125,000 per Insured, whichever is lower)
Cancer Rehabilitation Program ⁶	If the Insured is diagnosed with Cancer and the Cancer Benefit is paid, we will provide relevant rehabilitation program
Hypertension Care Programme ⁷	If the Insured is First Confirmed Diagnosed with Hypertension after the Policy Date, we will provide relevant care program
Family Care Services ¹³	Service Program
Second Medical Opinion ¹²	Service Program
CANcover Series - PREMIER THE ONEcierge ¹¹	Service Program

Limitation of benefits and exclusions apply, please refer to the relevant Policy Provisions for details. Please refer to the definitions as set out in the Policy Provisions for the details of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs.

Important to know

Remarks

- 1 Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit is only applicable to carcinoma-in-situ or early stage malignancy of specific organs. FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD", "We" or "the Company") shall only pay the Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit where the First Symptoms appear, the condition occurs or the diagnosis relating to the relevant Carcinoma-in-situ or Early Stage Malignancy of Specific Organs of the Insured first occurs after 90 days from the policy date or the date of last reinstatement date, whichever is later. The maximum of 2 claims (per Insured) of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit must be carcinoma-in-situ or early stage malignancy of specific organs occurring in two different covered organs and is subject to a maximum of US\$50,000/HK\$400,000 per Insured of each claim under all policies of CANcover Series plus a proportionate non-guaranteed Special Bonus (if any and determined subject to FWD's rules and regulations). After this benefit is paid in advance, the Cancer Benefit will be reduced by Limited Advanced Payment and the non-guaranteed Special Bonus (if any) thereafter will be reduced on a pro-rata basis accordingly, but the Initial Sum Insured and premium of the Policy will remain unchanged. If the Insured has more than 1 Policy with a similar or related benefit under CANcover Series, the total payment of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit shall not exceed the maximum amount of US\$50,000/HK\$400,000 per Insured for each claim under all policies of CANcover Series. Please refer to the Policy Provisions for the terms and conditions of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit, details and definition of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and exclusions. CANcover Series means CANcover Cancer Protection Plan, CANcover Pro Cancer Protection Plan and other selected critical illness insurance plan(s) as specified by the Company from time to time.
- 2 Cancer Benefit is only applicable to covered Cancers. Covered Cancer shall mean any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue, or any occurrence of histologically confirmed leukemia, lymphoma or sarcoma. The following tumours are excluded: (i) Tumours showing the malignant changes of Carcinoma-in-situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as pre-malignant; (ii) All skin cancers, unless there is evidence of metastases or the tumour is a malignant melanoma of greater than 1.5mm maximum thickness as determined by histological examination using the Breslow method; (iii) Prostate cancers which are histologically described as TNM Classification T1a or T1b, or are of another equivalent or lesser classification; (iv) Papillary micro-carcinoma of the thyroid; (v) Non-invasive papillary cancer of the bladder histologically described as TaNOM0 or of a lesser classification; and (vi) Chronic lymphocytic leukaemia less than RAI Stage I or Binet Stage A-I. FWD shall only pay the Cancer Benefit where the First Symptoms appear, the condition occurs or the diagnosis relating to the relevant Cancer first occurs after 90 days from the policy date or the date of last reinstatement date, whichever is later. If the Insured survives more than 14 days from the date of the First Confirmed Diagnosis of Cancer, the Cancer Benefit will be payable. However, if the Insured dies within such 14 days, only the Death Benefit is payable. Cancer Benefit under each Policy of the Plans shall be payable only once during the Insured's lifetime. After the Cancer Benefit is paid while the Policy is still in force, we will waive the balance of premium payable under the Policy and the first premium to be waived will be the one falling due immediately after the date following the First Confirmed Diagnosis of such Cancer and all the Company's liability (if any) under this Policy shall be limited to the Post Cancer Treatment Benefit, Cancer Booster Benefit (if applicable), Multiple Benefit for Cancer (if applicable), Cancer Rehabilitation Program and Hypertension Care Programme (if applicable). If any Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit is payable or has been paid, the Cancer Benefit will be reduced by Limited Advanced Payment and the non-guaranteed Special Bonus (if any) thereafter shall be reduced on a pro-rata basis accordingly. Please refer to the Policy Provisions for the terms and conditions of Cancer Benefit, details and definition of covered Cancers and exclusions.
- 3 The additional amount payable is equivalent to 50% of the Initial Sum Insured as at the date when the Cancer Benefit is payable under the policy. This benefit will be payable once only under the Policy and will be ceased (i) upon the termination of the Policy; (ii) once the Cancer Benefit has been paid or becomes payable; or (iii) on the 10th Policy Anniversary if no Cancer Benefit is payable before the 10th Policy Anniversary, whichever is the earliest.
- 4 (Only applicable to CANcover Pro Cancer Protection Plan) While the Policy is in force, if Cancer Benefit has been paid, 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 in respect of which Cancer Benefit has been paid under the Policy, FWD shall pay to the Policy Owner the Cancer Booster Benefit. This benefit will be payable only once under the Policy, and will automatically be terminated on the Policy Anniversary immediately preceding the 86th birthday of the Insured.
- 5 (Only applicable to CANcover Pro Cancer Protection Plan) While the Policy is in force, if, following payment of a Cancer Benefit, the Insured is diagnosed with a subsequent Cancer (which may be Continuous Cancer, Recurrence of the Cancer, or Cancer in different sites) and survives for a period of at least 14 days from the date of First Confirmed Diagnosis of such Cancer (except for Continuous Cancer for which the 14-day period is calculated from the date of its confirmed diagnosis), the benefit is payable subject to the relevant conditions and/or additional requirements as set out in the respective definition of Cancer and the following waiting period:
If any preceding claim for Cancer Benefit or Multiple Benefit for Cancer has been paid or becomes payable, subsequent claim(s) for Multiple Benefit for Cancer (for Continuous Cancer or Recurrence of the Cancer and Cancer in different sites) can be made provided that,
 - (a) if the Cancer which is subject of the subsequent claim is a Continuous Cancer of the Cancer which is the subject of the preceding claim, the subsequent claim shall be payable only if 3 years has passed since the date of the confirmed diagnosis of the Relevant Preceding Cancer which has not been completed in remission;
 - (b) if the Cancer which is the subject of the subsequent claim is a Recurrence of the Cancer, the subsequent claim shall be payable only if the First Confirmed Diagnosis of such Recurrence of the Cancer takes place at least 3 years after the date of the First Confirmed Diagnosis of the Relevant Preceding Cancer;
 - (c) if the subsequent claim for Cancer is not a Continuous Cancer or Recurrence of the Cancer of the preceding Cancer claim, 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.This benefit cannot be claimed more than 4 times under this Policy. In case the Insured is aged 70 (age next birthday) or above and makes any subsequent claim for prostate Cancer which is a Continuous Cancer of a previous prostate Cancer for which a previous claim has been made, the benefit shall 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. If more than one Cancer is diagnosed as arising from the one event, though they may exist in different stages, conditions or forms, FWD shall only pay one benefit for which the highest benefit amount is payable. This benefit will be terminated automatically at the earlier of: (i) the Policy Anniversary immediately preceding the 86th birthday of the Insured or (ii) 4 claims have been paid under this benefit of this Policy. FWD shall only pay the Multiple Benefit for Cancer where the First Symptoms appear, the condition occurs or the diagnosis relating to the relevant Cancer first occurs after 90 days from the Policy Date.

Remarks

- 6 The Cancer Rehabilitation Program will start within 6 months from the payment date of the Cancer Benefit claim. The designated rehabilitation program will be available once per Insured. This benefit is available up to and including the age of 70 (age next birthday). Details of the Cancer Rehabilitation Program will be determined at the sole discretion of the Company at the time the services are provided, and the services may be provided by third party service providers as the Company may designate. The Company will not be responsible for any act or failure to act on the part of the service providers and/or their healthcare network teams. The Company reserves the right to revise or withdraw the Cancer Rehabilitation Program at any time without prior notice.
- 7 The Hypertension Care Programme will start within 6 months from the date of First Confirmed Diagnosis of Hypertension. The designated care program will be available once per Insured. This benefit is available up to and including the age of 70 (age next birthday). Details of the Hypertension Care Programme will be determined at the sole discretion of the Company at the time the services are provided, and the services may be provided by third party service providers as the Company may designate. The Company will not be responsible for any act or failure to act on the part of the service providers and/or their healthcare network teams. The Company reserves the right to revise or withdraw the Hypertension Care Programme at any time without prior notice.
- 8 FWD would only reimburse the Reasonable and Customary charges incurred for the Post Cancer Treatment Benefit to treat covered Cancer within 2 years from the date of First Confirmed Diagnosis of Cancer, provided that Cancer Benefit has been paid or become payable. It is subject to HK\$600/US\$75 per visit per Insured (1 visit per day) and maximum aggregate number of 20 visits per Insured under all policies of CANcover Series. Even if the Insured is insured by more than 1 Policy under CANcover Series, the maximum Post Cancer Treatment Benefit (per Insured) is still HK\$600/US\$75 per visit per Insured and 1 visit per day (subject to the maximum aggregate number of 20 visits per Insured under all policies of CANcover Series).
- 9 If no Cancer Benefit or Death Benefit has been paid or become payable under the policy, a designated percentage of the total premiums paid (without interest) and non-guaranteed Special Bonus (if any) would be refunded to the Policy Owner when the Policy is surrendered or matured. Please refer to the Refund of Premium Table for details. If any Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit is payable or has been paid, the premium refundable will not be reduced by Limited Advanced Payment but the non-guaranteed Special Bonus (if any) thereafter shall be reduced on a pro-rata basis accordingly.
- 10 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 Cancer Benefit, Death Benefit, Surrender Benefit or Maturity Benefit under the Policy or at the end of 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 Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit. Non-guaranteed Special Bonus (if any) will then be reduced on a pro-rata basis accordingly. Non-guaranteed Special Bonus (if any) will be payable until total claims of Cancer Benefit and Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit under the Policy reach 100% of the Initial Sum Insured.
- 11 PREMIER THE ONEcierge, currently 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.
- 12 The service is currently provided by International SOS and is not guaranteed renewable. All relevant fees and charges (if any) of this service shall be borne by the Insured solely. FWD shall not be responsible for any act or failure to act on the part of International SOS. Details of the services and service provider may be revised from time to time without giving any notice.
- 13 The service is currently provided by Aspire Lifestyles ("Aspire") and is not guaranteed renewable. All relevant fees and charges (if any) of this service shall be borne by the Insured solely. FWD shall not be responsible for any act or failure to act on the part of Aspire and/or any of its affiliates. Details of the services and service provider may be revised from time to time without FWD's prior notice.
- 14 The Policy Owner has the right to apply for a new cancer protection plan within 31 days immediately before or after relevant Policy Anniversary which immediately comes on or after the respective ages of 18, 40 and/or 65 (age next birthday) of the Insured without providing further evidence of insurability on the Insured (the aggregate maximum of the sums insured under such new policies shall be the Initial Sum Insured of original policy or HK\$1,000,000/US\$125,000 per Insured, whichever is lower), provided that no benefit has been paid or become payable under the original policy, and no loading premium and/or additional individual exclusions when the original policy is issued. This right shall be subject to the plan available at the time of application and such terms and conditions of FWD and the aggregate maximum Sum Insured per Insured of all designated critical illness policies, which is determined by FWD's then rules and regulations. This benefit is irrevocable after execution.
- 15 Premium rates are not guaranteed and FWD reserves the right to review and revise the premium rates from time to time.
- 16 Subject to the aggregate maximum sum insured per Insured of all designated critical illness policies, which is determined by FWD's prevailing rules and regulations.
- 17 The Death Benefit is payable if no Cancer Benefit is payable or has been paid. If any Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit is payable or has been paid, Death Benefit will not be reduced by Limited Advanced Payment but the non-guaranteed Special Bonus (if any) thereafter shall be reduced on a pro-rata basis accordingly.

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/>)

Dividend / Bonus Declaration Philosophy

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

Through the dividend/bonus declaration, you participate in the financial performance of the participating products.

The financial performance of participating products covers the experience and future outlook of a number of factors, including but not limited to:

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

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

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

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

Smoothing

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

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

Pooling

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

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

Dividend / Bonus Information & Investment Strategy

Investment Strategy

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

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

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

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

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

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

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

Investment Vehicle

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

Fixed income-type securities

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

Equity-type investments

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

Key Product Risks

Credit risk

These 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.

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.

Exclusions

The below exclusions apply to Cancer Benefit, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit, Additional Cancer Coverage Benefit, Cancer Booster Benefit (Only applicable under CANcover Pro Cancer Protection Plan), Multiple Benefit for Cancer (Only applicable under CANcover Pro Cancer Protection Plan), Post Cancer Treatment Benefit and Cancer Rehabilitation Program.

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 Immune Deficiency Syndrome (AIDS) and/or any mutations, derivations or variations thereof, which is derived from an HIV infection.
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.

Premium adjustment

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

Premium term and non-payment of premium

The premium payment terms of the Plans are 10, 15, 20 or 25 years.

FWD allows a Grace Period of 30 days after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the Grace Period, the Policy will be terminated from the date the first unpaid premium was due.

Key Product Risks

Termination conditions

For CANcover Cancer Protection Plan, it shall terminate on the earliest of the following:

1. The death of the Insured;
2. The Maturity Date of this Policy;
3. The effective date of Policy surrender. Such date is determined in accordance with FWD's applicable rules and regulations in relation to Policy surrender (To surrender the Policy, the Policy Owner needs to send FWD a completed surrender form or by any other means acceptable by us);
4. The date of termination of this Policy due to default in payment of any premium determined in accordance with Grace Period (as the case may be);
5. The expiry date of a period of 2 years from the date of the Insured's First Confirmed Diagnosis of Cancer for which the Cancer Benefit is paid or payable; or
6. The aggregate number of visits over which Post Cancer Treatment Benefit is payable under Post Cancer Treatment Benefit of multiple policies issued under CANcover Series reaches 20 visits.

For CANcover Pro Cancer Protection Plan, it shall terminate on the earliest of the following:

1. The death of the Insured;
2. The Maturity Date of this Policy;
3. The effective date of Policy surrender. Such date is determined in accordance with FWD's applicable rules and regulations in relation to Policy surrender (To surrender the Policy, the Policy Owner needs to send FWD a completed surrender form or by any other means acceptable by us);
4. The date of termination of this Policy due to default in payment of any premium determined in accordance with Grace Period (as the case may be);
5. Upon payment of the 4th claim of Multiple Benefit for Cancer pursuant to Multiple Benefit for Cancer; or
6. The Policy Anniversary immediately preceding the 86th birthday of the Insured and Cancer Benefit has been paid under this Policy.

(Only applicable to CANcover Pro Cancer Protection Plan) Notwithstanding the aforesaid, in the event that this Policy is terminated as a result of Clause 6 above prior to the expiry of a period of 2 years from the date of the Insured's First Confirmed Diagnosis of Cancer, the Insured shall, so long as he/she is still alive, continue to be covered by the Post Cancer Treatment Benefit until the expiry of such two-year period or the maximum aggregate number of visits under Post Cancer Treatment Benefit is fully reached, whichever is earlier. Apart from such Post Cancer Treatment Benefit, the Company shall have no liability to pay or honour any other benefit once this Policy is terminated.

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, and any benefit which has been paid under this Policy.

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 these products. 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 products are governed by the laws of Hong Kong.

Important Notes

Cancellation Right within Cooling-off period

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

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

Cancellation Right after Cooling-off period

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

Important Notes

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, Cancer Benefit, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit, Additional Cancer Coverage Benefit, Cancer Booster Benefit (Only applicable under CANcover Pro Cancer Protection Plan) and Multiple Benefit for Cancer (Only applicable under CANcover Pro Cancer Protection Plan) 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 Cancer or Carcinoma-in-situ or Early Stage Malignancy of Specific Organs. Any claims for Cancer Benefit, Death Benefit, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit, Additional Cancer Coverage Benefit, Cancer Booster Benefit (Only applicable under CANcover Pro Cancer Protection Plan) and Multiple Benefit for Cancer (Only applicable under CANcover Pro Cancer Protection Plan) received after the said 6-month period shall not be accepted, unless FWD in its sole discretion decides otherwise.

Incorrect disclosure or non-disclosure

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

You or the Insured are/is required to disclose all material facts in response to FWD's underwriting questions.

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

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

Waiting Period

FWD shall not pay the Cancer Benefit, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit or Multiple Benefit for Cancer where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Cancer or Carcinoma-in-situ or Early Stage Malignancy of Specific Organs occurs within 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.

(Only applicable to CANcover Pro Cancer Protection Plan) Please refer to Remarks 5 for respective waiting periods for Multiple Benefit for Cancer.

Important Words

First Confirmed Diagnosis

shall mean the first time that a diagnosis of Cancer, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs or Hypertension 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 Cancer, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs or Hypertension 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 Hypertension, a diagnosis based on history, physical and radiological findings only will not meet the standards of diagnosis required by this Policy.

Important Words

First Symptoms

shall mean 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.

Medically Necessary

shall mean 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 recognised 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 as Medically Necessary.

Reasonable and Customary

shall mean, in relation to a fee, a charge or an expense, any fee or expense which (a) is actually charged for treatment, supplies or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an ill or injured person under the care, supervision or order of a Medical Practitioner; (b) 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; (c) does not include charges that would not have been made if no insurance existed; and (d) does not exceed the actual fee, charge or expense incurred. FWD may adjust benefit(s) payable under this Policy for fees or expenses that FWD determines to be not reasonable and customary after comparing with fee schedules used by the government, relevant authorities or recognised medical associations in the location where the fee or expense is incurred.

Declarations

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

For more information

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

fwd.com.hk



Service Hotline
3123 3123



Learn more about
CANcover / CANcover Pro
Cancer Protection Plan