

EasyCover Critical Illness Plan

Satisfaction is a critical illness plan that offers not only good coverage but also value

Critical Illness Protection • Non-Participating Life



Just because something is important doesn't mean it has to be big and complicated. When it comes to your insurance, compact and handy is the way to go.

With critical illness protection, you want to know exactly what you're getting and how much you're paying. No surprises, no complications. At FWD, we believe in keeping things simple and affordable, so you can focus on reaching for what you want out of life.

Simple, affordable, dependable

No matter which life stage you are at, getting enough protection is a priority. Early in your career, you're probably on a limited salary, and being financially protected from critical illness is a must. Later on, your hard work has paid off and you're financially more capable, but by then, you probably have not only yourself but loved ones to think about.

We have just the plan for you. EasyCover Critical Illness Plan ("the Plan" or "EasyCover") pays out a cash lump sum in the event you are diagnosed with any of 62 Crises or 65 Special Diseases, even extend to unknown infectious diseases (such as SARS and COVID-19). That means you get truly comprehensive coverage, and at affordable premiums.

For cancer, heart attack and stroke, the "Big 3 Diseases", which make up around 90% of our Hong Kong critical illness claims in 2020*, you have flexibility to add following optional benefits with additional lump-sum protection and medical protection to your EasyCover at an affordable premiums.

As your life stage changes, you can easily convert the Plan to a new whole-life critical illness protection plan with limited premium payment term without providing health information again.

No matter what you're planning for, it's good to know you already have a great Plan B in place.



Optional Benefit

You can choose to have additional lump-sum coverage on Big 3 Diseases

First-in-Hong Kong⁺



Optional Benefit

You can choose to receive medical expenses reimbursement for Cancer, Heart Attack or Stroke for which Crisis Benefit has been paid if the medical expense incurred for the same Cancer, Heart Attack or Stroke reaches a set limit



You can exercise the conversion option to a whole-life critical illness protection plan with limited premium payment term without additional health information

*Source: FWD claims report 2020

Your essential coverage, extendable according to your needs

EasyCover is a critical illness protection plan which covers 62 Crises which includes cancer, heart attack and stroke, which are known as the “Big 3 Diseases”, 65 Special Diseases with 12 of them specifically for juveniles, the coverage of Special Diseases includes Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery.^{1,2}

The Plan also offers a Critical Medical Care Benefit^{1,3} which is covering undefined/unknown illnesses and Injuries that lead to Hospitalisation in Intensive Care Unit of 3 or more consecutive days with the use of Invasive Life Support.

As you may want a more comprehensive protection, the Plan allows you to opt for an additional coverage of 50% of Initial Sum Insured on Big 3 Diseases with an affordable subscription.⁴

It is the first-in-Hong Kong⁺ to offer an Additional Medical Coverage for Big 3 Diseases⁵ (optional benefit), once the Crisis Benefit has been paid and/or is payable for a Big 3 Disease, EasyCover provides medical coverage up to (i) an additional 100% of the total Initial Sum Insured under all policies of the Term Critical Illness Series⁶ with Additional Medical Coverage for Big 3 Diseases or (ii) HK\$1,000,000 / US\$125,000 per life under all policies of the Term Critical Illness Series⁶ with Additional Medical Coverage for Big 3 Diseases, whichever is lower, that you can use to reimburse the Eligible Expenses⁷ subsequently incurred for the hospitalisation, surgery or other covered treatment and tests of the same Big 3 Disease after the Eligible Expenses⁷ of such Big 3 Disease have reached a pre-set limit.

We are committed to help you focus on treatment and recovery when fighting with crisis, easing your financial worries while supporting you with a team of professionals through third party service providers, so that you can look forward to a brilliant future with your loved ones!



Easy protection over what you need the most

The Plan's affordable protection gives you and your family peace of mind. It covers 62 Crises, including Cancer, Heart Attack and Stroke which are known as life threatening diseases with a lump-sum payment of 100% of Current Sum Insured.¹

In addition, it also covers multiple claims of Special Disease up to 100% of the Initial Sum Insured, where advanced payment of 35% of Initial Sum Insured (subject to a maximum of HK\$400,000 / US\$50,000 per life of each claim under all policies of the Term Critical Illness Series⁶ for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, Angioplasty of Coronary Artery and Special Diseases for Juvenile) is payable for each claim.^{1,2}



From Defined Diseases to Undefined / Unknown Diseases

Unknown diseases can strike you and your family when you least expect it. For illness or Injury that leads to Hospitalisation in Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support, the Plan will pay Critical Medical Care Benefit^{1,3} to alleviate your financial situation.



Extra reimbursement complements lump sum benefit

We also understand that the medical costs for Big 3 Diseases can be a real challenge you may face. You might also consider the Additional Medical Coverage for Big 3 Diseases⁵ (optional benefit) – within two years from the date of First Confirmed Diagnosis of Cancer, Heart Attack or Stroke for which Crisis Benefit has been paid, you will be reimbursed for subsequently incurred Eligible Expenses⁷ up to the lower of (i) an additional of 100% of the total Initial Sum Insured under all policies of the Term Critical Illness Series⁶ with Additional Medical Coverage for Big 3 Diseases or (ii) HK\$1,000,000 / US\$125,000 per life under all policies of the Term Critical Illness Series⁶ with Additional Medical Coverage for Big 3 Diseases for such Big 3 Disease after the Eligible Expenses⁷ reach a set limit.

First-in-Hong Kong*

1. Lump Sum Benefit

Crisis Benefit is paid or payable for Big 3 Diseases



In excess of a set limit



2. Reimbursement

Additional Medical Coverage for Big 3 Diseases
Reimbursement of 100% of the total Initial Sum Insured under all policies of the Term Critical Illness Series with Additional Medical Coverage for Big 3 Diseases or HK\$1,000,000 / US\$125,000 per life under all policies of the Term Critical Illness Series with Additional Medical Coverage for Big 3 Diseases (whichever is lower)

within two years from the date of First Confirmed Diagnosis of Cancer, Heart Attack or Stroke for which Crisis Benefit has been paid



Flexibility on additional protections

Life is about celebrations that are important to you. Everyone tries their best to enjoy life while they would better have two strings to their bow to get prepared for the worst. We understand that most of you have concern about the Big 3 Diseases. The Plan specifically offers Additional 50% Coverage Benefit for Big 3 Diseases⁴ (optional benefit), additional 50% of Initial Sum Insured is payable when the Crisis Benefit has been paid/or is payable for Big 3 Diseases.



Recovery support to back you up in every way

First-in-Hong Kong⁺

What's more, if Crisis Benefit is payable for Cancer, Heart Attack or Stroke, our Life Enrichment Program⁸ will provide a professional rehabilitation service to you. With this service, you can then focus on recovery and be able to continue enjoying your life!



Professional health solutions to simplify your life

On top of giving you protection from diseases, the Plan also gives you access to a priority health coaching service: Critical Illness Protection Plan – PREMIER THE ONEcierge One Team Health Management (“PREMIER THE ONEcierge”)⁹. It's designed to give you well-rounded health protection. Simply call the service hotline and PREMIER THE ONEcierge will provide you with a network of leading specialists so that you can receive the most appropriate treatment from the best-suited doctor and access top-tiered network hospitals in the Pan-Asia Region. If hospitalisation is required, PREMIER THE ONEcierge could make the necessary arrangements with the hospital for confinement. All you'll need to do is to concentrate on your treatment and recovery.

Optimal treatment requires complete peace of mind. At FWD, we are committed to giving you the most thoughtful care. As soon as a Crisis is diagnosed, a top U.S. medical institution can be consulted for a Second Medical Opinion¹⁰ with a team of renowned doctors standing by to assist. Apart from crisis specialists, the Plan can also provide referral services (“Family Care Services”)¹¹ to help with taking care of your home.

⁺ Per a comparison made by FWD on 30 June 2022 among the critical illness insurance plans of key insurers available in Hong Kong, FWD is the first insurance company in Hong Kong to launch Additional Medical Coverage for Big 3 Diseases and Life Enrichment Program.



This is for illustrative purpose only and assume that a) all premiums are paid in full when due, b) there is no indebtedness under the policy, c) the definitions and claims requirements of the benefits are fulfilled, d) the Initial Sum Insured of the Basic Plan of the policy remains unchanged throughout the policy term and e) the Insured does not have other policies of the Term Critical Illness Series⁶.

Example

Insured: Ms Emma Wong

Age next birthday : 25

Job: Graduate Trainee

Plan: EasyCover (Additional Medical Coverage for Big 3 Diseases (optional benefit) is selected at policy application)

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

Premium Payment Mode: Annually

Background:

Emma loves travelling and enjoying an active life.

She wants a better plan against unexpected diseases, like Cancer. She purchased the Plan to lower the financial burden in the event of Big 3 Diseases.



Sep 2022
Emma purchased the plan



Sep 2026

She receives the second medical check-up coupon and conducts the medical check-up. She is unfortunately diagnosed with carcinoma-in-situ of breast and hence **Special Disease Benefit** is claimed, which is 35% of the Initial Sum Insured (HK\$350,000).

After the payment of Special Disease Benefit, the Current Sum Insured will be reduced to 65% of the Initial Sum Insured (HK\$650,000). Crisis Benefit, Death Benefit and future premium will be reduced accordingly.

May 2028

The carcinoma-in-situ of breast has progressed to breast cancer. **Crisis Benefit**, which is 100% of Current Sum Insured or equivalent to 65% of Initial Sum Insured (HK\$650,000) is payable.

She can also have the coverage and support from **Life Enrichment Program**. As 100% of Initial Sum Insured (including 35% of Initial Sum Insured for Special Disease Benefit and 65% of Initial Sum Insured for Crisis Benefit) of her policy has been claimed, **no more premium is required to be paid**.



April 2029

Her Eligible Expenses⁷ for the breast cancer is HK\$800,000, which exceed HK\$500,000, where HK\$500,000 is the lower of total Initial Sum Insured under all policies of the Term Critical Illness Series⁶ with Additional Medical Coverage for Big 3 Diseases (i.e. HK\$1,000,000) or HK\$500,000/US\$62,500. HK\$300,000 under Additional Medical Coverage for Big 3 Diseases is payable, Emma can further get reimbursement for the subsequently incurred Eligible Expenses⁷ for that breast cancer up to additional HK\$700,000 for treatment for that breast cancer within two years from the date of First Confirmed Diagnosis of that breast cancer.⁵

Does the Plan suit you?

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



You are looking for critical illness plan with low premium entry.



You wish to add on your critical illness coverage on top of your existing critical illness plan(s).



You wish to receive the professional rehabilitation service after being diagnosed with Cancer, Heart Attack or Stroke.

Plan Summary

Plan Structure	Basic Plan	
Issue Age (Age Next Birthday)	1 – 70	
Premium Payment Term	To the Policy Anniversary immediately preceding the 100 th birthday of the Insured	
Benefit Term	Guaranteed renewable up to the Policy Anniversary immediately preceding the 100 th birthday of the Insured	Up to the Policy Anniversary immediately preceding the 100 th birthday of the Insured
Renewable Period	Yearly Renewable/5-Year/10-Year/20-Year Renewable Plan	Not Applicable
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 age of the next birthday of the Insured at the time of renewal (if applicable), the claims experience and policy persistency from all policies under this product from time to time (including upon renewal).	
	Yearly Renewable/5-Year/10-Year/20-Year Renewable Plan: The premium within the Renewable Period is not guaranteed but will not be increased solely based on the age of the Insured on his or her next birthday (except for Additional Medical Coverage for Big 3 Diseases (Optional Benefit)).	To age 100 (Age Next Birthday): The premium within the Premium Payment Term is not guaranteed but will not be increased solely based on the age of the Insured on his or her next birthday (except for Additional Medical Coverage for Big 3 Diseases (Optional Benefit)).
	Additional Medical Coverage for Big 3 Diseases (Optional Benefit): The premium is not guaranteed and will be determined annually at Our sole discretion based on the age of the next birthday of the Insured at the Policy Anniversary.	
Currency	HKD/USD	
Premium Payment Mode	Monthly/Annually	
Minimum Initial Sum Insured	HK\$300,000/US\$37,500 (per policy)	
Maximum Initial Sum Insured ¹²	Age next birthday 18 or below: HK\$5,000,000/US\$625,000 (per life) Age next birthday 19 or above: HK\$12,000,000/US\$1,500,000 (per life)	
Crisis Benefit ¹	100% of the Current Sum Insured	
Special Disease Benefit ^{1,2}	Advanced payment of 35% of the Initial Sum Insured (subject to a maximum of HK\$400,000/US\$50,000 per life of each claim under all policies of the Term Critical Illness Series ⁶ for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, Angioplasty of Coronary Artery and Special Diseases for Juvenile)	

What this plan covers

Plan Summary

Critical Medical Care Benefit ^{1,3}	Advanced payment of 20% of Initial Sum Insured (subject to a maximum of HK\$400,000/US\$50,000 per Insured of each claim under all policies of the Term Critical Illness Series ⁶)
Death Benefit ¹³	100% of the Current Sum Insured
Convertibility Option	On or before the Insured becomes 55 (Age Next Birthday), within 31 calendar days immediately before or after any Policy Anniversary upon the fulfilment of the relevant conditions ¹⁴ , the entire amount or any portion of the Initial Sum Insured under the Plan can be converted to a new whole life critical illness protection plan with limited premium payment term without requiring additional health information, subject to the terms and conditions are determined by Us from time to time and at Our sole discretion
Medical Check-up ¹⁵	Medical check-up coupon will be offered on each of the 2 nd , 4 th , 6 th , 8 th and 10 th Policy Anniversaries of the Plan if all premiums are paid when due
Life Enrichment Program ⁸	If Crisis Benefit is payable for Big 3 Diseases, relevant rehabilitation program will be provided
Critical Illness Protection Plan – PREMIER THE ONEcierge One Team Health Management ⁹	Service Program
Second Medical Opinion ¹⁰	Service Program
Family Care Services ¹¹	Service Program
Additional 50% Coverage Benefit for Big 3 Diseases ⁴ (Optional Benefit)	Additional 50% of the Initial Sum Insured will be payable if the Crisis Benefit has been paid and/or is payable for Big 3 Diseases

Plan Summary

If Crisis Benefit has been paid and/or is payable for Big 3 Diseases, and within 2 years from the date of First Confirmed Diagnosis of such Big 3 Disease, the Eligible Expenses⁷ of that Big 3 Disease incurred have reached the lower of the total Initial Sum Insured under all policies of the Term Critical Illness Series⁶ with Additional Medical Coverage for Big 3 Diseases or HK\$500,000/US\$62,500, you can claim up to additional 100% of the total Initial Sum Insured under all policies of the Term Critical Illness Series⁶ with Additional Medical Coverage for Big 3 Diseases or HK\$1,000,000/US\$125,000 per life under all policies of the Term Critical Illness Series⁶ with Additional Medical Coverage for Big 3 Diseases, whichever is lower, on a reimbursement basis for Eligible Expenses⁷ incurred in respect of that Big 3 Disease in excess of the aforesaid threshold under Hospitalisation Benefits, Surgical Benefits and Other Benefits

Additional Medical Coverage for Big 3 Diseases⁵ (Optional Benefit)

Coverage	
Entitled ward class ¹⁶	Standard Semi-private Room
Hospitalisation Benefits	
(a) Room & Board	Full Cover
(b) Intensive Care Unit Charges	Full Cover
(c) Medical Practitioner's Hospital Visit and Specialist's Fee	Full Cover
(d) Miscellaneous Hospital Medical Charges	Full Cover
(e) Hospital Companion Bed (An extra bed for 1 person who accompanies the Insured in Hospital)	Full Cover
(f) Private Nursing Care's Fee	Full Cover
Surgical Benefits	
Surgeon's fees, Anaesthetist's fee and operating theatre fee	Full Cover
Other Benefits	
(a) Post-hospitalisation Out-patient (1 consultation per day)	Full Cover
(b) Post-hospitalisation Home Nursing (within 31 calendar days after discharge following surgery or Intensive Care Unit admission and restricted to nursing services provided by 1 Qualified Nurse at any time)	Full Cover
(c) Non-surgical Cancer Treatment ¹⁷	Full Cover
(d) Prescribed Diagnostic Imaging Tests ¹⁸	Full Cover
(e) Rehabilitation Treatment (stay in Rehabilitation Centre for treatment for at least 6 continuous hours)	Full Cover

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.

Crises covered in EasyCover Critical Illness Plan

Group 1: Cancer

- Cancer

Group 2: Diseases related to Organ Failure

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

Group 3: Diseases related to Circulatory System

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

Group 4: Diseases related to Nervous System

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

Group 5: Other Diseases

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

Special Diseases covered in EasyCover Critical Illness Plan

Group 1: Cancer^

- Carcinoma-in-situ of Specific Organs (all organs except skin, including but not limited to the organs listed below)

a) Breast	g) Nasopharynx	m) Urinary Tract
b) Cervix Uteri	h) Ovary	(for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included)
c) Colon and Rectum	i) Pancreas	n) Uterus
d) Fallopian Tube	j) Penis	o) Vagina
e) Lung	k) Stomach and Esophagus	
f) Liver	l) Testis	
- Early Stage Malignancy of Specific Organs
 - a) Chronic Lymphocytic Leukaemia
 - b) Prostate
 - c) Thyroid
 - d) Non Melanoma Skin Cancer

Group 2: Diseases related to Organ Failure

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

Group 3: Diseases related to Circulatory System

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

Group 4: Diseases related to Nervous System

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

Covered Diseases

Group 5: Other Diseases

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

Special Diseases for Juvenile[^] (age next birthday 1 (15 days) – 18) covered in EasyCover Critical Illness Plan

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

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

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

[^] Subject to HK\$400,000/US\$50,000 per Insured of each claim under all policies of Term Critical Illness Series.

Note: Benefit relating to Crisis and Special Disease are payable according to the policy provisions. Please refer to the definition of Crisis and Special Disease in the policy provisions for the details of Crisis and Special Disease.

Remarks

- 1 FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) (“FWD”, “We” “Us” or “Our”) will pay the Crisis Benefit, Special Disease Benefit and Critical Medical Care Benefit only where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Disease, illness or Injury occurs after the first 90 calendar days from the Policy Date. This first 90 calendar days limitation does not apply if any Disease, illness or Injury is solely and directly caused by an Accident and independently of any cause.
While this policy is in force, if the Insured has the First Confirmed Diagnosis of a Crisis or Special Disease, We will pay to the Policy Owner the Crisis Benefit or Special Diseases Benefit according to the policy provisions. Current Sum Insured means the Initial Sum Insured less any benefits paid under Special Disease Benefit and Critical Medical Care Benefit of the policy.
Crisis Benefit or Death Benefit will only be paid once until the Total Claims paid and/or payable reach 100% of the Initial Sum Insured. Total Claims means the aggregate amount of the Special Disease Benefit, Crisis Benefit, Critical Medical Care Benefit and/or Death Benefit payments.
If Additional Medical Coverage for Big 3 Diseases (optional benefit) is not selected when Crisis Benefit is payable for Big 3 Diseases, upon payment of the Crisis Benefit for Big 3 Diseases, Our liability (if any) under this policy shall be limited to the Life Enrichment Program.
- 2 Each Special Disease is payable once only (except for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery). More than one claim can be made in respect of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs under the Plan. To be eligible for the second and subsequent claim under Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, the claims must be in relation to a Carcinoma-in-situ or Early Stage Malignancy that is different from the organ(s) which was/were covered under the previous claims for which benefit(s) have / has been paid. If the relevant covered organ has both a left and a right component (such as, but not limited to the lungs or breasts), the left side and right side of the organ shall be considered one and the same organ. A maximum of two claims can be made in respect of Angioplasty of Coronary Artery under the Plan. To be eligible for the second claim under Angioplasty of Coronary Artery, the treatment must be performed on a location of stenosis or obstruction in a major coronary artery where no stenosis greater than 60 percent was identified in the coronary angiogram relating to the first claim of this illness, for which benefit has been paid.
This benefit will be payable until the Total Claims paid and / or payable reach 100% of the Initial Sum Insured. Upon the payment of claims under Special Disease Benefit, the Current Sum Insured of this policy will be reduced accordingly. Death Benefit, Crisis Benefit and future premium will be reduced accordingly. The benefit payable under each claim of Special Disease Benefit will in no event be higher than the Current Sum Insured.
- 3 While this policy is in force, if it becomes Medically Necessary for the Insured to be Confined in an Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support, FWD shall pay Critical Medical Care Benefit. This benefit will be payable only once under this policy.
Upon the payment of claims under Critical Medical Care Benefit, the Current Sum Insured of this policy will be reduced accordingly. Death Benefit, Crisis Benefit and future premium will be reduced accordingly. The benefit payable under Critical Medical Care Benefit will in no event be higher than the Current Sum Insured.
- 4 Subject to Our applicable rules and procedures at that time, You may select this Benefit when You apply for Your Policy or at the end of each Renewable Period, and You can change Your selection at the end of each Renewable Period. This benefit will be payable once only under the policy. This additional benefit amount will not be deducted from the Current Sum Insured of this policy.
Please refer to the Waiting Period section under Key Product Risks for the details of waiting period for this benefit.
- 5 Subject to Our applicable rules and procedures at that time, You may select this Benefit when You apply for Your Policy or at the end of each Renewable Period, and You can change Your selection at the end of each Renewable Period.
Please refer to the Waiting Period section under Key Product Risks for the details of waiting period for this benefit.
If Policy Owner can obtain a refund of any expenses otherwise recoverable under this benefit from any other sources, FWD will only pay the portion of these expenses in excess of the refund obtained from other sources up to the above limit. Policy Owner must tell FWD if the Insured can obtain a refund of all or part of the Eligible Expenses otherwise recoverable under this benefit from any other sources. If FWD has paid a benefit which is recoverable from another source, Policy Owner must refund this amount to FWD.
The policy will be terminated once the above maximum limit for the Eligible Expenses is reached or upon expiry of this benefit, which is two years after the date of the First Confirmed Diagnosis of such Big 3 Disease (whichever is earlier).
Once the Crisis Benefit is payable for Big 3 Diseases and while the policy is still in force, We will waive the balance of premiums payable under this policy.
- 6 Term Critical Illness Series means MyCover Critical Illness Plan, BeWell Critical Illness Plan, EasyCover Critical Illness Plan and other selected critical illness insurance term plan(s) as specified by FWD from time to time.
- 7 Eligible Expenses refers to reasonable and customary charges incurred for Medically Necessary treatment, services or supplies rendered with respect to the same Big 3 Disease for which the Crisis Benefit claim is paid or payable.
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 associations in the location where the fee or expense is incurred.

Important to know

Remarks

- 8 This service is provided by HealthMutual Group Limited (“HMG”) and its healthcare network team currently. FWD reserves the right to 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 (if any). While the Insured is still alive and the policy is still in force, when Crisis Benefit is payable for Big 3 Diseases, We will provide the Life Enrichment Program which shall be started within 6 calendar months from the payment date of the Crisis Benefit claim for Big 3 Diseases to the Insured and the fee will be waived once per Insured. This service is only available in Hong Kong region.
- 9 PREMIER THE ONEcierge is provided by HMG and its healthcare network team and Parkway Hospitals Singapore (“Parkway”) currently and shall not form a part of the policy or benefit item under the policy provisions. FWD reserves the right to terminate or vary the service in its sole discretion without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team and Parkway. This service is only available in the Pan-Asia Region. The hotline for PREMIER THE ONEcierge is (852) 8120 9066 for Hong Kong and there is also a toll-free number for Mainland, 400 9303078. For details, please refer to the attached PREMIER THE ONEcierge’s brochure.
- 10 Second Medical Opinion is provided by International SOS (HK) Limited (“International SOS”) currently 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 FWD’s prior notice. Please refer to policy document for details.
- 11 Family Care Services is provided by Aspire Lifestyles (HK) Limited (“Aspire”) currently 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. Please refer to policy document for details.
- 12 Subject to the aggregate maximum sum insured per life under all policies of the Term Critical Illness Series and other designated critical illness plans, which is determined by FWD’s prevailing rules and regulations.
- 13 No benefit will be payable under this Death Benefit if the Total Claims paid and / or payable reach 100% of the Initial Sum Insured at the time of the death of the Insured.
- 14 The conversion option is subject to the following conditions:
 - (i) This policy has been in effect for at least 2 Policy Years;
 - (ii) This policy is issued without loading premium and / or additional individual exclusions;
 - (iii) This policy remains in force till the respective Policy Anniversary when this option is exercised;
 - (iv) The issuance of the New Policy is subject to its availability when this option is exercised;
 - (v) No benefit has been paid, or is payable under this policy;
 - (vi) All premiums and insurance levy that are due under this policy have been paid;
 - (vii) The Insured’s Age is or below 55 when the New Policy is issued;
 - (viii) The term and conditions of the New Policy (including but not limited to the benefits payable, exclusions applied and diseases covered) will be subject to the then applicable policy provisions of the New Policy, and may be different from this policy;
 - (ix) The application and successful issuance of the New Policy will be subject to the terms and conditions as determined by Us from time to time and at Our sole discretion at the time of application, including but not limited to Our prevailing rules and regulations (including minimum/maximum issue age and minimum sum insured) and any maximum aggregated limit prescribed by Us on the sums insured per Insured under specified critical illness protection plans;
 - (x) If only a portion of the Initial Sum Insured is converted, the Policy may be continued for the remaining years and the premiums shall be reduced accordingly provided always that the Policy meets Our rules then in effect, including but not limited to the minimum Initial Sum Insured and premiums then in effect;
 - (xi) The New Policy will become effective on or after the respective Policy Anniversary of this policy if your application is accepted and this policy will be terminated on the date of the New Policy is in effect;
 - (xii) This option can be exercised once only and once exercised is irrevocable; and
 - (xiii) The premium of the New Policy shall be determined in accordance with the Insured’s Age and Our prevailing premium rates when this option is exercised.
- 15 Provided that the policy was issued at the Insured’s Age of 18 (age next birthday) or above, all premiums are paid when due and the policy is in force. If the issued age of Insured is 17 (age next birthday) or below, medical check-up coupon will be offered biennially to the Insured starting from the Policy Anniversary of the Insured’s Age of 20 at next birthday. The Insured is entitled to a maximum of 5 medical check-ups coupon per life under all policies of Term Critical Illness Series offered by third party service providers designated by FWD. The terms and conditions of the check-up service will be determined at the sole discretion of FWD at the time the services are provided. FWD reserves the right to amend any of the above benefits without prior notice to the Policy Owner and / or the Insured.

Remarks

- 16 Standard Ward Room refers to a room type in a Hospital that is of a quality below a Standard Semi-private Room. Standard Semi-private Room refers to a single or double occupancy room in a Hospital, with a shared bath or shower room. Without prejudice to the maximum limit of the Additional Medical Coverage for Big 3 Diseases, if on any day of Hospitalisation, the Insured is Hospitalised in a room of a higher level than a Standard Semi-private Room at his own choice, the amount of Eligible Expenses reimbursable shall be reduced by multiplying the following percentage:-

Actual room type	Standard Ward Room	Standard Semi-private Room	Standard Private Room	Level above the Standard Private Room
Percentage applied to the Eligible Expenses	100%	100%	50%	25%

The above adjustment shall not be applied if the Hospitalisation in a room of a higher level than a Standard Semi-private Room is necessitated by the following reasons:

1. unavailability of accommodation at the specified ward class due to ward or room shortage for emergency treatment;
 2. isolation purposes that require a specific class of accommodation; or
 3. other reasons not involving personal preference of the Policy Owner and/or the Insured which We regard as valid at Our discretion.
- 17 Non-surgical cancer treatment includes chemotherapy, radiotherapy, immunotherapy, targeted therapy and cancer hormonal therapy.
- 18 Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.

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 from time to time (including upon renewal). The premium may increase significantly due to factors including but not limited to age of the next birthday of the Insured at the time of renewal (if applicable), claims experience and policy persistency, provided any premium review shall be applied to all other policies of the same kind.

Yearly Renewable/5-Year/10-Year/20-Year Renewable Plan: The premium within the Renewable Period is not guaranteed but will not be increased solely based on the age of the Insured on his or her next birthday (except for Additional Medical Coverage for Big 3 Diseases (optional benefit)).

To age 100 (Age Next Birthday): The premium within the Premium Payment Term is not guaranteed but will not be increased solely based on the age of the Insured on his or her next birthday (except for Additional Medical Coverage for Big 3 Diseases (optional benefit)).

In addition, if Additional Medical Coverage for Big 3 Diseases is selected, the premium of Additional Medical Coverage for Big 3 Diseases is not guaranteed and will be determined annually at Our sole discretion based on the age of the Insured on his or her next birthday at the Policy Anniversary, and the premium of the policy will change every year.

Premium term and non-payment of premium

The premium payment term of the policy up to age 100 (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.

Key Product Risks

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 surrender. Such date is determined in accordance with Our applicable rules and regulations in relation to policy surrender;
4. On the premium due date, if the Policy Owner has not paid the premium within the 30-day grace period;
5. The Total Claims paid and/or payable reach 100% of the Initial Sum Insured (except if Additional Medical Coverage for Big 3 Diseases (optional benefit) is selected, and when Crisis Benefit is payable for Big 3 Diseases, this policy will be terminated when Additional Medical Coverage for Big 3 Diseases has been paid or terminated). All riders (if any) will also be terminated once the Total Claims paid and/or payable reach 100% of the Initial Sum Insured; and
6. When the entire amount of the Initial Sum Insured under this policy is converted to a whole life critical illness protection plan with limited premium payment term subject to Our relevant rules at the time of conversion.

Exclusions

Death Benefit

If the Insured commits suicide within 13 calendar months from the Policy Date (or the Reinstatement Date, whichever is later), FWD's legal responsibility will be limited to the total premium amount paid to FWD without interest, less any outstanding insurance levy and after deducting any policy benefits that FWD has paid and any outstanding amounts owed to FWD. This applies regardless of whether the Insured was sane or insane when committing suicide.

Crisis Benefit, Special Disease Benefit, Critical Medical Care Benefit and Additional Medical Coverage for Big 3 Diseases (if applicable)

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

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

Please refer to policy provisions for the exclusion for the Post-hospitalisation Out-patient benefit and Miscellaneous Hospital Medical Charges under Additional Medical Coverage for Big 3 Diseases (if applicable).

Waiting Period

FWD will not pay the Crisis Benefit, Special Disease Benefit, Critical Medical Care Benefit, Additional 50% Coverage Benefit for Big 3 Diseases (if applicable) and Additional Medical Coverage for Big 3 Diseases (if applicable) where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Disease, illness or Injury occurs within the first 90 calendar days from the (i) Policy Date; and (ii) if Additional 50% Coverage Benefit for Big 3 Diseases and/or Additional Medical Coverage for Big 3 Diseases is/are selected, the date of Endorsement. This first 90 calendar days limitation does not apply if any Disease, illness or Injury is solely and directly caused by an Accident and independently of any cause.

For the avoidance of doubt, 90 calendar days waiting period limitation applies to the respective Additional 50% Coverage Benefit for Big 3 Diseases and Additional Medical Coverage for Big 3 Diseases only if such Benefit is not selected in the Renewable Period immediately preceding the concerned Renewable Period.

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 surrender the policy, the Policy Owner needs to send FWD a completed surrender 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 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.

Important Notes

Renewal

Only applicable to Yearly Renewable/5-Year/10-Year/20-Year Renewable Plan: While this policy is in effect and the Insured is alive, the Basic Plan of this policy can be renewed for another Renewal Period at the end of each Renewable Period 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 the end of each Renewable Period 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. If you refuse to accept the revisions, FWD can terminate this policy when you have not paid the premium for 30 calendar days from when it was due.

Notice of Claim

Written notice of any claim for Death Benefit, Crisis Benefit, Special Disease Benefit, Critical Medical Care Benefit and Additional Medical Coverage for Big 3 Diseases (if applicable) must be given to FWD within 30 calendar days (and in any case no later than 6 calendar months) from the date of death of the Insured, the date of the relevant medical treatment or First Confirmed Diagnosis of such respective Crisis or Special Disease (as applicable). Any claims for Death Benefit, Crisis Benefit, Special Disease Benefit, Critical Medical Care Benefit and Additional Medical Coverage for Big 3 Diseases (if applicable) received after the said 6-month period shall not be accepted, unless FWD in its sole discretion decide otherwise.

Important Words

Big 3 Disease(s)

refers to Cancer, Heart Attack and Stroke of the Crises.

Disease(s)

The Disease(s) covered under this policy as set out in “Appendix 1: List of Diseases Covered” of policy provisions. Each Disease is further defined in Appendix 2 or Appendix 3 of policy provisions.

First Confirmed Diagnosis

The first time that a diagnosis of a Disease is made by a Medical Practitioner and confirmed by histopathological and / or cytopathological patterns and / or radiological tests, blood tests and / or other laboratory tests results. Date of diagnosis of a Disease suffered by the Insured will be the day when tissue specimen, culture, blood specimen or any other laboratory investigation upon which the diagnosis is determined is first taken from the Insured. For Cancer and Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, a diagnosis based on history, physical and radiological findings only will not meet the standards of diagnosis required by this policy.

Hospitalise and Hospitalisation

The period when the Insured stays in a Hospital as an In-patient for Medically Necessary treatment of an illness, Injury or a Big 3 Disease. The Hospital stay must be for at least 6 continuous hours or, if this does not happen, the Hospital must charge for room and board. The Insured cannot leave the Hospital before he or she is discharged. Hospitalisation ends when the Hospital issues its final accounts in preparation for the Insured to formally leave, or be discharged from, the Hospital.

Invasive Life Support

refers to a medical service, procedure or supply which is necessary and is:

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

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

Medically Necessary

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

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

Declarations

- This product is underwritten by FWD. FWD is solely responsible for all features, policy approval, coverage and benefit payment under the product. FWD recommends that you carefully consider whether the product is suitable for you in view of your financial needs and that you fully understand the risk involved in the product before submitting your application. You should not apply for or purchase the product unless you fully understand it and you agree it is suitable for you. Please read through the related risks before making any application of the product.
- This product material is issued by FWD. FWD accepts full responsibility for the accuracy of the information contained in this product material. This product material is intended to be distributed in the Hong Kong Special Administrative Region (“Hong Kong”) only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of FWD outside Hong Kong. All selling and application procedures of the product must be conducted and completed in Hong Kong.
- This product is an insurance product. The premium paid is not a bank savings deposit or time deposit. The product is not protected under the Deposit Protection Scheme in Hong Kong.
- 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 call our Service Hotline or simply check out our website.

fwd.com.hk



Service Hotline
3123 3123



Learn more about
EasyCover Critical Illness Plan