

Extra care when it counts



A new kind of support from a different kind of insurer

We offer the FWD Care recovery plan¹ ('the Plan') which provides the needed support to eligible customers^{2,4} who got an approved claim under Crisis Benefit, for benefits in relation to reimbursement of hospitalisation and surgical expenses or hospital cash due to Designated Diseases¹² or Death Benefit under designated individual life insurance products³. From health care advice to emotional support, the Plan is at the heart of our values, and our role as an insurer.

Traditionally, insurance has been good at supporting you financially and the support usually stops without anything more. Which is why at FWD, we offer you the kind of help you might not expect from an insurer.

The FWD Care recovery plan offers a range of support that's led entirely by your needs. It might be that you need emotional support. Or possibly that you could do with some practical help. FWD Care recovery plan starts with us listening to your need and how we can support you, as we believe that insurance is so much more than paying a claim.

Designated Diseases¹² mean any one of the following:

Angioplasty of Coronary Artery, Benign Brain Tumour, Cancer, Carcinoma-in-situ, Cardiac Impairment Due to Primary Pulmonary Arterial Hypertension, Cardiomyopathy, Chronic Liver Disease, Coronary Artery Disease Surgery, End Stage Lung Disease, Fulminant Hepatitis, Heart Attack, Heart Valve Surgery, Kidney Failure, Major Organ Transplantation, Parkinson's Disease, Severe Rheumatoid Arthritis, Stroke, Surgery to Aorta (including Minimally Invasive Surgery to Aorta) or Terminal Illness



FWD Care recovery plan: Let's change what it feels like to make a claim

We know that if you've made a claim, you're probably going through a difficult time, and that's when you need as much help as possible.

FWD Care recovery plan is designed to offer a registered nurse ('Recovery Nurse') and a range of support services to help you navigate any recovery challenges ahead^{5,6,7,8}.



Professional support services

The FWD Care recovery plan provides a range of support services. These services can be selected and covered by your personalised plan of care after your first consultation with a clinical psychologist or cardiologist; and you can book these services with your Recovery Nurse.



How you'll experience the FWD Care recovery plan

We've made it as simple as possible for you/ your family member to experience the Plan.

1

Make a claim

The moment the eligible claim is approved we'll know it's time for us to talk and will get in touch.

2

Provide your/ your family member's consent

You/Your family member will then receive a request for consent¹⁰ to the terms of the services under the Plan, including the consent for transfer of personal data.

3

Hear from a nurse

The Recovery Nurse assigned to you/your family member will be in touch and be your companion throughout your journey.

4

Get the support you/ your family member need

Your Recovery Nurse will discuss the support services that best suit you/your family member after your first consultation with a clinical psychologist or cardiologist; and coordinate for you/ your family member.

5

Plan completion

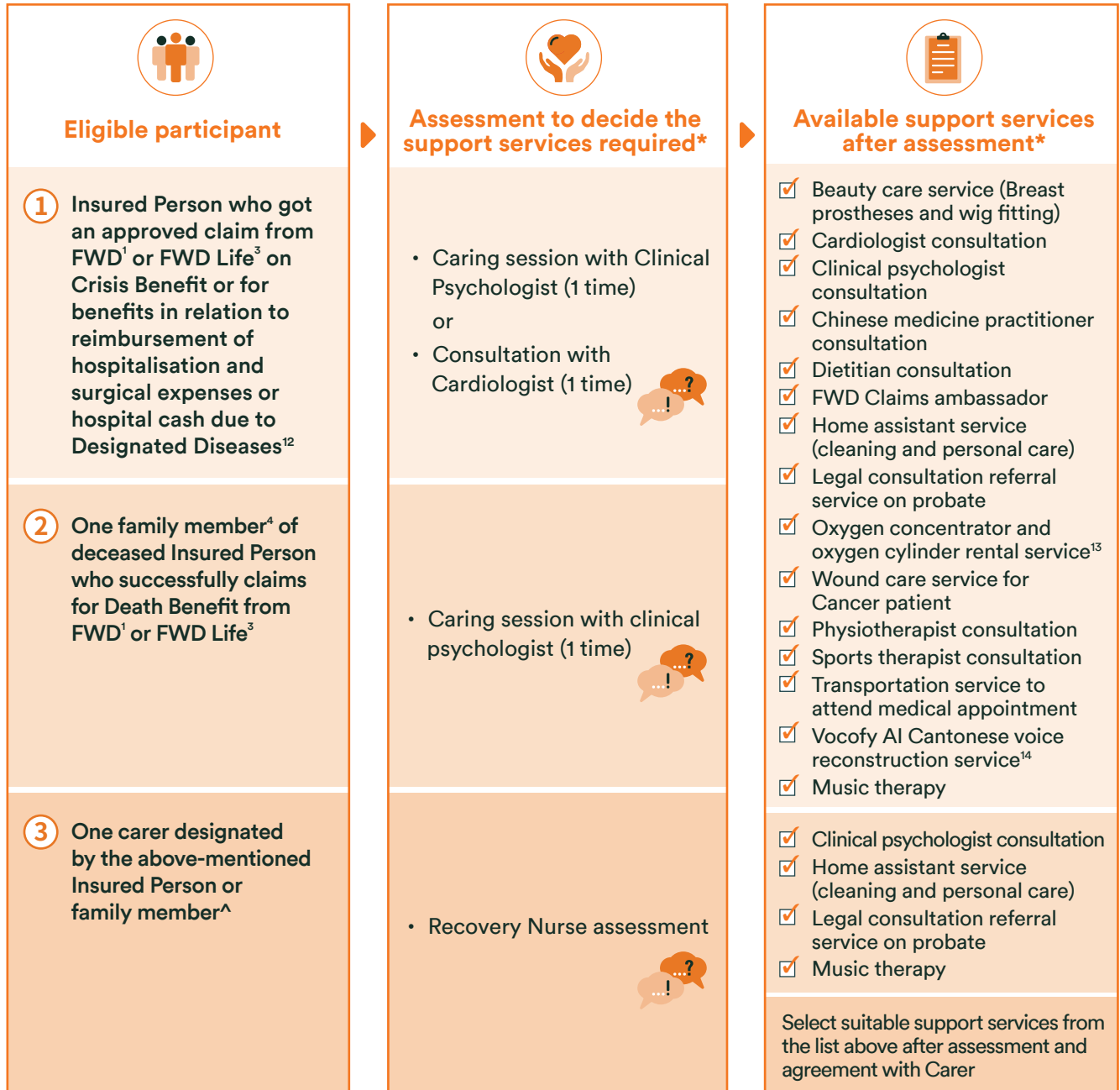
The FWD Care recovery plan lasts for 6 months¹¹. Remember, you/your family member will have full access to the Recovery Nurse for the whole 6 months, even if the support services agreed with the Recovery Nurse have been completed before then.



How will your personalised plan of care be created



Recovery Nurse follows up throughout the journey



* The availability of these support services cannot be guaranteed and will be subject to the availability of service providers. Support services are provided on a case-by-case basis after discussion with your Recovery Nurse. For details, please see remark 6 below.

[^] Carer is required to share the service limit with Insured Person or family member; and is bound by the terms and conditions of the Plan.

Is my claim eligible?

The FWD Care recovery plan is available when a claim on Crisis Benefit or for benefits in relation to reimbursement of hospitalisation and surgical expenses or hospital cash due to Designated Diseases¹² or Death Benefit under a policy of any designated insurance product³. The claim must be approved by FWD or FWD Life (as defined in remarks 1 and 3) between the period of 2 October 2025 and 31 December 2025 (both dates inclusive).



Examples



Example 1

Mrs. Lau, aged 52, was diagnosed with liver cancer, and her condition stabilized after treatment. Mr. Lau hoped that his wife would recover as soon as possible. Therefore, after receiving Mrs. Lau's Crisis Benefit claims payment from FWD, Mr. Lau encouraged his wife to accept the invitation from FWD to join the FWD Care recovery plan. Apart from the weekly support care from the FWD Care Recovery Nurse, the Plan includes:

Support services	Frequency
Clinical psychologist assessment	1
Dietitian consultation on diet and nutritional management	2
Registered Chinese medicine practitioner consultation	4
Sports therapist consultation	2



Example 2

Mr. Li, aged 49, has received his Crisis Benefit claims payment from FWD due to a heart attack. To strengthen his heart, Mr. Li participated in the FWD Care recovery plan at the invitation of FWD. The Plan includes the weekly support care from the FWD Care Recovery Nurse and:

Support services	Frequency
Cardiologist assessment	1
Dietitian consultation on diet and nutritional management	2
Sports therapist consultation	4



Example 3

Mr. Chan, now 65, is a widower following the unfortunate loss of his wife this year. He was invited by FWD and joined the FWD Care recovery plan after receiving his wife's Death Benefit claims payment from FWD. The Plan offers the weekly call from FWD Care Recovery Nurse and:

Support services	Frequency
Clinical psychologist consultation	2
Home assistant services (2 hours each time)	6

Remark: The examples above are for reference only. Please note all participation and support services provided are assessed on a case-by-case basis.

For more information, please call your FWD insurance adviser or our service hotline: (852) 3123 3123.

Remarks:

1. The Plan is arranged by FWD Life Insurance (Bermuda) Company Limited (incorporated in Bermuda with limited liability) ('FWD') and the Recovery Nurses are provided by a third-party service provider namely Aspire Lifestyles (HK) Limited ('Aspire'). The support services are provided by the following third-party service providers:
 - a. Aspire and its service providers: Beauty care service (breast prostheses and wig fitting), home assistant service (cleaning and personal care), legal consultation referral service on probate, oxygen concentrator and oxygen cylinder rental service, transportation service to attend medical appointment; wound care service for Cancer patient and music therapy;
 - b. FWD: claims ambassador (employed and provided by FWD);
 - c. HealthMUTUAL Group Limited and its service providers ('HMG'): cardiologist consultation; clinical psychologist consultation; Chinese medicine practitioner consultation; dietitian consultation; physiotherapist consultation and sports therapist consultation; and
 - d. Vocofy AI Limited ('Vocofy AI'): Vocofy AI voice reconstruction service

It is not a part of the policy or benefit item under the policy provisions of designated individual life insurance products (as defined in remark 3 below). FWD reserves the right to terminate or vary the Plan, replace any of such service provider, or cease and/or suspend the provision of such services without prior notice. FWD makes no representation, warranty or undertaking as to the availability and quality of the service. FWD shall not accept any responsibility or liability for their services, opinions, treatment, negligence, omission or failure to act by such third-party service providers. The information, procedure and arrangements of the Plan on this leaflet are for reference only. The Plan is provided in Hong Kong only. More details on Aspire and HMG can be found here:
Aspire: <https://www.aspirelifestyles.com/>
HMG: <http://www.hmg.com.hk/>
2. Eligible customer refers to the Insured Person of designated individual life insurance products (as defined in remark 3) (in the case of an approved claim from FWD or FWD Life on Crisis Benefit or for benefits in relation to reimbursement of hospitalisation and surgical expenses or hospital cash due to Designated Diseases) or his/her spouse, children or parents (in case of successful claim of Death Benefit) ('Family Member') or one carer designated by Insured Person or Family Member ('Carer') as stated in remark 4 ('Eligible Customer').
3. Designated individual life insurance products include the following individual insurance products underwritten by FWD (as defined in remark 1), FWD Life (Hong Kong) Limited and FWD Life Assurance Company (Hong Kong) Limited (FWD Life (Hong Kong) Limited and FWD Life Assurance Company (Hong Kong) Limited collectively called 'FWD Life'):
 - a. for Death Benefit: all individual life insurance products; and
 - b. for Crisis Benefit and benefits in relation to reimbursement of hospitalisation and surgical expenses or hospital cash: all individual medical products, such as indemnity hospital insurance plans (include but not limited to Voluntary Health Insurance Scheme products) and individual critical illness insurance products

(Hereinafter called 'Designated Insurance Product(s)')

The respective Designated Insurance Products are subject to change as determined by FWD and FWD Life from time to time without further notice. The Policies of the Designated Insurance Products are subject to the respective policies' terms and conditions. Please refer to the product brochures and policy provisions for details.
4. Under each policy of the Designated Insurance Product, Eligible Customer can enroll in the Plan once only. Up to two persons can enroll in the Plan together under each policy and share the service limit; there shall be no change of the person(s) once being enrolled. If the Insured Person is covered by more than one policies of Designated Insurance Products, he/she is entitled to the Plan once only and can choose to use all support services provided under the Plan. In case the Insured Person of Designated Insurance Products passed away and has not used the Plan before he/she passed away, one of his/her Family Members can choose to use the clinical psychologist consultation and/or home assistant services. For the avoidance of doubt, if the Insured Person is the Family Member of another Insured Person of another policy under Designated Insurance Product, he/she is entitled to the Plan twice – one as an Insured Person; and another time as a Family Member.
5. The Plan cannot be transferred or refunded, exchanged for cash, other goods or services. After enjoying the support services as agreed with the Recovery Nurse, if the Eligible Customer(s) choose to receive extra or services (if any) other than the agreed support services from Aspire, HMG or Vocofy AI, they have to pay an extra amount to Aspire, HMG or Vocofy AI.
6. There is no charge for the designated Recovery Nurse support under this Plan. The Recovery Nurses will make their best effort to arrange support services. The availability of these services cannot be guaranteed and will be subject to the availability of service providers. The Recovery Nurse and service providers have the sole discretion in deciding the types and frequency of support services on a case-by-case basis. Any disputes in relation to the Recovery Nurses and support services provided by service providers shall be resolved between the Eligible Customer, Aspire, HMG and Vocofy AI.
7. Please seek your doctor's independent advice on the appropriateness of any medical service to be provided. The Recovery Nurses under this Plan are healthcare professionals employed by Aspire and not FWD employees, agents or representatives. FWD shall not be responsible for or liable to their actions, negligence or omission.
8. The Plan does not constitute any legal advice and is not a substitute for legal advice. The legal consultation referral service on probate is provided by Aspire but not by FWD, FWD's employees, agents or representatives. Subject to the decision of the Recovery Nurse and Aspire, Aspire will arrange the legal consultation referral service on probate for the Eligible Customers. Please consult your legal advisor's independent advice on the appropriateness of any opinion to be provided to you. FWD shall not be responsible for or liable to the actions, negligence or omission of Aspire, Aspire's service providers, the Recovery Nurse and/or the legal practitioner selected by the Eligible Customer.
9. If the Insured Person's policies of Designated Insurance Products also cover Life Enrichment Program, PREMIER THE ONEcierge One Team Health Management and CANcierge ('Rehabilitation Services') which are also provided by Aspire or HMG, this Plan will be provided as part of the Rehabilitation Services when selecting support services for the personalised plan of care. Details of this Plan and Rehabilitation Services will be determined at the sole discretion of FWD, Aspire, HMG and Vocofy AI at the time the services are provided.
10. To activate the Plan, FWD needs permission from the Insured Persons and/or their Family Members to pass their details, include but not limited to personal data and related claims information and medical reports, on to FWD's service providers. These details will only be used to offer the Plan, for contacting, training and quality assurance purposes.
11. The Plan will be valid for 6 months from the approval date of the Death Benefit claim, Crisis Benefit claim or for benefits in relation to the reimbursement of hospitalisation and surgical expenses or hospital cash claim of such respective Designated Diseases by FWD/FWD Life; after which both designated Recovery Nurse support and support services will end. Eligible Customers can end or opt out of the Plan (and its services) at any time within the 6-month period.
12. The definition of Designated Diseases are specified in policy provisions for respective Designated Insurance Products. Please refer to respective policy provisions for details. In case such definitions are not provided in the provisions of Designated Insurance Products, the following definitions of Designated Diseases shall apply:
 - a. Angioplasty of Coronary Artery
Treatment for narrowing or obstruction in one (1) or more major coronary arteries, by a balloon angioplasty, Percutaneous Transluminal Coronary Angioplasty (PTCA), atherectomy or similar intra-arterial catheter procedure. The angioplasty must be considered Medically Necessary by a consultant cardiologist, and there must be angiographic evidence of at least fifty percent (50%) stenosis in the affected coronary artery.
To be eligible for a second claim under Coronary Angioplasty, in addition to the abovementioned criteria, the treatment must also be performed on a location of stenosis or obstruction in a major coronary artery where no stenosis greater than sixty percent (60%) was identified in the coronary angiogram relating to the first claim of this illness, for which benefit has been paid.
For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).
 - b. Benign Brain Tumour
A non-cancerous tumour in the brain or meninges within the cranium, giving rise to characteristic signs of increased intra-cranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.
The following are excluded:
 - (a) cysts; 8 LBE EC CD V072022H
 - (b) granulomas;
 - (c) malformations in, or of, the arteries or veins of the brain;
 - (d) haematomas;
 - (e) tumours in the pituitary gland or spine; and
 - (f) tumours of the acoustic nerve.
 - c. Cancer
Cancer means
 - 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:

 - 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;
 - 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;
 - Non life-threatening cancers, such as prostate cancers which are histologically described as TNM Classification T1 (a) or T1(b), or are of another equivalent or lesser classification;
 - Papillary micro-carcinoma of the thyroid;
 - Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification; and
 - Chronic lymphocytic leukaemia less than Rai Stage I or Binet Stage A-I.

- d. **Carcinoma-in-situ**
Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in all organs except skin, including but not limited to any one of the following covered organ groups, and subject to any classification stated:
- (a) Breast, where the tumour is classified as TIS according to the TNM Staging method;
 - (b) Colon and rectum;
 - (c) Liver;
 - (d) Lung;
 - (e) Nasopharynx;
 - (f) Ovary and/or fallopian tube, where the tumour is classified as TIS according to the TNM Staging method or FIGO* Stage 0;
 - (g) Pancreas;
 - (h) Penis;
 - (i) Stomach and esophagus;
 - (j) Testis;
 - (k) Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included;
 - (l) Uterus, where the tumour is classified as TIS according to the TNM Staging method; or cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or carcinoma in situ (CIS); or
 - (m) Vagina or vulva, where the tumour is classified as TIS according to the TNM Staging method or FIGO* Stage 0.
- * FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique.
- e. **Cardiac Impairment Due To Primary Pulmonary Arterial Hypertension**
The pathological increase of pulmonary pressure due to structural, functional or circulatory disturbances of the lung leading to right ventricular enlargement. The disease must result in permanent irreversible physical impairment to the degree of Class IV under the New York Heart Association Classification of cardiac impairment, despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies. Class IV under the New York Heart Association Classification of cardiac impairment means that the patient is symptomatic during ordinary daily activities.
- f. **Cardiomyopathy**
Impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairments to the degree of at least Functional Class 4 of the New York Heart Association Functional Classification of Cardiac Impairment. The diagnosis must be confirmed by a consultant cardiologist and supported by the appropriate test results including echocardiography.
Cardiomyopathy caused by alcohol or drug abuse is specifically excluded.
Class 4 of the New York Heart Association Classification of cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination & laboratory studies.
- g. **Chronic Liver Disease**
End stage liver failure with increasing jaundice that in general medical opinion will not improve in future and resulting in either ascites or encephalopathy.
- h. **Coronary Artery Disease Surgery**
The actual undergoing of open-chest surgery to correct or treat coronary artery disease (CAD) by way of coronary artery by-pass grafting.
Angioplasty and all other intra-arterial, catheter-based techniques, keyhole or laser procedures, are excluded.
- i. **End Stage Lung Disease**
The final or end stage of lung disease, causing chronic respiratory failure, as demonstrated by all of the following: 1. "Forced expiratory volume in 1 second" test ("FEV1 test") results consistently less than one (1) litre; 2. Requiring permanent supplementary oxygen therapy for hypoxemia; 3. Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ ≤ 55mmHg); and 4. Dyspnea at rest. The diagnoses must be confirmed by a Specialist in pulmonology.
- j. **Fulminant Hepatitis**
A sub-massive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure. The diagnosis in respect of this illness must be supported by evidence or clinical findings and be based on the meeting of all of the following criteria: 1. A rapidly decreasing liver size; 2. Necrosis involving entire lobules, leaving only a collapsed reticular framework; 3. Rapid deterioration of liver function tests; 4. Liver function test to show massive parenchymal liver disease; and 5. Objective signs of portosystemic encephalopathy.
- k. **Heart Attack**
The death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The diagnosis must be supported by all of the following:
– a history of typical chest pain;
– new electrocardiogram (ECG) changes indicating acute myocardial infarction; and
– elevation of cardiac enzymes CK-MB or cardiac troponin T/I > 0.5 ng/ml.
Provided other criteria are met but cardiac enzymes are not available, echocardiographic proof of death of a portion of the heart muscle with the evidence of reduction in left ventricular ejection fraction of less than 50% or significant hypokinesia, akinesia, or wall motion abnormalities consistent with a heart attack having occurred will be considered. The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes including but not limited to angina are excluded.
- l. **Heart Valve Surgery**
Open heart valve surgery requiring median sternotomy, performed to replace or repair one (1) or more heart valves, as a consequence of defects that cannot be repaired by intra arterial catheter procedures alone. The surgery must be performed after a recommendation by a consultant cardiologist.
- m. **Kidney Failure**
End stage renal failure presenting chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated, or renal transplant is carried out.
- n. **Major Organ Transplantation**
The actual undergoing of a transplant of the heart, kidney, liver, lung, pancreas or bone marrow as a recipient, or the inclusion on an official organ transplant waiting list, for any of the above organs. The transplant must be based on objective confirmation of organ failure.
- o. **Parkinson's Disease**
Unequivocal diagnosis of Parkinson's disease by a consulting Neurologist where the condition: 1. cannot be controlled with medication; 2. shows signs of progressive impairment; and 3. must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living below:
1. Bathing/Washing: The ability to wash oneself in the bath or shower (including getting in or out of the bath or shower) or wash oneself by any other means;
2. Continence: The ability to voluntarily control bladder and bowel functions so as to maintain personal hygiene;
3. Dressing: The ability to put on and take off all necessary items of clothing without requiring assistance of another person;
4. Eating: The ability to perform all tasks of getting food into the body once it has been prepared;
5. Mobility: The ability to move from room to room without requiring any physical assistance; and
6. Transfer: The ability to get in and out of a chair or bed without requiring any physical assistance.
- p. **Severe Rheumatoid Arthritis**
Widespread joint destruction as a result of severe rheumatoid arthritis with major clinical deformity of three (3) or more of the following joint areas: 1. joint of fingers; 2. wrists; 3. elbows; 4. cervical spine; 5. knees; or 6. ankles. For the purpose of counting the number of affected joint areas with major clinical deformity to qualify severe rheumatoid arthritis – 7. If both left and right hands, wrists, elbows, knees or ankles (as the case may be) are diagnosed with major clinical deformity, the Company shall consider the right side and left side as two (2) joint areas; 8. if two (2) or more finger joints of one (1) hand are diagnosed with major clinical deformity, the Company shall consider them as one (1) joint area only; 9. if two (2) or more joints of the cervical spine are diagnosed with major clinical deformity, the Company shall consider them as one (1) joint area only. The diagnosis must be supported by all the following: 10. Morning stiffness; 11. Symmetric arthritis; 12. Presence of rheumatoid nodules; 13. Elevated titres of rheumatoid factors; and 14. Radiographic evidence of severe involvement. The severity of the disease shall be such that there will be at least two (2) of the Activities of Daily Living, as defined in clause 12o above, which the Insured Person will, for a continuous period of at least six (6) months, have been unable to perform without the assistance of another person.
- q. **Stroke**
Any cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis. The diagnosis must be supported by all of the following conditions:
– evidence of permanent neurological damage confirmed by a consultant neurologist at least 4 weeks after the event; and
– findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.
The following are excluded:
– transient ischaemic attacks;
– vascular disease affecting the eye or optic nerve; and ischaemic disorders of the vestibular system. Insured Person is required to obtain prescription from his/ her attending doctor prior to using oxygen concentrator and oxygen cylinder rental service.

- r. **Surgery to Aorta (including Minimally Invasive Surgery to Aorta)**
Means the actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or a traumatic rupture of the aorta. For the purpose of this definition aorta means the thoracic and abdominal aorta but not its branches.
 - s. **Terminal Illness**
The conclusive diagnosis of a Sickness that is expected to result in the death of the Insured Person within twelve (12) months. This diagnosis must be supported by a Specialist and confirmed by a Registered Medical Practitioner appointed by the Company at the Company's cost.
13. Insured Person is required to obtain prescription from his/ her attending doctor prior to using oxygen concentrator and oxygen cylinder rental service.
14. If Insured Person chooses to use Vocofy AI Cantonese voice reconstruction technology, he/ she can only use the Recovery Nurse service during the remaining service period of the Plan. If Insured Person intends to use the other support services under the Plan, he/ she has to pay the relevant service charges to Aspire, HMG or Vocofy AI.
15. In case of any dispute arise in the contents of this leaflet, FWD has the final interpretation right on the contents of this leaflet.
16. This leaflet is issued by FWD and is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products or services of FWD or FWD Life outside Hong Kong. All selling and application procedures of the insurance plans and services in this promotion must be conducted and completed in Hong Kong.

Any promotional offer(s) or material(s) should be read in conjunction with the relevant product brochure and the terms and conditions of the insurance products. Customers should not purchase the relevant insurance product(s) solely on the basis of any promotional offer(s) or material(s). The above does not contain the full terms and conditions of the relevant insurance plan. For full terms and conditions, details and risk disclosures of the relevant insurance plan, please refer to relevant product brochure and policy documents. Before applying for any insurance products, customers should confirm the product(s) is/are suitable for their insurance needs and objectives.