

# Crisis EasyGo – UPrimeCover

**Easily accessible   Simply affordable**

**Critical Illness Protection • Participating Life**



# Gear up on your adventure

When you are young and healthy, critical illness protection is relatively easy to get. For people who are growing older or have already had a minor medical condition, it's often a different story. Either the premiums are much higher, or getting the underwriting approval is much harder.

Protection against the financial impact of serious illness, it seems, is less accessible to those who need it more.

But that has now changed.

## It's never too late to get this prime protection

If quick and easy policy application and financial support for long-term treatment in case of a serious illness are something you are looking for, we want you to feel optimistic about your future.

### First-in-Hong Kong<sup>+</sup>

That's because we are bringing you Crisis EasyGo – UPrimeCover ("the Plan"), a participating critical illness protection plan with simplified underwriting approach designed to offer fundamental coverage while reducing limitations related to health conditions\*, at a fair premium.

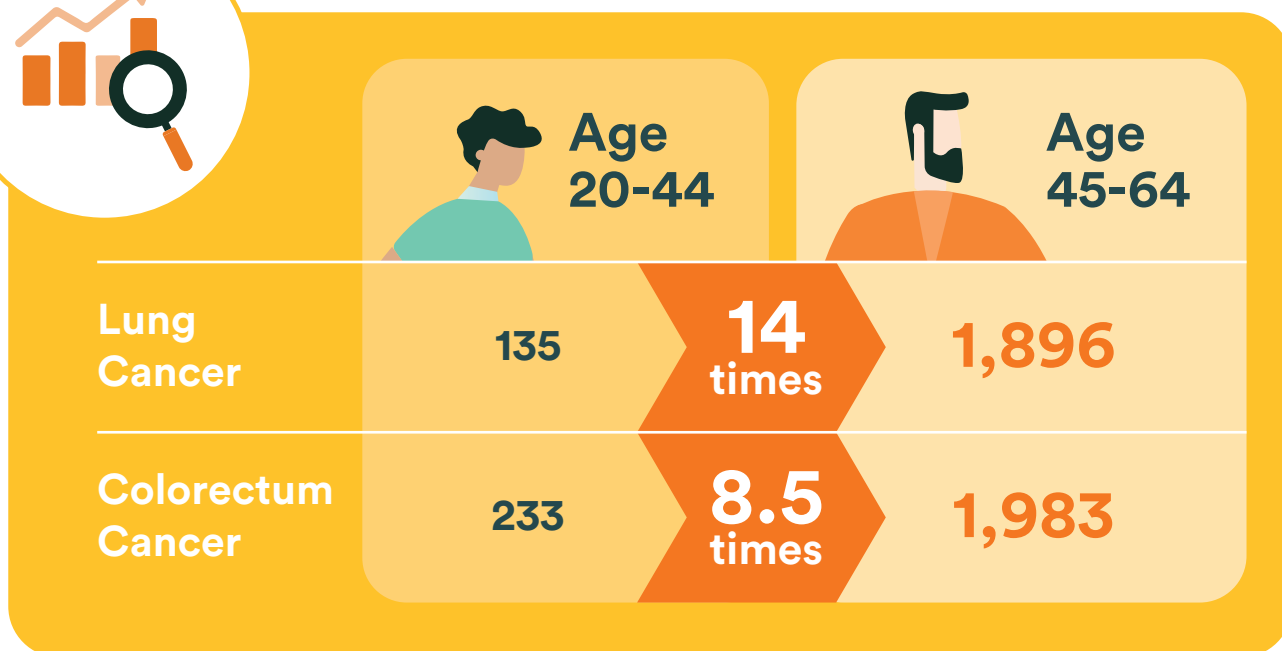
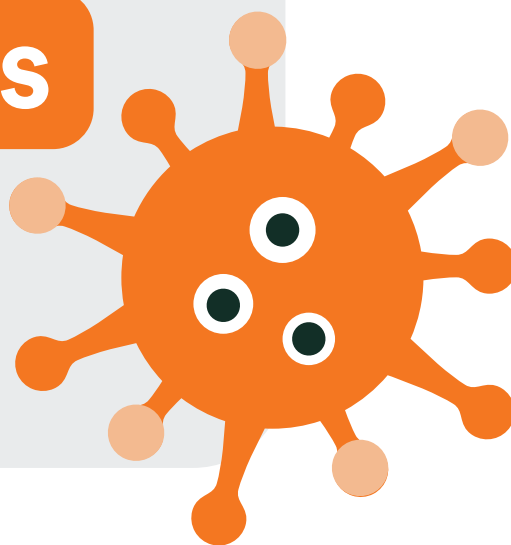
Despite its simplicity, the coverage this Plan provides, including a Crisis Benefit, a Special Disease Benefit, a Life Impact Benefit and an Additional Coverage Benefit, is the solid financial support for you to overcome the challenge of covered Diseases and undefined/unknown illness.

At FWD, we are committed to meeting your protection needs.

\* Even with chronic condition(s), the Insured can be covered under Crisis EasyGo – UPrimeCover provided that he/she passes the underwriting questions. For relevant underwriting requirement, terms and conditions, please refer to the complete underwriting questions. The simplified underwriting approach is subject to factors including but not limited to Initial Sum Insured per all policies of Crisis EasyGo – UPrimeCover under applicable age group of the Insured, additional optional benefit or attachable rider selected, which are determined by FWD's prevailing underwriting guideline, rules and regulations. Applications may be subject to full underwriting where individual loading and exclusion may be imposed.

## Number of Incidents of **Top 2 Cancers**

Increased Drastically  
after Age 44\*



Even though the above number of incidents increased with age, the Plan provides a series of benefits, which can give you peace of mind.

\* Year 2021 statistics from Hong Kong Cancer Registry



### Higher Confidence from a Prime Coverage

In addition to protection against 62 Crises, the Plan also covers 65 Special Diseases with 12 of them specifically for juveniles. There's no simpler way to achieve your need for protection against critical illnesses.<sup>1,2,3</sup>



### Greater Reassurance from Additional Benefits (Up to 55% of the Initial Sum Insured)

The Plan provides up to 55% of the Initial Sum Insured of Additional Coverage Benefit<sup>4</sup> at no extra premium to back you up if the Insured is diagnosed with any covered Crises or passes away in the first 15 Policy Years.



### From Defined Diseases to Undefined/Unknown Diseases

Unknown diseases can strike you and your family when you least expect it. The Plan offers a Life Impact Benefit<sup>1,5</sup> which provides coverage when the Insured is faced with undefined/unknown illnesses and Injuries that cause an impact to the Insured's life to a state as specified. It is payable if the Insured is Confined in an Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support and experiences 1 or more of the following conditions within the same 120-day period which is caused by the same illness or Injury:



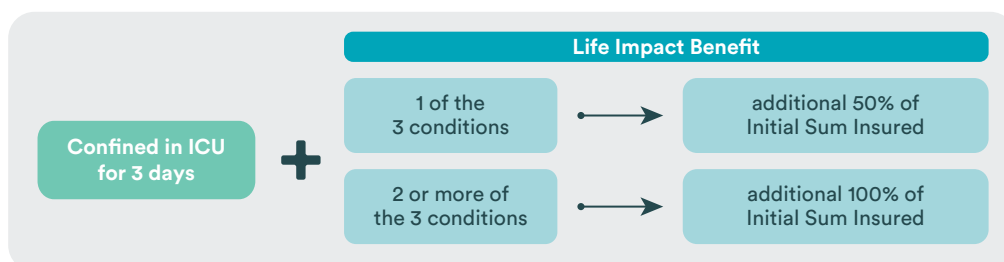
- (i) The Insured is Confined in a Hospital for 10 or more consecutive days (including anytime Confined in an Intensive Care Unit);



- (ii) A Medical Practitioner confirms that the Insured will need Lifelong Prescription Medicine which is Medically Necessary; or



- (iii) The Insured has surgery under general, spinal or epidural anesthetic which is Medically Necessary.



This Life Impact Benefit<sup>1,5</sup> is up to an additional 100% of the Initial Sum Insured.



### Protect you from congenital diseases<sup>1,2,3</sup>

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 Plan provides coverage if the congenital disease develops into a covered disease. There's no simpler way to shield against these undetected congenital diseases.



### Protection for Your Newborn

#### First-in-Hong Kong<sup>+</sup>

Everyone wants to protect their babies as much as they can. Under the Plan, should an infant be born to you or your spouse, your newborn will be covered by Crisis Benefit or Death Benefit under Special Benefit for Infant<sup>6</sup> without any health underwriting and at no extra premium or impact on your own coverage until the child's 5<sup>th</sup> birthday – 20% of the Initial Sum Insured.

The Policy Owner has the right to apply for a new policy of designated critical illness plan for each Covered Child, without needing to provide further evidence of insurability on the Covered Child, within 31 days immediately before or after the 5<sup>th</sup> birthday of the Covered Child, provided that no benefits under Special Benefit for Infant have been paid or become payable for the Covered Child under this Policy.<sup>6</sup>



### Medical Check-up for Your Wellness

Early detection is always the better option, so to help you maintain your well-being, the Plan offers a Medical Check-up<sup>7</sup> on each of the 2<sup>nd</sup>, 4<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup> and 10<sup>th</sup> Policy Anniversaries of the Plan.




### Reward for Healthy Body

In addition to the medical check-up, the Plans reward you if you are in good health. The Plans offer you Guaranteed Cash Value from the 3<sup>rd</sup> Policy Anniversary and Special Bonus from the 5<sup>th</sup> Policy Anniversary (if any)<sup>8</sup> when you surrender the policy before 100% of the Initial Sum Insured is claimed.

# Percentage of High Risk Population of Cardiovascular Disease over the Next 10 Years\*\*





	Age 30-44	Age 45-54	Age 55-64
Male	0.9% 11.7 times	10.5%	36.5%
Female	0%	0.5% 8.8 times	4.4%
Overall	0.4% 12.3 times	4.9%	19.6%

Ongoing treatment may be necessary to fully recover from a critical illness. The Plan provides a series of health assistance services to support your recovery journey.

\*\* Department of Health: Report of Population Health Survey 2020-22 (Part II)



### Special Care on Your Road to Recovery

#### First-in-Hong Kong<sup>+</sup>

After the Insured's First Confirmed Diagnosis of a Heart Attack or Stroke, and the Crisis Benefit or Multiple Benefit for Designated Crises has been paid, the Insured can enjoy the Lifestyle Management Program<sup>9</sup> which is a tailor-made professional rehabilitation program to support recovery.

If the Insured is diagnosed with an illness related to Group 3 diseases (illnesses related to Circulatory System except for Heart Attack and Stroke) and the Crisis Benefit and/or Special Disease Benefit is payable for such Disease, the Lifestyle Management Program<sup>9</sup> will refer the Insured to the best-suited rehabilitation program. The initial consultation fee will also be waived.

Provided that the policy was issued after age of 35 (age next birthday) of the Insured, after the Insured's or the Insured's parents' First Confirmed Diagnosis of Alzheimer's Disease, the Lifestyle Management Program<sup>9</sup> will offer a tailor-made support program for the recovery journey to the Insured or a referral service for a designated rehabilitation program to the Insured's parents (as the case may be), giving you peace of mind.



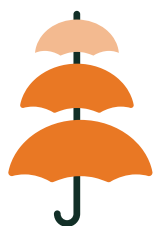
### FWD *Care*

#### Professional Health Solutions to Simplify Your Life

On top of giving you protection against diseases, the Plan also gives you access to a priority health assistance service: Critical Illness Protection Plan – PREMIER The ONEcierge One Team Health Management ("PREMIER THE ONEcierge")<sup>10</sup>. It's designed to give you access to well-rounded health service, provided by third party service providers. 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 doctors and access top-tiered network hospitals in the Pan-Asia Region. If hospitalisation is required, our team could make the necessary arrangements with the hospital for confinement. All you'll need to do is concentrate on your treatment and recovery.

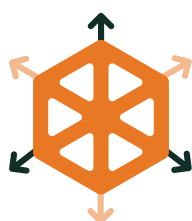
Optimal treatment requires complete peace of mind. At FWD, we are committed to giving you the most thoughtful care. As soon as a designated crisis is diagnosed, a top U.S. medical institution can be consulted for a Second Medical Opinion<sup>11</sup> with a team of renowned doctors standing by to assist. Apart from crisis specialists, the Plan can also provide referral services ("Family Care Services")<sup>12</sup> to help with taking care of your home.





### Enhanced Security from Designated Crises (Optional Benefit)

You have the flexibility to add Multiple Benefit for Designated Crises at policy application. After the Crisis Benefit has been paid, if the Insured is subsequently diagnosed with either Cancer, Heart Attack, Stroke, or First Confirmed Diagnosis of Alzheimer's Disease, Kidney Failure or Parkinson's Disease, FWD will pay Multiple Benefit for Designated Crises for a maximum of 2 times for a total up to additional 240% of the Initial Sum Insured.<sup>1,13</sup>



### Extended coverage for your loved ones - Waiver of Premium on Death Benefit (Parents)/(Spouse) Rider (Optional Rider)<sup>14</sup>

This optional rider under Crisis EasyGo – UPrimeCover could be flexibly added at policy application, which could help you give your loved ones a much-needed safety net - with no additional health information required. If the parent of an insured child (as a Policy Owner or Parent Contingent Owner) or the spouse of an insured adult (as a Spouse Owner or Spouse Beneficiary) passes away before the end of premium payment term, we will waive the future premiums of Crisis EasyGo – UPrimeCover and this rider to lighten the burden.

---

<sup>+</sup> Per a comparison made on 30 Jun 2024 among the critical illness insurance plans of key insurers available in Hong Kong, FWD is the first insurance company in Hong Kong to launch Special Benefit for Infant, Lifestyle Management Program and a participating whole life critical illness plan with Special Disease Benefit under simplified underwriting approach.

**Gear up. Don't lag behind.  
Talk to us today!**

## Example

# Turning worries into action



**Insured:**  
Ada (Age next birthday (“Age”) 40,  
non-smoker)

**Occupation:**  
Solicitor

**Family status:**  
Married with 1 kid

Age 40

Ada purchases  
**Crisis EasyGo –  
UPrimeCover**

**Initial Sum Insured:**  
**US\$100,000**

Annual premium:  
**US\$2,870**  
(25-year payment)

Age 42

Ada receives the 1<sup>st</sup>  
medical check-up  
coupon, and finds  
out her hypertension  
and cholesterol  
levels are under  
good control during  
the medical  
check-up

Age 43

Ada gives birth to  
her son (Jacky) and  
declares Special  
Benefit for Infant  
for Jacky

Age 45

### First claim

Encountering a car accident,  
she has surgery under  
general, spinal or epidural  
anesthetic which is Medically  
Necessary and is confined in  
a Hospital for 10 consecutive  
days and in an Intensive Care  
Unit for 3 consecutive days  
with the use of Invasive  
Life Support

**Life Impact Benefit:**  
100% of the  
Initial Sum Insured  
**US\$100,000**

\* up to US\$25,000

This is for illustrative purpose only and assume that

- a) all premiums are paid in full when due, c) underwriting requirements and the definitions and claims requirements of the benefits are fulfilled, and  
b) there is no indebtedness under the policy, d) the Initial Sum Insured of the Basic Plan of the policy remains unchanged throughout the policy term.

Ada was diagnosed with high blood pressure and high cholesterol levels at the age of 37, which were then under good control with continuous medication. Two months ago, Ada's best friend started her cancer-fighting journey. While accompanying and supporting her, Ada realises critical illness may not be far away from her. Encouraged by her friend's resilience, Ada knows she should take the initiative to find a solution instead of worrying. She chooses **Crisis EasyGo – UPrimeCover** which can offer simplified underwriting approach and accepts application for minor chronic diseases, such as high blood pressure and cholesterol levels under good control, with fair premium to help her cope with high treatment costs caused by covered diseases.

Age 47

**Second claim**

Ada's son (Jacky) has  
Heart Valve Surgery

**Special Benefit for Infant:**  
20% of the Initial Sum Insured\*  
**US\$20,000**

Age 52

**Third claim**

She has the First Confirmed Diagnosis of Heart Attack

**Crisis Benefit:**  
100% of the Current Sum Insured  
**US\$100,000**

+

Special Bonus (if any)

+

**Additional Coverage Benefit:**  
35% of the Initial Sum Insured (as her issue Age is above 35)  
**US\$35,000**

She can also enjoy the professional rehabilitation service from  
**Lifestyle Management Program**

The policy will then be terminated.

Total benefit payable to Ada is

**US\$255,000**

plus Special Bonus (if any)

## What this plan covers

### Plan Summary

Plan Type	Basic Plan			
Benefit Term	To the Policy Anniversary immediately preceding the 100 <sup>th</sup> birthday of the Insured			
Issue Age (Age Next Birthday)	1 - 70	1 - 60	1 - 55	1 - 50
Premium Payment Term	10 years	15 years	20 years	25 years
Premium Structure	The premium is non-guaranteed <sup>15</sup> 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/Annually			
Minimum Initial Sum Insured	HK\$120,000/US\$15,000 (per policy)			
Maximum Initial Sum Insured <sup>16</sup>	HK\$12,000,000/US\$1,500,000 (per life)			
Crisis Benefit <sup>1,3</sup>	100% of the Current Sum Insured + Special Bonus (if any) <sup>8</sup>			
Special Disease Benefit <sup>1,2</sup>	Advanced payment of 20% of the Initial Sum Insured (subject to a maximum of HK\$400,000/US\$50,000 per Insured of each claim under all policies of the Crisis EasyGo Series for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, Angioplasty of Coronary Artery and Special Diseases for Juvenile) + proportionate Special Bonus (if any) <sup>8</sup>			
Additional Coverage Benefit <sup>4</sup>	The benefit is only applicable to Insured whose issue Age is 1- 65. Additional 55% of the Initial Sum Insured (for the Insured whose issue age is 35 or below at next birthday) or 35% of the Initial Sum Insured (for the Insured whose issue age is above 35 at next birthday) will be payable if the Insured is diagnosed with covered Crises or passes away before the 15 <sup>th</sup> Policy Anniversary			
Life Impact Benefit <sup>1,5</sup>	If the Insured is Confined in an Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support and experiences 1 or more of the designated conditions within the same 120-day period which must be caused by the same illness or Injury:		Additional 50% of the Initial Sum Insured if the Insured experiences 1 of the designated conditions	
			Additional 100% of the Initial Sum Insured if the Insured experiences 2 or more of the designated conditions	
Multiple Benefit for Designated Crises <sup>1,13</sup> (Optional Benefit)	If the Crisis Benefit is paid, in the event the Insured is subsequently diagnosed with Cancer, Heart Attack or Stroke, or First Confirmed Diagnosis of an Alzheimer’s Disease, Kidney Failure or Parkinson’s Disease, an additional 120% of the Initial Sum Insured will be paid for the 1 <sup>st</sup> and 2 <sup>nd</sup> claims respectively			

## Plan Summary

Special Benefit for Infant <sup>6</sup>	<p>If the Insured (or the Insured's spouse) gives birth to a child, the newborn infant shall be covered by the Crisis Benefit or Death Benefit (20% of the Initial Sum Insured once per newborn infant and up to a per newborn infant of HK\$200,000/US\$25,000 under all policies of the Insured and/or Insured's spouse of Crisis EasyGo Series) from the attained age of 15 days until the child's 5<sup>th</sup> birthday or termination of the Policy of the Insured, whichever is earlier</p> <p>The Policy Owner has the right to apply for a new policy of designated critical illness plan for each Covered Child, without needing to provide further evidence of insurability on the Covered Child, within 31 days immediately before or after the 5<sup>th</sup> birthday of the Covered Child, provided that no benefits under Special Benefit for Infant have been paid or become payable for the Covered Child under this Policy</p>
Surrender Benefit / Maturity Benefit	Guaranteed Cash Value + Special Bonus (if any) <sup>8</sup>
Death Benefit <sup>1</sup>	100% of the Current Sum Insured + Special Bonus (if any) <sup>8</sup>
Medical Check-up <sup>7</sup>	Medical check-up coupon will be offered on each of the 2 <sup>nd</sup> , 4 <sup>th</sup> , 6 <sup>th</sup> , 8 <sup>th</sup> and 10 <sup>th</sup> Policy Anniversaries of the Plan if all premiums are paid when due
Lifestyle Management Program <sup>9</sup>	Service Program
Critical Illness Protection Plan – PREMIER THE ONEcierge One Team Health Management <sup>10</sup>	Service Program
Second Medical Opinion <sup>11</sup>	Service Program
Family Care Services <sup>12</sup>	Service Program
Extended Grace Period Benefit <sup>17</sup>	Available since the 2 <sup>nd</sup> Policy Year, if the Policy Owner becomes a parent, gets married or divorced, or becomes involuntarily unemployed during the Premium Payment Term of the Plan, the Policy Owner can choose to apply for the Extended Grace Period Benefit to stay protected by the Plan while enjoying an extended grace period for premium payment up to 365 days
Waiver of Premium on Death Benefit (Parents)/(Spouse) Rider <sup>14</sup> (Optional Rider)	After the policy has been in force for 2 years, if the parent of an insured child (as a Policy Owner or Parent Contingent Owner) or the spouse of an insured adult (as a Spouse Owner or Spouse Beneficiary) passes away, the future premiums will be waived

---

## Crises covered in Crisis EasyGo – UPrimeCover

---

### Group 1 : Cancer

- Cancer
- 

### Group 2 : Illnesses related to Organ Failure

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

### Group 3 : Illnesses related to Circulatory System

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

### Group 4: Illnesses related to Nervous System

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

### Group 5: Other Illnesses

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

## Special Diseases covered in Crisis EasyGo – UPrimeCover

---

### Group 1 : Cancer^

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

### Group 2 : Illnesses related to Organ Failure

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

### Group 3 : Illnesses related to Circulatory System

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

### Group 4 : Illnesses related to Nervous System

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

---

## Special Diseases covered in Crisis EasyGo – UPrimeCover

---

### Group 5 : Others Illnesses

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

## Special Diseases for Juvenile^ (age next birthday 1 (15 days) – 18) covered in Crisis EasyGo – UPrimeCover

---

- |                                      |  |
|--------------------------------------|--|
| - Autism                             | - Rheumatic Fever with Valvular Impairment |
| - Dengue Haemorrhagic Fever          | - Severe Asthma                            |
| - Juvenile Huntington Disease        | - Still's Disease                          |
| - Kawasaki Disease                   | - Type 1 Diabetes Mellitus                 |
| - Marble Bone Disease (Osteogenesis) | - Type I Juvenile Spinal Amyotrophy        |
| - Osteogenesis Imperfecta            | - 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 and Osteoporosis with Fractures will only be paid if at the time of diagnosis the Insured is below aged 70 (age next birthday).

^ Subject to HK\$400,000/US\$50,000 per Insured of each claim under all policies of Crisis EasyGo Series.

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



## 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, Life Impact Benefit and Multiple Benefit for Designated Crises (if applicable) only where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Disease or illness occurs after the first 90 days from the Policy Date. This first 90 days limitation does not apply if any Disease or illness is solely and directly caused by an Accident and independently of any cause.  
Upon the payment of claims under Special Disease Benefit, the Current Sum Insured of the policy will be reduced accordingly. Current Sum Insured means the Initial Sum Insured less any claims paid and/or payable for Special Disease Benefit under the Policy. Death Benefit, Crisis Benefit, Guaranteed Cash Value, future premium and non-guaranteed Special Bonus (if any) will be reduced accordingly. The following payment(s) under each claim of Special Disease Benefit will not be higher than the reduced Current Sum Insured.
- 2 Each Special Disease is payable once only (except for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery). A maximum of two claims can be made in respect of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery under the Plan. To be eligible for the second claim under Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, the claims must be a Carcinoma-in-situ or Early Stage Malignancy of one of the covered organs that is different from the organ(s) of the previous claims for which benefit(s) have/has been paid. If the relevant covered organ has both a left and a right component (such as, but not limited to the lungs or breasts), the left side and right side of the organ shall be considered one and the same organ. To be eligible for the second claim under Angioplasty of Coronary Artery, the treatment must be performed on a location of stenosis or obstruction in a major coronary artery where no stenosis greater than 60 percent was identified in the coronary angiogram relating to the first claim of this illness, for which benefit has been paid.
- 3 This Crisis Benefit will only be paid once until the Aggregate Limit has been reached while this Policy is in force.
- 4 The benefit is only applicable to Insureds whose issue age is 1 – 65 (age next birthday). This benefit will be payable once only under the Policy and will be ceased (i) upon the termination of the Policy; (ii) once the Crisis Benefit or Death Benefit has been paid or becomes payable; or (iii) on the 15<sup>th</sup> Policy Anniversary, whichever is the earliest. This additional benefit amount will not be deducted from the Current Sum Insured.
- 5 This additional benefit amount will not be deducted from the Current Sum Insured. This benefit will be payable only once under this Policy. This benefit will automatically terminate on the Policy Anniversary immediately preceding the 86<sup>th</sup> birthday of the Insured. This benefit is also subject to the following conditions,
  1. if (a) any of Crisis Benefit or Multiple Benefit for Designated Crises (if applicable), and (b) Life Impact Benefit are payable by FWD as a result of same incident, FWD will not pay the Life Impact Benefit.
  2. if any preceding claim for illness or Injury has been paid under Crisis Benefit or Multiple Benefit for Designated Crises (if applicable), FWD will not pay the Life Impact Benefit for the same illness or Injury.
- 6 This additional benefit is available if the Policy has been in effect for at least 2 consecutive Policy Years after the Policy Date. Policy Owners have to notify FWD within 180 days from the date of birth of the infant for application of this benefit. Once the coverage of the covered child has been in effect by FWD, upon the death of the covered child or if the covered child has the first symptoms of a Crisis that appear after the first 90 days from the coverage effective date and has the First Confirmed Diagnosis of the Crisis subsequently, FWD will pay the benefit. Any claim of the newborn infant under this benefit shall not be deducted from the Insured's Current Sum Insured and will not affect the other benefits available for the Insured under this Policy.  
The Policy Owner can exercise the right to apply for a new policy of designated critical illness plan once only for each Covered Child. The maximum total sum insured of all such new policies per Covered Child is HK\$200,000/US\$25,000.
- 7 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 issue age of the Insured is 17 (age next birthday) or below, medical check-up coupon will be offered biennially to the Insured starting from the Policy Anniversary of the Insured's age of 20 at next birthday. The Insured is entitled to a maximum of 5 medical check-ups under this Policy offered by third party service providers designated by FWD. The terms and conditions of the check-up service will be determined at the sole discretion of FWD at the time the services are provided. FWD reserves the right to amend or exchange any of the above benefits without prior notice to the Policy Owner and/or the Insured.
- 8 When the policy has been in effect for 5 years or more, a Special Bonus, which is not guaranteed, may be payable under the policy upon the payment of Crisis Benefit, Death Benefit, Surrender Benefit or Maturity Benefit under the policy, or at the end of the one year reinstatement period if the policy lapses and is not reinstated within that period. A proportionate non-guaranteed Special Bonus, if any, may also be paid upon payment of the Special Disease Benefit or Partial Surrender Benefit. Non-guaranteed Special Bonus (if any) will then be reduced on a pro rata basis accordingly. Non-guaranteed Special Bonus will be payable until Total Claims of Crisis Benefit and/or Special Disease Benefit under the policy reach 100% of the Initial Sum Insured.
- 9 The Lifestyle Management Program is subject to the following conditions:
  - When the Multiple Benefit for Designated Crises (if applicable) or Crisis Benefit for Heart Attack or Stroke is payable, FWD will provide a designated rehabilitation program to the Insured and the fee will be waived once per life. Each Insured can only claim either this designated rehabilitation program or designated rehabilitation program for Alzheimer's Disease.
  - When the Crisis Benefit and/or Special Disease Benefit for their respective Group 3 Diseases (Illnesses related to Circulatory System, except Heart Attack and Stroke) is payable, FWD will refer the Insured to the designated rehabilitation programs and pay the initial consultation fee, once per life, of the program chosen by the Insured. All other relevant fees and charges will be borne by the Insured.

## What this plan covers

- Provided that the Policy was issued after age 35 at the next birthday of the Insured:
  1. When the Insured has the First Confirmed Diagnosis of Alzheimer's Disease, FWD will provide a designated rehabilitation program to the Insured and the fee will be waived once per life. Each Insured can only claim either this designated rehabilitation program or designated rehabilitation program for Heart Attack or Stroke.
  2. When a parent of the Insured has the First Confirmed Diagnosis of Alzheimer's Disease, FWD will provide a referral service of designated rehabilitation program once to each of the parents of the Insured. All other relevant fees and charges will be borne by the Insured or users of the service including the Insured's parents.

Lifestyle Management Program is only available in Hong Kong region.

The Lifestyle Management Program will start within 6 months from the payment date of the claim of Multiple Benefit for Designated Crises (if applicable), Crisis Benefit or Special Disease Benefit of such respective Disease under Group 3 (Illness related to Circulatory System) or the date of First Confirmed Diagnosis of Alzheimer's Disease.

Details of the Lifestyle Management Program will be determined at the sole discretion of FWD at the time the services are provided, and the services may be provided by third party service providers as FWD may designate.

The rehabilitation service for Heart Attack or Stroke is currently provided by HealthMutual Group Limited ("HMG") and its healthcare network team.

The rehabilitation service for Alzheimer's Disease is currently provided by Senior Citizen Home Safety Association and its healthcare network team.

FWD reserves the right to vary the services in its sole discretion at any time without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of the above service providers and/or their healthcare network teams.

- 10 PREMIER THE ONEcierge is currently provided by HMG and its healthcare network team and Parkway Hospitals Singapore ("Parkway") and is not guaranteed renewable. This 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 400 9303078 for Mainland. For details, please refer to the attached leaflet of FWD Professional Health Assistance Services.
- 11 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. For details, please refer to the attached leaflet of FWD Professional Health Assistance Services.
- 12 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. For details, please refer to the attached leaflet of FWD Professional Health Assistance Services.
- 13 Full underwriting is required if this optional benefit is selected.

Once the Crisis Benefit has been paid and while the Policy is still in force, FWD will waive the balance of premium payable under the Policy falling due immediately after the date following the First Confirmed Diagnosis of the Crisis and all the riders will be terminated.

### **For Alzheimer's Disease, Kidney Failure or Parkinson's Disease**

While this Policy is in force, if, following payment of a Crisis Benefit, the Insured has First Confirmed Diagnosis of an Alzheimer's Disease, Kidney Failure or Parkinson's Disease on or before age of 86 (age next birthday), and the Insured survives for a period of at least 14 days from the date of First Confirmed Diagnosis of such respective Alzheimer's Disease, Kidney Failure or Parkinson's Disease, provided that the First Confirmed Diagnosis of the claim for Alzheimer's Disease, Kidney Failure or Parkinson's Disease shall be at least 1 year after the date of the First Confirmed Diagnosis of the immediately preceding claim under Crisis Benefit or Multiple Benefit for Designated Crises covered by this Policy (for which benefit has been paid under the policy).

The Crisis Benefit and Multiple Benefit for Designated Crises for Alzheimer's Disease and Parkinson's Disease shall be paid once only under this Policy. If a claim for Alzheimer's Disease or Parkinson's Disease is paid under Crisis Benefit or Multiple Benefit for Designated Crises, all the subsequent claims for the Alzheimer's Disease and Parkinson's Disease under Multiple Benefit for Designated Crises shall not be payable.

The Crisis Benefit and Multiple Benefit for Designated Crises for Kidney Failure shall be paid once only under this Policy. If a claim for Kidney Failure is paid under the Crisis Benefit or Multiple Benefit for Designated Crises, all the subsequent claims for Kidney Failure under Multiple Benefit for Designated Crises shall not be payable.

### **For Cancer, Heart Attack or Stroke**

While the policy is in force, this Multiple Benefit for Designated Crises is payable if, following payment of a Crisis Benefit, the Insured is diagnosed with a subsequent Cancer, Heart Attack or Stroke and survives for a period of at least 14 days from the date of First Confirmed Diagnosis of such respective Cancer (except for Continuous Cancer), Heart Attack or Stroke, subject to the following conditions and additional requirement as set out in the respective definition of Cancer, Heart Attack or Stroke:

- (a) If the immediately preceding claim paid under Crisis Benefit for any Crisis or Multiple Benefit for Designated Crises for Cancer, Heart Attack, Stroke, Alzheimer's Disease, Kidney Failure or Parkinson's Disease covered by this policy, subsequent claim(s) for Cancer, Heart Attack or Stroke can be made provided that the First Confirmed Diagnosis of the subsequent claim(s) for Cancer, Heart Attack or Stroke shall be at least 1 year after the date of the First Confirmed Diagnosis of the immediately preceding Crisis Benefit claim for any Crisis or Multiple Benefit for Designated Crises claim for Cancer, Heart Attack, Stroke, Alzheimer's Disease, Kidney Failure or Parkinson's Disease covered by this policy (for which benefit has been paid under the policy); and

- (b) If any preceding claim for Cancer has been paid under Crisis Benefit or Multiple Benefit for Designated Crises, subsequent claim(s) for Cancer (Continuous Cancer, recurring Cancer and Cancer in different sites) can be made provided that,
- if the subsequent claim for Cancer is a Continuous Cancer of the preceding Cancer claim (for which benefit has been paid), the Cancer of the subsequent claim shall be covered only if 3 years has passed since the date of the confirmed diagnosis of that preceding claim for Cancer which has not been completed in remission;
  - if the subsequent claim for Cancer is a Recurrence of the Cancer of the preceding Cancer claim (for which benefit has been paid), the Cancer of the subsequent claim shall be covered only if the First Confirmed Diagnosis of the subsequent Cancer takes place at least 3 years after the date of the First Confirmed Diagnosis of that preceding claim for Cancer (for which benefit has been paid);
  - if the subsequent claim for Cancer is not a Continuous Cancer or Recurrence of the Cancer of the preceding Cancer claim (for which benefit has been paid), the Cancer of the subsequent claim shall be covered only if the First Confirmed Diagnosis of the subsequent Cancer takes place at least 1 year after the date of the First Confirmed Diagnosis of that preceding claim for Cancer (for which benefit has been paid).

This benefit cannot be claimed more than a total of 2 times under this policy. In case the Insured is aged 70 (age next birthday) or above and makes any subsequent claim for prostate cancer resulting from the Continuous Cancer of a previous prostate cancer for which a previous claim was made, the benefit will only be payable if the Insured has received or is in the process of receiving the full course of cancer-directed surgery, radiotherapy, chemotherapy, targeted therapy or a combination of these treatments (excluding hormonal therapy) which is Medically Necessary during the intervening period between the diagnosis of the previous and subsequent prostate cancer.

14 For Waiver of Premium on Death Benefit (Parents)/(Spouse) Rider selected at time of application:

(i) Waiver of Premium on Death Benefit (Parents) Rider

An insured child must be below the age of 19 (age next birthday) at the time of policy application. After the policy has been in force for 2 years, if you (i.e. the Policy Owner) and/or the Parent Contingent Owner pass(es) away, FWD will waive the premiums payable under the basic plan and this rider which fall due from the date of the Policy Owner's death or the death of Parent Contingent Owner (as the case may be) up to and including the Policy Anniversary immediately preceding the 25<sup>th</sup> birthday of the Insured. You and the Parent Contingent Owner need to be at or below the age of 50 (age next birthday) at the time of policy application, or at the date of request for nomination or change of contingent ownership of the policy (as the case may be). The Parent Contingent Owner must be the insured child's parent. For the purpose of this rider, you may reassign a parent who is at or below the age of 50 (age next birthday) as the Policy Owner or Parent Contingent Owner anytime while the policy is in effect. This waiver of premium benefit with respect to the reassignment will be effective after 2 years of the relevant reassignment, subject to the age and relationship requirements described above.

(ii) Waiver of Premium on Death Benefit (Spouse) Rider

An insured adult must be at the age of 19 (age next birthday) or above at the time of policy application. After the policy has been in force for 2 years, if the insured's spouse, who is (i) the Policy Owner, (ii) a sole beneficiary or (iii) one of the beneficiaries of the policy, passes away, FWD will waive the balance of premium payable under the basic plan and this rider. The insured's spouse must be at or below the age of 50 (age next birthday) at the time of policy application, or the request for nomination or change of Spouse Owner or Spouse Beneficiary (as the case may be). For the purpose of this rider, you may reassign your spouse who is at or below the age of 50 (age next birthday) as the Policy Owner or beneficiary anytime while the policy is in effect. This waiver of premium benefit with respect to the reassignment will be effective after 2 years of the relevant reassignment, subject to the age and relationship requirements described above.

15 Premium rates are not guaranteed and FWD reserves the right to review the premium rates from time to time.

16 Subject to the aggregate maximum Sum Insured per life of all designated critical illness policies, which is determined by FWD's prevailing rules and regulations.

17 You must provide FWD with all documents and information FWD requires within 30 days from the date you first receive relevant proof. If any premium is unpaid at the end of the Extended Grace Period, the premium shall be in default and the Policy shall cease to be in force from the date of the first unpaid premium was due without prejudice to any claim arising prior to the date the Policy ceases to be in force. Any due and unpaid premium shall be deducted from any benefit otherwise payable. You are only entitled to apply and claim for the Extended Grace Period Benefit once under this Policy.

## Dividend / Bonus Information & Investment Strategy

---

### Dividend / Bonus Information

The non-guaranteed reversionary bonus (if any), non-guaranteed annual dividend (if any), non-guaranteed special bonus (if any) and non-guaranteed interest for funds on deposit (if any) (including but not limited to Premium Deposit Account and Bonus Lock-in Account (if any)) 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/fulfillment-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 (if any), terminal dividend (if any), reversionary bonus (if any), special bonus (if any) and interest for funds on deposit (if any).

Through the dividend/bonus declaration, you participate in the financial performance of the participating products. The financial performance covers the experience and future outlook of a number of factors, including but not limited to:

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

FWD reviews the dividend/bonus at least annually based on our dividend policy. The dividend/bonus could be adjusted if the financial performance is different from the expectation, and as a result the actual declared dividend/bonus may be different from the benefit illustrations. FWD may also deduct as appropriate any cost and expense to support the policy benefits (such as charges to support guarantee) which will be reflected in the actual declared dividend/bonus.

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

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

### Smoothing

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

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

### Pooling

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

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

## Dividend / Bonus Information & Investment Strategy (Cont.)

### Funds on Deposits

The plan allows the policyholders to place funds with us in arrangements including but not limited to non-guaranteed accumulated annual dividends (if any), guaranteed and non-guaranteed accumulated cash coupons (if any), guaranteed and non-guaranteed accumulated annuity payments (if any), Premium Deposit Account (if any), Bonus Lock-in Account (if any), Special Bonus Lock-in Account (if any) and unpaid amount under death benefit settlement option (if any), potentially earning interest at a non-guaranteed interest rate. To determine such non-guaranteed interest rate, we consider the financial performance on the pool of assets in which these amounts are invested with reference to the past experience and future outlook. This pool of assets is segregated from other investments of the Company and may include fixed income-type securities.

### 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	30% - 100%
Equity-type investments	0% - 70%

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

We may also utilize derivatives to manage our investment risk profile and for hedging purposes.

Our currency strategy is to mitigate the currency exposure through matching the asset portfolio to the underlying policy denomination. For fixed income-type securities, this may be achieved through direct investments in the underlying policy denomination or use of currency hedging instruments if the currency of the investment is different from the underlying policy denomination. For equity-type investments, they may carry a currency exposure different from the underlying policy in order to provide diversification benefits through investments across various geographical areas and industries. Furthermore, the asset portfolio is actively managed by investment professionals to closely monitor the investment performance and investment outlook. In addition to conducting regular review, FWD also reserves the right to change the investment strategy and shall notify policyholders for any material changes.

### Investment Vehicle

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

#### Fixed income-type securities

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

#### Equity-type investments

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



## Key Product Risks

---

### Credit risk

The Plan is 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.

### Liquidity risk

The Plan is long term insurance policy. This policy 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 Plan may constitute the liquidity risk to your financial condition. You need to bear the liquidity risk associated with the Plan.

### 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 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 Reversionary Bonus/Annual Dividend/Special Bonus/Interest for Funds On Deposit) are not guaranteed and are determined at FWD's discretion based on its Dividend/Bonus declaration philosophy. Under certain circumstances, the non-guaranteed benefits may be zero.

### Premium adjustment

The premium of the Plan and Waiver of Premium on Death Benefit (Parents)/(Spouse) Rider (if applicable) are non-guaranteed and FWD reserves the right from time to time to review, vary and significantly increase the premium due to factors including but not limited to claims experience, policy persistency and interest rate environment (only applicable to the Plan), provided any premium review shall be applied to all other policies of the same kind. However, the premium will not be increased based on the age of the Insured, Policy Owner, Parent Contingent Owner, Spouse Owner or Spouse Beneficiary (as the case may be) on his or her next birthday.

### Premium term and non-payment of premium

The premium payment term of the Plan is 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 and the policy has no cash value, the policy will be terminated from the date the first unpaid premium was due. If the policy has any loanable cash value, FWD shall automatically advance the amount of premium due as a loan against such loanable cash value of the policy. Once the total amount of outstanding loan and interest accrued thereon is equal to or exceeds the loanable cash value of the policy, the policy will be terminated and you may lose all of your benefits.

## Key Product Risks (Cont.)

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

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

FWD allows a grace period of 30 days after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the grace period, the rider will be terminated from the date the first unpaid premium was due. Please note that once the rider is terminated on this basis, you will lose all of your rider benefits.

### Termination conditions

Crisis EasyGo - UPrimeCover shall terminate on the earliest of the following:

1. The death of the Insured;
2. The Maturity Date of the Policy;
3. The date of Policy surrender. Such date is determined in accordance with FWD's applicable rules and regulations in relation to Policy surrender;
4. The date of termination of the Policy due to default in payment of any premium determined in accordance with Grace Period or Extended Grace Period Benefit (as the case may be);
5. The Indebtedness equals or exceeds the Guaranteed Cash Value of the Policy; or
6. The Total Claims paid and/or payable reaches 100% of the Initial Sum Insured (when Multiple Benefit for Designated Crises is selected: except when Crisis Benefit is payable, the Policy will be terminated when the Multiple Benefit for Designated Crises has been paid for a maximum of 2 times). All riders will also be terminated once the Aggregate Limit is reached.

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

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

1. The date the Basic Policy terminates or becomes paid-up;
2. The premium due date if the premium grace period expires and we have not received the premium payment;
3. The first premium due date which occurs after our receipt of the Policy Owner's written request for termination of this Rider;
4. On the date that the Current Sum Insured of the Basic Policy is reduced to zero; and
5. Upon the termination of Waiver of Premium on Death Benefit (Parents) Rider with respect to both the Policy Owner and the Parent Contingent Owner as stated below (only applicable to Waiver of Premium on Death Benefit (Parents) Rider); or
6. The Policy Anniversary immediately preceding the 80<sup>th</sup> birthday of the Spouse Owner or Spouse Beneficiary (only applicable to Waiver of Premium on Death Benefit (Spouse) Rider).

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

1. The Policy Anniversary immediately preceding the 25<sup>th</sup> birthday of the Insured;
2. The Policy Anniversary immediately preceding the 80<sup>th</sup> birthday of Policy Owner; and
3. The date when this Rider with respect to the Parent Contingent Owner becomes effective upon the death of a Parent Contingent Owner who predeceases Policy Owner.

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

1. The Policy Anniversary immediately preceding the 25<sup>th</sup> birthday of the Insured;
2. The Policy Anniversary immediately preceding the 80<sup>th</sup> birthday of the Parent Contingent Owner; and
3. The date when this Rider with respect to the Policy Owner becomes effective upon the death of Policy Owner who predeceases the Parent Contingent Owner.

---

## Key Product Risks (Cont.)

---

### Exclusions

The below exclusions apply to Crisis Benefit, Special Disease Benefit, Life Impact Benefit and Multiple Benefit for Designated Crises (if applicable).

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

1. Human Immunodeficiency Virus (HIV) related illness, including Acquired Immunization Deficiency Syndrome (AIDS) and/or any mutations, derivations or variations thereof, which is derived from an HIV infection (Except "HIV due to Blood Transfusion" and "Occupationally Acquired HIV").
2. Intentional self-inflicted injury or attempted suicide, while sane or insane and while intoxicated or not.
3. The participation in any criminal event.
4. Any condition arising out of consumption of poisoning drugs, psychiatric drug, drug abuse, alcohol abuse, abuse of solvents and other substances unless prescribed by a medical practitioner for treatment.

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

### Waiting Period

Please refer to the remarks 1, 6, 13 and 17 for the waiting periods for the respective benefits.

### Suicide

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



## Important Notes

### Cancellation Right within Cooling-off Period

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

We trust that this policy will satisfy your financial needs. However, if you are not completely satisfied, you have the right to cancel and obtain a full refund of the insurance premium paid by you and levy paid by you without interest by giving us written notice. Such notice must be signed by you and received directly by the office of FWD within 21 calendar days immediately following either the day of delivery of the policy or a Cooling-off Notice to you or your nominated representative, whichever is the earlier. The notice is the one sent to you or your nominated representative (separate from the policy) notifying you of your right to cancel within the stated 21 calendar day period. No refund can be made if a claim payment under the policy has been made prior to your request for cancellation. Should you have any further queries, you may (1) call our 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.

### Declaration relating to the Foreign Account Tax Compliance Act and Automatic Exchange of Financial Account 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 financial account 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.

### Notice of Claim

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

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

### Incorrect disclosure or non-disclosure

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

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

---

## Important Words

---

### Confinement or Confined

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

### Disease(s)

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

### First Confirmed Diagnosis

The first time that a diagnosis of a Crisis or Special Disease (as the case may be) is made by a Medical Practitioner and confirmed by histopathological and/or cytopathological patterns and/or radiological tests, blood tests and/or other laboratory tests results. Date of diagnosis of a Crisis or Special 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.

### First Symptoms

Any condition or illness or any of its direct causes in respect of an Insured, where the Insured and/or the Policy Owner was aware or should reasonably have been aware of signs or symptoms of the condition or illness, or where any laboratory test or investigation showed the likely presence of the condition or illness.

### Invasive Life Support

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

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

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

### Medically Necessary

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

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

## Declarations

---

- 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 them and you agree it is 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 product must be conducted and completed in Hong Kong.
- The product is 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.
- This product is participating life product with savings element. The premium of this Plan has covered the costs of insurance and the related costs of the policy despite the product brochure/leaflet and/or the illustration documents of this plan having no schedule/section of fees and charges or no additional charge noted other than the premium.
- The product is a participating life product. 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).

**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.**

## 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  
Crisis EasyGo – UPrimeCover