

CANsurance Cancer Protection Plan

Making life easier

Medical • Non-participating Life



You may have different goals and dreams at different life stages; whatever they may be, wouldn't you like to have the option to just go for it with all you've got? But can you go far without adequate support?

At FWD, we understand that life is full of uncertainties, and having the flexibility in making life choices would help us stay focus on our dreams, but for dreams to come true, health should come first.

Hassle free with additional cancer coverage

So when you're striving hard in achieving the best for yourself, don't forget to take good care of your own health as well.

You may think that you are already protected under your group medical plan, yet when critical illnesses like cancer strike, the coverage is far from enough. Thanks to medical advancements in recent years, cancer treatment isn't just about curing the disease. Instead, it includes health consultations and rehabilitation support to promise a well-rounded aftercare.

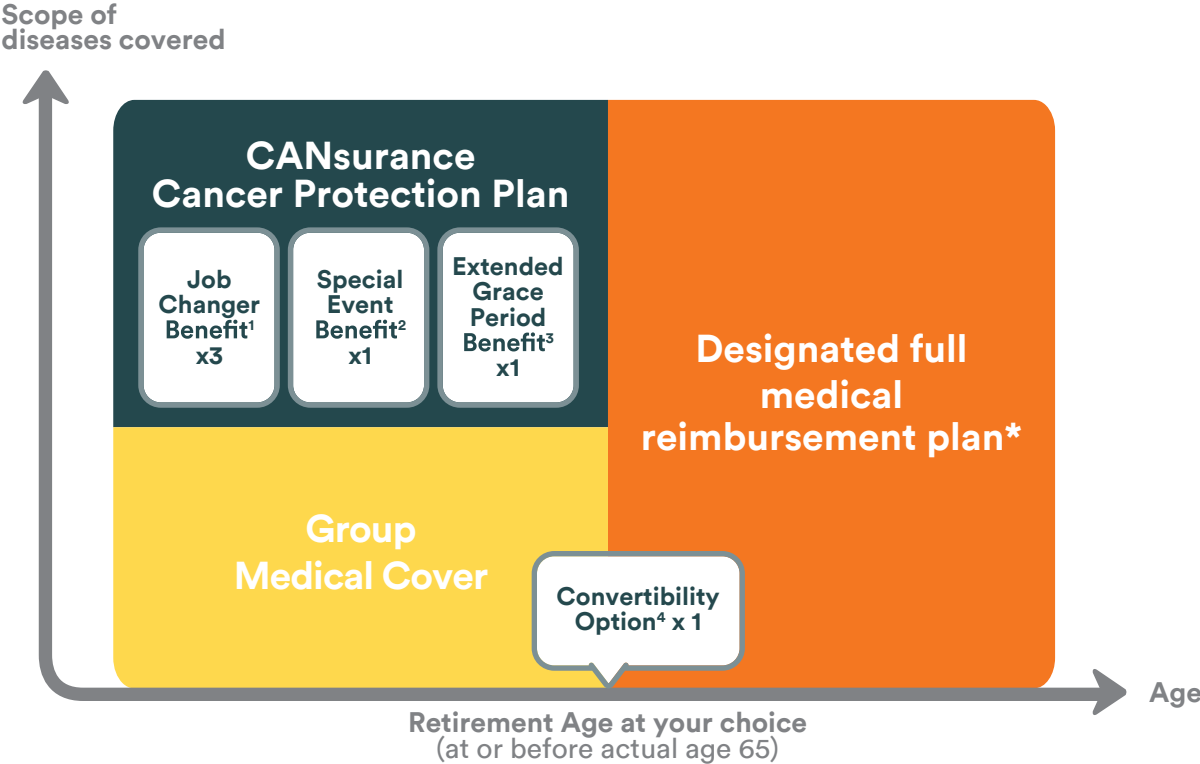
Sheltering you with the necessary coverage regardless the changes in your life

CANsurance Cancer Protection Plan (“the Plan”, “this Plan” or “this Product”) which is underwritten by FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) (“FWD”) can help you go forward in the pursuit of your dreams and compensate for insufficient group medical coverage, so you can enjoy a smart and seamless coverage. Plan early so you can go full steam ahead with no worries!

Modern medical technology brings you the privilege to choose the best treatment for yourself in case cancer strikes, as we will ease your medical expenses with a financial safety net. You can rest assured to concentrate on your medical treatment.

To cope with changes and needs during different stages in life, we’re offering flexible medical solutions to accompany you through the ups and downs in your life. Whether you are in between jobs, unemployed, or getting married, you can still enjoy medical coverage, or have the option to apply for waiving or deferring your premium for a certain period.

Smart and Seamless Coverage



* Assuming that you have exercised the Convertibility Option⁴ in CANsurance Cancer Protection Plan.

CAN have comprehensive protection

The key to a speedy recovery is being without financial worries. You can take the policy as an add-on to your current medical coverage to power up your cancer coverage with its essential coverage of Covered Cancer⁵ and Lifetime Cancer Limit⁶ as high as 1.5 million.

CAN cope with changing needs



The Plan gives you coverage with a savvy edge that can cater to your changing needs at different life stages. You can have Additional Benefits without additional charges, such as waiving premium for 1 year when you wish to pursue further full time education, undertake a working holiday or you become involuntarily unemployed; deferring premium payments for 1 year when you get married or become parent; or even enjoy seamless coverage with temporary cover under a designated full medical reimbursement plan when you are changing jobs and do not have group cover. When you retire, you can also permanently convert the Plan to a designated full medical reimbursement plan.

CAN secure complementary support

In addition, the diversified supportive health care professional consultations covered by the Plan aims to give you an extra helping hand in your path to full recovery. You may plan for the most suitable and preferable combination of professional consultations during or after cancer treatment. The Plan even subsidises transportation expenses during treatment.

CAN enjoy personalised assistance

CANcierge⁷ is here to provide you with end-to-end health coaching. Once you are diagnosed with a Covered Cancer⁵, a professional health management team will customise one-stop services specifically for your needs, from cancer treatment and hospitalisation to post-treatment supportive therapies and consultations. You can then concentrate on receiving treatments without additional burdens.

Yes you CAN, with CANsurance

Take the weight off your shoulders today. Simply apply online by answering to a few questions. No medical examination and any proof of health are required.



Let's check out below how Jason could benefit from CANsurance Cancer Protection Plan.

Example

Jason, at age 26 (age next birthday), has just entered the workforce. He is aware that cancer is a major critical illness and wishes to top up his group medical cover. However, he is only able to afford an entry level medical insurance plan at this stage, so he's decided to take out CANsurance Cancer Protection Plan to enhance cancer protection.



At age 26 (age next birthday)

Jason enrolled in **CANsurance Cancer Protection Plan – Economy Plan**.



At age 30 (age next birthday)

Jason decided to take a career break to pursue a full time master's degree. He applied for the **Special Event Benefit²** so that he could still be protected with medical coverage under this Plan but be exempted from paying the premium for 1 year during the course of his study.

At age 31 (age next birthday)

After graduating from his master's degree, Jason has started a new job.



At age 32 (age next birthday)

With his outstanding performance, Jason got scouted by another company to take up a higher position. He applied for the **Job Changer Benefit¹** during his job change period so that he could still be covered under a designated full medical reimbursement plan in addition to this Plan.



At age 35 (age next birthday)

Jason planned to get married. He applied for the **Extended Grace Period Benefit³** to defer his premium payment for a year to enjoy financial flexibility.



At age 46 (age next birthday)

Unfortunately, Jason is diagnosed with lung cancer. We will cover his medical expenses* for cancer treatment including target therapy, hospitalisation, surgery and post-treatment Chinese medicine practitioner consultation.

Furthermore, we will provide professional consultations and **CANcierge⁷** service to assist him to obtain proper treatment during his recovery journey.

* Subject to Lifetime Cancer Limit⁶ and Per Covered Cancer Limit⁸.

The above is for illustrative purpose only and assuming that a) all premiums and levies are paid in full when due, b) the definitions and claims requirements of the benefits are fulfilled, and c) this Plan is in force and has not been surrendered throughout the policy term.

Does this Plan suit you?

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



You are looking for a comprehensive cancer reimbursement plan to meet your healthcare needs.



You are looking for cancer protection with affordable premiums.



You hope that the coverage is flexible to cope with changes and needs in your life.

This product material is for reference only and is indicative of the key features of the Product. For the 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.



The Plan's coverage is limited to Reasonable and Customary charges or expenses incurred as a result of services which are Medically Necessary. For the definition of "Medically Necessary" and "Reasonable and Customary", please refer to the "Important Words" section below.

Reasonable and Customary⁹ charges will be reimbursed according to the Plan Summary.

Plan Summary	
Plan Level	Economy
Plan Type	Basic Plan
Issue Age (age next birthday)	19 to 55
Benefit Term	Guaranteed yearly renewable ¹⁰ to age 100 (age next birthday)
Premium Payment Term	To age 100 (age next birthday)
Premium Structure	<ul style="list-style-type: none"> • Based on Insured's issue age, gender, smoking habit and selected plan level • Renewal premiums are non-guaranteed and will be increased yearly according to the Insured's age next birthday at the time of renewal
Premium Payment Mode	Monthly
Currency	HKD
Area of Cover	Asia ¹¹
Room Level of Hospitalisation	Standard Ward Room ¹²
A. Cancer Benefits	
1. Diagnostic Benefit	Full cover ~
2. Cancer Treatment Benefits	
2.1 Hospitalisation and Surgical Benefits	
a) Room and Board	
b) Physician's or Specialist's Hospital Visit	
c) Intensive Care Unit ("ICU") Charges	
d) Hospital Companion Bed (including 1 extra bed for 1 person who accompanies the Insured while hospitalised)	
e) Surgical Expenses (including Surgeon's fee, Anaesthetist's fee and operating theatre fee)	
f) Miscellaneous Hospital Medical Charges	Full cover ~
2.2 Treatment Benefits	
a) Non-surgical Cancer Treatment (including Chemotherapy, Radiotherapy, Target Therapy, Cancer Hormonal Therapy and prescribed medications)	
b) Palliative Cancer Care	
c) Pre or Post-treatment Consultation (incurred by consultation with a physician before or after the active treatment or palliative treatment)	

What this Plan covers

Plan Summary

Plan Level	Economy
Area of Cover	Asia ¹¹
Room Level of Hospitalisation	Standard Ward Room ¹²
3. Reconstructive Surgery Benefit (head or breast)	Full cover ~
4. Monitoring Benefit (up to 5 years since completion of active treatment)	Full cover ~
Per Covered Cancer Limit ⁸	HK\$500,000
Lifetime Cancer Limit ⁶	HK\$1,500,000
B. Additional Cancer Care Benefit (maximum limit per Covered Cancer⁵)	
5. Daily Hospital Cash for Hospitalisation: a) Hospitalisation in an ICU; or b) Hospitalisation in general ward of a public Hospital in Hong Kong; or c) Hospitalisation expenses that have been paid by another insurance company where FWD has not paid any benefit under Section A Cancer Benefits	HK\$500
• maximum no. of days per Covered Cancer ⁵	30 days
6. Chinese Medicine Practitioner Consultation (including acupuncture treatments or prescribed Chinese medicines) (per visit)	HK\$500
• 1 visit per day & maximum no. of visits per Covered Cancer ⁵	20 visits
7. Physiotherapist Consultation (including acupuncture and chiropractic services) / Occupational Therapy / Speech Therapy (per visit)	HK\$500
• 1 visit per day & maximum no. of visits per Covered Cancer ⁵	20 visits
8. Dietician Consultation (per visit)	HK\$500
• 1 visit per day & maximum no. of visits per Covered Cancer ⁵	20 visits
9. Psychological Counselling (for Insured and/ or immediate family members) (per visit)	HK\$1,000
• 1 visit per day & maximum no. of visits per Covered Cancer ⁵	20 visits
10. Post-hospitalisation Home Nursing (per day)	HK\$1,000
• maximum no. of days per Covered Cancer ⁵	30 days

Plan Summary

Plan Level	Economy
Area of Cover	Asia ¹¹
Room Level of Hospitalisation	Standard Ward Room ¹²
11. Transportation Fee Subsidy (per day)	HK\$300
• maximum no. of days per Covered Cancer ⁵	20 days
12. Medical Appliances	HK\$5,000
C. Death Benefit	
13. Compassionate Death Benefit	HK\$10,000
D. Additional Benefits	
14. Convertibility Option ⁴ : you may apply to convert the policy to a designated full medical reimbursement plan for the Insured while CANSurance Cancer Protection Plan policy is in force without providing further health evidence	Once per policy
15. Job Changer Benefit ¹ : you may apply for the Insured to enjoy a 6 months' temporary coverage under a designated full medical reimbursement plan with a simple health declaration and without additional charges if you or the Insured change full time permanent job	3 times per policy
16. Special Event Benefit ² : you may apply to waive premium of CANSurance Cancer Protection Plan policy for 1 year if you become involuntarily unemployed, wish to pursue further full time education or undertake a working holiday	Once per policy
17. Extended Grace Period Benefit ³ : you may apply for an extension of grace period of up to 1 year ("Extended Grace Period") (including the usual 30-day grace period) if you get married or become parent	Once per policy
E. Ancillary Services	
i) Second Medical Opinion Service ¹³	Service Program
ii) International SOS 24-hour Worldwide Assistance Program ¹³	Service Program
iii) CANcierge ⁷	Service Program

~ Full cover/ full coverage/ fully cover shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses charged is subject to the Per Covered Cancer Limit⁹ and Lifetime Cancer Limit⁶. Full cover/ full coverage/ fully cover applies to selected benefit items only, while other benefit items are not fully covered and are subject to respective benefit item's limits. Please refer to Plan Summary and Policy Provisions for details.

Important to know

Remarks

1. The policy must be in effect for at least 3 consecutive years from the policy date or the date of last reinstatement, whichever is later. This option is only available if FWD offers a designated full medical reimbursement plan at the time of application and subject to FWD's rules at that time. The policy must remain in effect during the temporary coverage period and all premiums still need to be paid when due. You must inform FWD within 31 days immediately before or after the employment termination date and must provide proof of the change in this employment. This benefit is only available if you or the Insured are changing from a full time employment to any full time employment. This option may be exercised up to 3 times per policy, but you may only make a further application after 3 years has passed from the date of the start of the previous temporary coverage period. This benefit will expire at the earlier of following conditions: i) Insured reaches 65 years old (actual age) or; ii) the policy is terminated. You cannot exercise this benefit in conjunction with Convertibility Option, Special Event Benefit or Extended Grace Period Benefit.
2. The policy must be in effect for at least 3 consecutive years from the policy date or the date of last reinstatement, whichever is later. You must provide FWD with all documents and information FWD requires within 30 days from the date you first receive relevant proof. This benefit will expire at the earlier of following conditions: i) Insured reaches 65 years old (actual age) or; ii) the policy is terminated. You cannot exercise this benefit in conjunction with Convertibility Option, Job Changer Benefit or Extended Grace Period Benefit.
3. The policy must be in effect for at least 3 consecutive years from the policy date or the date of last reinstatement, whichever is later. You must provide FWD with all documents and information FWD requires within 30 days from the date you first receive relevant proof. If the premium is not paid at the end of the Extended Grace Period, you will be in default and the policy will end. This benefit will expire at the earlier of following conditions: i) Insured reaches 65 years old (actual age); or ii) the policy is terminated. You cannot exercise this benefit in conjunction with Convertibility Option, Job Changer Benefit or Special Event Benefit.
4. You may apply to convert the policy to a designated full medical reimbursement plan if the policy has been in effect for at least 9 consecutive years from the policy date or the date of last reinstatement, whichever is later. This option is only available if FWD offers a designated full medical reimbursement plan at the time of conversion and subject to FWD's rules at that time. You may apply when the Insured is aged between 38 and 64 years old (both actual ages inclusive) and within 31 days immediately before or after the respective policy anniversary without providing further health evidence from the Insured. Once approved, conversion will take effect on next policy anniversary and you cannot withdraw the application. The policy will be terminated once the policy is converted. Any claims for any Covered Cancer made under the Plan or the converted policy of designated full medical reimbursement plan are subject to the Lifetime Cancer Limit. FWD will not cover any illness or injury (including pre-existing conditions) under the designated full medical reimbursement plan if it occurred before the policy date or the date of last reinstatement (whichever is later) of the Plan. Premium payable under the designated full medical reimbursement plan is not guaranteed and will be determined on conversion. You cannot exercise this benefit in conjunction with Job Changer Benefit, Special Event Benefit or Extended Grace Period Benefit.
5. Covered Cancer refers to the first symptoms that occur no earlier than 90 days after the policy date or the date of last reinstatement, whichever is later, and are subsequently confirmed by a specialist as meeting the definition of Cancer or Carcinoma-in-situ. Please refer to Policy Provisions for the definitions of Cancer and Carcinoma-in-situ.
6. Lifetime Cancer Limit refers to the maximum total amount per Insured that FWD will pay under Section A of the Plan Summary for all Covered Cancers from the Plan. If the Insured is insured under multiple CANSurance Cancer Protection Plan policies, the Lifetime Cancer Limit will apply across all of these policies, even those policies that have terminated. Once the total amount paid or payable under Section A of the Plan Summary reaches the Lifetime Cancer Limit, the policy will terminate.
7. CANcierge is currently provided by HealthMutual Group Limited ("HMG") and its healthcare network team, it is not a part of the policy or benefit item under the Policy Provisions of the Plan and it is not guaranteed renewable. FWD reserves the right to terminate or vary CANcierge in its sole discretion without further notice. FWD will not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team. For details, please refer to the attached brochure of CANcierge.
8. Per Covered Cancer Limit refers to the maximum total amount for any single Covered Cancer that FWD will pay under Section A of the Plan Summary. If the Insured is insured under multiple CANSurance Cancer Protection Plan policies, the Per Covered Cancer Limit will apply across all policies under the Plan, even those policies that have terminated.
9. Only Reasonable and Customary charges for the above benefits will be paid by FWD. Reasonable and Customary refers to a fee or expense which:
 - a. is actually charged for Medically Necessary treatment, supplies or medical services;
 - b. does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred;
 - c. does not include charges that would not have been made if no insurance existed.FWD may adjust benefit(s) payable under the policy of the Plan for fees or expenses that FWD judges not to be Reasonable and Customary after comparing with fee schedules used by the government, relevant authorities or recognised medical association in the location where the fee or expense is incurred.

Remarks

10. Lifetime guaranteed renewal is subject to the continual availability of the Plan offered by FWD, terms and conditions applicable, benefits, and premium rates at the time of renewal. Renewal premiums are not guaranteed and the premiums for each renewal are determined based on the age at next birthday and the premium table applicable when the policy is renewed each year. Premium table is subject to change based on factors including but not limited to age, medical inflation, claims experience and policy persistency in the same portfolio. FWD reserves the right to revise the benefit payable, terms and conditions and premiums any time at renewal. The policy will expire on the policy anniversary immediately following the Insured's 99th birthday.
11. Asia includes Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Mainland China, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.
12. Standard Ward Room refers to a room type in a hospital that is of a quality below a Standard Semi-Private Room. Standard Semi-Private Room refers to a single or double occupancy room in a hospital, with a shared bath/shower room.
13. The services are currently provided by International SOS and are not guaranteed renewable. All relevant fees and charges (if any) of these services must be paid by you. FWD shall not be responsible for any act or failure to act on the part of International SOS and/or any of its affiliates. Details of the services may be revised from time to time without prior notice from FWD.

Key Product Risks

Credit risk

This Product is an insurance policy issued by FWD. The application of this insurance product and all benefits payable under your policy are subject to the credit risk of FWD. You will bear the default risk in the event that FWD is unable to satisfy its financial obligations under the insurance contract.

Exchange rate and currency risk

The application of this insurance product with the policy currency denominated in a foreign currency is subject to that foreign currency's exchange rate and currency risk. The foreign currency may be subject to the relevant regulatory bodies' control (for example, exchange restrictions). If your home currency is different from the policy currency, please note that any exchange rate fluctuation between your home currency and the policy currency of this insurance product will have a direct impact on the amount of premium required and the value of benefit(s) to be received. For instance, if the policy currency of the insurance product depreciates substantially against your home currency, there is a negative impact on the benefits you receive from the Product. If the policy currency of the insurance product appreciates substantially against your home currency, your burden of the premium payment is increased.

Inflation risk

The cost of living in the future may be higher than now due to the effects of inflation. Therefore, the benefits under the Plan may not be sufficient for the increasing protection needs in the future even if FWD fulfils all of its contractual obligations.

Exclusions

Except Compassionate Death Benefit, CANSurance Cancer Protection Plan does not cover any Covered Cancer⁵ resulting directly or indirectly from or in respect of any of the following:

1. any Covered Cancer⁵ in the presence of any HIV Infection and/or any AIDS related illness. HIV Infection refers to an infection where blood or other relevant test(s) indicate, in FWD's opinion, either the presence of any Human Immunodeficiency Virus, antigens or antibodies to such virus; or
2. any drug or alcohol abuse unless the first symptoms of a relevant Covered Cancer⁵ caused by such drug or alcohol abuse occurs 2 years after the policy date or the date of last reinstatement, whichever is later.

Key Product Risks

Suicide

If the Insured commits suicide (whether sane or insane at that time) within 13 calendar months from the Policy Date, FWD will refund all premiums that FWD has received without interest, less any Policy benefits that FWD has paid and any amounts owed to FWD.

Premium adjustment

The premium is non-guaranteed and will be determined annually based on the age of the Insured on his or her next birthday at the time of renewal. The premium may increase significantly due to factors including but not limited to age, medical inflation, claims experience and policy persistency in the same portfolio.

Premium term and non-payment of premium

The premium payment term of the policy ends on the policy anniversary immediately preceding the Insured's 100th birthday. FWD allows a grace period of 30 days (or Extended Grace Period for the Plan) after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the grace period, the policy will be terminated from the date the first unpaid premium was due. Please note that once the policy is terminated on this basis, you will lose all of your benefits.

Termination conditions

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

1. If the Insured dies;
2. The policy anniversary immediately following the Insured's 99th birthday;
3. You surrender the policy. FWD will determine the surrender date based on the rules and regulations of FWD at that time;
4. If the change of place of residence or occupation means that the residence or occupation is not insurable according to FWD's underwriting rules, FWD may terminate the policy or refuse to pay benefits under relevant policy after the change;
5. If you refuse to accept the revisions including the adjusted premium and if you have not paid the premium for 30 days from when it was due;
6. If a claim is false, fraudulent, intentionally exaggerated or if any person has used fraudulent means to attempt to claim a benefit, premium paid will not be refunded and any benefit paid because of such means will be recovered;
7. The premium grace period (or Extended Grace Period for CANSurance Cancer Protection Plan) expires and FWD has not received the premium payment;
8. If FWD ceases to offer relevant plan at each policy renewal;
9. The date the total amount paid under Section A in Plan Summary under all policies under the Plan that apply to the Insured reach the Lifetime Cancer Limit⁶;
10. When you convert the Plan to a designated full medical reimbursement plan by exercising Convertibility Option⁴.

Important Notes

Policy Renewal

The period of cover is 1 year, and the policy will be automatically renewed at each Policy Anniversary. FWD can revise, amend or modify this Policy, including the premium, once FWD notifies you in writing at least 30 days before the Policy Anniversary after which the revisions will take effect.

Cancellation Right within Cooling-off Period

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

Cancellation Right after Cooling-Off Period

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

Obligation to Provide Information

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

- I. Identify accounts as non-excluded “financial accounts” (“NEFAs”);
- II. Identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
- III. Determine the status of NEFA-holding entities as “passive 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.

You must comply with requests made by FWD to comply with the above Applicable Requirements.

Double Insurance

If you can obtain a refund of any expenses in the Benefit Provisions of policy provisions from any other sources, FWD will only pay for any excess costs of these expenses up to the limit set out in the Policy Schedule or any Endorsement.

You must tell FWD if the Insured can obtain a refund of all or part of expenses specified in the Benefit Provisions of policy provisions from any other sources. If FWD has paid a benefit which is recoverable from another source, you must refund this amount to FWD.

Notice of Claim

You must inform FWD as soon as possible, and no later than 6 months of the Insured’s discharge from hospital, surgery date, or the date of Insured’s death, for which a claim will be made on this Policy. FWD has the right to reject any written claims submitted after this 6-month notice period.

Important Notes

Incorrect Disclosure or Non-Disclosure

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

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

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

Waiting Period

A 90-day waiting period is applicable for the benefits, except the specific waiting periods of other Additional Benefits and Compassionate Death Benefit.

Important Words

First Symptoms

refers to the first time that the Insured experiences a physical symptom that would cause a reasonable and prudent person to seek medical advice, diagnosis or treatment, or where a medical examination or investigation shows the likely presence of a medical condition.

Medically Necessary

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

1. The Insured's medical condition will be adversely affected if the medical recommendation is not followed;
2. The recommendation is widely accepted within the medical profession in Hong Kong or the country of treatment as being effective, appropriate and essential to diagnose, relieve or cure the Insured's Covered Cancer based on recognised western medical standards of the specialty involved;
3. The recommended medical management and/or treatment is not experimental in nature; and
4. The recommended diagnosis and/or treatment is not preventative, investigational or screening in nature, is not opted or selected by the Insured alone, nor is for the personal convenience or comfort of the Insured or any medical service provider. This precludes:
 - general check-up unrelated to a Covered Cancer;
 - preventative screening or check-ups looking for the presence of Covered Cancer where there are no symptoms or history of Covered Cancer;
 - vaccinations for the prevention of a Covered Cancer;
 - convalescence, custodial or rest care unrelated to the Covered Cancer;
 - cosmetic surgery for aesthetic purposes.

Important Words

Reasonable and Customary

refers to a fee or expense which:

1. is actually charged for Medically Necessary treatment, supplies or medical services;
2. does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred;
3. does not include charges that would not have been made if no insurance existed.

We may adjust benefit(s) payable under this Policy for fees or expenses that We judge not to be Reasonable and Customary after comparing with fee schedules used by the government, relevant authorities or recognized medical association in the location where the fee or expense is incurred.

Declarations

- This Product is underwritten by FWD. FWD is solely responsible for all features, policy approval, coverage and benefit payment under this Product. FWD recommends 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 this Product unless you fully understand it and you agree it is suitable for you. Please read through the following related risks before making any application for the Product.
- This product material is issued by FWD. FWD accepts full responsibility for the accuracy of the information contained in this product material. This product material is intended to be distributed in the Hong Kong Special Administrative Region ("Hong Kong") only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of FWD outside Hong Kong. All selling and application procedures of the Product must be conducted and completed in Hong Kong.
- This Product is an insurance product. The premium paid is not a bank savings deposit or time deposit. The Product is not protected under the Deposit Protection Scheme in Hong Kong.
- This Product is an individual indemnity hospital insurance plan without any savings element. The costs of insurance and the related costs of the policy are included in the premium paid despite the product brochure/leaflet and/or the illustration documents of the Plan having no schedule/section of fees and charges or no additional charge noted other than the premium.
- All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by you 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 payments are paid after deducting policy debts (if any, e.g. unpaid premiums or premium loan and the interest of the loan).

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
CANsurance
Cancer Protection Plan

揀易保癌症保障計劃 (經濟計劃) CANsurance Cancer Protection Plan (Economy Plan)

基本計劃 (港元) 年供保費表 (中國內地人士除外)

Basic Plan (HKD) Annual Premium Table (excluding Mainland Chinese)

投保年齡為 19 至 55 歲 (下次生日) Issue age 19 to 55 (next birthday)

投保年齡 (下次生日) Issue Age (Next Birthday)	非吸煙 Non-smoker		吸煙 Smoker	
	男性 Male	女性 Female	男性 Male	女性 Female
19	456	484	460	487
20	483	550	494	564
21	485	616	505	644
22	495	649	521	686
23	500	686	535	733
24	522	733	568	795
25	545	800	602	883
26	567	847	634	945
27	576	894	653	1,013
28	588	952	676	1,093
29	636	992	742	1,171
30	683	1,053	806	1,292
31	699	1,091	837	1,390
32	714	1,155	864	1,529
33	732	1,233	898	1,695
34	765	1,317	959	1,866
35	826	1,436	1,060	2,088
36	841	1,568	1,105	2,337
37	885	1,746	1,189	2,665
38	936	1,956	1,289	3,059
39	978	2,147	1,379	3,433
40	1,006	2,320	1,448	3,795
41	1,089	2,480	1,602	4,147
42	1,145	2,612	1,723	4,461
43	1,202	2,754	1,847	4,807
44	1,283	2,870	2,012	5,047
45	1,402	2,982	2,245	5,213
46	1,563	3,112	2,551	5,413
47	1,680	3,343	2,798	5,784
48	1,819	3,581	3,088	6,163
49	1,931	3,786	3,343	6,556
50	2,039	3,897	3,592	6,874
51	2,352	4,032	4,218	7,235
52	2,553	4,151	4,663	7,587
53	2,804	4,268	5,211	7,941
54	3,068	4,388	5,753	8,232
55	3,411	4,502	6,396	8,447
56^	3,854	4,657	7,228	8,737
57^	4,273	4,774	8,021	8,961
58^	4,779	4,919	8,970	9,233
59^	5,240	5,078	9,837	9,533
60^	5,620	5,247	10,553	9,851
61^	5,889	5,549	11,056	10,417
62^	6,336	5,772	11,899	10,838
63^	6,761	5,954	12,701	11,182
64^	7,186	6,151	13,499	11,550
65^	7,661	6,381	14,392	11,983
66^	6,984	5,797	13,120	10,887
67^	7,456	6,344	14,006	11,913
68^	8,384	6,607	15,750	12,408
69^	9,434	6,899	17,723	12,955
70^	10,735	7,365	20,173	13,833
71^	11,748	7,742	22,072	14,543
72^	12,391	7,900	23,284	14,837
73^	13,076	8,211	24,571	15,422
74^	13,750	8,564	25,477	15,867
75^	14,477	8,955	26,108	16,143
76^	15,177	9,356	26,631	16,412
77^	15,972	9,800	27,274	16,730
78^	16,783	10,234	27,884	17,002
79^	17,512	10,644	28,255	17,172
80^	18,337	11,147	28,663	17,423
81^	18,909	11,566	28,638	17,518
82^	19,575	11,953	28,724	17,540
83^	20,265	12,359	28,813	17,566
84^	20,667	12,672	28,928	17,736
85^	20,674	12,802	28,937	17,917
86^	20,696	12,948	28,968	18,120
87^	20,704	13,069	28,979	18,291
88^	20,707	13,215	28,982	18,496
89^	20,853	13,370	29,190	18,713
90^	21,077	13,510	29,501	18,909
91^	21,318	13,625	29,839	19,069
92^	21,567	13,786	30,189	19,293
93^	21,846	13,902	30,578	19,457
94^	22,114	14,091	30,955	19,721
95^	22,415	14,249	31,375	19,944
96^	22,706	14,407	31,784	20,163
97^	23,019	14,590	32,221	20,420
98^	23,322	14,755	32,644	20,651
99^	23,661	14,960	33,119	20,937

^ 續保保費以供參考
Renewal premium for reference only

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- 續保保費並非保證及每次續保之保費將根據被保人於續保時的下次生日年齡及當時的保費表釐定。保費表根據各因素，包括但不受限於年齡、醫療通脹及同一類別保單的索償經驗及保單續保情況釐定。富衛保留隨時作出修改於續保時的保單權益、條款及條文及保費的權利。
Renewal premiums are not guaranteed and the premiums for each renewal are determined based on the age at next birthday and the premium table applicable at that time when the policy is renewed. Premium tables are subject to change based on factors including but not limited to age, medical inflation, FWD's medical claim experience and policy persistency in the same portfolio from time to time. FWD reserves the right to revise the benefit payable, terms and conditions and premiums any time at renewal.
- 月供保費 = 年供保費 x 0.09。
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- 保費表內的保費乃按標準費率收費並僅供參考，實際保費必需經富衛承保後方可作實。
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揀易保癌症保障計劃 (經濟計劃) CANsurance Cancer Protection Plan (Economy Plan)

基本計劃 (港元) 年供保費表 (中國內地人士)
Basic Plan (HKD) Annual Premium Table (Mainland Chinese)

投保年齡為 19 至 55 歲 (下次生日) Issue age 19 to 55 (next birthday)

投保年齡 (下次生日) Issue Age (Next Birthday)	非吸煙 Non-smoker		吸煙 Smoker	
	男性 Male	女性 Female	男性 Male	女性 Female
19	570	604	575	609
20	603	686	616	705
21	605	771	632	806
22	618	812	651	858
23	626	858	669	916
24	652	916	710	994
25	681	1,001	752	1,104
26	709	1,058	792	1,182
27	719	1,118	817	1,267
28	735	1,189	845	1,367
29	795	1,239	927	1,464
30	855	1,317	1,006	1,615
31	873	1,365	1,046	1,738
32	893	1,444	1,080	1,911
33	915	1,542	1,123	2,118
34	957	1,646	1,198	2,332
35	1,033	1,795	1,324	2,610
36	1,050	1,960	1,381	2,922
37	1,105	2,183	1,486	3,332
38	1,170	2,445	1,612	3,824
39	1,223	2,683	1,724	4,291
40	1,257	2,901	1,810	4,744
41	1,362	3,100	2,003	5,183
42	1,432	3,265	2,152	5,575
43	1,503	3,442	2,309	6,008
44	1,602	3,587	2,514	6,307
45	1,751	3,726	2,805	6,516
46	1,954	3,890	3,189	6,765
47	2,101	4,179	3,498	7,229
48	2,273	4,477	3,860	7,703
49	2,415	4,732	4,179	8,195
50	2,549	4,872	4,488	8,591
51	2,940	5,039	5,272	9,045
52	3,192	5,188	5,829	9,483
53	3,504	5,335	6,513	9,926
54	3,835	5,485	7,190	10,290
55	4,263	5,627	7,996	10,558
56^	4,816	5,821	9,035	10,921
57^	5,343	5,968	10,026	11,201
58^	5,974	6,149	11,212	11,541
59^	6,550	6,348	12,296	11,917
60^	7,025	6,559	13,191	12,313
61^	7,361	6,937	13,821	13,022
62^	7,920	7,215	14,873	13,547
63^	8,452	7,443	15,875	13,978
64^	8,983	7,689	16,873	14,438
65^	9,576	7,976	17,991	14,979
66^	8,728	7,247	16,401	13,609
67^	9,319	7,929	17,507	14,891
68^	10,480	8,259	19,687	15,510
69^	11,792	8,623	22,154	16,193
70^	13,417	9,205	25,216	17,290
71^	14,684	9,677	27,589	18,179
72^	15,489	9,874	29,104	18,546
73^	16,345	10,263	30,714	19,278
74^	17,186	10,705	31,846	19,834
75^	18,096	11,195	32,634	20,178
76^	18,970	11,694	33,288	20,516
77^	19,966	12,249	34,093	20,912
78^	20,978	12,792	34,856	21,253
79^	21,891	13,305	35,318	21,465
80^	22,920	13,934	35,828	21,779
81^	23,635	14,458	35,798	21,896
82^	24,469	14,941	35,904	21,925
83^	25,331	15,447	36,015	21,957
84^	25,833	15,840	36,159	22,170
85^	25,843	16,001	36,171	22,395
86^	25,868	16,184	36,210	22,651
87^	25,879	16,336	36,223	22,863
88^	25,883	16,519	36,228	23,121
89^	26,065	16,713	36,486	23,391
90^	26,345	16,887	36,876	23,635
91^	26,646	17,031	37,298	23,836
92^	26,959	17,232	37,737	24,116
93^	27,307	17,377	38,222	24,321
94^	27,644	17,612	38,694	24,651
95^	28,018	17,812	39,218	24,929
96^	28,383	18,008	39,730	25,204
97^	28,774	18,237	40,276	25,525
98^	29,153	18,444	40,806	25,813
99^	29,575	18,699	41,399	26,172

^ 續保保費以供參考
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The premiums in the premium table are calculated based on standard rates and are for reference only. The actual premium will be determined by FWD upon policy approval.

CANCIERGE

One Plan One Team One Stop Solution

Everyone would like to be along with a reliable partner, so as to focus on their recovery and enjoy life even when facing any health problems. As your trusted partner, in addition to providing you with comprehensive medical protection, FWD also customises dedicated health services especially for your needs. CANcierge¹ gives you priority treatment from a professional health management team with a one stop approach, helping you when you need it most. You can relax knowing FWD is there to take care of all aspects of your health.

Professional & Experienced Medical Team as your Partner

A professional medical service provider is undoubtedly the best option to provide prompt & suitable medical advice and treatment. That's why CANcierge¹ provides you with a dedicated network of specialists so you can receive the most efficient treatment from the best-suited doctor. With this professional team of experts as your guardian angel, you can be hassle free even when faced with illnesses or diseases.

Tailor-made Support and Hospitalisation Arrangement

CANcierge¹ always puts your interest first. Should you require hospitalisation and/or treatment due to a Covered Cancer² as diagnosed by CANcierge's doctor, the team of specialists will arrange for you to be admitted to hospital and receive tailor-made treatment, as well as provide follow-up consultation and supportive therapies. You can then continue to live your life.

Efficient and Seamless Claims Resolution and Cashless Facility³

CANcierge's team of specialists will assist you to apply for Cashless Facility³ to FWD if you are diagnosed with a Covered Cancer². Upon successful arrangement of whole process of this resolution, FWD would then provide Cashless Facility³ and pay the hospitalisation, treatment and supportive therapies' fees & charges on your behalf. Payment and claim requests for such fees can be dispensed and you can manage your cash reserve more effectively!

Let CANcierge be your partner in safeguarding your health!

CANcierge Hotline:

Hong Kong: (852) 8120 9066

Toll-free number for Mainland: 400 9303078

24-hour full support⁴

For any enquiries about policy information, please contact your advisors or our customer service hotline 3123 3123.

Note:

- The claimable amount of medical expenditure is subject to the benefits of Eligible Plans, including but not limited to benefit items and benefit amounts.
- Please seek a doctor's individual advice on appropriateness of any medical service to be provided. Doctors of HMG and its healthcare network team are all individual healthcare personnel instead of employees or representatives of FWD. FWD shall not be responsible for any act, negligence or omission of any medical service or treatment provided by them.
- You are required to consent to FWD, HMG and its healthcare network team, recording, sharing, using and archiving your personal data in pursuance of CANcierge¹ being offered to you as well as for their training and quality assurance purposes. Failure to provide the relevant personal data may result in the said service providers being unable to provide the relevant services to you.

The information above is for reference only and none of the above is binding upon FWD or HMG.

The above information is for reference only and is indicative of the key features of CANcierge¹ and not the benefits of Eligible Plans. For a complete explanation of the terms and conditions of Eligible Plans, please refer to the Policy Provisions.

The service is provided by HMG and it is not guaranteed renewable. FWD shall not be responsible for any act or failure to act on the part of HMG and the professionals. FWD reserves the right to amend, suspend or terminate CANcierge and to amend the relevant terms and conditions at any time without prior notice.

This flyer is issued by FWD. It 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 of FWD outside Hong Kong. All selling and application procedures of the promotion must be conducted and completed in Hong Kong.

¹ CANcierge, provided by HealthMutual Group Limited ("HMG") and its healthcare network team, is not a part of the Policy or benefit item under the Policy Provisions and only applicable to CANSurance Cancer Protection Plan and designated insurance basic plans or riders ("Eligible Plans"). FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("FWD") reserves the right to terminate or vary CANcierge 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. CANcierge is only available in the Hong Kong region.

² Covered Cancer refers to the first symptoms that occur no earlier than 90 days after the policy date or the date of last reinstatement (whichever is later) and are subsequently confirmed by a specialist as meeting the definition of Cancer or Carcinoma-in-situ. Please refer to Policy Provisions for the definitions of Cancer and Carcinoma-in-situ.

³ Cashless Facility is an administrative arrangement to pay the covered expenditures when the insured is hospitalised, but not a benefit item under Policy Provisions or guaranteed successful arrangement. Cashless Facility is only applicable if the insured requires hospitalisation, treatment and supportive therapies due to a Covered Cancer. FWD reserves the right to terminate or vary CANcierge in its sole discretion without further notice. FWD would pay the medical cost to the relevant hospital on behalf of the insured after successful arrangement of Cashless Facility. If the medical cost paid by FWD is higher than the maximum amount of benefit, FWD will seek reimbursement from the policyowners for such amount.

⁴ This hotline is operated by HMG. Please note that this hotline is for non-emergent reservation of doctor consultation instead of for emergencies.