

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.

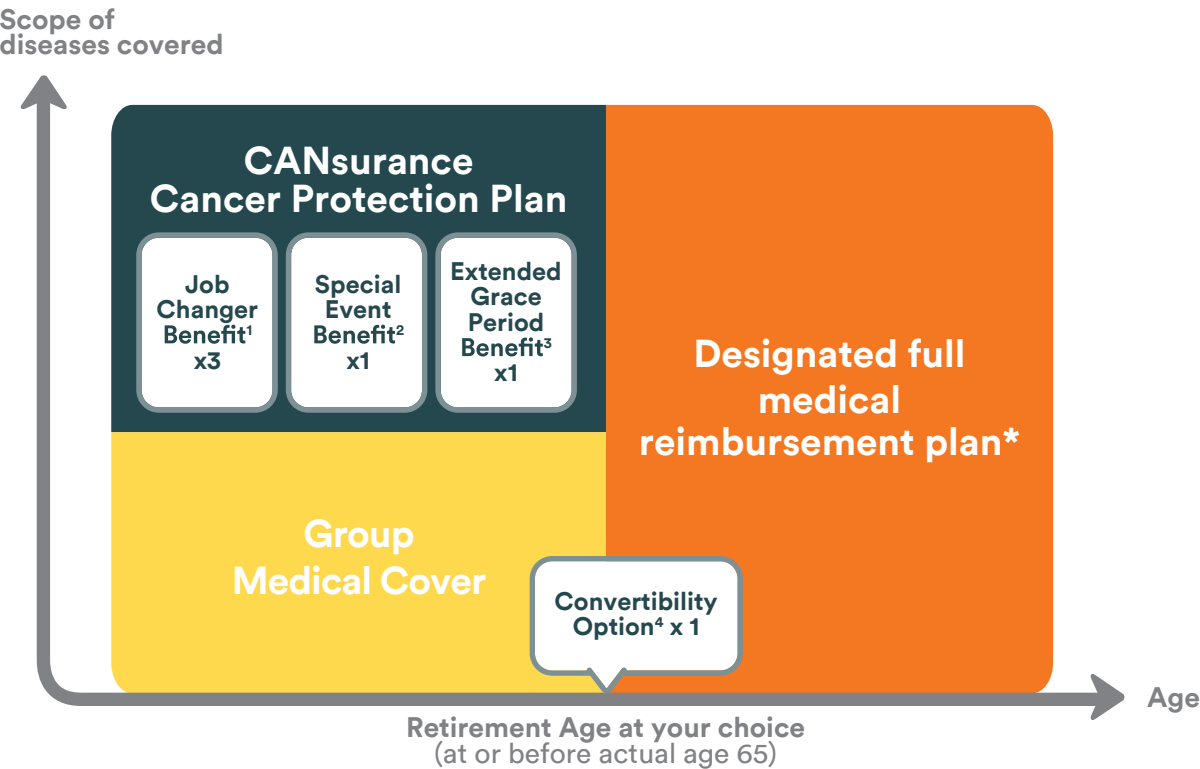
Sheltering you with the necessary coverage regardless the changes in your life

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	- 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 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)	Full cover ~

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 • maximum no. of days per Covered Cancer ⁵	HK\$500 30 days
6. Chinese Medicine Practitioner Consultation (including acupuncture treatments or prescribed Chinese medicines) (per visit) • 1 visit per day & maximum no. of visits per Covered Cancer ⁵	HK\$500 20 visits
7. Physiotherapist Consultation (including acupuncture and chiropractic services) / Occupational Therapy / Speech Therapy (per visit) • 1 visit per day & maximum no. of visits per Covered Cancer ⁵	HK\$500 20 visits
8. Dietician Consultation (per visit) • 1 visit per day & maximum no. of visits per Covered Cancer ⁵	HK\$500 20 visits
9. Psychological Counselling (for Insured and/ or immediate family members) (per visit) • 1 visit per day & maximum no. of visits per Covered Cancer ⁵	HK\$1,000 20 visits
10. Post-hospitalisation Home Nursing (per day) • maximum no. of days per Covered Cancer ⁵	HK\$1,000 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 Limit⁸ 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	474	503	478	506
20	502	572	513	586
21	504	640	525	669
22	514	674	541	713
23	520	713	556	762
24	542	762	590	826
25	566	832	626	918
26	589	880	659	982
27	599	929	679	1,053
28	611	990	703	1,136
29	661	1,031	771	1,217
30	710	1,095	838	1,343
31	726	1,134	870	1,445
32	742	1,201	898	1,590
33	761	1,282	933	1,762
34	795	1,369	997	1,940
35	859	1,493	1,102	2,171
36	874	1,630	1,149	2,430
37	920	1,815	1,236	2,771
38	973	2,034	1,340	3,181
39	1,017	2,232	1,434	3,570
40	1,046	2,412	1,505	3,946
41	1,132	2,579	1,666	4,312
42	1,190	2,716	1,791	4,639
43	1,250	2,864	1,920	4,999
44	1,334	2,984	2,092	5,248
45	1,458	3,101	2,334	5,421
46	1,625	3,236	2,653	5,629
47	1,747	3,476	2,909	6,015
48	1,891	3,724	3,211	6,409
49	2,008	3,937	3,476	6,818
50	2,120	4,052	3,735	7,148
51	2,446	4,193	4,386	7,524
52	2,655	4,317	4,849	7,890
53	2,916	4,438	5,419	8,258
54	3,190	4,563	5,983	8,561
55	3,547	4,682	6,651	8,784
56^	4,008	4,843	7,517	9,086
57^	4,443	4,964	8,341	9,319
58^	4,970	5,115	9,328	9,602
59^	5,449	5,281	10,230	9,914
60^	5,844	5,456	10,975	10,245
61^	6,124	5,770	11,498	10,833
62^	6,589	6,002	12,374	11,271
63^	7,031	6,192	13,209	11,629
64^	7,473	6,397	14,038	12,012
65^	7,967	6,636	14,967	12,462
66^	7,263	6,028	13,644	11,322
67^	7,754	6,597	14,566	12,389
68^	8,719	6,871	16,380	12,904
69^	9,811	7,174	18,431	13,473
70^	11,164	7,659	20,979	14,386
71^	12,217	8,051	22,954	15,124
72^	12,886	8,216	24,215	15,430
73^	13,599	8,539	25,553	16,038
74^	14,300	8,906	26,496	16,501
75^	15,056	9,313	27,152	16,788
76^	15,784	9,730	27,696	17,068
77^	16,610	10,192	28,364	17,399
78^	17,454	10,643	28,999	17,682
79^	18,212	11,069	29,385	17,858
80^	19,070	11,592	29,809	18,119
81^	19,665	12,028	29,783	18,218
82^	20,358	12,431	29,872	18,241
83^	21,075	12,853	29,965	18,268
84^	21,493	13,178	30,085	18,445
85^	21,500	13,314	30,094	18,633
86^	21,523	13,465	30,126	18,844
87^	21,532	13,591	30,138	19,022
88^	21,535	13,743	30,141	19,235
89^	21,687	13,904	30,357	19,461
90^	21,920	14,050	30,681	19,665
91^	22,170	14,170	31,032	19,831
92^	22,429	14,337	31,396	20,064
93^	22,719	14,458	31,801	20,235
94^	22,998	14,654	32,193	20,509
95^	23,311	14,818	32,630	20,741
96^	23,614	14,983	33,055	20,969
97^	23,939	15,173	33,509	21,236
98^	24,254	15,345	33,949	21,477
99^	24,607	15,558	34,443	21,774

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

重要事項 Important Notes:

- 1) 本保費表的上次更新日期為 2026 年 2 月 2 日。
 The last update date of the above premium tables is 2 February 2026.
- 2) 本保費表只供參考，並不能作為富衛人壽保險 (百慕達) 有限公司 (於百慕達註冊成立之有限公司) (「富衛」) 與任何人士或團體所訂立之任何合約或該合約的任何部份。有關揀易保癌症保障計劃之詳情，請參閱產品冊子及保單條款。
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- 3) 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.
- 4) 月供保費 = 年供保費 x 0.09。
 Monthly Premium = Annual Premium x 0.09.
- 5) 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。
 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.

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	592	628	598	633
20	627	713	640	733
21	629	801	657	838
22	642	844	677	892
23	651	892	695	952
24	678	952	738	1,033
25	708	1,041	782	1,148
26	737	1,100	823	1,229
27	747	1,162	849	1,317
28	764	1,236	878	1,421
29	826	1,288	964	1,522
30	889	1,369	1,046	1,679
31	907	1,419	1,087	1,807
32	928	1,501	1,123	1,987
33	951	1,603	1,167	2,202
34	995	1,711	1,245	2,425
35	1,074	1,866	1,376	2,714
36	1,092	2,038	1,436	3,038
37	1,149	2,270	1,545	3,465
38	1,216	2,542	1,676	3,976
39	1,271	2,790	1,792	4,462
40	1,307	3,017	1,882	4,933
41	1,416	3,224	2,083	5,390
42	1,489	3,395	2,238	5,798
43	1,563	3,579	2,401	6,248
44	1,666	3,730	2,614	6,559
45	1,821	3,875	2,917	6,776
46	2,032	4,045	3,316	7,035
47	2,185	4,346	3,637	7,518
48	2,363	4,656	4,014	8,011
49	2,511	4,921	4,346	8,522
50	2,650	5,066	4,667	8,934
51	3,057	5,240	5,482	9,406
52	3,319	5,395	6,062	9,862
53	3,644	5,548	6,773	10,323
54	3,988	5,704	7,477	10,701
55	4,433	5,852	8,315	10,980
56^	5,008	6,053	9,396	11,357
57^	5,556	6,206	10,427	11,649
58^	6,212	6,394	11,660	12,002
59^	6,812	6,601	12,787	12,393
60^	7,306	6,821	13,718	12,805
61^	7,655	7,214	14,373	13,542
62^	8,236	7,503	15,467	14,088
63^	8,790	7,740	16,510	14,537
64^	9,342	7,996	17,547	15,015
65^	9,959	8,295	18,710	15,578
66^	9,077	7,536	17,057	14,153
67^	9,691	8,246	18,207	15,486
68^	10,899	8,589	20,474	16,130
69^	12,263	8,967	23,040	16,840
70^	13,953	9,573	26,224	17,981
71^	15,271	10,064	28,692	18,906
72^	16,108	10,268	30,268	19,287
73^	16,998	10,673	31,942	20,049
74^	17,873	11,133	33,119	20,627
75^	18,819	11,642	33,939	20,985
76^	19,728	12,161	34,619	21,336
77^	20,764	12,738	35,456	21,748
78^	21,817	13,303	36,250	22,103
79^	22,766	13,837	36,730	22,323
80^	23,836	14,491	37,261	22,650
81^	24,580	15,036	37,229	22,771
82^	25,447	15,538	37,340	22,802
83^	26,344	16,064	37,455	22,835
84^	26,866	16,473	37,605	23,056
85^	26,876	16,641	37,617	23,290
86^	26,902	16,831	37,658	23,557
87^	26,914	16,989	37,671	23,777
88^	26,918	17,179	37,677	24,045
89^	27,107	17,381	37,945	24,326
90^	27,398	17,562	38,351	24,580
91^	27,711	17,712	38,789	24,789
92^	28,037	17,921	39,246	25,080
93^	28,399	18,072	39,750	25,293
94^	28,749	18,316	40,241	25,637
95^	29,138	18,524	40,786	25,926
96^	29,518	18,728	41,319	26,212
97^	29,924	18,966	41,887	26,546
98^	30,319	19,181	42,438	26,845
99^	30,758	19,446	43,054	27,218

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

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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.