FWD General Insurance Company Limited
is the VHIS Provider

VChoice Voluntary Health Insurance Plan
is a Standard Plan certified by the Government
under the Voluntary Health Insurance Scheme (“VHIS”)
(Certification Number: 000012-01-000-001)

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**VChoice Voluntary Health Insurance Plan** is a Standard Plan certified by the Government under Voluntary Health Insurance Scheme

Yet unexpected medical costs can distract your focus and hinder progress. To ensure peace of mind, the Government-certified VChoice Voluntary Health Insurance ("VChoice") provides you comprehensive reimbursement coverage on hospitalisation and surgical care. With VChoice, you and your loved ones are covered for the high cost of medical treatments which helps ease the financial stress of medical treatments.

**Comprehensive and Continuous Coverage**

VChoice provides you with an annual limit of HKD420,000 to reimburse your expense on hospitalisation and surgical benefits. Limits are reset annually to offer your comprehensive coverage with intact insurance, which is guaranteed renewable until the Age of 100 (attained Age)!

**All-round Protection**

A range of hospitalisation and surgical benefits, including Psychiatric Treatment, Diagnostic Imaging Tests (CT scan, MRI scan, PET scan, PET-CT combined and PET-MRI combined) and Pre- and Post-Confinement/Day case Procedure outpatient care, can be reimbursed under VChoice without any lifetime limit. In case you are unfortunately diagnosed with a cancer, no matter it is surgical or non-surgical, this plan does cover the treatment needed.

**Government regulated; Pay less in Tax**

You can be confident VChoice is fair to you and meets the Government’s regulatory standards. If you are a Hong Kong taxpayer, you can claim annual tax deduction up to HKD8,000 per Insured Person from the premium paid for yourself and your specified relatives (irrespective of number)!

Specified relatives include:
- Your spouse / child
- Your or your spouse’s parent / grandparent / brother or sister

**Multiple Policyholders**

VChoice offers Multiple Policy Holders option where all the Policy Holders can equally share the premium paid for the same Insured Person under one Policy for tax deduction. There is no cap on the number of taxpayers who can make a claim for tax deduction for the same Insured Person.

**Cover Unknown Pre-existing Conditions**

Pre-existing conditions unknown to applicants are commonly excluded from benefit coverage. VChoice, however, provides partial coverage during a waiting period of 3 years upon Policy inception as below:

<table>
<thead>
<tr>
<th>1st Policy Year</th>
<th>2nd Policy Year</th>
<th>3rd Policy Year</th>
<th>4th Policy Year and thereafter</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Coverage</td>
<td>25%</td>
<td>50%</td>
<td>100% (Full coverage)</td>
</tr>
</tbody>
</table>

**Worldwide support service** (Free service other than the Certified Plan)

If you have an Accident or suffer an illness whilst abroad, your needs will be well taken care of with the Worldwide Emergency Assistance. All you need to do is call the 24-hour emergency assistance hotline to enjoy round-the-clock worldwide support and assistance that includes phone medical advice, emergency medical evacuation and repatriation of mortal remains, etc.

**Service at Your Fingertips**

Call our 24 hours hotline on 3123 3123, our Customer Engagement Representatives are at your service to address your insurance needs.

You may assess the FWD eServices mobile app or website (www.fwd.com.hk) to manage your FWD insurance account anytime and anywhere. FWD eServices has broad features and is easy to use. Key services of the FWD eServices include:
- View policy terms and benefits
- View claim history and statements
- Claims submission - secure e-claims submission
- Update contact information (under ‘Self-Service’)
- Receive latest update on claim status and notification on settlement via the mobile app’s push notification and email

VHIS Plan Certification Number: S00012-01-000-01 (Standard Plan)
# VChoice Voluntary Health Insurance Plan

## Eligibility

<table>
<thead>
<tr>
<th>Issue Age</th>
<th>Age 15 days – Age 80 (Attained Age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Term</td>
<td>Guaranteed yearly renewal up to Age 100 of the Insured Person</td>
</tr>
<tr>
<td>Premium Payment Mode</td>
<td>Annually / Monthly</td>
</tr>
<tr>
<td>Currency</td>
<td>HKD</td>
</tr>
</tbody>
</table>

## Benefit Schedule

### Benefit items (1)

<table>
<thead>
<tr>
<th>Benefit items</th>
<th>Benefit limit in HKD</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Room and board</td>
<td>$750 per day  Maximum 180 days per Policy Year</td>
</tr>
<tr>
<td>(b) Miscellaneous charges</td>
<td>$14,000 per Policy Year</td>
</tr>
<tr>
<td>(c) Attending doctor's visit fee</td>
<td>$750 per day  Maximum 180 days per Policy Year</td>
</tr>
<tr>
<td>(d) Specialist's fee (2)</td>
<td>$4,300 per Policy Year</td>
</tr>
<tr>
<td>(e) Intensive care</td>
<td>$3,500 per day  Maximum 25 days per Policy Year</td>
</tr>
</tbody>
</table>
| (f) Surgeon's fee | Per surgery, subject to surgical category for the surgery / procedure in the Schedule of Surgical Procedures–  
  • Complex $50,000  
  • Major $25,000  
  • Intermediate $12,500  
  • Minor $5,000 |
| (g) Anaesthetist's fee | 35% of Surgeon's fee payable (5) |
| (h) Operating theatre charges | 35% of Surgeon's fee payable (5) |
| (i) Prescribed Diagnostic Imaging Tests (2) (3) | $20,000 per Policy Year  Subject to 30% Coinsurance |
| (j) Prescribed Non-surgical Cancer Treatments (6) | $80,000 per Policy Year |
| (k) Pre-and post-Confinement/Day Case Procedure outpatient care (2) | $580 per visit, up to $3,000 per Policy Year  
  • 1 prior outpatient visit or Emergency consultation per Confinement / Day Case Procedure  
  • 3 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) |
| (l) Psychiatric treatments | $30,000 per Policy Year |

### Other limits

| Annual Benefit Limit for benefit items (a) – (l) | $420,000 per Policy Year |
| Lifetime Benefit Limit for benefit items (a) – (l) | Nil |
Premium adjustment

The premium is not guaranteed. The premium for each Renewal is determined based on the Insured Person’s attained Age, Place(s) of Residence, occupation and the Standard Premium Schedule applicable at that time when the Policy is renewed.

Premium term and non-payment of premium

The premium payment term of the Policy of VChoice ends on the Policy anniversary immediately following the Insured Person’s 100th birthday.

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

Termination conditions

The Policy shall be automatically terminated on the earliest of the followings –

(a) where the Policy is terminated due to non-payment of premiums after the grace period as specified in the Policy provision;

(b) the day immediately following the death of the Insured Person; or

(c) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the Policy.

For more details, please refer to the Terms and Conditions of the Policy provisions.

Insurance Levy Rate Table for General Insurance

<table>
<thead>
<tr>
<th>Date of Policy Inception</th>
<th>Rate</th>
<th>Cap (HKD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 1 Apr 2019 till 31 Mar 2020</td>
<td>0.060%</td>
<td>$3,000</td>
</tr>
<tr>
<td>From 1 Apr 2020 till 31 Mar 2021</td>
<td>0.085%</td>
<td>$4,250</td>
</tr>
<tr>
<td>From 1 Apr 2021 onward</td>
<td>0.100%</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

Levy collected by the Insurance Authority will be imposed on relevant Policy at the applicable rate. The payment to be received for such levy will be remitted to the Insurance Authority under the prescribed arrangement. For further information, please visit https://www.fwd.com.hk/en/insurance-levy/ or contact: (852) 3123 3123.
Exclusions:

Under these Terms and Benefits, the Company shall not pay any benefits in relation to or arising from the following expenses.

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.

2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.

3. Expenses arising from Human Immunodeficiency Virus (“HIV”) and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Policy Holder or the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1) such Disability shall be generally excluded from any coverage of these Terms and Benefits if it exists before the Policy Effective Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first five (5) years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Effective Date.

However, the exclusion under this entire Section 3 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.

4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where Section 3 of this Part 7 applies).

5. Any charges in respect of services for –
   (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within ninety (90) days of the Accident; or
   (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.

6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to –
   (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
   (b) removal of pre-malignant conditions; and
   (c) treatment for prevention of recurrence or complication of a previous Disability.

7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.

8. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.

9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.

10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments.

11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.

12. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.

13. Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.

14. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.
Important Notes and Declarations:

i. VChoice is underwritten by FWD General Insurance Company Limited ("FWD"). FWD reserves the right to revise, modify or adjust the benefits payable under the Policy as certified by the Hong Kong Special Administrative Region Government ("Government") and/or premium rates at each Policy Renewal.

ii. VChoice 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 VChoice must be conducted and completed in Hong Kong.

iii. All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the insured in the insurance application. FWD reserves the right to accept or decline any application and can decline your application by giving notification and explanation of application result. The liability of FWD does not commence until the application has been formally accepted and the premium has been paid.

iv. All the above benefits and payment are paid after deducting unpaid premiums or any amount due (if any) to FWD under the Policy.

v. If you are not satisfied with the Policy, you have the right to cancel it and obtain a refund of any premium paid (less any market value adjustment, if any) and any levy by giving written notice during the cooling-off period. The cancellation right is subject to the request to cancel must be signed by you and received by the office of FWD at 9/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong within twenty-one (21) days after (a) the delivery of the Policy; or (b) the issue of a notice to you or your representative stating that the Policy are available and when the cooling-off period would expire, whichever is earlier, provided that no refund can be made if a benefit payment has been made, is to be made or impeding.

vi. The Policy provisions of VChoice are governed by the laws of Hong Kong.

vii. While the Policy is in force, you may terminate the Policy by sending a written request to FWD.

viii. This product material is for reference only and is indicative of the key features of VChoice. This product material should read along with the Terms and Benefits and other relevant marketing materials. For the definition of capitalized terms, the exact terms and conditions and the full list of exclusions of VChoice, please refer to the Policy provisions. In the event of any ambiguity or inconsistency between the terms of this leaflet and the Policy provisions, the Policy provisions shall prevail. If you want to read the Terms and Benefits of the Policy provisions before making an application, you can obtain a copy from FWD.

ix. Guaranteed yearly renewal is subject to the continual availability of the Plan offered by FWD, terms and conditions applicable including but not limited to Termination Provisions, 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 and the premium table applicable upon renewal. Premium table is subject to change based on factors including but not limited to the inflation of related medical expense, FWD's medical claim experience and persistency of policies from time to time.

x. Effective from 1 January 2018, all Policy Holder are required to pay a levy on each premium payment made for both new and in-force Hong Kong policies to the Insurance Authority. For further information on levy, please visit our website at www.fwd.com.hk/en/insurance-levy or contact our customer service hotline 3123 3123.
Remarks:

1. Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.

2. The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.

3. Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.

4. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

5. The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.

6. The benefit coverage, benefit amount and benefit limits, territorial scope of cover, choice of ward class and Coinsurance of this Plan will remain unchanged even if the Policy Year lasts for less than 12 months.

7. Except for the psychiatric treatments as stated in benefit item (l), of the Benefit Schedule, all benefits described in the benefit items shall be applicable worldwide.

8. All benefits described in the benefit items are not subject to any restriction in the choice of healthcare services provider and ward class, including but not limited to Registered Medical Practitioner and Hospital.

9. VChoice is eligible for tax deduction by you (Hong Kong taxpayer). The annual premium statement will be issued to you on or before end of April every year for the premium paid during the preceding 12 months ending March of the same year. There is no cap on the number of specified relatives that are eligible for tax deduction. This tax deduction is applicable for Hong Kong only and shall be subject to the Inland Revenue Ordinance (Cap.112) and Government policy as applicable from time to time. FWD and its intermediaries do not provide tax advice and you should consult your own tax advisor for any tax advice. For details of tax deduction arrangement, please refer to the website of Inland Revenue Department of Hong Kong (www.ird.gov.hk).

<table>
<thead>
<tr>
<th>Specified Relative</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent or Grandparent (including spouse's parent or grandparent)</td>
<td>1) aged 55 or more; or 2) under the Age of 55 but eligible to claim an allowance under the Government's Disability Allowance Scheme</td>
</tr>
<tr>
<td>Child or Sibling (including spouse's sibling)</td>
<td>1) under the Age of 18; or 2) aged 18 or more but under the Age of 25 and receiving full time education at a university, college, school or other similar educational establishment; or 3) aged 18 or more but incapacitated for work by reason of physical or mental disability</td>
</tr>
</tbody>
</table>

10. The service is provided by a 3rd party service provider and FWD shall not be responsible for any act or failure to act on the part of the 3rd party service provider. This service is not guaranteed renewable and is not applicable to Insured Person aged 75 or above. FWD may revise the details of the services from time to time without prior notice. This service is available to the Insured Person when travelling outside the home country or country of residence for periods not exceeding ninety (90) consecutive days per trip.
VChoice Voluntary Health Insurance Plan Application Form

1. One application form for one Insured Person only

2. Insured Person must be applicant himself or his spouse, children (aged below 18, aged 18 to 25 with full-time education or aged 18 or below disabled), siblings / siblings of spouse (aged below 18, aged 18 to 25 with full-time education or aged 18 or below disabled), parents and grandparents / parents and grandparents of spouse (aged 55 or above or aged 55 or below disabled).

3. This insurance plan allows more than one Policyholder. If there is more than one Policyholder, a “Representative Policyholder” must be jointly designated by all the other Policyholder(s). The Representative Policyholder shall be authorised to give instructions or notices, and receive notices or benefits on behalf of all the Policyholders. The Applicant here will be set as the Representative Policyholder unless otherwise is specified. The relationship between the other Policyholder(s) (non-Representative Policyholder(s) and the insured person must be the relationship listed in the above point no. 2.

4. This insurance plan is an automatic renewal policy. The policy will be automatically renewed on the policy expiry date. The policyholder will be required to pay the relevant renewal premium. The Policyholder or Representative Policyholder (if applicable) will be notified on the renewal premium separately until the policyholder’s prior written instruction for cancellation.

5. To ensure your future benefits, you have to disclose in this application ALL material facts, which shall form the basis of our contracts; otherwise the policy issued may be declared void at the discretion of FWD General Insurance Company Limited (“FWD”). If you are in doubt whether a fact is material, please disclose it on the application form.

Personal Details of Applicant (Applicant's age must be 18 years or above) (If there is more than one Policyholder, the applicant will be set as the Representative Policyholder and please complete the other Policyholders information section)

Name in English (same as HKID Card)

Family Name

Given Name

HKID Card No.

Date of Birth (DD/MM/YYYY)

Sex □ Male □ Female

Nationality (Optional)

Address*

Flat/Room

Floor

Block

Building

Mansion

House

Estate

Street / Road

District

HK Island

Kowloon

N.T.

Mobile No.

Email Address*

Details of Insured Person

Name in English (same as HKID Card)

Family Name

Given Name

HKID Card No.

Date of Birth (DD/MM/YYYY)

Sex □ Male □ Female

Nationality (Optional)

If the average stay is less than nine months, please provide the place of residence outside Hong Kong: ____________________________

If you are in doubt whether a fact is material, please disclose it on the application form.

If there is more than one Policyholder, a “Representative Policyholder” must be jointly designated by all the other Policyholder(s). The Representative Policyholder shall be authorised to give instructions or notices, and receive notices or benefits on behalf of all the Policyholders. The Applicant here will be set as the Representative Policyholder unless otherwise is specified. The relationship between the other Policyholder(s) (non-Representative Policyholder(s) and the insured person must be the relationship listed in the above point no. 2.

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<table>
<thead>
<tr>
<th>保單項目</th>
<th>Choice of Cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 智適簡自願醫療保險計劃</td>
<td>Choice Voluntary Health Insurance Plan</td>
</tr>
<tr>
<td>□ 每年保費</td>
<td>Annual Premium</td>
</tr>
<tr>
<td>□ 每月保費</td>
<td>Monthly Premium</td>
</tr>
<tr>
<td>港幣 HKD</td>
<td></td>
</tr>
</tbody>
</table>

保監處監管局將會向相關的保單按規定的徵費率徵收保費徵費。將會收取的徵費會按規定轉付予保險業監管局，詳情請參閱https://www.fwd.com.hk/tc/insurance-levy/或聯絡(852) 3123 3123。

受保人健康聲明

<table>
<thead>
<tr>
<th>保單項目</th>
<th>Choice of Cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 每年保費</td>
<td>Annual Premium</td>
</tr>
<tr>
<td>□ 每月保費</td>
<td>Monthly Premium</td>
</tr>
<tr>
<td>港幣 HKD</td>
<td></td>
</tr>
</tbody>
</table>

優點簡自願醫療保險計劃

VChoice Voluntary Health Insurance Plan

<table>
<thead>
<tr>
<th>保單項目</th>
<th>Choice of Cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 每年保費</td>
<td>Annual Premium</td>
</tr>
<tr>
<td>□ 每月保費</td>
<td>Monthly Premium</td>
</tr>
</tbody>
</table>

保陮業監管局將會向相關的保單按規定的徵費率徵收保費徵費。將會收取的徵費會按規定轉付予保險業監管局，詳情請參閱https://www.fwd.com.hk/tc/insurance-levy/或聯絡(852) 3123 3123。

受保人健康聲明

Health Declaration of Insured Person

<table>
<thead>
<tr>
<th>1. 受保人的身份</th>
<th>身高 Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>受保人的身高及體重</td>
<td>Insured Person's Height and Weight</td>
</tr>
<tr>
<td>身高 m:</td>
<td>Height</td>
</tr>
<tr>
<td>體重 Kg:</td>
<td>Weight</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. 受保人是否曾患有或獲悉患有下列疾病： Has the Insured Person ever had or been told to have any of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. 心臟病 Diseases of the Heart</td>
</tr>
<tr>
<td>ii. 癌症或腫瘤 Cancer or tumor</td>
</tr>
<tr>
<td>iii. 糖尿病或高血糖 Diabetes or high blood sugar</td>
</tr>
<tr>
<td>iv. 乙型肝炎或丙型肝炎 Hepatitis B or C</td>
</tr>
<tr>
<td>v. 腎功能衰竭 Kidney Failure</td>
</tr>
<tr>
<td>vi. 中風 Stroke</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. 在過去的5年內，有否曾於下列疾病接受過醫療建議或治療： In the last 5 years, has the Insured Person received medical advice or been treated for any of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. 原位癌、異常生長、囊腫或息肉 Carcinoma insitu, abnormal growth, cysts or polyps</td>
</tr>
<tr>
<td>ii. 咳嗽、肺結核、肺炎或慢性阻塞性肺病 Asthma, tuberculosis, pneumonia or chronic obstructive lung disease</td>
</tr>
<tr>
<td>iii. 胃潰瘍、胰腺炎或胃炎 Stomach ulcer, pancreatitis or gastritis</td>
</tr>
<tr>
<td>iv. 高血壓或高膽固醇 High blood pressure or high cholesterol</td>
</tr>
<tr>
<td>v. 肝功能異常 Abnormal liver function</td>
</tr>
<tr>
<td>vii. 腎功能異常 Nephritis or abnormal kidney function, renal stones, gall bladder disorders, prostate enlargement or elevated PSA levels, polycystic ovarian syndrome or endometriosis</td>
</tr>
<tr>
<td>viii. 任何眼睛的受傷或病症 Any injury or disorder of the eyes (excluding vision corrected by prescription lens), ears, bones, muscle, joints or spine or physical disability</td>
</tr>
<tr>
<td>ix. 愛滋病感染或愛滋病檢測陽性結果 HIV infection or positive HIV test</td>
</tr>
<tr>
<td>x. 任何乳房、甲狀腺或大腸的疾病 Any disorders of the breast, thyroid or large intestine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. 在過去3年中，有否曾於下列病歷被診斷？ For any condition other than the above, in the last 3 years, has the Insured Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. 與醫生或專科醫生持續進行6個月或更長時間的跟進？ Had ongoing follow-up with a doctor or specialist doctor for a period of 6 months or more?</td>
</tr>
<tr>
<td>ii. 服用藥物或接受治療，其中任何一項持續兩週或更長時間？ Received medication or treatment, any of which has been prescribed for a continuous period of 2 weeks or more?</td>
</tr>
<tr>
<td>iii. 在血液測試、活組織檢查、心電圖、影像學檢查、子宮頸抹片檢查、結腸鏡檢查或其他檢查中發現異常或超出正常範圍的結果？ Had abnormal result or results outside the normal range in a blood test, biopsy, ECG, imaging scan, pap smear, colonoscopy or other investigation?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>註解 Footnotes:</th>
</tr>
</thead>
<tbody>
<tr>
<td># 若受保人的職業或居處有所變更，保單持有人需於續保時通知富衛。請注意有關變更需重新核保及其結果有可能導致保費或相關條款的變動，或終止保障。If there is any change in places of residence or occupation of the Insured Person, the policyholder must notify FWD at the time of renewal. Please note that the changes need to be re-underwritten and the re-underwriting result may be lead to premium change or termination of Terms and Benefits.</td>
</tr>
<tr>
<td>* 信箱，酒店地址和海外地址均不可接受。P. O. Box, hotel address and overseas address are not acceptable.</td>
</tr>
<tr>
<td>^ 請提供電郵地址以享受富衛eServices應用程式及通過電子郵件收取保單、醫療索償理賠表及續保通知。 Please provide email address to enjoy FWD eServices app and receive policy, medical claim statement and renewal notice by email.</td>
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</tbody>
</table>

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</tr>
</tbody>
</table>
5. 家族健康狀況
Family Health History

有 Yes
沒有 No

受保人的親生父母、兄弟或姐妹有沒有:
Amongst your biological parents, brothers or sisters:

i. 在50歲以前被診斷患有乳癌或卵巢癌 (女性受保人適用),結腸癌或直腸癌, 心臟病或中風, Whom have been diagnosed with breast or ovary cancer (for female Insured Person only), colon cancer or rectal cancer, heart disease or stroke before age 50

ii. 在60歲以前被診斷患有阿爾茨海默病 (認知障礙症), 多囊腎病, 運動神經元病, 帕金森症或肌肉營養不良症 One of whom has been diagnosed with Alzheimer's disease, Polycystic Kidney Disease, Motor Neurone Disease, Parkinson's Disease or Muscular Dystrophy before age 60

6. 只適用於女性受保人
(Applicable to female Insured Person only)

是 Yes
否 No

i. 受保人現在是否懷有身孕?

If Yes, does the Insured Person has any complications such as high blood pressure, eclampsia or pre-eclampsia, gestational diabetes or risk of premature delivery (excluding reduced iron levels for which you are taking vitamin supplements)?

如上述問題的回答為「是」，請提供詳細資料如下:
If you answer Yes to any of the above questions, please provide details below:

病症名稱
Name of condition
診斷日期
Date diagnosed
受保人曾接受何種治療？請註明接受治療時間、治療種類及其詳情（如藥物名稱，治療程序或手術）
What treatment did the Insured Person have? Please include treatment period, type of treatment and their details (e.g. name of medication, procedure or surgery)

受保人是否已完全康復及沒有正在進行治療?
Is the Insured Person Fully Recovered with no ongoing treatment?

完全康復日期（如適用）
Date of full recovery (if applicable)

如未完全康復，請提供康復程度、正在進行的治療等。
If not fully covered, please advise stage of recovery, ongoing treatment, etc.

如您有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格加「√」號。
If you have any medical reports or reports of investigations, please enclose them and put a tick in the box.

附有附頁
With Attachment

賠償時所用之銀行名稱及帳戶號碼（戶口持有人必須是申請人）
Bank Name and Account No. for Claim Settlement (Account-Holder must be the Applicant)

個人銀行戶口 (只限港元)
Personal bank account (Hong Kong dollar only)

銀行名稱 Bank Name
分行代碼 Branch Code
銀行帳號 Bank account no.

繳付保費方法
Premium Payment Method

付款期數 Payment Mode
付款方法 Payment Method

每半年 Yearly
支票 Cheque

信用卡 Credit Card

毎月 Monthly
信用卡 Credit Card

如有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格加「√」號。
If you have any medical reports or reports of investigations, please enclose them and put a tick in the box.

另附有附頁
With Attachment
Other Policyholders information section (Policyholder’s age must be 18 years or above) (This part only applicable to more than one Policyholder)

1. Policyholder
   Name in English (same as HKID Card)
   Name in Chinese
   Relationship with the Insured Person
   HKID Card No.
   Date of Birth (DD/MM/YYYY)
   Sex □ Male □ Female

2. Policyholder
   Name in English (same as HKID Card)
   Name in Chinese
   Relationship with the Insured Person
   HKID Card No.
   Date of Birth (DD/MM/YYYY)
   Sex □ Male □ Female

3. Policyholder
   Name in English (same as HKID Card)
   Name in Chinese
   Relationship with the Insured Person
   HKID Card No.
   Date of Birth (DD/MM/YYYY)
   Sex □ Male □ Female

4. Policyholder
   Name in English (same as HKID Card)
   Name in Chinese
   Relationship with the Insured Person
   HKID Card No.
   Date of Birth (DD/MM/YYYY)
   Sex □ Male □ Female

If the above space is not enough, please copy one and attach it to the form.
Declaration and Authorisation

1. I have read and understood the Personal Information Collection Statement of FWD (whether contained herein or otherwise obtained) before transferring my personal data to FWD. FWD shall not accept any liability as to the accuracy of any information provided by or on behalf of any other person and, the information provided or on behalf of any other person by me shall be deemed to be true and correct to the best of my knowledge and belief. I confirm that all the statements and answers in the above are full, complete and true and form part of the application and shall be considered as effective and valid as the original.

2. I declare to the best of my knowledge and belief that all the statements and answers in the above are full, complete and true and form part of the application and shall be considered as effective and valid as the original.

3. I, as the applicant, am willing to be the Representative Policyholder (if applicable), and understand that I also declare and sign on behalf of the other Policyholder(s) in this application. I will notify all the other Policyholder(s) (if applicable) of the contents of these disclosures, and I confirm that all the statements and answers in the application are full, complete and true.

4. I confirm that all the information provided in this application is complete, accurate, and true to the best of my knowledge and belief. I confirm that I have read, understood, and accepted the Personal Information Collection Statement of FWD (whether contained herein or otherwise obtained).

5. I confirm that all the statements and answers in the above are full, correct and true and form part of the application and shall be considered as effective and valid as the original.

6. I confirm that all the statements and answers in the above are full, correct and true and form part of the application and shall be considered as effective and valid as the original.

7. I confirm that all the statements and answers in the above are full, correct and true and form part of the application and shall be considered as effective and valid as the original.

8. I confirm that all the statements and answers in the above are full, correct and true and form part of the application and shall be considered as effective and valid as the original.

9. I confirm that all the statements and answers in the above are full, correct and true and form part of the application and shall be considered as effective and valid as the original.

10. I confirm that all the statements and answers in the above are full, correct and true and form part of the application and shall be considered as effective and valid as the original.
Applicable to Insurance Broker only:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by FWD, FWD will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to FWD that he or she is authorised to do so. The applicant further understands that the above agreement is necessary for FWD to proceed with the application.

Cancellation Rights and Refund of Premium(s)

I understand that I have the right to cancel and obtain a refund of any premium(s) paid (less any market value adjustments, if any) and any levy by giving written notice. Such notice must be signed by me and received directly by FWD General Insurance Company Limited at 9/F, FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong within 21 days after the delivery of the policy or issuance of a notice to the Policy Holder or the Policy Holder's representative, whichever is the earlier.

______________________________
Applicant’s Signature

Signed in Hong Kong on

______________________________
Cardholder’s Signature

Date

Advisor/Broker’s Information

Advisor / Broker’s Name

Account Code

Email Address

Contact No.

Credit Card Payment Authorisation Form

□ Visa  □ Master Card

Cardholder’s Name

Credit Card Account No.

Credit Card Expiry Date (MM/YY)

I hereby authorise FWD General Insurance Company Limited to charge my above credit card account for the premium and insurance levy (including renewal premium) until further notice.

______________________________
Cardholder’s Signature

Date
收集個人資料聲明

Personal Information Collection Statement ("PICS")

1. 閣下需要同時向富衛保險有限公司（“本公司”）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
2. 本公司亦可以利用閣下提供的資料及詳情製作及匯編的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為“閣下的個人資料”。
3. “閣下的個人資料”亦包括由閣下提供有關閣下之被保人、受益人、被授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下是他們的父母或監護人，或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
4. 如有聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱“本集團”）處理。
5. 閣下的個人資料可能用於以下用途：
   (i) 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
   (ii) 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
   (iii) 發展保險及其他金融服務及產品；
   (iv) 發展及維持本公司信譽及風險之相關模型；
   (v) 處理付款指示；
   (vi) 釐定任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承擔的人士收取及追討欠款；
   (vii) 行使與本公司的服務及/或產品有關的任何權利；
   (viii) 就向閣下提供服務及產品作出資格、信貸、身體、醫療、擔保、承保及/或身份核對；
   (ix) 就任何因本公司業務而聘用之經營保險相關及/或再保險相關業務之人士或公司；
   (x) 辦理及/或提供保險或再保險業務、醫療診所、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、防欺詐組織、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、警察、及保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；
   (xi) 擔任及/或為本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）或作為獨立監管或行業團體（如保險業聯會或協會等）所作出披露；
   (xii) 應本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）所作出披露的官員、規管者、部門、執法代理或其他人士（不論在香港境內或境外）。
   (xiii) 進行保單審閱及需求分析；
   (xiv) 任何本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）。

6. 閣下個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。

7. 如閣下在收集個人資料的過程中，對本公司提供的個人資料有疑問，可致電本公司之客戶服務熱線3123 3123。

8. 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出。如閣下有任何疑問，敬請致電富衛保險有限公司之客戶服務熱線3123 3123。“個人資料保護主任”是指富衛保險有限公司資料保護負責人。“個人資料”是指任何可識別個人身份的資料，包括姓名、聯絡資料、服務及產品組合資料、財務背景及人

9. 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出。如閣下有任何疑問，敬請致電富衛保險有限公司之客戶服務熱線3123 3123。“個人資料保護主任”是指富衛保險有限公司資料保護負責人。“個人資料”是指任何可識別個人身份的資料，包括姓名、聯絡資料、服務及產品組合資料、財務背景及人

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19. 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出。如閣下有任何疑問，敬請致電富衛保險有限公司之客戶服務熱線3123 3123。“個人資料保護主任”是指富衛保險有限公司資料保護負責人。“個人資料”是指任何可識別個人身份的資料，包括姓名、聯絡資料、服務及產品組合資料、財務背景及人

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Personal Information Collection Statement (“PICS”)

1. From time to time, it is necessary for you to supply FWD General Insurance Company Limited (the “Company”) or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.

2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as “Your Personal Data”.

3. “Your Personal Data” will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have any legal or moral responsibility. If you provide personal data on behalf of any person you confirm: (i) if you are either their parent or guardian or you have obtained their consent to provide that personal data for use by the Company for the purposes set out in this PICS.

4. As detailed in this PICS, Your Personal Data may also be processed by the Company’s subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, “the Group”).

6. The purposes for which Your Personal Data may be used are as follows:

   (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
   (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
   (iii) developing insurance and other financial services and products;
   (iv) developing and maintaining credit and risk related models;
   (v) processing payment instructions;
   (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
   (vii) exercising any rights that the Company may have in connection with our services and/or products;
   (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products; and
   (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analyzing, investigating, processing, assessing, determining, responding to, resolving or settling such claims detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
   (x) performing policy reviews and needs analysis (whether or not on a regular basis);
   (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any local, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers.
   (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
   (xiii) fulfilling any other purposes directly related to (i) to (xii) above.

7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company’s business.

8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.

9. In connection with direct marketing, the Company intends:

   (i) to use your name, contact details, services and products portfolio information, financial background and demographic data held by the Company from time to time in time to direct market to the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
      a. insurance services and products;
      b. wealth management services and products;
      c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
      d. health-check and wellness services and products;
      e. media, entertainment and telecommunications services;
      f. reward, loyalty or privileges programmes and related services and products; and
      g. donations and contributions for charitable and/or non-profit making purposes; and
   (ii) to provide your name and contact details to any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).

The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you DO NOT agree to receive such marketing communications or materials, you should write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:

Corporate Data Protection Officer
FWD General Insurance Company Limited
1st Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong

10. To facilitate the purposes set out in paragraphs 6 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(i) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.

11. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.

12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above.

13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.

14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.
# VChoice Voluntary Health Insurance Plan

## Standard Premium Schedule (HKD)

(Effective from 1 April, 2019)

- "0" year old means 15 days of age
- Standard Premium of 81 years old or above is for renewal only

**Note:**
- This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.
- The above Standard Premiums are not guaranteed. The premiums for each Renewal are determined based on the Insured Person’s attained age, Place of Residence, the occupation and the Standard Premium Schedule applicable at that time when the policy is renewed.

## Standard Premium Schedule

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