

Crisis OneMaster Series

Masterminding a comprehensive physical and mental health protection focusing on multiple critical illnesses, elderly and family needs

Critical Illness Protection • Participating Life



We live in an age when critical illnesses are not the overwhelming adversaries they once were. Thanks to medical advances, many patients are living longer than ever thought possible. That's the good news.

The not-so-good news is, when it comes to treatments and medicines, the latest is usually the costliest.

That means the quality of the medical options you'll have in the future will depend on the financial strength you're building up through insurance protection now.

We offer coverage designed to provide you and your family what you need in the event of a designated critical illness. From financial support that would enable you to access better treatment and care, to a full suite of professional support services to let you focus on your recovery journey, we are with you every step of the way.



We are here to help you master your fear of critical illness

At FWD, we understand what level of financial support it takes to overcome the challenge of a critical illness. So, we've thought of all the possible support that you might need while you're recovering from a critical illness and add into Crisis OneMaster/ Crisis OneMaster Pro ("the Plans").

The Plans pay you up to 1300% of the Initial Sum Insured when you're diagnosed with a broad range of Diseases covered in two clear and simple groupings. Additionally, in the event you're diagnosed with a Major Crisis, the Plans also provide an income benefit as you may need to take time off work to get treatment and care. And if it is necessary for you to access experimental drugs during your treatment for designated Diseases which have been paid under Multiple Crisis Benefit, we will reimburse you a medical booster benefit for extra financial resources.

Beyond the basics the Crisis OneMaster Pro offers two additional benefits for Alzheimer's Disease and Parkinson's Disease — a lifelong annuity in the event of Alzheimer's Disease or Parkinson's Disease for the living and treatment expense, and reimbursement on training courses or Psychiatrist/Clinical Psychologist consultations costs of a caregiver.

During your recovery journey, you will need a strong mind to keep yourself focused. With our Mind Strength Benefit, we will reimburse Psychiatrist/Clinical Psychologist consultations costs if a Mild Mental Illness is diagnosed.

Under the Plans, you can opt for the Family Booster to protect your parents against Cancer, Heart Attack and Stroke, and your children against Major Crises and Juvenile Diseases. This way, you can ensure everyone in your family is covered via a simple and easy application without any health underwriting.

Features Highlight



* Only applicable under Crisis OneMaster Pro

Maximum eligible benefit amount under the Plans could exceed

2080%
of Initial Sum Insured¹

Everything You Need in One Single Plan

Your peace of mind starts here! The Plans' comprehensive protection gives you the confidence to focus your attention on what truly matters. The Plans cover 68 Major Crises (including Cancer and Heart Attack), 80 Serious Diseases and 22 Juvenile Diseases.^{2,3}

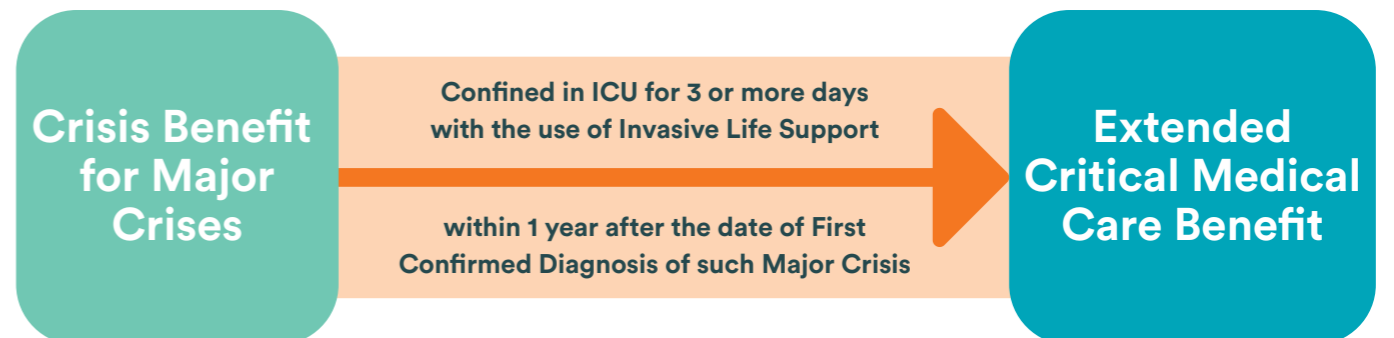


About **1 in 4 men** and **1 in 5 women** will develop cancer by the age of 75*

* Source: Hong Kong Cancer Registry. Overview of Hong Kong Cancer Statistics of 2020. Hong Kong Hospital Authority; Oct 2022. Available at: <https://www3.ha.org.hk/cancereg> (accessed 23 August 2023).

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Furthermore, after the Crisis Benefit for Major Crises has been paid or is payable, the Plans provide Extended Critical Medical Care Benefit - extended protection in respect of the same Major Crisis for a sum equivalent to 50% of Initial Sum Insured if the Insured is Confined in an Intensive Care Unit ("ICU") for 3 or more consecutive days with the use of Invasive Life Support for the same Major Crisis within 1 year after the date of First Confirmed Diagnosis of such Major Crisis.⁴





From Defined Diseases to Undefined/Unknown Diseases

Unknown diseases can strike you when you least expect it. For an illness and Injury that lead to Confinement in Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support, the Plans will pay Critical Medical Care Benefit^{2,5} to alleviate your financial situation.

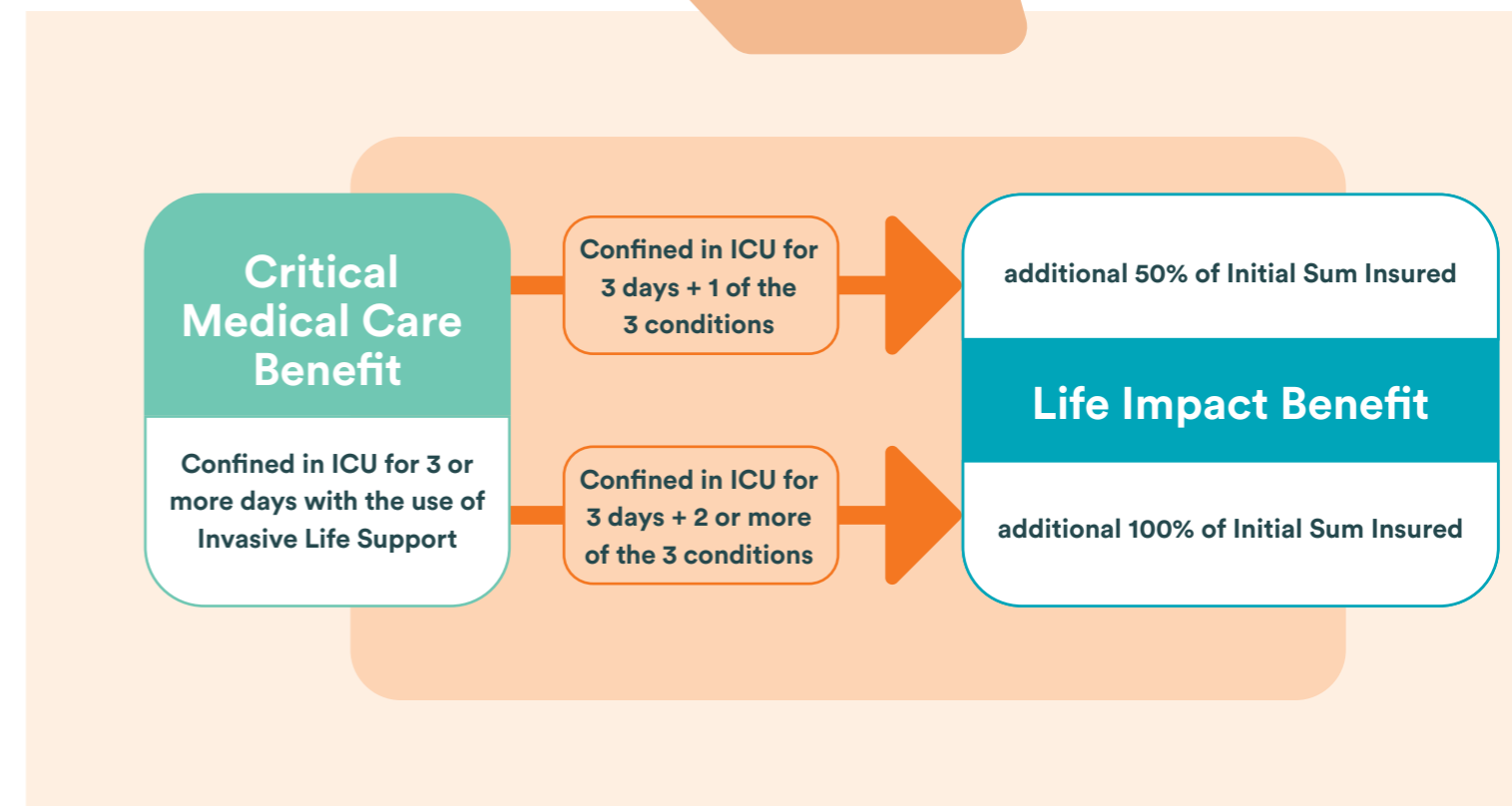
The Plans also offer a Life Impact Benefit^{2,6} which provides coverage in the event of undefined/unknown illnesses and Injuries causing a more severe impact to the Insured's life to a state as specified. It is payable if the Insured is Confined in an Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support and experiences 1 or more of the following conditions within the same 120-day period which is caused by the same illness or Injury:

- 

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

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

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



This Life Impact Benefit is up to an additional 100% of Initial Sum Insured for each claim, and can be claimed 4 times under this Policy.



Simple Disease Grouping with Premium Waiver

The Plans are with you every step of the way. You will be covered with up to 650% of the Initial Sum Insured for Diseases in the Cancer Group and Non-Cancer Group respectively. That means even if you are unfortunately diagnosed with a covered Disease after recovering from another crisis, you will still be well-protected. In addition, your future premium will be waived if the total Multiple Crisis Benefit paid has reached 100% of the Initial Sum Insured.^{2,7}

Group of diseases	Percentage of Initial Sum Insured to be paid for each Serious Disease ² / Juvenile Disease	Percentage of Initial Sum Insured to be paid for each Major Crisis ²	Maximum percentage of Initial Sum Insured payable
Cancer Group	25%	100%	650%
Non-Cancer Group	25%*	100%	650%
Total:			1300%

* 10% for Bipolar Disorder, Major Depressive Disorder, Obsessive Compulsive Disorder and Schizophrenia.
8% for Severe Angioedema, Severe Eczema and Severe Urticaria.



Extra Protection When You Need It Most

The Plans provide extra protection against some of the most common cancers — an additional 25% of the Initial Sum Insured⁸ if you are diagnosed with Lung Cancer, Colorectal Cancer, Breast Cancer or Prostate Cancer.



More Additional Protection at No Extra Charge

FWD understands that if you were to experience a Major Crisis or pass away during your early years, your family could face serious financial challenges. That's why the Plans offer up to an extra 90% of the Initial Sum Insured as Additional Coverage Benefit⁹ if you are diagnosed with any covered Major Crises or pass away in the first 15 policy years.



Protecting You from Congenital Diseases^{2,3}

If the signs and symptoms of a congenital disease of the Insured are undetected before We issue the policy and within the first 90 days after We have issued the policy, the Plans provide coverage if the congenital disease develops into a covered Major Crisis, Serious Disease or Juvenile Disease. There is no simpler way to guard against these undetected congenital diseases.



Supporting You on Experimental Drugs for Designated Crises

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Thanks to continuous medical advancements, experimental drugs may be available for certain illnesses, but they may invariably lead to accumulating bills. The Plans offer Crisis Medical Booster Benefit for Designated Crises. After Crisis Benefit for Major Crises has been paid or is payable for Cancer, Alzheimer's Disease or Parkinson's Disease, and it becomes Medically Necessary for the Insured to be prescribed experimental drugs for the treatment of that Cancer, Alzheimer's Disease or Parkinson's Disease within 2 years from the date of First Confirmed Diagnosis of that Cancer, Alzheimer's Disease or Parkinson's Disease, FWD will reimburse the Reasonable and Customary charges of those experimental drugs up to 20% of the Initial Sum Insured (subject to a maximum of HK\$500,000/ US\$62,500 per Insured of each claim under all policies of the Crisis OneMaster Series).¹⁰ You play a more active role in your own health care.



Strong Mind, Strong Body

A strong mind is important in all aspects of your life: be it your work, relationships or even social life, your mind is worth being covered. Whether the designated mental illness is mild or severe, you may need medical care, which may invariably lead to amassing bills.

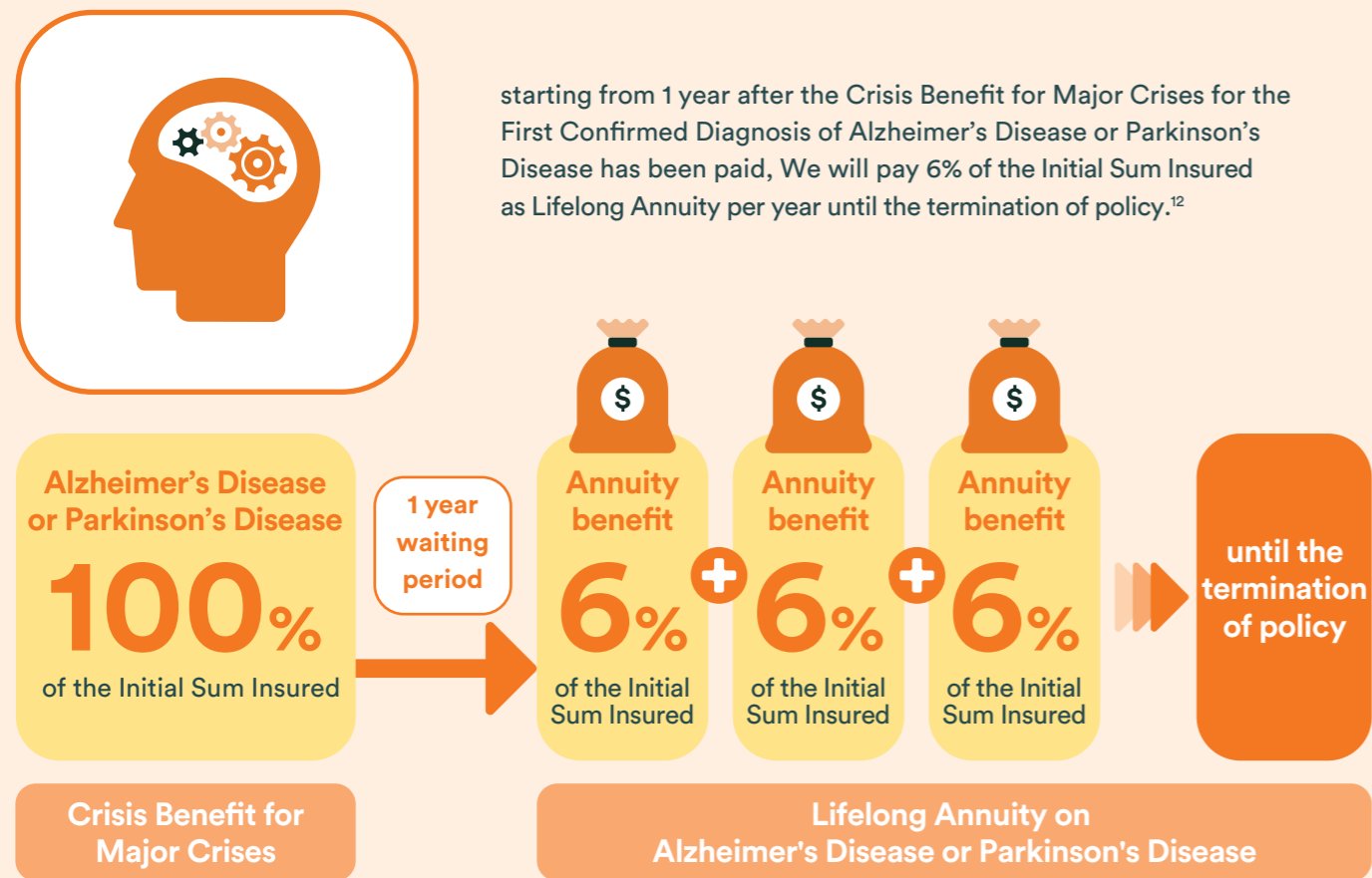
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To ease your financial burden, 2 common and less severe mental illnesses, Anxiety Disorders and Mild Depression, are covered up to Age 70 for reimbursement of the Reasonable and Customary charges for up to 5 Psychiatrist/Clinical Psychologist consultations (including any medication prescribed by the Psychiatrist) in Hong Kong for each claim. We understand that the path to recovery from mental illness can be long and unpredictable. In order to enable you to have reliable protection for your recovery, the Mind Strength Benefit¹¹ can be claimed up to 2 times.

The Plans provide a lump sum coverage for Bipolar Disorder, Major Depressive Disorder, Obsessive Compulsive Disorder, Schizophrenia and even Severe Psychiatric Illness under Crisis Benefit for Serious Diseases.^{2,3}

Protection for the Elderly

Under Crisis OneMaster Pro, if the Insured has First Confirmed Diagnosis of Alzheimer's Disease or Parkinson's Disease on or before Age of 86 where Alzheimer's Disease or Parkinson's Disease under Crisis Benefit for Major Crises has been paid or is payable,



** Source: Numbers from Hong Kong Alzheimer's Disease Association (<https://www.eng.hkada.org.hk/types-of-dementia>)

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Provided that the policy was issued after Age 35 of the Insured, upon the Insured's or the Insured's parents' First Confirmed Diagnosis of Alzheimer's Disease, We will, under the Dementia Support Program¹⁴, offer a designated support program to the Insured or a referral service for a designated support program to the Insured's parents, giving you and your family peace of mind.





Dedicated to Looking After Your Health

In addition, you can enjoy the Health Screening Benefit¹⁵ once every two policy years, so that you can maintain a schedule of regular check-ups to ensure early detection of potential health problems.



Good Health is now Extra Rewarding

With the Plans, your good health is a cause for celebration! The Plans provide you with a Guaranteed Cash Value starting from the 3rd Policy Anniversary when you surrender the policy. What's more, you may also enjoy accumulated Annual Dividends and interest (if any)¹⁶ and Special Bonus (if any)¹⁷ to strengthen your financial reserve.



Recovery Support to Back You Up in Every Way

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Ongoing treatment may be necessary to fully recover from a critical illness. After the Crisis Benefit for Major Crises has been paid for Cancer, and the Insured is continuously receiving Active Treatment or End-of-life Care in respect of the same Cancer on the recommendation of a Specialist, which is Medically Necessary, 1 year after the date of diagnosis of the Cancer in respect of which Crisis Benefit for Major Crises has been paid, FWD will pay Major Crises Income Benefit for Cancer, which is 10% of the Initial Sum Insured per annum, up to a maximum of 5 consecutive years.¹⁸

What's more, if the Crisis Benefit for Major Crises (except Cancer) has been paid or is payable, FWD will pay Major Crises Income Benefit, which is 2% of the Initial Sum Insured per month, up to a maximum of 12 consecutive months.¹⁸

It is worryless even if you are diagnosed with first Cancer, first Stroke or first Heart Attack since our Life Enrichment Program¹⁹ will provide a professional rehabilitation service to you. With this service, you can then focus on recovery and be able to continue enjoying your life!



FWD Care

Professional Health Solutions to Simplify Your Life

On top of giving you protection against diseases, the Plans also give you access to a priority health coaching service: Critical Illness Protection Plan – PREMIER The ONEcierge One Team Health Management (“PREMIER THE ONEcierge”)²⁰. It's designed to give you well-rounded health protection. Simply call the service hotline and PREMIER THE ONEcierge will provide you with a network of leading specialists so that you can receive the most appropriate treatment from the best-suited doctors and access top-tiered network hospitals in the Pan-Asia Region. If hospitalisation is required, our team could make the necessary arrangements with the hospital for confinement. All you'll need to do is concentrate on your treatment and recovery.

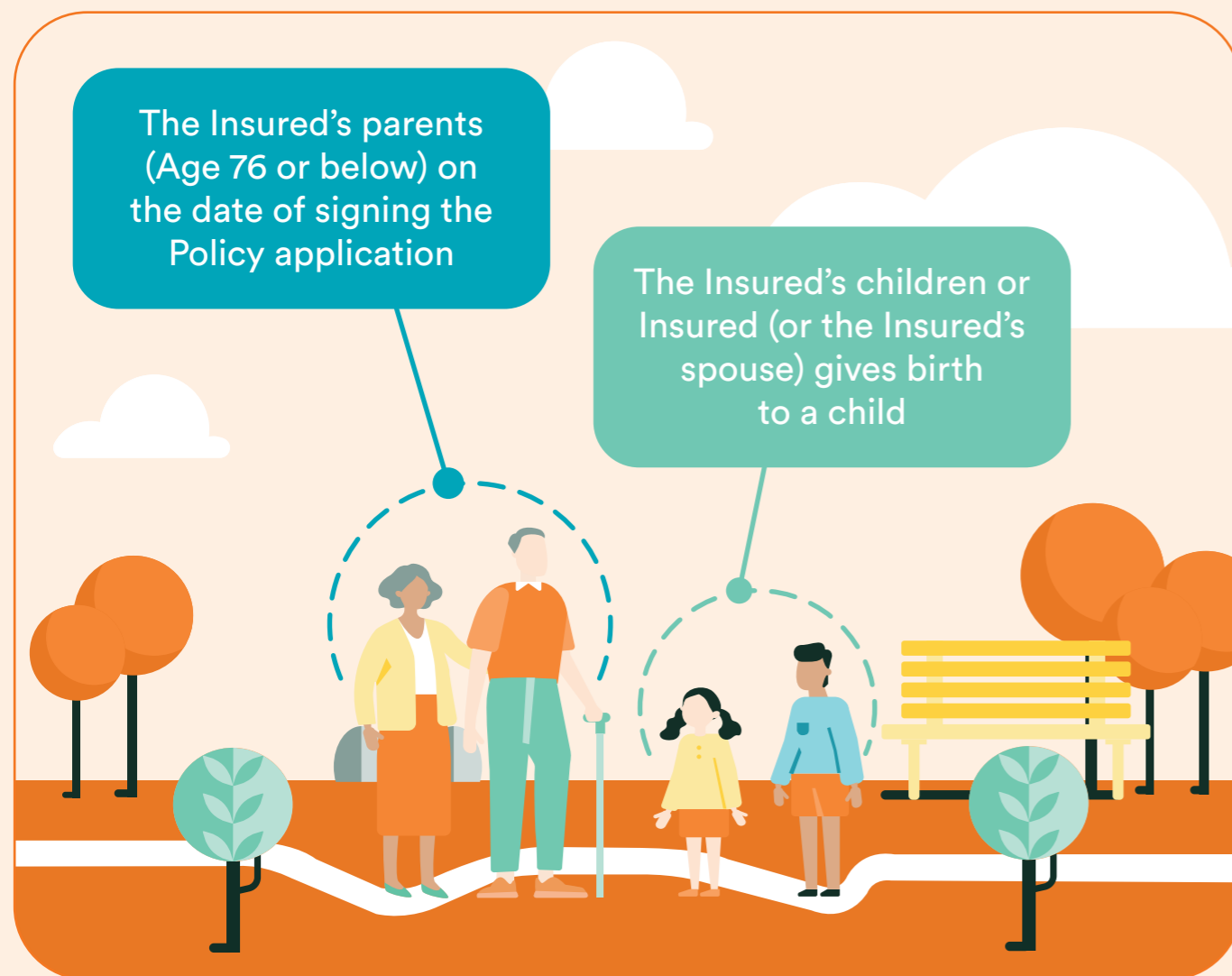
Optimal treatment requires complete peace of mind. At FWD, We are committed to giving you the most thoughtful care. As soon as a designated crisis is diagnosed, a top U.S. medical institution can be consulted for a Second Medical Opinion²¹ with a team of renowned doctors standing by to assist. Apart from crisis specialists, the Plans can also provide referral services (“Family Care Services”)²² to help with taking care of your home.

Planning and Protection for Your Family and Caregiver



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Everyone wants to protect their parents and children as much as they can. We want to prepare the support for them, so We provide coverage to them with simple and easy application without any health underwriting. Under the Plans with Family Booster (optional benefit)²³, Crisis Benefit for Cancer, Heart Attack and Stroke will be offered to Insured's parents and Crisis Benefit for 68 Major Crises and 22 Juvenile Diseases (including Severe Eczema, ADHD and Autism) will be offered to Insured's child(ren) at no impact on the Insured's coverage.



Suffering from Crises doesn't mean you have to stop your family planning. If Crisis Benefit for Major Crises has been paid or is payable, and the Insured has undergone fertility treatment which is confirmed by a Medical Practitioner to be Medically Necessary due to the diagnosis of such Major Crisis, Infertility Benefit, which is equal to 10% of the Initial Sum Insured, will be paid.²⁴

While this Policy is in force, after Crisis Benefit for Major Crises has been paid or is payable, and if the Insured dies due to such Major Crisis within 1 year from the date of First Confirmed Diagnosis of such Major Crisis, We will pay 35% of the Initial Sum Insured as Extended Death Benefit.

Extended Coverage for Your Loved Ones - Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider (Optional Rider)²⁵

This optional rider could help you give your loved ones a much-needed safety net - with no health information required. If the parent of an insured child (as a Policy Owner or Parent Contingent Owner) or the spouse of an insured adult (as a Spouse Owner or Spouse Beneficiary) passes away before the premium payment term, We will activate the benefit to waive the future policy premiums to lighten your burden.

After the Policy has been in force for 2 or more consecutive years from the Policy Date (Waiting Period of Family Booster for Parent/Waiting Period of Family Booster for Child)



(Cover the Insured's parents from Age of 56 to 85)

First Confirmed Diagnosis of Cancer, Heart Attack or Stroke

20% of the Initial Sum Insured once per Covered Parent
(up to HK\$200,000 / US\$25,000 per Covered Parent of each claim under all policies of Crisis OneMaster Series)

Dies due to such Cancer, Heart Attack or Stroke within 1 year from the date of First Confirmed Diagnosis

20% of the Initial Sum Insured once per Covered Parent
(up to HK\$200,000 / US\$25,000 per Covered Parent of each claim under all policies of Crisis OneMaster Series)

First Confirmed Diagnosis of Major Crisis

30% of the Initial Sum Insured once per Covered Child
(up to HK\$300,000 / US\$37,500 per Covered Child of each claim under all policies of the Insured and/or Insured's spouse of Crisis OneMaster Series)



(Cover the Insured's children until Age of 18)

First Confirmed Diagnosis of Juvenile Disease[^]

15% of the Initial Sum Insured payable once per Covered Child
(up to HK\$150,000 / US\$18,750 per Covered Child of each claim under all policies of the Insured and/or Insured's spouse of Crisis OneMaster Series)

Training courses or Psychiatrist / Clinical Psychologist consultations for caregiver

FWD understands that caregiver may suffer from the pressure for taking care of their family members, so the Plans will reimburse (up to 1% of Initial Sum Insured) Reasonable and Customary charges for training courses or Psychiatrist / Clinical Psychologist consultations for the caregiver within 1 year from the First Confirmed Diagnosis of such Major Crisis or Juvenile Disease of the Covered Child.

Dies due to such Major Crisis within 1 year from the date of First Confirmed Diagnosis

20% of the Initial Sum Insured payable once per Covered Child
(up to HK\$200,000 / US\$25,000 per Covered Child of each claim under all policies of the Insured and/or Insured's spouse of Crisis OneMaster Series)

⁺ Per a comparison made on 31 Aug 2023 among the critical illness insurance plans of key insurers available in Hong Kong, FWD is the first insurance company in Hong Kong to launch Extended Critical Medical Care Benefit, Crisis Medical Booster Benefit for Designated Crises, Mind Strength Benefit, Caregiver Support Benefit, Major Crises Income Benefit, Infertility Benefit, Extended Death Benefit, Dementia Support Program, Life Enrichment Program and Family Booster (optional benefit).

[^] The benefit payable for each of (i) Severe Angioedema, (ii) Severe Eczema and (iii) Severe Urticaria is equal to 8% of the Initial Sum Insured of this Policy once per Covered Child (up to HK\$100,000/US\$12,500 per Covered Child of each claim under all policies of the Insured and/or Insured's spouse of Crisis OneMaster Series).

Example 1

Coverage for yourself and your family



Insured:
Grace (Age 26, non-smoker)
Occupation:
PR Manager
Family status:
Single, getting married

Grace started her career in public relations right after graduation. It was her dream job but the workload and pressure fatigued her constantly. Looking forward to a new stage of life with her fiancé, Grace thinks it's time to reorganize her life and regain her health. She also starts planning for the protection of herself and her future family. Grace chooses **Crisis OneMaster Pro with Family Booster** to protect herself in case of critical illness and also the health of her children in the future.

Age 26

Age 31

Age 32

Age 40

Grace purchases **Crisis OneMaster Pro with Family Booster**

Initial Sum Insured:
HK\$1,000,000

Annual premium:
HK\$40,820
(25-year payment)

First claim

She has the First Confirmed Diagnosis of Ovarian Cancer

Crisis Benefit for Major Crises:
100% of the Initial Sum Insured
HK\$1,000,000

+
Accumulated Annual Dividends and interest (if any) and Special Bonus (if any)

+
Additional Coverage Benefit:
90% of the Initial Sum Insured
HK\$900,000

+
She undergoes fertility treatment which is confirmed by a Medical Practitioner to be Medically Necessary

Infertility Benefit:
10% of the Initial Sum Insured
HK\$100,000

She can also enjoy the professional rehabilitation service from **Life Enrichment Program**

Future premium under the basic plan is waived

Second claim

She continuously receives Active Treatment to cure Ovarian Cancer during the payment cycle of this Major Crises Income Benefit for Cancer

Major Crises Income Benefit:
10% of the Initial Sum Insured per annum, up to a maximum of 5 consecutive years
HK\$100,000/year,
total: HK\$500,000

Grace gives birth to her daughter (Emily) and declares **Family Booster for Child** for Emily

Third claim

Grace's daughter (Emily) has the First Confirmed Diagnosis of ADHD

Family Booster for Child:
15% of the Initial Sum Insured and up to HK\$150,000
Total: HK\$150,000

+
Caregiver Support Benefit:
Reimburse 1% of the Initial Sum Insured for the Reasonable and Customary charges of training courses attended by Grace
HK\$10,000

Total benefit payable to Grace is
HK\$2,660,000
(2.66 times the Initial Sum Insured),
plus accumulated Annual Dividends and interest (if any) and Special Bonus (if any)

If no claims are made under the Crisis OneMaster Pro, there will be a total surrender value of approximately **HK\$6,121,941** when Grace reaches Age 85 (up to 6.00 times of the total premiums paid)*

This is for illustrative purpose only and assume that

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

* The total surrender value is a projected value and is not guaranteed. The total surrender value includes the guaranteed cash value (HK\$889,790), + non-guaranteed (accumulated Annual Dividends and interest (HK\$527,301) and Special Bonus (HK\$4,704,850)). The value is based on the current bonus scale. The bonus scale is neither indicative of future performance nor guaranteed. Past performance or current performance of our business should not be interpreted as a guide for future performance. The Annual Dividends (if any) and Special Bonus (if any) payable throughout the duration of the policy may vary at Our sole discretion, which may be less or more favourable than the case illustrated. To receive the amounts illustrated, the Policy Owner must surrender the policy at the end of the respective policy year. This policy will be terminated when the total surrender value has been withdrawn entirely.

Example 2

Safety net for family



Insured:
Tina (Age 35, non-smoker)

Occupation:
Partner of an accountancy firm

Family status:
Married with 1 kid

Six months ago, Tina lost her father to cancer. Amidst her sorrow it also prompted her to pay more attention to her health and welfare. She understands she needs to take better care of herself so she could be there for her family. She chooses **Crisis OneMaster with Family Booster** to make better planning against the unexpected, like possible critical illnesses, and reduce the adverse effect on her savings due to the treatment cost.

Age 35

Age 36

Age 40

Age 45

Tina purchases **Crisis OneMaster with Family Booster**

Initial Sum Insured:
HK\$1,200,000

Annual premium:
HK\$56,944
(25-year payment)

She declares her mother (Age 70) and her 6-year-old son for **Family Booster for Parent** and **Family Booster for Child** respectively

First claim

She contracts unknown infectious virus and is confined in a Hospital for 10 consecutive days and in an Intensive Care Unit for 3 consecutive days with the use of Invasive Life Support

Critical Medical Care Benefit:
20% of the Initial Sum Insured
HK\$240,000

+

Life Impact Benefit:
50% of the Initial Sum Insured
HK\$600,000

Second claim

Her mother has the First Confirmed Diagnosis of Lung Cancer

Family Booster for Parent:
20% of the Initial Sum Insured
(up to HK\$200,000)
HK\$200,000

Third claim

She claims **Health Screening Benefit** and has the First Confirmed Diagnosis of Heart Attack

Crisis Benefit for Major Crises:
100% of the Initial Sum Insured
HK\$1,200,000

+

Accumulated Annual Dividends and interest (if any) and Special Bonus (if any)

+

Additional Coverage Benefit:
90% of the Initial Sum Insured
HK\$1,080,000

+

Major Crises Income Benefit:
2% of the Initial Sum Insured per month, up to a maximum of 12 consecutive months
HK\$24,000/month, total: HK\$288,000

She can also enjoy the support from **Life Enrichment Program**

Future premium under the basic plan is waived

Total benefit payable to Tina is
HK\$3,608,000
(3.01 times the Initial Sum Insured) plus accumulated Annual Dividends and interest (if any) and Special Bonus (if any)

Example 3

Mental health comes first



Insured:
Peter (Age 45, non-smoker)
Occupation:
Chairman of a listed company
Family status:
Married, planning for retirement

As the chairman of a listed company, Peter is leading on the battlefield of commerce, he is fully aware of the impact of his mental health. Peter has several critical illness plans, but none of them includes mental health protection. Hoping to have a coverage on elderly diseases during retirement, Peter chooses **Crisis OneMaster Pro** which provides Lifelong Annuity on Alzheimer's Disease or Parkinson's Disease, allowing him to have peace of mind during retirement.

Age 45

Age 53

Age 70

Age 71

Age 76

Peter purchases Crisis OneMaster Pro

Initial Sum Insured:
HK\$2,000,000

Annual premium:
HK\$125,940
(30-year payment)

First claim

He has the First Confirmed Diagnosis of Mild Depression and attended 5 Psychiatrist consultations (Each consultation's fee is HK\$1,800)

Mind Strength Benefit:
0.2% of the Initial Sum Insured or max. HK\$1,500 for each consultation, up to 5 times
HK\$1,500 x 5, total: HK\$7,500

Second claim

He has the First Confirmed Diagnosis of Alzheimer's Disease

Crisis Benefit for Major Crises:
100% of the Initial Sum Insured
HK\$2,000,000

+

Accumulated Annual Dividends and interest (if any) and Special Bonus (if any)

+

Caregiver Support Benefit:
Reimburse 5% of the Initial Sum Insured for the Reasonable and Customary charges of training courses for his wife
HK\$100,000

He can also enjoy the support from **Dementia Support Program**

Third claim

One year after his First Confirmed Diagnosis of Alzheimer's Disease

Lifelong Annuity on Alzheimer's Disease or Parkinson's Disease:
6% of the Initial Sum Insured (HK\$120,000) per annum until the termination of the policy

+

Crisis Medical Booster Benefit for Designated Crises:
Reimburse 20% of the Initial Sum Insured for prescribed experimental drugs which is Medically Necessary
HK\$400,000

Fourth claim

He has the First Confirmed Diagnosis of Prostate Cancer

Crisis Benefit for Major Crises:
100% of the Initial Sum Insured
HK\$2,000,000

+

Additional Benefit for Designated Cancers:
25% of the Initial Sum Insured
HK\$500,000

Diseases Covered					
Set of Disease	Major Crisis	Serious Disease 1	Serious Disease 2	Juvenile Disease	Maximum benefit to be paid per each Set of Disease (as of the percentage of Initial Sum Insured) [®]
Cancer Group (maximum amount of coverage of this group: 650% of Initial Sum Insured)					
1	Cancer	Carcinoma-in-situ of Specific Organs (all organs except skin, including but not limited to the organs listed below)* <ul style="list-style-type: none"> • Breast • Cervix Uteri • Uterus • Ovary • Fallopian Tube • Vagina • Testis • Pancreas • Other specific organs (colon and rectum, penis, lung, liver, stomach and esophagus, nasopharynx and urinary tract (for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included)) 	Early Stage Malignancy of Specific Organs* <ul style="list-style-type: none"> • Chronic lymphocytic leukaemia • Non melanoma skin cancer • Prostate • Thyroid 	-	650%
Non-Cancer Group (maximum amount of coverage of this group: 650% of Initial Sum Insured)					
Related to circulatory system					
2	Heart Attack	Pericardectomy	Cardiac Pacemaker / Defibrillator Insertion	-	300%
3	Stroke	Carotid Artery Surgery	Angioplasty for Carotid Arteries	-	300%
4	Cardiomyopathy	Early Cardiomyopathy	-	-	100%
5	Coronary Artery Disease Surgery	-	-	-	100%
6	Eisenmenger's Syndrome	Insertion of a Vena-Cava Filter	-	-	100%
7	Heart Valve Surgery	Percutaneous Valve Surgery	Heart Valve Replacement (with Permanent Device or Prosthesis)	-	100%
8	Infective Endocarditis	Moderately Severe Infective Endocarditis	-	-	100%
9	Kidney Failure	Early Renal Failure	-	-	100%
10	Major Organ Transplantation (Kidney, Heart)	-	-	-	100%
11	Other Serious Coronary Artery Disease	Keyhole Coronary Bypass Surgery	Angioplasty of Coronary Artery*	-	100%
12	Primary Pulmonary Arterial Hypertension	Secondary Pulmonary Hypertension	-	-	100%
13	Surgery to Aorta	Minimally Invasive Surgery to Aorta	-	-	100%
14	-	Aortic Aneurysm	-	-	25%
15	-	Cerebral Aneurysm Requiring Surgery	-	-	25%
16	-	Endovascular Treatment of Peripheral Arterial Disease	-	-	25%
17	-	Transmyocardial Laser Revascularisation	-	-	25%

Diseases Covered					
Set of Disease	Major Crisis	Serious Disease 1	Serious Disease 2	Juvenile Disease	Maximum benefit to be paid per each Set of Disease (as of the percentage of Initial Sum Insured) [®]
Related to organ failure					
18	Aplastic Anaemia	Acute Aplastic Anaemia	-	-	100%
19	Chronic Auto-Immune Hepatitis	-	-	-	100%
20	Chronic Liver Disease	Liver Surgery	-	-	100%
21	Chronic Lung Disease	Moderately Severe Chronic Lung Disease	-	-	100%
22	End Stage Lung Disease (including Chronic Obstructive Lung Disease, Severe Bronchiectasis and Severe Emphysema)	-	-	-	100%
23	Fulminant Hepatitis	Biliary Tract Reconstruction Surgery	-	-	100%
24	Major Organ Transplantation (Lung, Pancreas, Liver and Bone Arrow)	Skin Transplantation	-	-	100%
25	Medullary Cystic Disease	Surgical Removal of One Kidney	-	-	100%
26	Occupationally Acquired HIV	-	-	-	100%
27	HIV Due to Blood Transfusion	HIV Due to Organ Transplantation	-	-	100%
28	Severe Systemic Lupus Erythematosus (SLE) with Lupus Nephritis	Moderately Severe Systemic Lupus Erythematosus (SLE) with Lupus Nephritis	-	-	100%
29	Severe Pulmonary Fibrosis	Moderately Severe Pulmonary Fibrosis	-	-	100%
30	Surgical Removal of One Lung	-	-	-	100%
31	-	Miliary Tuberculosis	-	-	25%
32	-	Partial Hepatectomy	-	-	25%
33	-	Tracheostomy	-	-	25%
Related to nervous system					
34	Alzheimer's Disease	Moderately Severe Alzheimer's Disease	-	-	100%
35	Amyotrophic Lateral Sclerosis	Early Amyotrophic Lateral Sclerosis	-	-	100%
36	Apallic Syndrome	Surgery for Subdural Haematoma	-	-	100%
37	Bacterial Meningitis	Moderately Severe Bacterial Meningitis	-	-	100%
38	Benign Brain Tumour	Surgical Removal of Pituitary Tumour	-	-	100%
39	Blindness	Loss of Sight in One Eye	-	-	100%
40	Brain Surgery	Cerebral Shunt Insertion	-	-	100%
41	Creutzfeld-Jacob Disease	Moderately Severe Creutzfeld-Jacob Disease	-	-	100%
42	Encephalitis	Less Severe Encephalitis	-	-	100%
43	Loss of Hearing	Cochlear Implant Surgery	-	-	100%

Diseases Covered					
Set of Disease	Major Crisis	Serious Disease 1	Serious Disease 2	Juvenile Disease	Maximum benefit to be paid per each Set of Disease (as of the percentage of Initial Sum Insured) [®]
Related to nervous system (Cont.)					
44	Major Head Trauma	Moderately Severe Brain Damage	-	-	100%
45	Meningeal Tuberculosis	Tuberculous Myelitis	-	-	100%
46	Motor Neurone Disease	Early Motor Neurone Disease	-	-	100%
47	Multiple Sclerosis	Early Multiple Sclerosis	-	-	100%
48	Muscular Dystrophy	Moderately Severe Muscular Dystrophy	-	-	100%
49	Paralysis	Moderately Severe Paralysis	-	-	100%
50	Parkinson's Disease	Moderately Severe Parkinson's Disease	-	-	100%
51	Poliomyelitis	Moderately Severe Poliomyelitis	-	-	100%
52	Progressive Bulbar Palsy	Early Progressive Bulbar Palsy	-	-	100%
53	Progressive Muscular Atrophy	Early Progressive Muscular Atrophy	-	-	100%
54	Progressive Supranuclear Palsy	Early Progressive Supranuclear Palsy	-	-	100%
55	Severe Myasthenia Gravis	Moderately Severe Myasthenia Gravis	-	-	100%
56	-	Pituitary Adenoma	-	-	25%
57	-	Severe Psychiatric Illness	-	-	25%
58	-	Bipolar Disorder	-	-	10%
59	-	Major Depressive Disorder	-	-	10%
60	-	Obsessive Compulsive Disorder	-	-	10%
61	-	Schizophrenia	-	-	10%
Other major crises/serious diseases					
62	Amputation of Feet due to Complication from Diabetes Mellitus	Amputation of One Foot due to Complication from Diabetes Mellitus	Diabetic Retinopathy	-	100%
63	Chronic Adrenal Insufficiency	Adrenalectomy for Adrenal Adenoma	-	-	100%
64	Chronic Relapsing Pancreatitis	Acute Necrohemorrhagic Pancreatitis	-	-	100%
65	Coma	Coma for 48 hours	-	-	100%
66	Crohn's Disease	Crohn's Disease (Regional Enteritis)	-	-	100%
67	Ebola	-	-	-	100%
68	Elephantiasis	Early Elephantiasis	-	-	100%
69	Haemolytic Streptococcal Gangrene	-	-	-	100%
70	HIV due to Assault	-	-	-	100%
71	Loss of Independent Existence [#]	Moderately Loss of Independent Existence [#]	-	-	100%
72	Loss of Limbs	Severance of One Limb	-	-	100%

Diseases Covered					
Set of Disease	Major Crisis	Serious Disease 1	Serious Disease 2	Juvenile Disease	Maximum benefit to be paid per each Set of Disease (as of the percentage of Initial Sum Insured) [®]
Other major crises/serious diseases (Cont.)					
73	Loss of Speech	Loss of Speech due to Vocal Cord Paralysis	-	-	100%
74	Major Burns	Moderately Severe Burns	Facial Reconstructive Surgery for Injury and Burns due to Accident	-	100%
75	Necrotizing Fasciitis	-	-	-	100%
76	Pheochromocytoma	-	-	-	100%
77	Severe Osteoporosis [^]	Osteoporosis with Fractures [^]	-	-	100%
78	Severe Rheumatoid Arthritis	Moderately Severe Rheumatoid Arthritis	-	-	100%
79	Systemic Sclerosis	-	-	-	100%
80	Terminal Illness [#]	-	-	-	100%
81	Ulcerative Colitis	Moderately Severe Ulcerative Colitis	-	-	100%
82	-	Optic Nerve Atrophy	-	-	25%
83	-	Postherpetic Neuralgia (PHN)	-	-	25%
84	-	Psoriasis with arthritis	-	-	25%
85	-	Severe Central or Mixed Sleep Apnea	-	-	25%
86	-	Severe Obstructive Sleep Apnea	-	-	25%
Juvenile Diseases (For Age 1 (15 days) – 18)					
87	-	-	-	Attention-Deficit Hyperactivity Disorder (ADHD)*	25%
88	-	-	-	Autism*	25%
89	-	-	-	Dengue Haemorrhagic Fever*	25%
90	-	-	-	Glomerulonephritis with Nephrotic Syndrome*	25%
91	-	-	-	Intellectual Impairment due to Sickness or Injury*	25%
92	-	-	-	Juvenile Huntington Disease*	25%
93	-	-	-	Kawasaki Disease*	25%
94	-	-	-	Marble Bone Disease (Osteopetrosis)*	25%
95	-	-	-	Osteogenesis Imperfecta*	25%
96	-	-	-	Rheumatic Fever with Valvular Impairment*	25%
97	-	-	-	Scar due to Accident* a) Keloid or Hypertrophic scar where located on the face or neck of the Insured or on any of his/her limbs; or b) Contracture scar on any part of the body of the Insured.	25%

Diseases Covered

Set of Disease	Major Crisis	Serious Disease 1	Serious Disease 2	Juvenile Disease	Maximum benefit to be paid per each Set of Disease (as of the percentage of Initial Sum Insured) [®]
Juvenile Diseases (For Age 1 (15 days) – 18) (Cont.)					
98	-	-	-	Severe Asthma*	25%
99	-	-	-	Severe Epilepsy*	25%
100	-	-	-	Severe Haemophilia*	25%
101	-	-	-	Still's Disease*	25%
102	-	-	-	Tourette Syndrome*	25%
103	-	-	-	Type 1 Diabetes Mellitus*	25%
104	-	-	-	Type 1 Juvenile Spinal Amyotrophy*	25%
105	-	-	-	Wilson's Disease*	25%
106	-	-	-	Severe Angioedema**	8%
107	-	-	-	Severe Eczema**	8%
108	-	-	-	Severe Urticaria**	8%

@ The maximum benefit to be paid per each Set of Disease is also subject to the maximum coverage of the respective group.

Terminal Illness, Loss of Independent Existence and Moderately Loss of Independent Existence will not be covered after the total Multiple Crisis Benefit paid has reached 100% of the Initial Sum Insured. If the first Multiple Crisis Benefit is for Terminal Illness, Loss of Independent or Moderately Loss of Independent Existence, the First Confirmed Diagnosis date for any subsequent claim for Multiple Crisis Benefit must be at least 3 years after the date of First Confirmed Diagnosis of immediately preceding Claim for Terminal Illness, Loss of Independent Existence or Moderately Loss of Independent Existence.

^ The claim for Severe Osteoporosis or Osteoporosis with Fractures will only be paid if at the time of diagnosis the Insured is below Age 70.

* Subject to HK\$500,000/US\$62,500 per life of each claim under all policies of the Crisis OneMaster Series.

** Subject to HK\$100,000/US\$12,500 per life of each claim under all policies of the Crisis OneMaster Series.

“-“ means that there is no particular disease in that Set of Disease.

Please refer to the definition of Major Crises, Serious Diseases and Juvenile Diseases in the policy provision for the details of Major Crises, Serious Diseases and Juvenile Diseases.

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Plan Type	Basic Plan				
Benefit Term	To the Policy Anniversary immediately preceding the 100 th birthday of the Insured				
Issue Age (Age Next Birthday)	1 - 70	1 - 60	1 - 55	1 - 50	
Premium Payment Term	10 years	15 years	20 years	25 years	30 years
Premium Structure	The premium is non-guaranteed ²⁶ but it will not be increased based on the age of the Insured on his or her next birthday				
Currency	HKD / USD				
Premium Payment Mode	Monthly / Annually				
Minimum Initial Sum Insured	HK\$300,000 / US\$37,500 (per policy)				
Maximum Initial Sum Insured ²⁷	Age 18 or below: HK\$5,000,000 / US\$625,000 (per life) Age 19 or above: HK\$12,000,000 / US\$1,500,000 (per life)				
Maximum benefit available for claims of Multiple Crisis Benefit of (a), (b) and (c) below ^{2,7}	Total of 1300% of the Initial Sum Insured (the maximum total of 650% of Initial Sum Insured for Cancer Group and Non-Cancer Group respectively, subject to the benefit limit of each Set of Disease)				
(a) Crisis Benefit for Major Crises ²	100% of the Initial Sum Insured + accumulated Annual Dividends and interest (if any) ¹⁶ + Special Bonus (if any) ¹⁷				
(b) Crisis Benefit for Serious Diseases ³	For (i) Bipolar Disorder, (ii) Major Depressive Disorder, (iii) Obsessive Compulsive Disorder and (iv) Schizophrenia		10% of the Initial Sum Insured + accumulated Annual Dividends and interest (if any) ¹⁶ + proportionate Special Bonus (if any) ¹⁷		
	All other Serious Diseases except the above		25% of the Initial Sum Insured (Subject to a maximum of HK\$500,000 / US\$62,500 per Insured of each claim under all policies of the Crisis OneMaster Series for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery) + accumulated Annual Dividends and interest (if any) ¹⁶ + proportionate Special Bonus (if any) ¹⁷		
(c) Crisis Benefit for Juvenile Diseases	For (i) Severe Angioedema, (ii) Severe Eczema and (iii) Severe Urticaria		8% of the Initial Sum Insured (Subject to a maximum of HK\$100,000 / US\$12,500 per Insured of each claim under all policies of the Crisis OneMaster Series) + accumulated Annual Dividends and interest (if any) ¹⁶ + proportionate Special Bonus (if any) ¹⁷		
	All other Juvenile Diseases except the above		25% of the Initial Sum Insured (Subject to a maximum of HK\$500,000 / US\$62,500 per Insured of each claim under all policies of the Crisis OneMaster Series) + accumulated Annual Dividends and interest (if any) ¹⁶ + proportionate Special Bonus (if any) ¹⁷		
Additional Coverage Benefit ⁹	The benefit is only applicable to Insured whose issue Age is 1 – 65. Additional 90% of the Initial Sum Insured (for the Insured whose issue age is 35 or below at next birthday) or 60% of the Initial Sum Insured (for the Insured whose issue age is above 35 at next birthday) will be payable if the Insured is diagnosed with covered Major Crises or passes away before the 15 th Policy Anniversary while the coverage of the policy is in effect				
Critical Medical Care Benefit ^{2,5}	Additional 20% of Initial Sum Insured (subject to a maximum of HK\$500,000 / US\$62,500 per Insured of each claim under all policies of the Crisis OneMaster Series)				

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Additional Benefit for Designated Cancers ⁸	Additional 25% of the Initial Sum Insured will be payable if the Insured is diagnosed with Lung Cancer, Colorectal Cancer, Breast Cancer or Prostate Cancer	
Extended Critical Medical Care Benefit ⁴	Additional 50% of the Initial Sum Insured	
Major Crises Income Benefit ¹⁸	<p>(a) When the Crisis Benefit for Major Crises for Cancer is payable, and the Insured is continuously receiving Active Treatment or End-of-life Care in respect of the same Cancer on the recommendation of a Specialist, which is Medically Necessary and performed during the payment cycle of this Major Crises Income Benefit for Cancer, 10% of the Initial Sum Insured per annum will be paid 1 year after the date of diagnosis of the Cancer in respect of which Crisis Benefit for Major Crises has been paid under the Policy, up to a maximum of 5 consecutive years.</p> <p>(b) When the Crisis Benefit for Major Crises (except for Cancer) is payable, 2% of the Initial Sum Insured per month will be paid, up to a maximum of 12 consecutive months.</p>	
Life Impact Benefit ^{2,6}	If the Insured is Confined in an Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support and experiences 1 or more of the designated conditions within the same 120-day period which must be caused by the same illness or Injury:	Additional 50% of the Initial Sum Insured if the Insured experiences 1 of the designated conditions
		Additional 100% of the Initial Sum Insured if the Insured experiences 2 or more of the designated conditions
Crisis Medical Booster Benefit for Designated Crises ¹⁰	After the Crisis Benefit for Major Crises is paid for Cancer, Alzheimer's Disease or Parkinson's Disease, reimburse the Reasonable and Customary charges of the prescribed experimental drugs up to 20% of the Initial Sum Insured (subject to a maximum of HK\$500,000 / US\$62,500 per Insured of each claim under all policies of Crisis OneMaster Series)	
Infertility Benefit ²⁴	Additional 10% of the Initial Sum Insured if Crisis Benefit for Major Crises has been paid or is payable, and the Insured has undergone fertility treatment which is confirmed by a Medical Practitioner to be Medically Necessary due to the diagnosis of such Major Crisis	
Mind Strength Benefit ¹¹	<p>a) First Claim If the Age of the Insured is 70 or below, and has the First Confirmed Diagnosis of Anxiety Disorders or Mild Depression ("Mild Mental Illness"), reimburse up to additional 0.2% of the Initial Sum Insured for the Reasonable and Customary charges of each Psychiatrist/ Clinical Psychologist consultation (including any medication prescribed by the Psychiatrist) in Hong Kong</p> <p>b) Second Claim 3 years have passed since the date the Insured has First Confirmed Diagnosis of the Mild Mental Illness claimed for and the Age of the Insured is 70 or below, if the Insured is diagnosed with, or is certified as still suffering, a Mild Mental Illness, reimburse the Reasonable and Customary charges up to additional 0.2% of the Initial Sum Insured for each Psychiatrist/Clinical Psychologist consultation (including any medication prescribed by the Psychiatrist) in Hong Kong</p>	
	Maximum 1 Psychiatrist/ Clinical Psychologist consultation per day, maximum HK\$1,500/US\$187.5 for each Psychiatrist/ Clinical Psychologist consultation per life under all policies of Crisis OneMaster Series, up to 5 consultations for each claim	

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Life Enrichment Program ¹⁹	If Crisis Benefit for Major Crises is payable for the first Cancer, Heart Attack or Stroke, relevant rehabilitation program will be provided
Dementia Support Program ¹⁴	If the Insured/Insured's parent(s) has/have First Confirmed Diagnosis of Alzheimer's Disease, a designated support program or a referral service for a designated support program will be offered to the Insured or the Insured's parent(s) respectively
Health Screening Benefit ¹⁵	Reimburse the Reasonable and Customary charges for health screening up to 0.2% of Initial Sum Insured (up to max. HK\$6,000 / US\$750 for Health Screening Benefit under all policies of the Crisis OneMaster Series per Insured for each claim) once every 2 policy years up to 10 policy years (no more than 5 times per policy)
Surrender/Maturity Benefit	Guaranteed Cash Value + accumulated Annual Dividends and interest (if any) ¹⁶ + Special Bonus (if any) ¹⁷
Death Benefit ^{2,28}	Current Sum Insured + accumulated Annual Dividends and interest (if any) ¹⁶ + Special Bonus (if any) ¹⁷
Compassionate Death Benefit ²⁹	Additional 10% of the Initial Sum Insured
Extended Death Benefit	Additional 35% of the Initial Sum Insured
Option to apply for new policy of critical illness at specified Age	Option to apply for a critical illness protection plan upon the Policy Anniversary which immediately comes on or after the respective Ages of 18 / 30 / 40 / 60 of the Insured without evidence of insurability ³⁰
Critical Illness Protection Plan – PREMIER THE ONEcierge One Team Health Management ²⁰	Service Program
Second Medical Opinion ²¹	Service Program
Family Care Services ²²	Service Program
Extended Grace Period Benefit ³¹	Available since the 2 nd policy year, if the Policy Owner becomes a parent, gets married or divorced, or becomes involuntarily unemployed during the premium payment period of the Plans, Policy Owner can choose to apply for the Extended Grace Period Benefit to stay protected by this Plan while enjoying an extended grace period for premium payment up to 365 days
Lifelong Annuity on Alzheimer's Disease or Parkinson's Disease ¹² (Only applicable under Crisis OneMaster Pro)	Additional 6% of the Initial Sum Insured per year until the termination of the Policy
Caregiver Support Benefit ¹³ (Only applicable under Crisis OneMaster Pro)	Reimburse up to additional 5% of the Initial Sum Insured

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Family Booster (optional benefit) ²³	Family Booster for Parent (Cover from the Age of 56 until Age of 85 of the Covered Parent)	
	Cancer, Heart Attack or Stroke	20% of the Initial Sum Insured is payable once per Covered Parent (up to HK\$200,000 / US\$25,000 per Covered Parent of each claim under all policies of Crisis OneMaster Series) The Covered Parent dies due to such Cancer, Heart Attack or Stroke within 1 year from the date of First Confirmed Diagnosis, 20% of the Initial Sum Insured is payable once per Covered Parent (up to HK\$200,000 / US\$25,000 per Covered Parent of each claim under all policies of Crisis OneMaster Series)
	Family Booster for Child (Cover until Age of 18 of the Covered Child)	
	Major Crises	30% of the Initial Sum Insured is payable once per Covered Child (up to HK\$300,000 / US\$37,500 per Covered Child of each claim under all policies of the Insured and/or Insured's spouse of Crisis OneMaster Series) The Covered Child dies due to such Major Crisis within 1 year from the date of First Confirmed Diagnosis, 20% of the Initial Sum Insured is payable once per Covered Child (up to HK\$200,000 / US\$25,000 per Covered Child of each claim under all policies of the Insured and/or Insured's spouse of Crisis OneMaster Series)
	For (i) Severe Angioedema, (ii) Severe Eczema and (iii) Severe Urticaria	8% of the Initial Sum Insured (up to HK\$100,000 / US\$12,500 per Covered Child of each claim under all policies of the Insured and/or Insured's spouse of Crisis OneMaster Series)
	All other Juvenile Diseases except the above	15% of the Initial Sum Insured (up to HK\$150,000 / US\$18,750 per Covered Child of each claim under all policies of the Insured and/or Insured's spouse of Crisis OneMaster Series)
After Family Booster for Child has been paid or is payable for Major Crises or Juvenile Diseases, reimburse the Reasonable and Customary charges for training courses or Psychiatrist/ Clinical Psychologist consultations for the caregiver up to 1% of the Initial Sum Insured within 1 year from the date of First Confirmed Diagnosis of such Major Crises or Juvenile Diseases of the Covered Child. This benefit will be payable only once under this Policy.		
Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider (optional rider) ²⁵	After the policy has been in force for 2 years, if the parent of an insured child (as a Policy Owner or Parent Contingent Owner) or the spouse of an insured adult (as a Spouse Owner or Spouse Beneficiary) passes away, the future premiums will be waived	

Benefit amount paid other than Multiple Crisis Benefit will not be deducted from the Multiple Crisis Benefit Limit of this Policy.

Remarks

- The maximum eligible benefit amount under the Plans include Multiple Crisis Benefit (1300%), Additional Coverage Benefit (90%), Additional Benefit for Designated Cancers (25%), Critical Medical Care Benefit (20%), Life Impact Benefit (400%), Major Crises Income Benefit (74%), Infertility Benefit (10%), Extended Critical Medical Care Benefit (100%), Crisis Medical Booster Benefit for Designated Crises (20%), Compassionate Death Benefit (10%) and Extended Death Benefit (35%) subject to specified terms and conditions under the respective benefits.
- FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD", "We", "Us" or "Our") will pay the Multiple Crisis Benefit, Additional Benefit for Designated Cancers, Critical Medical Care Benefit and Life Impact Benefit only where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Major Crisis, Serious Disease, Juvenile Disease or illness occurs after the first 90 days from the Policy Date. The aggregate maximum amount of benefits payable for all claims under Multiple Crisis Benefit is 650% of Initial Sum Insured for Cancer Group and for Non-Cancer Group respectively. Major Crises, Serious Diseases and Juvenile Diseases claim under Multiple Crisis Benefit for each Set of Disease can be made up to a maximum benefit amount of a percentage of the Initial Sum Insured as set out in the table under the "Diseases Covered" section and subject to the Multiple Crisis Benefit Limit. If the Crisis Benefit Claim is made after Reaching of Aggregate Limit has taken place, the Insured must have survived for a period of at least 14 days from the date of First Confirmed Diagnosis of the respective disease (except for continuous cancer) in order to be eligible for the respective benefit. Upon Reaching of Aggregate Limit, FWD will waive the balance of premiums payable under the basic Policy. The first premium to be waived shall be the one falling due immediately after the date following the First Confirmed Diagnosis of the Major Crisis, Serious Disease or Juvenile Disease (as the case may be) relating to a Crisis Benefit Claim the payment of which results in Reaching of Aggregate Limit and all the riders will be terminated. No Multiple Crisis Benefit will be paid by the policy upon the payment of 1300% of the Initial Sum Insured as Multiple Crisis Benefit. Current Sum Insured means the Initial Sum Insured less any claims paid and / or payable for Multiple Crisis Benefit under the policy which will be reduced accordingly, subject to a minimum of zero. Guaranteed Cash Value, future premium, future Annual Dividend (if any) and Special Bonus (if any) will be reduced accordingly. Once the Current Sum Insured amount of the policy has been reduced to zero, the Guaranteed Cash Value is reduced to zero accordingly, and any future Annual Dividend and Special Bonus will not be declared.
- Each Serious Disease can be payable once only (except Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery). A maximum of two claims for the Crisis Benefit for Serious Disease can be made for Angioplasty of Coronary Artery under the Plans. To be eligible for the second claim under it, the treatment must be performed on a location of stenosis or obstruction in a major coronary artery where no stenosis greater than 60% was identified in the coronary angiogram relating to the first claim of this illness, for which benefit has been paid. Carcinoma-in-situ or Early Stage Malignancy of Specific Organs can be claimed more than once. To be eligible for the subsequent claims, the claims must be a Carcinoma-in-situ or Early Stage Malignancy of one of the covered organs that is different from the organ(s) of the previous claims for which benefit(s) have / has been paid. If the relevant covered organ has both a left and a right component (such as, but not limited to, the lungs or breasts), the left side and right side of the organ shall be considered one and the same organ.
- This benefit can be claimed twice under this policy.
- This benefit will be payable only once under this policy and this additional benefit amount will not be deducted from the Current Sum Insured of this Policy.
This benefit is also subject to the following conditions:
 - if both (a) Multiple Crisis Benefit - Crisis Benefit for Major Crises, and (b) Critical Medical Care Benefit are payable by us as a result of the same illness or Injury, we will only pay Multiple Crisis Benefit - Crisis Benefit for Major Crises but not the Critical Medical Care Benefit;
 - if any preceding claim for the same illness or Injury has been paid under Multiple Crisis Benefit - Crisis Benefit for Major Crises, we will not pay the Critical Medical Care Benefit for the same illness or Injury; and
 - if both (a) Life Impact Benefit, and (b) Critical Medical Care Benefit are payable by us as a result of same illness or Injury, we will pay both Life Impact Benefit and Critical Medical Care Benefit.
- This benefit will be payable up to a limit of 100% of the Initial Sum Insured for each claim, and can be claimed 4 times under this Policy. This additional benefit amount will not be deducted from the Current Sum Insured of this Policy. This benefit will automatically be terminated on the Policy Anniversary immediately preceding the 86th birthday of the Insured.
This benefit is also subject to the following conditions:
 - if both (a) Multiple Crisis Benefit - Crisis Benefit for Major Crises, and (b) Life Impact Benefit are payable by us as a result of the same illness or Injury, we will only pay Multiple Crisis Benefit - Crisis Benefit for Major Crises but not the Life Impact Benefit;
 - if any preceding claim for the same illness or Injury has been paid under Multiple Crisis Benefit - Crisis Benefit for Major Crises, we will not pay the Life Impact Benefit for the same illness or Injury; and
 - if both (a) Life Impact Benefit, and (b) Critical Medical Care Benefit are payable by us as a result of same illness or Injury, we will pay both Life Impact Benefit and Critical Medical Care Benefit.
- Waiting period of multiple claims
No waiting period between 2 Crisis Benefit Claims is required except the following:
 - If both of the 2 Crisis Benefit Claims are for Major Crisis (other than in the scenario stated in (b) and (c) below), in order for the subsequent claim to be covered under the policy, the First Confirmed Diagnosis of the Major Crisis of the subsequent Crisis Benefit Claim for Major Crisis will be at least 1 year after the date of the First Confirmed Diagnosis of the Major Crisis of the immediately preceding Crisis Benefit Claim for Major Crisis (for which benefit has been paid under this policy).
 - If both of the 2 Crisis Benefit Claims are for Crisis Benefit for Major Crises under the cancer group, continuous cancer, recurrence of the cancer and cancer in different sites will be covered, provided that:
 - if the subsequent claim for cancer is a continuous cancer of the preceding cancer claim (for which benefit has been paid), the cancer of the subsequent claim will be covered only if 3 years has passed since the date of the confirmed diagnosis of that preceding claim for cancer which has not been completed in remission;
 - if the subsequent claim for cancer is a recurrence of the cancer of the preceding cancer claim (for which benefit has been paid), the cancer of the subsequent claim will be covered only if the First Confirmed Diagnosis of the subsequent cancer takes place at least 3 years after the date of the First Confirmed Diagnosis of that preceding claim for cancer (for which benefit has been paid);

3. if the subsequent claim for cancer is not a continuous cancer or recurrence of the cancer of the preceding cancer claim (for which benefit has been paid), the cancer of the subsequent claim will be covered only if the First Confirmed Diagnosis of the subsequent cancer takes place at least 1 year after the date of the First Confirmed Diagnosis of that preceding claim for cancer (for which benefit has been paid).
- c. If there is a Crisis Benefit Claim for Terminal Illness, Loss of Independent Existence or Moderately Loss of Independent Existence (which has been approved under the policy), the subsequent Crisis Benefit Claim (irrespective of whether it is a Crisis Benefit Claim for Juvenile Disease, Serious Disease or Major Crisis) will only be covered if the date of the First Confirmed Diagnosis of the illness of such subsequent Crisis Benefit Claim is at least 3 years after the date of the First Confirmed Diagnosis of the Terminal Illness, Loss of Independent Existence or Moderately Loss of Independent Existence (as the case may be) of the immediately preceding Crisis Benefit Claim for Terminal Illness, Loss of Independent Existence or Moderately Loss of Independent Existence (as the case may be).
- 8 This benefit can be payable once only under the policy, provided the total paid claims among Cancer Group (not including the amount of this benefit) has not reached 650% of the Initial Sum Insured.
- 9 This benefit will be payable once only under the policy and will be terminated (i) upon the termination of the policy; (ii) once the Crisis Benefit for Major Crises or Death Benefit has been paid or becomes payable; or (iii) on the 15th Policy Anniversary, whichever is the earliest.
- 10 This benefit is payable for 1 covered Crisis only under this Policy. This benefit will automatically be terminated on the Policy Anniversary immediately preceding the 86th birthday of the Insured.
- For the purpose of claiming Crisis Medical Booster Benefit for Designated Crises under this Policy, “experimental drugs” shall mean the drug which has obtained approval from one of the designated regulatory authorities to be on a clinical trial for testing and/or treatment in humans, and such experimental drugs must be in active phase III of a clinical trial.
- FWD’s decision on (i) the interpretation of the definition of the experimental drugs and (ii) the appropriateness of the experimental drugs for the purpose of claiming Crisis Medical Booster Benefit for Designated Crises under this Policy shall be final and conclusive.
- 11 FWD will not pay the Mind Strength Benefit where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Mild Mental Illness occurs within the first year from the Policy Date. This first year limitation does not apply if any Mild Mental Illness is solely and directly caused by an Accident and independently of any cause.
- This additional benefit amount paid will not be deducted from the Current Sum Insured of this Policy.
- 12 This benefit will be payable only once under this Policy, irrespective of how many Alzheimer’s Disease or Parkinson’s Disease the Insured may sustain. FWD must receive due proof of survival of the Insured to FWD’s satisfaction which shall be issued within 2 months prior to the benefit payment date and shall be received by FWD not less than 1 month prior to the benefit payment date each year. If FWD does not receive such due proof within such timeframe, FWD will not pay the benefit for the relevant year.
- 13 This benefit is payable once only.
- 14 This benefit will only apply if the policy is issued after Age 35 of the Insured:
1. When the Insured has the First Confirmed Diagnosis of Alzheimer’s Disease, FWD will provide a designated support program to the Insured and the fee will be waived once per life.
 2. When a parent of the Insured has the First Confirmed Diagnosis of Alzheimer’s Disease, FWD will provide a referral service of designated support program once to each of the parents of the Insured. All other relevant fees and charges will be borne by the Insured or users of the service including the Insured’s parents.
- Dementia Support Program is currently provided by Senior Citizen Home Safety Association (“SCHSA”) and its healthcare network team. FWD reserves the right to vary the services in its sole discretion without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of SCHSA and its healthcare network team. Dementia Support Program will start within 6 months from the date of First Confirmed Diagnosis of Alzheimer’s Disease. This service is only available in Hong Kong region.
- 15 FWD will reimburse the Reasonable and Customary charges for health screening (up to max. HK\$6,000 / US\$750 for Health Screening Benefit under all policies of the Crisis OneMaster Series per Insured for each claim) received by the Insured once for every 2 policy years (up to 10 policy years), provided that the Insured must have been continuously covered for 2 years from the Policy Date.
- 16 Annual Dividend (if any) will be payable annually starting from the 1st Policy Anniversary provided that the policy is in force and premium is paid in full when due. Annual Dividend is a non-guaranteed payment and is subject to review and adjustment by FWD from time to time at its absolute discretion. Annual Dividend will not be payable when total payments of Multiple Crisis Benefit under the policy reach 100% of the Initial Sum Insured.
- 17 When the policy has been in effect for 5 years or more, a Special Bonus (if any) will be payable under the policy upon the payment of Crisis Benefit for Major Crises or Death Benefit under the policy, surrender, maturity or at the end of the one year reinstatement period if the policy lapses and is not reinstated within that period. Special Bonus is not guaranteed and is subject to review and adjustment by FWD from time to time at its absolute discretion. A proportionate Special Bonus, if any, may also be paid upon payment of the Crisis Benefit for Serious Diseases, Crisis Benefit for Juvenile Diseases or partial surrender. Special Bonus (if any) will then be reduced on a pro rata basis accordingly. Special Bonus will not be payable when total payments of Multiple Crisis Benefit under the policy reach 100% of the Initial Sum Insured.
- 18 This Major Crises Income Benefit is payable for a maximum of 2 times under this Policy, where the Major Crises Income Benefit for Cancer and Major Crises Income Benefit for other Major Crises will be paid only once respectively under this Policy, irrespective of how many Major Crises the Insured may sustain.
- This benefit will automatically be terminated on the Policy Anniversary immediately preceding the 86th birthday of the Insured.
- 19 This service is currently provided by HMG and its healthcare network team. Details of the Life Enrichment Program will be determined in FWD’s sole discretion at the time the services are provided, and the services may be provided by third party service providers as FWD may designate. FWD reserves the right to vary the services 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. While the Insured is still alive and the policy is still in force, when the Crisis Benefit for Major Crises for the first Cancer, first Heart Attack or first Stroke is payable, FWD will provide the Life Enrichment Program which shall be started within 6 months from the payment date of Crisis Benefit Claim of such respective Cancer, Heart Attack or Stroke. This benefit will be payable only once for each Crisis Benefit Claim of first Cancer, first Heart Attack and first Stroke under Crisis Benefit for Major Crises per life. This service is only available in Hong Kong region.

- 20 PREMIER THE ONEcierge is currently provided by HealthMutual Group Limited (“HMG”) and its healthcare network team and Parkway Hospitals Singapore (“Parkway”) and shall not form a part of the policy or benefit item under the policy provisions. FWD reserves the right to terminate or vary the service in its sole discretion without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team and Parkway. This service is only available in the Pan-Asia Region. The hotline for PREMIER THE ONEcierge is (852) 8120 9066 for Hong Kong and there is also a toll-free number for Mainland, 400 9303078. For details, please refer to the attached leaflet of FWD Professional Health Assistance Services.
- 21 The service is currently provided by International SOS and is not guaranteed renewable. All relevant fees and charges (if any) of this service shall be borne by the Insured solely. FWD shall not be responsible for any act or failure to act on the part of International SOS. Details of the services and service provider may be revised from time to time without giving any notice. For details, please refer to attached leaflet of FWD Professional Health Assistance Services.
- 22 The service is currently provided by Aspire Lifestyles (“Aspire”) and is not guaranteed renewable. All relevant fees and charges (if any) of this service shall be borne by the Insured solely. FWD shall not be responsible for any act or failure to act on the part of Aspire and/or any of its affiliates. Details of the services and service provider may be revised from time to time without FWD’s prior notice. For details, please refer to attached leaflet of FWD Professional Health Assistance Services.
- 23 **Family Booster for Parent**
- The Policy Owner may declare in FWD’s prescribed form within 180 days from the Policy Date that the Insured’s parent was at the Age of 76 or below on the date of signing the Policy application.
- This Family Booster for Parent will be payable only once for Cancer, Heart Attack or Stroke under this Policy.
- For the avoidance of doubt, this Family Booster for Parent will not be payable for the respective Cancer, Heart Attack or Stroke if the Covered Parent has any Cancer, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, Heart Attack or Stroke that is diagnosed or treated within or prior to the aforesaid Waiting Period of Family Booster for Parent.
- Notwithstanding anything to the contrary under this Policy, if FWD approves the Policy Owner’s application for the Covered Parent under this Family Booster for Parent, the Waiting Period of Family Booster for Parent does not apply if the Covered Parent has the First Confirmed Diagnosis of any Cancer, Heart Attack or Stroke which is solely and directly caused by an Accident and independently of any cause.
- Family Booster for Child**
- The Policy Owner may declare in FWD’s prescribed form the Insured’s child (i) within 180 days from the Policy Date or (ii) within 180 days from the birth date of the Insured’s child.
- This Family Booster for Child is payable for a maximum of 2 times only for Major Crises under this Policy, and this Family Booster for Child for Major Crises can only be claimed once for each Covered Child under this Policy.
- This Family Booster for Child is payable for a maximum of 2 times only for Juvenile Diseases under this Policy, and this Family Booster for Child for Juvenile Diseases can only be claimed once for each Covered Child under this Policy.
- For the avoidance of doubt, this Family Booster for Child will not be payable for respective Major Crisis or Juvenile Disease if the Covered Child is diagnosed or treated with such Major Crisis or Juvenile Diseases within or prior to the aforesaid Waiting Period of Family Booster for Child.
- Notwithstanding anything to the contrary under this Policy, if FWD approves the Policy Owner’s application for Covered Child under this Family Booster for Child, the Waiting Period of Family Booster for Child does not apply if the Covered Child has the First Confirmed Diagnosis of Major Crisis or Juvenile Disease which is solely and directly caused by an Accident and independently of any cause.
- Any claim under this benefit shall not be deducted from the Insured’s Current Sum Insured and will not affect the other benefits available for the Insured under this Policy. The terms and conditions of the coverage for the Covered Child and Covered Parent are determined by FWD from time to time and at its sole discretion, including but not limited to FWD’s prevailing rules and regulations.
- If correct age of the Covered Child or the Covered Parent on the date of signing the application for this Policy or the date where Policy Owner declares the Insured’s parent or child in FWD’s prescribed form (as the case may be) is outside the respective covered age range, the Family Booster for Child for that Covered Child or the Family Booster for Parent for that Covered Parent (as the case may be) will be void from the outset by FWD sending a notice to the Policy Owner at his / her last known address.
- 24 This benefit will be payable only once under this Policy. This benefit will automatically be terminated on the Policy Anniversary immediately preceding the 46th birthday of the Insured.
- 25 For Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider selected at time of application:
- (i) Waiver of Premium on Death Benefit (Parents) Rider
- An Insured child must be below the Age of 19 at the time of policy application. After the policy has been in force for 2 years, if you (i.e. the Policy Owner) and / or the Parent Contingent Owner pass(es) away, FWD will waive the premiums payable under the basic plan which fall due from the date of the Policy Owner’s death or the death of Parent Contingent Owner (as the case may be) up to and including the Policy Anniversary immediately preceding the 25th birthday of the Insured. You and the Parent Contingent Owner need to be at or below the Age of 50 at the time of policy application, or at the date of request for nomination or change of contingent ownership of the policy (as the case may be). The Parent Contingent Owner must be the Insured child’s parent. For the purpose of this benefit, you may reassign a parent who is at or below the Age of 50 as the Policy Owner or Parent Contingent Owner any time while the policy is in effect. This waiver of premium benefit with respect to the reassignment will be effective after 2 years of the relevant reassignment, subject to the age and relationship requirements described above.
- (ii) Waiver of Premium on Death Benefit (Spouse) Rider
- An Insured adult must be at the Age of 19 or above at the time of policy application. After the policy has been in force for 2 years, if the Insured’s spouse, who is (i) the Policy Owner, (ii) a sole beneficiary or (iii) one of the beneficiaries of the policy, passes away, FWD will waive the balance of premium payable under the basic plan. The Insured’s spouse must be at or below the Age of 50 at the time of policy application, or the request for nomination or change of Spouse Owner or Spouse Beneficiary (as the case may be). For the purpose of this benefit, you may reassign your spouse who is at or below the Age of 50 as the Policy Owner or beneficiary any time while the policy is in effect. This waiver of premium benefit with respect to the reassignment will be effective after 2 years of the relevant reassignment, subject to the age and relationship requirements described above.

- 26 Premium rates are not guaranteed and FWD reserves the right to review the premium rates from time to time.
- 27 Subject to the aggregate maximum Sum Insured per life of all designated critical illness policies, which is determined by FWD's prevailing rules and regulations.
- 28 No benefit will be payable under this Death Benefit if the Reaching of Aggregate Limit has taken place at the time of the death of the Insured.
- 29 If the Insured dies, FWD will pay additional 10% of the Initial Sum Insured as Compassionate Death Benefit irrespective of the amount of any claim paid by FWD under his policy.
- 30 The Policy Owner has the right to apply for a new critical illness protection plan within 31 days immediately before or after relevant Policy Anniversary which immediately comes on or after the respective Ages of 18 / 30 / 40 / 60 of the Insured without providing further evidence of insurability on the Insured (the aggregate maximum of the sum insured is HK\$500,000/US\$62,500 per life), provided that the original policy has been in effect for at least 3 consecutive policy years after the Policy Date, no benefit has been paid or become payable under the original policy, and no loading premium and/or additional individual exclusions when the original policy is issued. This right shall be subject to the plan available at the time of application and such terms and conditions of FWD and the aggregate maximum sum insured per life of all designated critical illness policies, which is determined by FWD's then rules and regulations. This benefit is irrevocable after execution.
- 31 You must provide FWD with all documents and information FWD requires within 30 days from the date you first receive relevant proof. If any premium is unpaid at the end of the Extended Grace Period, the premium shall be in default and the Policy shall cease to be in force from the date of the first unpaid premium was due without prejudice to any claim arising prior to the date the Policy ceases to be in force. Any due and unpaid premium shall be deducted from any benefit otherwise payable. You are only entitled to apply and claim for the Extended Grace Period Benefit once under this Policy.

Dividend / Bonus Information & Investment Strategy

Dividend / Bonus Information

The non-guaranteed special bonus is determined based on the latest dividend / bonus declaration philosophy and investment strategy of FWD that shown below

(Please refer to FWD's website for latest information:

<https://www.fwd.com.hk/en/regulatory-disclosures/dividend-bonus-declaration-philosophy/>)

You may also refer to below FWD's website for dividend/bonus history:

(<https://www.fwd.com.hk/en/regulatory-disclosures/fulfillment-ratios/>)

Dividend / Bonus Declaration Philosophy

FWD issues participating policies, which offer the policyholders ("You") with dividend/bonus benefits that are not guaranteed. Dividend/bonus includes annual dividend (Include interest on accumulated dividends), terminal dividend, reversionary bonus and special bonus.

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

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

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

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

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

Smoothing

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

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

Pooling

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

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

Dividend / Bonus Information & Investment Strategy (Cont.)

Investment Strategy

FWD's investment strategies are customized for different products to optimize the return. In particular, these asset portfolios employ a balanced asset allocation investment strategy, which consists of

- Investment-grade fixed income-type securities
- Equity-type investments to enhance the investment performance in the long run. This may include listed equity, hedge funds, mutual funds, private equity and property

The current long-term target asset allocation of this product is as follows:

Asset type	Target asset allocation
Fixed income-type securities	30% - 100%
Equity-type investments	0% - 70%

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

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

Currency exposure of the underlying policies is mitigated by closely matching either through direct investments in the same currency denomination or the use of currency hedging instruments. Currently, the majority of the asset is invested in the United States and Asia Pacific and denominated in USD.

Furthermore, the asset portfolio is actively managed by investment professionals to closely monitor the investment performance and investment outlook. In addition to conducting regular review, FWD also reserves the right to change the investment strategy and shall notify policyholders for any material changes.

Investment Vehicle

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

Fixed income-type securities

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

Equity-type investments

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

Key Product Risks

Credit risk

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

Liquidity risk

This product is a long term insurance policy. This policy of long term insurance will be made for certain determined term of years starting from the policy effective date to the policy maturity date. The policy contains value and, if you surrender your policy in the early policy years or before its maturity date, the amount you get back may be considerably less than the total premium you have paid. Application of the Plans may constitute the liquidity risk to your financial condition. You need to bear the liquidity risk associated with the Plans.

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 this policy may not be sufficient for the increasing protection needs in the future even if FWD fulfills all of its contractual obligations.

Early surrender risk

If you surrender your policy in the early policy years or before its maturity date, the amount of the benefit you will get back may be considerably less than the total amount of the premiums you paid.

Non-guaranteed benefits

Non-guaranteed benefits (including but not limited to Annual Dividend / Special Bonus) are not guaranteed and are determined at FWD's discretion based on its Dividend / Bonus declaration philosophy. Under certain circumstances, the non-guaranteed benefits may be zero.

Premium adjustment

The premiums of the Plans and Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider (if applicable) are non-guaranteed during premium payment term and may significantly increase due to factors including but not limited to claims experience and policy persistency. However, the premiums will not be increased based on the age of the Insured, Policy Owner, Parent Contingent Owner, Spouse Owner or Spouse Beneficiary (as the case may be) on his or her next birthday.

Premium term and non-payment of premium

The premium payment term of the policy is 10, 15, 20, 25 or 30 years. FWD allows a grace period of 30 days after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the grace period and the policy has no cash value, the policy will be terminated from the date the first unpaid premium was due. If the policy has any loanable cash value, FWD shall automatically advance the amount of premium due as a loan against such loanable cash value of the policy. Once the total amount of outstanding loan and interest accrued thereon is equal to or exceeds the loanable cash value of the policy, the policy will be terminated and you may lose all of your benefits.

Key Product Risks (Cont.)

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

The premium payment term of the Waiver of Premium on Death Benefit (Spouse) Rider is the same as basic plan. The premium payment term of the Waiver of Premium on Death Benefit (Parents) Rider is the premium payment term of basic plan or up to the Policy Anniversary immediately preceding the 25th birthday of the Insured, whichever is earlier. FWD allows a grace period of 30 days after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the grace period, the rider will be terminated from the date the first unpaid premium was due. Please note that once the rider is terminated on this basis, you will lose all of your rider benefits.

Termination conditions

The policy shall terminate on the earliest of the following:

1. The death of the Insured;
2. The Maturity Date of this Policy;
3. The date of Policy surrender. Such date is determined in accordance with FWD's applicable rules and regulations in relation to Policy surrender;
4. The date of termination of this Policy due to default in payment of any premium determined in accordance with Grace Period or Extended Grace Period Benefit (as the case may be);
5. The Indebtedness equals or exceeds the Cash Value (excluding Special Bonus) of this Policy; or
6. The date where all of the following have happened:- (i) The total amount of Crisis Benefit Claims paid and / or payable reaches 1300% of the Initial Sum Insured, (ii) Major Crises Income Benefit has been paid or terminated, (iii) Infertility Benefit has been paid or terminated, (iv) Crisis Medical Booster Benefit for Designated Crises has been paid or terminated and (v) Lifelong Annuity on Alzheimer's Disease or Parkinson's Disease has been paid or terminated (Only applicable under Crisis OneMaster Pro).

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

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

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

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

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

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

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

Key Product Risks (Cont.)

Exclusions

The below exclusions apply to Multiple Crisis Benefit, Additional Benefit for Designated Cancer, Critical Medical Care Benefit, Life Impact Benefit, Mind Strength Benefit, Major Crises Income Benefit, Infertility Benefit, Extended Critical Medical Care Benefit, Family Booster (if applicable), Lifelong Annuity on Alzheimer's Disease or Parkinson's Disease (Only applicable under Crisis OneMaster Pro), Caregiver Support Benefit (Only applicable under Crisis OneMaster Pro) and Crisis Medical Booster Benefit for Designated Crises.

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

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

Suicide

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

Others

Please refer to the provisions for the exclusion for the Extended Grace Period Benefit and other benefits.

Important Notes

Cancellation Right within Cooling-off Period

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

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

Cancellation Right after Cooling-off Period

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

Important Notes (Cont.)

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 non-financial entities (NFEs)” and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
- IV. collect information on NEFAs (“Required Information”) which is required by various authorities; and
- V. furnish Required Information to the Inland Revenue Department.

The Policy Owner must comply with requests made by FWD to comply with the above Applicable Requirements.

Notice of Claim

Please tell us as soon as possible if you need to make a claim under your policy.

We must be advised within 90 days of the event leading to the claim. If We are not advised in this time frame, We may refuse the claim.

Please refer to policy provision for the details of claims procedures of each benefit.

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.

Refund from Other Sources

If the Policy Owner can obtain a refund of any expenses otherwise recoverable under Mind Strength Benefit, Crisis Medical Booster Benefit for Designated Crises, Health Screening Benefit, Caregiver Support Benefit (Only applicable under Crisis OneMaster Pro) and Caregiver Benefit under Family Booster for Child (if applicable) from any other source(s), FWD will only pay the portion of these expenses in excess of the refund obtained from other source(s) up to the aforesaid limit. The Policy Owner must inform FWD if the Insured can obtain a refund of all or part of the expenses otherwise recoverable under Mind Strength Benefit, Crisis Medical Booster Benefit for Designated Crises, Health Screening Benefit, Caregiver Support Benefit (Only applicable under Crisis OneMaster Pro) and Caregiver Benefit under Family Booster for Child (if applicable) from any other source(s). If FWD has paid a benefit which is wholly or partially recoverable from other source(s), the Policy Owner must refund to FWD such portion that is recoverable from other source(s).

Important Words

Confinement or Confined

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

Disease(s)

The Disease(s) covered under this Policy are shown in a table as set out in “Appendix 1: List of Diseases Covered” of policy provisions. Each Disease is presented in a row and identified by the number as shown in the 1st column of each row. Each Disease is classified into 3 Sickness Conditions, namely Major Crisis, Serious Disease and Juvenile Disease as set out in the 2nd, 3rd, 4th and 5th columns of each row respectively in the said Appendix 1. Some Diseases do not contain all the said 3 Sickness Conditions and “-” will be indicated at the relevant column if that particular Sickness Condition does not exist in that Disease. Each Disease is further defined in Appendix 2, Appendix 3 or Appendix 4 (as the case may be) of policy provisions.

First Confirmed Diagnosis

The first time that a diagnosis of a Major Crisis, Serious Disease or Juvenile Disease (as the case may be) is made by a Medical Practitioner and confirmed by histopathological and / or cytopathological patterns and / or radiological tests, blood tests and / or other laboratory tests results. Date of diagnosis of a Major Crisis, Serious Disease or Juvenile Disease suffered by the Insured, the Covered Parent or the Covered Child will be the day when tissue specimen, culture, blood specimen or any other laboratory investigation upon which the diagnosis is determined is first taken from the Insured, the Covered Parent or the Covered Child. For Cancer and Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, a diagnosis based on history, physical and radiological findings only will not meet the standards of diagnosis required by this policy.

First Symptoms

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

Invasive Life Support

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

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

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

Medically Necessary

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

- a. consistent with the diagnosis and customary medical treatment for the Insured's Disease;
- b. recommended by a Medical Practitioner for the care or treatment of the Insured's Disease involved and must be widely accepted professionally in Hong Kong as effective, appropriate and essential based upon recognized standards of the health care specialty involved; and
- c. not furnished primarily for the personal comfort or convenience of the Insured or any medical service provider. Experimental, screening and preventive services or supplies (other than prescription of experimental drugs to be reimbursed under Crisis Medical Booster Benefit for Designated Crises) are not considered Medically Necessary.

Important Words (Cont.)

Pre-existing Conditions

Any condition or illness in respect of an Insured, which existed or was existing; or where its direct cause existed or was existing; or where the Insured and / or the Policy Owner was aware or should reasonably have been aware of signs or symptoms of the condition or illness; or where any laboratory test or investigation showed the likely presence of the condition or illness, in each case, prior to the policy date.

Reasonable and Customary

In relation to a fee, a charge or an expense, any fee or expense which

- is actually charged for treatment, supplies or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an ill or injured person under the care, supervision or order of a Medical Practitioner;
- 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;
- does not include charges that would not have been made if no insurance existed; and
- does not exceed the actual fee, charge or expense incurred.

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 recognised medical associations 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 the product. FWD recommends that you carefully consider whether the product is suitable for you in view of your financial needs and that you fully understand the risk involved in the product before submitting your application. You should not apply for or purchase the product unless you fully understand it and you agree it is suitable for you. Please read through the following related risks before making any application of the product.
- This product material is issued by FWD. FWD accepts full responsibility for the accuracy of the information contained in this product material. This product material is intended to be distributed in the Hong Kong Special Administrative Region ("Hong Kong") only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of FWD outside Hong Kong. All selling and application procedures of the product must be conducted and completed in Hong Kong.
- 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 a participating life product with savings element. The premium of this plan has covered the costs of insurance and the related costs of the policy despite the product brochure / leaflet and / or the illustration documents of this plan having no schedule / section of fees and charges or no additional charge noted other than the premium.
- The product is a participating life product. If you surrender your policy before its maturity date, the amount you get back may be less than the total premium you have paid.
- All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the Insured in the insurance application to decide to accept or decline the application with a full refund of any premium paid and any insurance levy paid without interest. FWD reserves the right to accept / reject any insurance application and can decline your insurance application without giving any reason.
- All the above benefits and payment are paid after deducting policy debts (if any, e.g. unpaid premiums or policy loan with interest).

This product material is for reference only and is indicative of the key features of the product. For the full and exact terms and conditions and the full list of exclusions of the product, please refer to the policy provisions of this product. In the event of any ambiguity or inconsistency between the terms of this leaflet and the policy provisions, the policy provisions shall prevail. In case you want to read the terms and conditions of the policy provisions before making an application, you can obtain a copy from FWD. The policy provisions of the product are governed by the laws of Hong Kong.

For more information

Please contact your financial advisor,
call our Service Hotline or
simply check out our website.

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