FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability)

# **Celebrate life**

# to the fullest

# Attain a 108% harvest

**Healthy Plus Refundable Hospital Income Plan** 

**Medical** • Non-participating Life



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# **Healthy Plus Refundable Hospital Income Plan**

Need financial support when unexpected hospitalization caused by sickness or injury occurs? **Healthy Plus Refundable Hospital Income Plan** (the "Plan") provides you with various daily hospital cash benefits when the policy is in force and the Insured is alive, regardless of the actual hospital expenses, for 20-year benefit term with 10-year premium payment term only. Further, the Plan offers 108% of Total Premiums Paid at maturity notwithstanding any claims made during the benefit term.

### Key Features of Healthy Plus Refundable Hospital Income Plan



Choices of 10 plan levels



Additional Accidental Daily Hospital Cash Benefit



Additional Accidental Daily Hospital Cash Benefit involving Public Transport



Additional Infectious Diseases Daily Hospital Cash Benefit



Extra Discount for Protection of You and Your Beloved



**Refund of Premium** 

# **Feature Highlight**



### **Choices of 10 plan levels**

The Plan offers 10 plan levels for you to select. During the Insured's Confinement at hospital due to sickness, disease, illness or injury, you will receive Daily Hospital Cash Benefit<sup>1,2</sup> which amounts up to 1,000 days under this Policy.



### Additional Accidental Daily Hospital Cash Benefit<sup>2,3</sup>

If the Insured is confined at a hospital as a result of an Accident, an Additional Accidental Daily Hospital Cash Benefit will be payable up to 90 days per Confinement.



Additional Accidental Daily Hospital Cash Benefit involving Public Transport<sup>2,4</sup>

If the Insured is confined at a hospital as a result of an accident involving public transport, an Additional Accidental Daily Hospital Cash Benefit involving Public Transport will be payable up to 365 days under this Policy.



### Additional Infectious Diseases Daily Hospital Cash Benefit<sup>5</sup>

Further, if the Insured is in a Confinement due to any Covered Infectious Disease, an Additional Infectious Diseases Daily Hospital Cash Benefit will be payable up to 30 days under this Policy.



### Extra Discount for Protection of You and Your Beloved

Once you have applied for your own policy, if you apply for this Plan for your spouse and/ or children at the same time, your policy/policies can enjoy 5% discount off the premium throughout the premium payment term<sup>6</sup> (the "Premium Discount").



### **Life Protection**

The Plan offers a life protection of an amount equivalent to the sum of 10 times of Daily Hospital Cash Benefit and 100% of Total Premiums Paid<sup>7</sup> to ease the Insured's family needs in the unfortunate event of death of the Insured. There will be an additional Accidental Death Benefit of an amount equivalent to 100 times of Daily Hospital Cash Benefit if the death of the Insured is caused by an Accident.



### **Refund of Premium**

You will enjoy a refund of 108% of Total Premiums Paid<sup>7</sup> at maturity (the 20th Policy Anniversary) regardless of your claims made during the benefit term. The Surrender Benefit which is expressed as a percentage of Total Premiums Paid<sup>7</sup> up to the date of surrender<sup>8</sup> is payable if the Plan is surrendered before the maturity.

## **Plan Information**

Plan Type	Basic	Basic Plan							
Benefit Term	20 years								
Issue Age (Age Next Birthday)	Plan A / B / F / G         Plan C / D / E / H / I / J           1-60         18-60								
Premium Payment Term	10 years								
Premium Structure The premium is non-guaranteed <sup>9</sup> but it will not be increased based on the age of the Insured on his or her next birthday.									
Currency HKD / USD									
Premium Payment Mode	Annually	/ Monthly							

# **Benefit Schedule**

	Plan A	Plan B	Pla	n C	Plan D	Plan E					
Benefits	Plan F	Plan G	Pla	n H	Plan I	Plan J					
			Cove	erage							
Daily Hospital Cash Benefit <sup>1,2</sup>											
Coverage per day of Confinement	HK\$ 360 / US\$ 45	HK\$ 640 / US\$ 80		,000 / 125	HK\$ 1,440 / US\$ 180	′ HK\$ 2,000 / US\$ 250					
Maximum Coverage under this Policy		1,000 Days									
Additional Accidental Daily Hospi	al Cash Benefit <sup>2,3</sup>										
Coverage per day of Confinement	HK\$ 360 / US\$ 45	HK\$ 640 / US\$ 80	HK\$ 1 US\$	,000 / 125	HK\$ 1,440 / US\$ 180	/ HK\$ 2,000 / US\$ 250					
Commement		(Payable in ac	ldition to Da	ily Hospita	l Cash Benefit)						
Maximum Coverage per Confinement			90 E	Days							
Additional Accidental Daily Hospi	ital Cash Benefit invol	ving Public Transpo	rt <sup>2,4</sup>								
Coverage per day of	HK\$ 360 / US\$ 45	HK\$ 640 / US\$ 80	HK\$ 1, US\$		HK\$ 1,440 / US\$ 180	/ HK\$ 2,000 / US\$ 250					
Confinement	(Payable in addition to Daily Hospital Cash Benefit and Additional Accidental Daily Hospital Cash Benefit)										
Maximum Coverage under this Policy			365	Days							
Additional Infectious Diseases Dat	ily Hospital Cash Ben	efit⁵									
Coverage per day of Confinement	HK\$ 360 / US\$ 45	HK\$ 640 / US\$ 80	HK\$ 1, US\$		HK\$ 1,440 / US\$ 180	′ HK\$ 2,000 / US\$ 250					
or Commement		(Payable in ac	ldition to Da	ily Hospita	l Cash Benefit)						
Maximum Coverage under this Policy			30 E	30 Days							
Death Benefit	An amour	nt equivalent to the su	um of 10 time of Total Prei			enefit and 100%					
Accidental Death Benefit		An amount equivaler	nt to 100 tim	es of Daily	Hospital Cash Be	enefit					
	It is a perce	entage of Total Premi	ums Paid <sup>7</sup> u	p to the dat	e of surrender <sup>8</sup> a	s set out below:					
	Surrender during t Policy Year	he % of Total P Paic			er during the licy Year	% of Total Premiums Paid					
	1 <sup>st</sup> - 2 <sup>nd</sup>	0%			12 <sup>th</sup>	73%					
	3 <sup>rd</sup>	10%	,		13 <sup>th</sup>	76%					
	4 <sup>th</sup>	20%	, >		14 <sup>th</sup>	79%					
Surrender Benefit	5 <sup>th</sup>	30%	5		15 <sup>th</sup>	82%					
	6 <sup>th</sup>	40%	,		16 <sup>th</sup>	85%					
	7 <sup>th</sup>	50%	5		17 <sup>th</sup>	88%					
	8 <sup>th</sup>	55%	, ,		18 <sup>th</sup>	91%					
	9 <sup>th</sup>	60%	5		19 <sup>th</sup>	94%					
	10 <sup>th</sup>	65%	, ,		20 <sup>th</sup>	97%					
	11 <sup>th</sup>	70%									

### **Benefit Schedule**

	Plan A	Plan B	Pla	nC	Plan D	Plan E					
Benefits	Plan F	Plan G	Pla		Plan I	Plan J					
			Cove	erage							
Maturity Benefit		10	8% of Total F	Premiums Pa	id <sup>7</sup>						
24-hour Worldwide Assistance Service <sup>10</sup>		Service Program									
CANcierge <sup>™</sup>		Service Program									
	(The service is only ava	ly hroughout the entire be	enefit term of the Plan.)								
	Coverage Summa	ry (HKD)									
	General Consultat Inclusive of 3 days I										
	• No of visits/day			1 visit							
	• Co-payment per	visit		HK\$50							
	• Max. visits/memb	ber		30 visits							
	Specialist Consultation - Subject to referral letter by registered western medical practitioner - Inclusive of up to 5 days basic medication										
	• No of visits/day			1 visit							
12-month Out-patient Medical Service <sup>12</sup>	• Co-payment per	visit		HK\$100							
Service	• Max. visits/memb	ber		10 visits							
	<b>Traditional Chines</b> Inclusive of 2 days of										
	• No of visits/day			1 visit							
	• Co-payment per	visit		HK\$50							
	• Max. visits/memb	ber		10 visits							
	Physiotherapy and Physiotherapy Trea and Bone-setting S	tment (Subject to rea	ferral letter b	y registered	western medical pra	ctitioner)					
	<ul> <li>No of visits/day</li> </ul>			1 visit							
	• Co-payment per	visit		\$O							
	<ul> <li>Max. visits/accide</li> </ul>	ent		5 visits at s	same appointed clini	с					

# Monthly Premium Table (USD)

Premium of the Plan stated below is based on various factors, including but not limited to the age, gender and plan level. The premium is non-guaranteed<sup>9</sup> and may significantly increase due to factors including but not limited to claims experience and policy persistency. However, premium will not be increased based on the age of the Insured on his or her next birthday.

Please refer to the premium table "5% off the premium for Premium Discount" if the Insured of your policy is the spouse or children of the Related Insured of another policy of the Plan<sup>6</sup>.

Premium payment modal factor: Annual Premium = Monthly Premium ÷ 0.09.

The premiums in the premium table are calculated based on standard rates and are for reference only. The actual premium will be determined by FWD upon approval of application.

This premium table does not include levy which will be collected by the Insurance Authority.

Age Next Birthday	Male (Insured)										
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I	Plan J	
1-3	90.99	117	/	/	/	51.03	75.96	/	/	/	
4 - 17	72	91.98	/	/	/	39.96	60.03	/	/	/	
18 - 31	88.02	108.99	136.98	177.03	230.04	55.98	77.04	105.03	144.99	198	
32 - 36	95.04	125.01	156.96	204.03	264.96	63	92.97	125.01	171.99	233.01	
37 - 41	101.97	135.99	170.01	228.96	295.02	70.02	104.04	137.97	197.01	262.98	
42 - 46	110.97	156.96	223.02	305.01	404.01	79.02	125.01	190.98	272.97	371.97	
47 - 51	135.99	199.98	288	397.98	531.99	104.04	168.03	255.96	366.03	500.04	
52 - 56	155.97	241.02	356.04	478.98	636.03	128.97	208.98	324	447.03	603.99	
57 - 60	192.96	298.98	441	594	789.03	160.02	259.02	402.03	554.04	748.98	

Age Next Birthday	Female (Insured)											
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I	Plan J		
1-3	90.99	117	/	/	/	51.03	75.96	/	/	/		
4 - 17	72	91.98	/	/	/	39.96	60.03	/	/	/		
18 - 31	89.01	109.98	138.96	180.99	234.99	56.97	78.03	107.01	149.04	203.04		
32 - 36	91.98	120.96	150.03	200.97	258.03	60.03	89.01	117.99	169.02	225.99		
37 - 41	99	127.98	156.96	208.98	269.01	66.96	96.03	125.01	177.03	236.97		
42 - 46	102.96	141.03	198.99	270	357.03	71.01	108.99	167.04	237.96	324.99		
47 - 51	118.98	173.97	249.03	340.02	448.02	87.03	142.02	216.99	307.98	415.98		
52 - 56	145.98	217.98	320.04	443.97	590.04	114.03	186.03	288	412.02	558		
57 - 60	180.99	270	396.99	550.98	731.97	141.03	231.03	357.03	511.02	692.01		

Age Next Birthday	5% off the premium for Premium Discount – Male (Insured)											
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I	Plan J		
1-3	86.44	111.15	/	/	/	48.48	72.16	/	/	/		
4 - 17	68.40	87.38	/	/	/	37.96	57.03	/	/	/		
18 - 31	83.62	103.54	130.13	168.18	218.54	53.18	73.19	99.78	137.74	188.10		
32 - 36	90.29	118.76	149.11	193.83	251.71	59.85	88.32	118.76	163.39	221.36		
37 - 41	96.87	129.19	161.51	217.51	280.27	66.52	98.84	131.07	187.16	249.83		
42 - 46	105.42	149.11	211.87	289.76	383.81	75.07	118.76	181.43	259.32	353.37		
47 - 51	129.19	189.98	273.60	378.08	505.39	98.84	159.63	243.16	347.73	475.04		
52 - 56	148.17	228.97	338.24	455.03	604.23	122.52	198.53	307.80	424.68	573.79		
57 - 60	183.31	284.03	418.95	564.30	749.58	152.02	246.07	381.93	526.34	711.53		

Age Next Birthday	5% off the premium for Premium Discount – Female (Insured)												
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I	Plan J			
1-3	86.44	111.15	/	/	/	48.48	72.16	/	/	/			
4 - 17	68.40	87.38	/	/	/	37.96	57.03	/	/	/			
18 - 31	84.56	104.48	132.01	171.94	223.24	54.12	74.13	101.66	141.59	192.89			
32 - 36	87.38	114.91	142.53	190.92	245.13	57.03	84.56	112.09	160.57	214.69			
37 - 41	94.05	121.58	149.11	198.53	255.56	63.61	91.23	118.76	168.18	225.12			
42 - 46	97.81	133.98	189.04	256.50	339.18	67.46	103.54	158.69	226.06	308.74			
47 - 51	113.03	165.27	236.58	323.02	425.62	82.68	134.92	206.14	292.58	395.18			
52 - 56	138.68	207.08	304.04	421.77	560.54	108.33	176.73	273.60	391.42	530.10			
57 - 60	171.94	256.50	377.14	523.43	695.37	133.98	219.48	339.18	485.47	657.41			

# Monthly Premium Table (HKD)

Premium of the Plan stated below is based on various factors, including but not limited to the age, gender and plan level. The premium is non-guaranteed<sup>9</sup> and may significantly increase due to factors including but not limited to claims experience and policy persistency. However, premium will not be increased based on the age of the Insured on his or her next birthday.

Please refer to the premium table "5% off the premium for Premium Discount" if the Insured of your policy is the spouse or children of the Related Insured of another policy of the Plan<sup>6</sup>.

Premium payment modal factor: Annual Premium = Monthly Premium ÷ 0.09.

The premiums in the premium table are calculated based on standard rates and are for reference only. The actual premium will be determined by FWD upon approval of application.

This premium table does not include levy which will be collected by the Insurance Authority.

Age Next Birthday	Male (Insured)											
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I	Plan J		
1-3	909.99	1,170	/	/	/	510.03	759.96	/	/	/		
4 - 17	720	919.98	/	/	/	399.96	600.03	/	/	/		
18 - 31	880.02	1,089.99	1,369.98	1,770.03	2,300.04	559.98	770.04	1,050.03	1,449.99	1,980		
32 - 36	950.04	1,250.01	1,569.96	2,040.03	2,649.96	630	929.97	1,250.01	1,719.99	2,330.01		
37 - 41	1,019.97	1,359.99	1,700.01	2,289.96	2,950.02	700.02	1,040.04	1,379.97	1,970.01	2,629.98		
42 - 46	1,109.97	1,569.96	2,230.02	3,050.01	4,040.01	790.02	1,250.01	1,909.98	2,729.97	3,719.97		
47 - 51	1,359.99	1,999.98	2,880	3,979.98	5,319.99	1,040.04	1,680.03	2,559.96	3,660.03	5,000.04		
52 - 56	1,559.97	2,410.02	3,560.04	4,789.98	6,360.03	1,289.97	2,089.98	3,240	4,470.03	6,039.99		
57 - 60	1,929.96	2,989.98	4,410	5,940	7,890.03	1,600.02	2,590.02	4,020.03	5,540.04	7,489.98		

Age Next Birthday	Female (Insured)											
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I	Plan J		
1-3	909.99	1,170	/	/	/	510.03	759.96	/	/	/		
4 - 17	720	919.98	/	/	/	399.96	600.03	/	/	/		
18 - 31	890.01	1,099.98	1,389.96	1,809.99	2,349.99	569.97	780.03	1,070.01	1,490.04	2,030.04		
32 - 36	919.98	1,209.96	1,500.03	2,009.97	2,580.03	600.03	890.01	1,179.99	1,690.02	2,259.99		
37 - 41	990	1,279.98	1,569.96	2,089.98	2,690.01	669.96	960.03	1,250.01	1,770.03	2,369.97		
42 - 46	1,029.96	1,410.03	1,989.99	2,700	3,570.03	710.01	1,089.99	1,670.04	2,379.96	3,249.99		
47 - 51	1,189.98	1,739.97	2,490.03	3,400.02	4,480.02	870.03	1,420.02	2,169.99	3,079.98	4,159.98		
52 - 56	1,459.98	2,179.98	3,200.04	4,439.97	5,900.04	1,140.03	1,860.03	2,880	4,120.02	5,580		
57 - 60	1,809.99	2,700	3,969.99	5,509.98	7,319.97	1,410.03	2,310.03	3,570.03	5,110.02	6,920.01		

Age Next Birthday	5% off the premium for Premium Discount – Male (Insured)											
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I	Plan J		
1-3	864.49	1,111.50	/	/	/	484.53	721.96	/	/	/		
4 - 17	684	873.98	/	/	/	379.96	570.03	/	/	/		
18 - 31	836.02	1,035.49	1,301.48	1,681.53	2,185.04	531.98	731.54	997.53	1,377.49	1,881		
32 - 36	902.54	1,187.51	1,491.46	1,938.03	2,517.46	598.50	883.47	1,187.51	1,633.99	2,213.51		
37 - 41	968.97	1,291.99	1,615.01	2,175.46	2,802.52	665.02	988.04	1,310.97	1,871.51	2,498.48		
42 - 46	1,054.47	1,491.46	2,118.52	2,897.51	3,838.01	750.52	1,187.51	1,814.48	2,593.47	3,533.97		
47 - 51	1,291.99	1,899.98	2,736	3,780.98	5,053.99	988.04	1,596.03	2,431.96	3,477.03	4,750.04		
52 - 56	1,481.97	2,289.52	3,382.04	4,550.48	6,042.03	1,225.47	1,985.48	3,078	4,246.53	5,737.99		
57-60	1,833.46	2,840.48	4,189.50	5,643	7,495.53	1,520.02	2,460.52	3,819.03	5,263.04	7,115.48		

Age Next Birthday	5% off the premium for Premium Discount – Female (Insured)											
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I	Plan J		
1-3	864.49	1,111.50	/	/	/	484.53	721.96	/	/	/		
4 - 17	684	873.98	/	/	/	379.96	570.03	/	/	/		
18 - 31	845.51	1,044.98	1,320.46	1,719.49	2,232.49	541.47	741.03	1,016.51	1,415.54	1,928.54		
32 - 36	873.98	1,149.46	1,425.03	1,909.47	2,451.03	570.03	845.51	1,120.99	1,605.52	2,146.99		
37 - 41	940.50	1,215.98	1,491.46	1,985.48	2,555.51	636.46	912.03	1,187.51	1,681.53	2,251.47		
42 - 46	978.46	1,339.53	1,890.49	2,565	3,391.53	674.51	1,035.49	1,586.54	2,260.96	3,087.49		
47 - 51	1,130.48	1,652.97	2,365.53	3,230.02	4,256.02	826.53	1,349.02	2,061.49	2,925.98	3,951.98		
52 - 56	1,386.98	2,070.98	3,040.04	4,217.97	5,605.04	1,083.03	1,767.03	2,736	3,914.02	5,301		
57 - 60	1,719.49	2,565	3,771.49	5,234.48	6,953.97	1,339.53	2,194.53	3,391.53	4,854.52	6,574.01		

#### Remarks:

- Daily Hospital Cash Benefit will be payable for each day of the Insured's Confinement as a result of Disability, for a maximum cumulative of 1,000 days under this Policy. Benefit payable is limited to a maximum of 3 times of Confinements per policy year after the Insured's age next birthday reaches 56. If the maximum coverage of Daily Hospital Cash Benefit under this Policy is reached, the Additional Accidental Daily Hospital Cash Benefit, Additional Accidental Daily Hospital Cash Benefit under this Policy is reached, will not be paid.
- 2. If the Insured's Confinement occurs in Mainland China, Daily Hospital Cash Benefit, Additional Accidental Daily Hospital Cash Benefit & Additional Accidental Daily Hospital Cash Benefit involving Public Transport will be limited to a maximum of 7 days per Confinement in Mainland China.
- 3. The Additional Accidental Daily Hospital Cash Benefit is in addition to other benefits payable under this Policy, and is payable only when the Daily Hospital Cash Benefit is paid or payable for that Confinement. Additional Accidental Daily Hospital Cash Benefit will be payable for each day during the period of the Insured's Confinement as a result of an Accident, for a maximum of 90 days per Confinement.
- 4. The Additional Accidental Daily Hospital Cash Benefit involving Public Transport is in addition to other benefits payable under this Policy, and is payable only when the Daily Hospital Cash Benefit and Additional Accidental Daily Hospital Cash Benefit are paid or payable for that Confinement. Additional Accidental Daily Hospital Cash Benefit involving Public Transport will be payable for a maximum cumulative of 365 days under this Policy.

The Additional Accidental Daily Hospital Cash Benefit involving Public Transport would be payable if the Insured's Confinement is a result of an Accident suffered (a) while riding as a passenger on a public transport, or (b) in an accident directly caused by a public transport, provided that at the time of the Accident the Insured is not (i) the driver of any vehicle, (ii) navigating any vessel, (iii) piloting any aircraft, and/or (iv) working in the course of employment on board any vehicle, vessel or aircraft.

5. The Additional Infectious Diseases Daily Hospital Cash Benefit is in addition to other benefits payable under this Policy, and is payable only when the Daily Hospital Cash Benefit is paid or payable for that Confinement. Additional Infectious Diseases Daily Hospital Cash Benefit will be payable for each day of the Insured's Confinement as a result of Covered Infectious Disease(s), for a maximum cumulative of 30 days under this Policy and it is not applicable to Confinement in Mainland China. Covered Infectious Diseases include:

1	Acute poliomyelitis	9	Diphtheria	17	Rabies
2	Amoebic dysentery	10	Hand, Foot and Mouth disease	18	Scarlet fever
3	Anthrax	11	Japanese encephalitis	19	Severe Acute Respiratory Syndrome**
4	Avian Influenza*	12	Legionnaires' disease	20	Tetanus
5	Chickenpox	13	Leprosy	21	Tuberculosis
6	Cholera	14	Malaria	22	Yellow fever
7	Creutzfeldt-Jakob disease	15	Measles		
8	Dengue fever	16	Plague		

\* A viral disease in humans caused by Influenza A virus (strains H5N1 or H7N3 or H7N9 or H7N9 or H9N2 or other strains which are defined by World Health Organization) which are also adapted to and are proved to be originating from birds. Infections caused by any other type of Influenza virus strain will not be covered.

- \*\*A viral respiratory disease in humans which is caused by SARS coronavirus (SARS-CoV). Other respiratory diseases or other forms of the coronavirus (including SARS-CoV-2 causing COVID-19) are not covered.
- . The terms and conditions of this Premium Discount are listed below:

Each policy owner of the policy of the Plan will be entitled to a 5% premium discount throughout the premium payment term if the respective Insured of the policy is a child or spouse of the insured of another policy of the Plan ("the Related Insured").

The Premium Discount amount is equal to 0.05 multiplied by the corresponding annual/ monthly premium, and rounded to the nearest 2 decimal places.

Each policy owner will enjoy the Premium Discount for each policy once only regardless of the number of eligible policies of the Premium Discount.

Please refer to the "5% off the premium for Premium Discount" tables above for the amount of discounted premium.

If the policy of the Related Insured is cancelled during the cooling off period, the Premium Discount will not apply to all policies of the Insured and the Related Insured.

Only the premium and insurance levy actually paid by the applicants will be refunded if the relevant policy is cancelled during the cooling off period.

The application submission date and the issuance date of the policy are based on the records of FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD"). FWD will not be responsible for any delay, loss, error or unrecognized situation due to computer and / or Internet's connection, technical problem, malfunction or accident.

The Premium Discount cannot be changed, returned, exchanged for other gifts, redeemed for cash and cannot be resold. The Premium Discount is not applicable to any other existing policies or any policy conversions.

FWD reserves the final decision in approving any applications and any disputes that may arise from this Premium Discount.

FWD reserves the right to amend the terms and conditions of this Premium Discount or discontinue this Premium Discount at any time without prior notice. All decisions made by FWD shall be final and binding.

- 7. Total Premiums Paid means the sum of the premiums due and paid as at the relevant date.
- 8. Date of surrender is determined in accordance with the FWD applicable rules and regulations in relation to Policy surrender.
- 9. Premium rates are not guaranteed and FWD reserves the right to review the premium rates at each Policy Anniversary.
- 10. The services are currently provided by International SOS Assistance (HK) Ltd ("International SOS") and are not guaranteed renewable. FWD shall not be responsible for any act or failure to act on the part of International SOS and the professionals. Details of the services or service provider may be revised from time to time without prior notice from FWD.
- 11. CANcierge is currently provided by HealthMutual Group Limited ("HMGi") and its healthcare network team, and is not a part of the policy or benefit item under the policy provisions. FWD reserves the right to change the service provider, terminate or vary CANcierge in its sole discretion without further notice. FWD will not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team. For details, please refer to the attached brochure of CANcierge.
- 12. The 12-month Out-patient Medical Service is currently provided by Quality HealthCare Medical Services Limited ("QHMS") and the professionals from QHMS are independent healthcare professionals and not FWD employees nor representatives. The service will be provided within the 12-month period set out in the welcome letter of the service, while the Plan is in force, and it will be offered once only throughout the entire benefit term of the Plan. Terms of the coverage and co-payment of the services will be in HKD regardless of the currency of the Plan. FWD reserves the right to change the service provider and its sole discretion without further notice. FWD shall not be liable for any matters in respect of any services provided by QHMS including but not limited to their actions, negligence or omission of medical services or treatments, the quality and/or appropriateness and/or suitability of the medical prescriptions, supplies, procedures, treatments, facilities and services as suggested, recommended or offered by QHMS. The terms and conditions of this service are listed below:

(a) The service is provided in Hong Kong only and is non-transferrable and only applicable to the Insured whose life is insured under the Plan.

- (b) The Insured is required to present his/her medical card and identification document (HKID/ Passport/ Birth Certificate for child age 11 or below) at the network clinic before receiving any treatments.
- (c) For scope of service under physiotherapy and bone-setting, covered treatments will only be provided only if the Insured sustains an Injury due to an Accident which occurs when the Plan is in inforce and the date of the first treatment consultation falls within 60 days from the date of occurrence of such Accident.
- (d) A referral letter which is issued by a registered western medical practitioner in the Hong Kong Special Administrative Region is required for physiotherapy treatment and specialist consultation for the first visit and the referral letter will be valid for 60 days from the date of issuance.

(e) For any disputes regarding this service, all decisions made by FWD and/or QHMS shall be final and conclusive.

### **Key Product Risks**

#### **Credit risk**

This product is an insurance policy issued by FWD. The application of this insurance product and all benefits payable under your policy are subject to the credit risk of FWD. You will bear the default risk in the event that FWD is unable to satisfy its financial obligations under 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 Plan may constitute the liquidity risk to your financial condition. You need to bear the liquidity risk associated with the Plan.

#### **Exchange rate and currency risk**

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

#### **Inflation risk**

The cost of living in the future may be higher than now due to the effects of inflation. Therefore, the benefits under 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 the end of the benefit term, the amount of the benefit you will get back may be considerably less than the total amount of the premiums you paid.

#### **Premium adjustment**

The premium is non-guaranteed and may significantly increase due to factors including but not limited to claims experience and policy persistency. However, premium will not be increased based on the age of the Insured on his or her next birthday.

#### Premium term and non-payment of premium

The premium payment term of the policy is 10 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, the policy will be terminated from the date the first unpaid premium was due. Please note that once the policy is terminated on this basis, you will lose all of your benefits.

#### **Termination conditions**

This Policy shall terminate on the earliest of the following:

- 1. The death of the Insured; or
- 2. The Maturity Date; or
- The date of Policy surrender. Such date is determined in accordance with FWD's applicable rules and regulations in relation to Policy surrender (To surrender the Policy, the Policy Owner needs to send FWD a completed surrender form or by any other means acceptable by FWD); or

4. On the premium due date, if the Policy Owner has not paid the premium within the Grace Period.

12-month Out-patient Medical Service shall terminate on the earliest of the following:

- 1. Upon the expiry of the 12-month period as specified in the welcome letter of 12-Month Out-patient Medical Service to be sent after policy inception; or
- 2. termination of the Plan.

#### **Exclusions**

No Hospitalization Benefits (includes Daily Hospital Cash Benefit, Additional Accidental Daily Hospital Cash Benefit, Additional Accidental Daily Hospital Cash Benefit involving Public Transport and Additional Infectious Diseases Daily Hospital Cash Benefit) is payable under this Policy when the Confinement is directly or indirectly caused by:

- 1. Congenital Conditions.
- 2. Pre-existing Conditions.
- 3. Intentional self-inflicted injury or attempted suicide, while sane or insane and while intoxicated or not; Disability arising out of excessive consumption of alcohol or narcotics or similar drugs or agents unless prescribed by a Physician for the treatment of a Disability.
- 4. Conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or the reversal of birth control or treatment pertaining to infertility.
- 5. Cosmetic surgery or plastic surgery, preventive or vaccination treatment not related to a Disability, except as necessitated by bodily Injuries wholly caused by an Accident occurring after the Commencement Date; dental care, surgery and treatment, except as necessitated by the need to restore sound natural teeth that are damaged wholly by Injury occurring after the Commencement Date and the restoration is only to restore the basic function of the natural teeth that existed prior to the Injury.
- 6. War or any act of war, terrorism or terroristic activities, declared or undeclared, hostilities, rebellion, revolution, insurrection, coup or usurped power or active duty in the military, naval or air forces of any country or international authority.
- 7. Any Disability resulting from:
  - (i) Racing of any kind other than on foot.
  - (ii) Participation in all forms of professional sports competition with reward and income.
  - (iii) Motorcycling other than on roadways designed primarily for motor traffic.
  - (iv) An activity in the air other than as a fare paying passenger on a duly licensed commercial aircraft.
  - (v) Deep water diving over thirty (30) meters requiring the use of breathing apparatus.
  - (vi) Abseiling and mountain climbing requiring the use of ropes and/or pitons.
  - (vii) Winter sports other than ice-rink skating.

## **Key Product Risks**

(viii) Deliberate exposure to exceptional danger in the opinion of FWD except in an effort to save human life.

- (ix) Nuclear radiation, or contamination or the use of ionization or combustion of any nuclear weapons.
- 8. Mental disorder, psychological or psychiatric condition, behavioral problems or personality disorder, or sleep disorder.
- 9. Pregnancy, childbirth (including surgical delivery), miscarriage which is not a result of Accident, abortion and prenatal or postnatal care.
- 10. The participation in any criminal event (including the consumption of illegal drugs).
- 11. Trans-sexual surgery.
- 12. Confinements in Mainland China to a Hospital classified as Class or Tier 2B or below, as defined by the State Council Ministry of Health of Mainland China.

No Daily Hospital Cash Benefit shall be paid in respect of any Human Immunodeficiency Virus (HIV) related Disability, including Acquired Immunization Deficiency Syndrome (AIDS) and/or any mutations, derivations, variations or complications, which is derived from an HIV infection (except due to blood transfusion), unless the signs or symptoms of such Disability first occur after the Policy has been effective for 5 consecutive Policy Years from the Commencement Date or the date of reinstatement of this Policy (whichever is later). The maximum period for which the Daily Hospital Cash Benefit is payable in respect of HIV related Disabilities is 30 days per Policy Year regardless of the number of HIV related Disabilities suffered.

No Accidental Death Benefit is payable under this Policy when the death of the Insured is directly or indirectly caused by:

- 1. Disease or infection (except infections which occur through an accidental cut or wound).
- 2. Pregnancy, childbirth (including surgical delivery) and abortion irrespective of whether such event is accelerated or induced by an Injury.
- 3. Intentional self-inflicted injury or attempted suicide, while sane or insane and while intoxicated or not.
- 4. Any drug unless taken in accordance with the lawful directions and prescription of a qualified and registered Physician.
- 5. Accident occurring while or because the Insured is under the influence of alcohol.
- 6. Poison, gas or fumes, voluntarily or otherwise taken, absorbed or inhaled, other than as a result of an Accident arising from a hazardous incident in relation to the Insured's occupation.
- 7. War or any act of war, terrorism or terroristic activities, declared or undeclared, hostilities, rebellion, revolution, insurrection, coup or usurped power or active duty in the military, naval or air forces of any country or international authority.
- 8. Any activity in the air other than as a fare paying passenger on a duly licensed commercial aircraft.
- 9. The participation in any criminal event (including the consumption of illegal drugs).
- 10. Racing of any kind other than on foot.
- 11. Nuclear radiation, or contamination or the use of ionization or combustion of any nuclear weapons.
- 12. Participation in all forms of professional sports competition with reward and income.

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

12-month Out-patient Medical Service will not cover any expenses related to the followings:

- 1. Routine/Preventive physical examination and investigations
- 2. Pregnancy test, contraceptive related, birth control, sterilization of either sex, infertility (in-vitro fertilization or any other artificial method of inducing pregnancy), and sexual dysfunction
- 3. Pregnancy and its complication including but not limited to ectopic pregnancy, abortion and miscarriage
- 4. Sexually transmitted disease or human immunodeficiency virus infection related
- 5. Psychiatric, mood disorder, mental diseases, behavioral disorders
- 6. Congenital, developmental or hereditary conditions or diseases
- 7. Dental related
- 8. Eye refraction or eyesight related (e.g. routine eye tests, fitting of spectacles or lenses, LASIK, etc)
- Cosmetic or plastic surgery for the purpose of beautification
   Rental or purchase of prosthesis, prosthetic devices, or medical equipment or appliances (e.g. wheelchair, CPAP machine, hearing aids,
- crutches, aero chamber, etc) 11. Supplement, appetite stimulants, anti-depressants, any treatment or medication for weight control, medication on request (e.g.
- travelling medicine), over-the-counter drugs (e.g. shampoo, lotion) and lubricant (e.g. artificial tears)
- 12. Vaccinations, immunisations and any preventive care
- 13. Acupuncture, pilates, shockwave including those performed by physiotherapist
- 14. Tui Na, cupping, massage therapy including those performed by Chinese Medicine Practitioner
- 15. Experimental medical technology or procedure
- 16. Chronic alcoholism or abuse of alcohol, drugs addiction or abuse of drugs
- 17. Dietitian and Traditional Chinese Medicine consultation (unless otherwise specified in the Schedule)
- 18. Accidents that arise directly or indirectly from hazardous or professional sports
- 19. War, invasion, act of foreign enemy, act of terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or direct participation in strike, riot or civil commotion
- 20. Suicide, self-inflicted injury, or any attempted suicide whether sane or insane
- 21. Any treatment or disability directly or indirectly arising from or consequent upon illegal activity
- 22. Female hormonal tests or assays and female hormonal replacement therapy unless resulting from a disease
- 23. All cancer treatments (e.g. chemotherapy, radiotherapy, target therapy and IV infusion, PET and PET-CT scan, genetic tests, etc)
- 24. Any diagnostic and imaging investigation performed at hospital setup, including both inpatient and outpatient
- 25. Any service provided out of QH Network Panel or out of scheme benefit coverage

#### **Cancellation Right**

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

FWD trusts 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 FWD Service Hotline on 3123 3123; (2) visit FWD Insurance Solutions Centres; (3) email to cs.hk@fwd.com and FWD will be happy to explain your cancellation rights further.

While the Policy or rider (if applicable) is in force, the Policy Owner may surrender or terminate the Policy or rider (if applicable) by sending a written request to FWD.

#### **Automatic Exchange of Financial Account Information**

FWD must comply with the following requirements of the Inland Revenue Ordinance to facilitate the Inland Revenue Department automatically exchanging certain financial account information:

- I. To identify accounts as non-excluded "financial accounts" ("NEFAs");
- II. To identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
- III. To determine the status of NEFA-holding entities as "passive NFEs" and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
- IV. To collect information on NEFAs ("Required Information"); and
- V. To furnish Required Information to the Inland Revenue Department.

The Policy Owner must comply with requests made by FWD to comply with the above listed requirements.

#### Waiting period

No Hospitalization Benefits (includes Daily Hospital Cash Benefit, Additional Accidental Daily Hospital Cash Benefit, Additional Accidental Daily Hospital Cash Benefit involving Public Transport and Additional Infectious Diseases Daily Hospital Cash Benefit) is payable under this Policy if the insured suffers any Sickness, Disease or Illness before or within 30 days from Commencement Date or the date of reinstatement of this Policy (whichever is later). However, FWD will pay for Injury that happens on or after the Commencement Date.

#### Renewal

This Policy shall be automatically renewed at each Policy Anniversary for another Policy Year until the Maturity Date based on the then terms and conditions of this Policy, provided that premiums under this Policy are paid when due. The premium rates for each renewal are not guaranteed and subject to change at the sole discretion of FWD.

#### **Notice of Claim**

Written notice of a claim must be given to FWD within 30 days (and in any case no later than 6 months) from the date of Discharge from Confinement or the date of death of the Insured. Any claims received after the said period shall not be accepted, unless FWD in its sole discretion decides otherwise.

### **Important Words**

#### Accident

An unforeseen and unexpected event or contiguous series of events of violent, accidental, external and visible nature which shall be the sole cause of a bodily Injury while this Policy is in force.

#### Confinement

A period during which the Insured is admitted into a Hospital as an in-patient for Medically Necessary services or treatments on the written recommendation of a Physician as a result of a Disability, provided that the duration of such stay is not less than 6 consecutive hours. Throughout the period from the Insured's admission until his/her Discharge, the Insured is required to be continuously confined in the Hospital without any physical absence or interruption.

If two or more Confinements are due to the same or related Disability, or to any complications arising from it, such Confinements shall be regarded as one Confinement if each of them is not separated by more than 90 days.

#### **Congenital Conditions**

Medical abnormalities existing at the time of birth, regardless of whether they are known or unknown to the Policy Owner or the Insured, as well as neonatal physical abnormalities developing before the Insured attains 16 years of age, and shall include but are not limited to strabismus (squint), hydrocephalus, undescended testicle, Meckel's diverticulum, flat foot, heart septal defect and indirect inguinal hernias.

#### **Disability**

Any Sickness(es), Disease(s), Illness(es) or Injury(ies) and shall include all Disabilities arising from the same cause including any complications arising from it. More than one Disability per Confinement will be treated as a single Disability for the purpose of benefit payments under this Policy while this Policy is in force. The Disability must be confirmed by a Physician with the supporting of the clinical and medical evidences.

#### **Medically Necessary**

Medically Necessary means medical or health care services and Confinement which are necessary and consistent with the diagnosis and customary medical treatment for the Disability and recommended by a Physician or Surgeon for the care or treatment of the Disability 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.

In no event will any of the following be considered to be Medically Necessary:

- 1. Confinement mainly for the personal comfort or convenience of the Insured or the Physician or any other person.
- 2. Confinement which the Insured's Disability could safely and adequately be treated while not confined.
- 3. Confinement for experimental, screening and preventive services, routine physical examinations, health check-ups, or tests not incidental to treatment or diagnosis of a Disability.

#### **Pre-existing Conditions**

Any physical, medical or mental condition or any sickness, disease, illness or injury:

- 1. which existed whether it was known or unknown to the Policy Owner or the Insured; or
- 2. which was investigated, diagnosed, or treated by a Physician; or
- 3. for which Physician was consulted; or
- 4. the signs or symptoms of which commenced,

before the Commencement Date.

### **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.
- Incorrect disclosure or non-disclosure of any material facts which, in the FWD's opinion, may affect FWD's risk assessment, including but not limited to, age, gender and other material facts declared on the relevant application form or otherwise provided in the Policy application process, may render this Policy void from the Commencement Date, unless FWD confirms otherwise in writing. FWD's liability shall be limited to the amount of total premiums paid and total insurance levy paid without interest, less any benefit which has been paid under this Policy.
- 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 refundable medical protection product (hospital cash benefit with 12-month Out-patient Medical Service, if applicable). The costs of insurance and the related costs of the policy are included in the premium paid under this plan 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.
- If you surrender your Policy before the end of the benefit term, 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. any outstanding premium, any outstanding levy and any amount you owed FWD).

This product material is for reference only and is indicative of the key features of the product. For the exact terms and conditions and the full list of exclusions of the product, please refer to the policy provisions of this product materials. 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.



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