

MyCover Critical Illness Plan

Getting a critical illness plan can be
much simpler and easier than you think

Critical Illness Protection • Non-Participating Life



We now live in a world where most great things come in small packages. So why shouldn't your insurance too?

Critical illness protection shouldn't take days or weeks to research and understand. At FWD, we've found a way to pack a lot of protection in a simple plan. One that makes getting protected easier, more relevant and affordable.

Comprehensive doesn't need to be complicated

We call cancer, heart attack and stroke the “Big 3 Diseases”, as these 3 Diseases alone make up around 90% of our Hong Kong critical illness claims in 2020*. It doesn't take a lot to see that protection for these illnesses is what most people need. So we created a plan to provide protection where it most counts.

Even if you're already prepared with medical protection, MyCover Critical Illness Plan (“the Plan” or “MyCover”) pays out a cash lump sum in the event you're diagnosed with any of these Big 3 Diseases, even at Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, providing you the cash you'll need to take time off work or travel abroad to get the best treatment that's out there. And because it's so focused without saving component, it's also so affordable.

And if you prefer even higher protection, that's easy too. Simply add the following optional benefit to your MyCover without needing to purchase another plan.



You can choose to cover 59 other critical illnesses.

First-in-Hong Kong⁺



You can choose to receive medical expenses reimbursement for Cancer, Heart Attack or Stroke for which Big 3 Diseases Benefit has been paid if the medical expense incurred for the same Cancer, Heart Attack or Stroke reaches a set limit.

*Source: FWD claims report 2020

Your essential coverage, extendable according to your needs

MyCover is a critical illness protection plan which covers Big 3 Diseases and even Carcinoma-in-situ or Early Stage Malignancy of Specific Organs.^{1,2}

As you may want a more comprehensive protection, the Plan allows you to have an option to extend the coverage to other 59 crises with an affordable subscription.¹

It is the first-in-Hong Kong⁺ critical illness insurance plan offering an Additional Medical Coverage for Big 3 Diseases³ (optional benefit), once the Big 3 Diseases Benefit has been paid and/or is payable for a Big 3 Disease, MyCover provides medical coverage up to an additional 100% of the total Initial Sum Insured under all policies of the Term Critical Illness Series⁴ with Additional Medical Coverage for Big 3 Diseases or HK\$1,000,000 per life under all policies of the Term Critical Illness Series⁴ with Additional Medical Coverage for Big 3 Diseases, whichever is lower, that you can use to reimburse the Eligible Expenses⁵ subsequently incurred for the hospitalisation, surgery or other covered treatment and tests of the same Big 3 Disease after the Eligible Expenses⁵ of such Big 3 Disease have reached a pre-set limit.

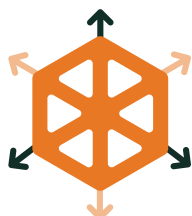
We are committed to help you focus on treatment and recovery when fighting with crisis without financial worries while supporting you with a team of professionals, so that you can look forward to a brilliant future with your loved ones!



Easy protection over what you need the most

The Plan's simple and affordable protection gives you and your family peace of mind. It covers Cancer, Heart Attack and Stroke which are known as the top 3 life threatening diseases ("Big 3 Diseases") with a lump-sum payment of 100% of Current Sum Insured¹.

In addition, it also covers multiple claims of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs up to 100% of the Initial Sum Insured, where 35% of Initial Sum Insured (subject to a maximum of HK\$400,000 per life of each claim under all policies of the Term Critical Illness Series⁴) is payable for each claim.^{1,2}



Flexibility on additional protections

Life is about celebrations that are important to you. Everyone tries their best to enjoy life while they would better have two strings to their bow to get prepared for the worst. We understand besides the Big 3 Diseases, suffering from certain critical illnesses may result in lengthy treatment and rehabilitation. The Plan specifically offers Crisis Benefit¹ (optional benefit) for comprehensive protection covering additional 59 Crises, 100% of Current Sum Insured is payable upon First Confirmed Diagnosis of such Crisis.



Extra reimbursement complements lump sum benefit

We also understand that the medical costs for Big 3 Diseases can be a real challenge you may face. You might also consider the Additional Medical Coverage for Big 3 Diseases³ (optional benefit) - within two years from the date of First Confirmed Diagnosis of Cancer, Heart Attack or Stroke for which Big 3 Diseases Benefit has been paid, you will be reimbursed for subsequently incurred Eligible Expenses⁵ up to the lower of an additional of 100% of the total Initial Sum Insured under all policies of the Term Critical Illness Series⁴ with Additional Medical Coverage for Big 3 Diseases or HK\$1,000,000 per life under all policies of the Term Critical Illness Series⁴ with Additional Medical Coverage for Big 3 Diseases for such Big 3 Disease after the Eligible Expenses⁵ reach a set limit.

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1. Lump Sum Benefit

Big 3 Diseases Benefit is paid or payable



In excess of a set limit



2. Reimbursement

Additional Medical Coverage for Big 3 Diseases
Reimbursement of 100% of the total Initial Sum Insured under all policies of the Term Critical Illness Series with Additional Medical Coverage for Big 3 Diseases or HK\$1,000,000 per life under all policies of the Term Critical Illness Series with Additional Medical Coverage for Big 3 Diseases (whichever is lower)

within two years from the date of First Confirmed Diagnosis of Cancer, Heart Attack or Stroke for which Big 3 Diseases Benefit has been paid



Recovery support to back you up in every way

First-in-Hong Kong⁺

What's more, if you are diagnosed with Cancer, Stroke or Heart Attack, our Life Enrichment Program⁶ 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!



Professional health solutions to simplify your life

On top of giving you protection from diseases, the Plan also gives you access to a priority health coaching service: MyCover Critical Illness Protection Plan – PREMIER THE ONEcierge One Team Health Management (“PREMIER THE ONEcierge”)⁷. 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 doctor and access top-tiered network hospitals in the Pan-Asia Region. If hospitalisation is required, PREMIER THE ONEcierge 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 Big 3 Disease or Crisis (if applicable) is diagnosed, a top U.S. medical institution can be consulted for a Second Medical Opinion⁸ with a team of renowned doctors standing by to assist. Apart from crisis specialists, the Plan can also provide referral services (“Family Care Services”)⁹ to help with taking care of your home.

⁺ Per a comparison made by FWD on 31 August 2021 among the critical illness insurance plans of key insurers available in Hong Kong, Additional Medical Coverage for Big 3 Diseases and Life Enrichment Program are first in Hong Kong.



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, d) the Initial Sum Insured of the Basic Plan of the policy remains unchanged throughout the policy term and e) the Insured does not have other policies of the Term Critical Illness Series⁴.

Example

Insured: Ms Emma Wong
 Age next birthday : 25
 Job: Graduate Trainee
 Plan: MyCover (Crisis Benefit (optional benefit) and Additional Medical Coverage for Big 3 Diseases (optional benefit) are selected)
 Initial Sum Insured of the Plan: HK\$1,000,000
 Premium Payment Mode: Annually

Background:

Emma loves travelling and enjoying an active life.
 She wants a better plan against unexpected diseases, like Cancer.
 She purchased the Plan to lower the financial burden in the event of Big 3 Diseases.



Sep 2021
 Emma purchased the plan



Feb 2026

She has chest pains and is unfortunately diagnosed with carcinoma-in-situ of breast and hence **Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit** is claimed, which is 35% of the Initial Sum Insured (HK\$350,000).

After the payment of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit, the Current Sum Insured will be reduced to 65% of the Initial Sum Insured (HK\$650,000). Big 3 Diseases Benefit and future premium will be reduced accordingly.

May 2028

The carcinoma-in-situ of breast has progressed to breast cancer. **Big 3 Diseases Benefit**, which is 100% of Current Sum Insured or equivalent to 65% of Initial Sum Insured (HK\$650,000) is payable.

She can also have the coverage and support from **Life Enrichment Program**. As 100% of Initial Sum Insured (including 35% of Initial Sum Insured for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit and 65% of Initial Sum Insured for Big 3 Diseases Benefit) of her policy has been claimed, **no more premium is required to be paid**.



April 2029

Her Eligible Expenses⁵ for the breast cancer exceed HK\$500,000, which is the lower of total Initial Sum Insured under all policies of the Term Critical Illness Series⁴ with Additional Medical Coverage for Big 3 Diseases (i.e. HK\$1,000,000) or HK\$500,000. Emma can further get reimbursement for the subsequently incurred Eligible Expenses⁵ for that breast cancer up to additional HK\$1,000,000 for treatment for that breast cancer within two years from the date of First Confirmed Diagnosis of that breast cancer.³

Does the Plan suit you?

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



You are looking for a low premium entry Big 3 Diseases plan.



You wish to add on your Big 3 Diseases coverage on top of your critical illness plan.



You wish to receive the professional rehabilitation service after being diagnosed with Cancer, Stroke or Heart Attack.

Plan Summary

| | |
|--|---|
| Plan Structure | Basic Plan |
| Issue Age (Age Next Birthday) | 1 (15 days) – 70 |
| Premium Payment Term | To the Policy Anniversary immediately preceding the 85 th birthday of the Insured |
| Benefit Term | Guaranteed renewable up to the Policy Anniversary immediately preceding the 85 th birthday of the Insured |
| Renewable Period | Yearly Renewable / 10-Year Renewable Plan |
| Premium Structure | <p>Premium is not guaranteed and We reserve the right to review the premium rates from time to time.</p> <p>Yearly Renewable / 10-Year Renewable Plan: The premium within the Renewable Period is not guaranteed but will not be increased solely based on the age of the Insured on his or her next birthday (except for Additional Medical Coverage for Big 3 Diseases (Optional Benefit)). The premium rates upon renewal will be determined at Our sole discretion based on factors including but not limited to the age of the next birthday of the Insured at the time of renewal.</p> <p>Additional Medical Coverage for Big 3 Diseases (Optional Benefit): The premium is not guaranteed and will be determined annually at Our sole discretion based on the age of the next birthday of the Insured at the Policy Anniversary.</p> |
| Currency | HKD |
| Premium Payment Mode | Monthly / Semi-Annually / Annually |
| Minimum Initial Sum Insured | HK\$300,000 (per policy) |
| Maximum Initial Sum Insured ¹⁰ | Age Next Birthday 1-60: HK\$2,500,000 (per life) Age Next Birthday 61-70: HK\$1,500,000 (per life) |
| Big 3 Diseases Benefit ¹ | 100% of the Current Sum Insured |
| Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit ^{1,2} | Advanced payment of 35% of the Initial Sum Insured (subject to a maximum of HK\$400,000 per life of each claim under all policies of the Term Critical Illness Series ⁴) |
| Life Enrichment Program ⁶ | If Big 3 Diseases Benefit is payable, relevant rehabilitation program will be provided |
| Death Benefit ¹¹ | 5% of the Initial Sum Insured |
| MyCover Critical Illness Protection Plan – PREMIER THE ONEcierge One Team Health Management ⁷ | Service Program |
| Second Medical Opinion ⁸ | Service Program |
| Family Care Services ⁹ | Service Program |
| Crisis Benefit ¹ (Optional Benefit) | 100% of the Current Sum Insured |

Plan Summary

Additional Medical Coverage for Big 3 Diseases⁵ (Optional Benefit)

If Big 3 Diseases Benefit has been paid and/or is payable, and within 2 years from the date of First Confirmed Diagnosis of such Big 3 Disease, the Eligible Expenses⁵ of that Big 3 Disease incurred have reached the lower of the total Initial Sum Insured under all policies of the Term Critical Illness Series⁴ with Additional Medical Coverage for Big 3 Diseases or HK\$500,000, you can claim up to additional 100% of the total Initial Sum Insured under all policies of the Term Critical Illness Series⁴ with Additional Medical Coverage for Big 3 Diseases or HK\$1,000,000 per life under all policies of the Term Critical Illness Series⁴ with Additional Medical Coverage for Big 3 Diseases, whichever is lower, on a reimbursement basis for Eligible Expenses⁵ incurred in respect of that Big 3 Disease in excess of the aforesaid threshold under Hospitalisation Benefits, Surgical Benefits and Other Benefits

| Coverage | |
|---|----------------------------|
| Entitled ward class ¹² | Standard Semi-private Room |
| Hospitalisation Benefits | |
| (a) Room & Board | Full Cover |
| (b) Intensive Care Unit Charges | Full Cover |
| (c) Medical Practitioner's Hospital Visit and Specialist's Fee | Full Cover |
| (d) Miscellaneous Hospital Medical Charges | Full Cover |
| (e) Hospital Companion Bed (An extra bed for 1 person who accompanies the Insured in Hospital) | Full Cover |
| (f) Private Nursing Care's Fee | Full Cover |
| Surgical Benefits | |
| Surgeon's fees, Anaesthetist's fee and operating theatre fee | Full Cover |
| Other Benefits | |
| (a) Post-hospitalisation Out-patient (1 consultation per day) | Full Cover |
| (b) Post-hospitalisation Home Nursing (within 31 calendar days after discharge following surgery or Intensive Care Unit admission) | Full Cover |
| (c) Non-surgical Cancer Treatment ¹³ | Full Cover |
| (d) Prescribed Diagnostic Imaging Tests ¹⁴ | Full Cover |
| (e) Rehabilitation Treatment (stay in Rehabilitation Centre for treatment for at least 6 continuous hours) | Full Cover |

Note: Additional Medical Coverage for Big 3 Diseases must be applied with Crisis Benefits at the time of policy application.

Big 3 Diseases covered in MyCover

- Cancer
- Heart Attack
- Stroke

Carcinoma-in-situ or Early Stage Malignancy of Specific Organs covered in MyCover

Carcinoma-in-situ of Specific Organs

(all organs except skin, including but not limited to the organs listed below)

- | | |
|---------------------|--|
| a) Breast | j) Penis |
| b) Cervix Uteri | k) Stomach and Esophagus |
| c) Colon and Rectum | l) Testis |
| d) Fallopian Tube | m) Urinary Tract (for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included) |
| e) Lung | n) Uterus |
| f) Liver | o) Vagina |
| g) Nasopharynx | |
| h) Ovary | |
| i) Pancreas | |

Early Stage Malignancy of Specific Organs

- a) Chronic Lymphocytic Leukaemia
- b) Prostate
- c) Thyroid
- d) Non Melanoma Skin Cancer

Crises covered in MyCover (if applicable)

Diseases related to Organ Failure

- | | |
|---|---|
| - Aplastic Anaemia | - Major Organ Transplantation (lung, pancreas, liver, bone marrow) |
| - Chronic Liver Disease | - Medullary Cystic Disease |
| - Chronic Lung Disease | - Occupationally Acquired HIV |
| - End Stage Lung Disease (including Chronic Obstructive Lung Disease, Severe Bronchiectasis and Severe Emphysema) | - Severe Pulmonary Fibrosis |
| - Fulminant Hepatitis | - Severe Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis |
| - HIV Due to Blood Transfusion | - Surgical Removal of One Lung |

Diseases related to Circulatory System

- | | |
|-----------------------------------|---|
| - Cardiomyopathy | - Kidney Failure |
| - Coronary Artery Disease Surgery | - Major Organ Transplantation (kidney, heart) |
| - Eisenmenger's Syndrome | - Other Serious Coronary Artery Disease |
| - Heart Valve Surgery | - Primary Pulmonary Arterial Hypertension |
| - Infective Endocarditis | - Surgery to Aorta |

Covered Diseases

Diseases related to Nervous System

- Alzheimer's Disease
- Apallic Syndrome
- Bacterial Meningitis
- Benign Brain Tumour
- Blindness
- Creutzfeld-Jacob Disease
- Encephalitis
- Loss of Hearing[®]
- Major Head Trauma
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paralysis
- Parkinson's Disease
- Poliomyelitis
- Progressive Bulbar Palsy
- Progressive Muscular Atrophy
- Progressive Supranuclear Palsy
- Severe Myasthenia Gravis

Other Diseases

- Amputation of Feet due to Complication from Diabetes Mellitus
- Chronic Adrenal Insufficiency
- Chronic Relapsing Pancreatitis
- Coma
- Crohn's Disease
- Ebola
- Elephantiasis
- Loss of Independent Existence
- Loss of Limbs
- Loss of Speech
- Major Burns
- Necrotizing Fasciitis
- Pheochromocytoma
- Severe Osteoporosis*
- Severe Rheumatoid Arthritis
- Systemic Sclerosis
- Terminal Illness
- Ulcerative Colitis

[®] The claims for Loss of Hearing will only be paid if at that time of diagnosis the Insured is aged 3 (age next birthday) or above.

* The claim for Severe Osteoporosis will only be paid if at the time of diagnosis the Insured is aged 70 (age next birthday) below.

Note: Benefit relating to Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, Big 3 Diseases and Crises (if applicable) are payable according to the policy provisions. Please refer to the definition of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, Big 3 Diseases and Crises (if applicable) in the policy provisions for the details of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, Big 3 Diseases and Crises (if applicable).

Remarks

- 1 FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) (“FWD”, “We”, “Us” or “Our”) will pay the Big 3 Diseases Benefit, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit and Crisis Benefit (if applicable) only where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Disease occurs after the first 90 calendar days from the Commencement Date. This first 90 calendar days limitation does not apply if any Disease is solely and directly caused by an Accident and independently of any cause.
While this policy is in force, if the Insured has the First Confirmed Diagnosis of a Big 3 Disease, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs or Crisis (if applicable) and survives for a period of at least 14 days from the date of First Confirmed Diagnosis of such Big 3 Disease, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs or Crisis (if applicable), We will pay to the Policy Owner the Big 3 Diseases Benefit, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit or Crisis Benefit (if applicable). Current Sum Insured means the Initial Sum Insured less any benefits paid under Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit of the policy.
Big 3 Diseases Benefit or Crisis Benefit (if applicable) will only be paid once until the Total Claims paid and/or payable reach 100% of the Initial Sum Insured. Total Claims means the aggregate amount of the Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit, Big 3 Diseases Benefit and Crisis Benefit (if applicable) payments.
Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit, Big 3 Diseases Benefit or Crisis Benefit (if applicable) shall not be paid in conjunction with the Death Benefit.
If Additional Medical Coverage for Big 3 Diseases (optional benefit) is not selected, upon payment of the Big 3 Diseases Benefit, Our liability (if any) under this policy shall be limited to the Life Enrichment Program.
- 2 More than 1 claim can be made in respect of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs under the Plan. To be eligible for the second and subsequent claim, the claim must be a covered organ of a Carcinoma-in-situ or Early Stage Malignancy of Specific Organs that is different from the organ(s) of the previous claims for the Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit (for which benefit has been paid or is payable). 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 will be payable until the Total Claims paid and / or payable reach 100% of the Initial Sum Insured. Upon the payment of claims under Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit, the Current Sum Insured of this policy will be reduced accordingly. Big 3 Diseases Benefit, Crisis Benefit (if applicable) and future premium will be reduced accordingly. The benefit payable under each claim of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit will in no event be higher than the Current Sum Insured.
- 3 If Policy Owner can obtain a refund of any expenses otherwise recoverable under this benefit from any other sources, FWD will only pay the portion of these expenses in excess of the refund obtained from other sources up to the above limit. Policy Owner must tell FWD if the Insured can obtain a refund of all or part of expenses otherwise recoverable under this benefit from any other sources. If FWD has paid a benefit which is recoverable from another source, Policy Owner must refund this amount to FWD.
The policy will be terminated once the above maximum limit for the Eligible Expenses is reached or upon expiry of this benefit, which is two years after the date of the First Confirmed Diagnosis of such Big 3 Disease (whichever is earlier).
Once the Big 3 Diseases Benefit is payable and while the policy is still in force, We will waive the balance of premiums payable under this policy.
- 4 Term Critical Illness Series means MyCover Critical Illness Plan and other selected critical illness insurance term plan(s) as specified by FWD from time to time.
- 5 Eligible Expenses refers to reasonable and customary charges incurred for Medically Necessary treatment, services or supplies rendered with respect to the same Big 3 Disease for which the Big 3 Diseases Benefit claim is paid or payable.
Reasonable and customary refers to a fee or expense which:
 - 1) is actually charged for Medically Necessary treatment, supplies or medical services;
 - 2) does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred;
 - 3) does not include charges that would not have been made if no insurance existed.
 We may adjust benefit(s) payable under this policy for fees or expenses that We judge not to be reasonable and customary after comparing with fee schedules used by the government, relevant authorities or recognised medical associations in the location where the fee or expense is incurred.
- 6 This service is provided by HealthMutual Group Limited (“HMG”) and its healthcare network team currently. FWD reserves the right to 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 (if any). While the Insured is still alive and the policy is still in force, when Big 3 Diseases Benefit is payable, We will provide the Life Enrichment Program which shall be started within 6 calendar months from the payment date of such Big 3 Diseases Benefit to the Insured and the fee will be waived once per Insured. This service is only available in Hong Kong region.
- 7 PREMIER THE ONEcierge is provided by HMG and its healthcare network team and Parkway Hospitals Singapore (“Parkway”) currently 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 PREMIER THE ONEcierge’s brochure.
- 8 Second Medical Opinion is provided by International SOS (HK) Limited (“International SOS”) currently 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 FWD’s prior notice. Please refer to policy document for details.

Important to know

Remarks

- 9 Family Care Services is provided by Aspire Lifestyles (HK) Limited ("Aspire") currently 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. Please refer to policy document for details.
- 10 Subject to the aggregate maximum sum insured per life under all policies of the Term Critical Illness Series and other designated critical illness plans, which is determined by FWD's prevailing rules and regulations.
- 11 No benefit will be payable under this Death Benefit if the Total Claims paid and / or payable reach 100% of the Initial Sum Insured at the time of the death of the Insured. This benefit shall not be paid in conjunction with the Big 3 Diseases Benefit, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit or Crisis Benefit (if applicable).
- 12 Standard Ward Room refers to a room type in a Hospital that is of a quality below a Standard Semi-private Room. Standard Semi-private Room refers to a single or double occupancy room in a Hospital, with a shared bath or shower room. Without prejudice to the maximum limit of the Additional Medical Coverage for Big 3 Diseases, if on any day of Hospitalisation, the Insured is Hospitalised in a room of a higher level than a Standard Semi-private Room at his own choice, the amount of Eligible Expenses reimbursable shall be reduced by multiplying the following percentage:-

| Actual room type | Standard Ward Room | Standard Semi-private Room | Standard Private Room | Level above the Standard Private Room |
|---|--------------------|----------------------------|-----------------------|---------------------------------------|
| Percentage applied to the Eligible Expenses | 100% | 100% | 50% | 25% |

The above adjustment shall not be applied if the Hospitalisation in a room of a higher level than a Standard Semi-private Room is necessitated by the following reasons:

- 1) unavailability of accommodation at the specified ward class due to ward or room shortage for emergency treatment;
 - 2) isolation purposes that require a specific class of accommodation; or
 - 3) other reasons not involving personal preference of the Policy Owner and/or the Insured.
- 13 Non-surgical cancer treatment includes chemotherapy, radiotherapy, immunotherapy, targeted therapy and cancer hormonal therapy.
- 14 Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.

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.

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.

Premium adjustment

The premium is non-guaranteed and FWD reserves the right to review and adjust the premiums from time to time. The premium may increase significantly due to factors including but not limited to claims experience and policy persistency, provided any premium review shall be applied to all other policies of the same kind.

Yearly Renewable/ 10-Year Renewable Plan: The premium within the Renewable Period is not guaranteed but will not be increased solely based on the age of the Insured on his or her next birthday (except for Additional Medical Coverage for Big 3 Diseases (optional benefit)). The premium rates upon renewal are not guaranteed will be determined at Our sole discretion based on factors including but not limited to the age of the next birthday of the Insured at the time of renewal, claims experience and policy persistency from all policies under this product.

In addition, if Additional Medical Coverage for Big 3 Diseases is selected at the policy application, the premium of Additional Medical Coverage for Big 3 Diseases is not guaranteed and will be determined annually at Our sole discretion based on the age of the Insured on his or her next birthday at the Policy Anniversary, and the premium of the policy will change every year.

Premium term and non-payment of premium

The premium payment term of the policy up to age 85 (Age Next Birthday).

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

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

1. The death of the Insured;
2. The Expiry Date of this policy;
3. The date of policy surrender. Such date is determined in accordance with Our applicable rules and regulations in relation to policy surrender;
4. On the premium due date, if the Policy Owner has not paid the premium within the 30-day grace period; and
5. The Total Claims paid and / or payable reach 100% of the Initial Sum Insured (if Additional Medical Coverage for Big 3 Diseases (optional benefit) is selected, except when Big 3 Diseases Benefit is payable, this policy will be terminated when Additional Medical Coverage for Big 3 Diseases has been paid or terminated).

Key Product Risks

Exclusions

Death Benefit

If the Insured commits suicide within 13 calendar months from the Commencement Date (or the Reinstatement Date, whichever is later), FWD's legal responsibility will be limited to the total premium amount paid to FWD without interest, less any outstanding insurance levy and after deducting any policy benefits that FWD has paid and any outstanding amounts owed to FWD. This applies regardless of whether the Insured was sane or insane when committing suicide.

Big 3 Diseases Benefit, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit, Crisis Benefit (if applicable) and Additional Medical Coverage for Big 3 Diseases (if applicable)

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

1. Intentional self-inflicted injury or attempted suicide, while sane or insane and while intoxicated or not.
2. The participation in any criminal event.
3. 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.
4. 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 (Applicable to Crisis Benefit only: Except "HIV due to Blood Transfusion" and "Occupationally Acquired HIV").

Please refer to policy provisions for the exclusion for the Post-hospitalisation Out-patient benefit and Miscellaneous Hospital Medical Charges under Additional Medical Coverage for Big 3 Diseases (if applicable).

Waiting Period

FWD will not pay the Big 3 Diseases Benefit, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit and Crisis Benefit (if applicable) where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Disease occurs within the first 90 calendar days from the Commencement Date. This first 90 calendar days limitation does not apply if any Disease is solely and directly caused by an Accident and independently of any cause.

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

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.

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.

Renewal

While this policy is in effect and the Insured is alive, the Basic Plan of this policy can be renewed for another Renewal Period at the end of each Renewable Period without the requirement of evidence of insurability. Unless you tell Us in writing before the next renewal that you do not want to renew, the Basic Plan of this policy will be automatically renewed at the end of each Renewable Period until the Expiry Date based on the terms and conditions of this policy, provided that premiums under this policy are paid when due.

Only applicable to policies with the Additional Medical Coverage for Big 3 Diseases (optional benefit): FWD reserves the right to revise, amend or modify this policy at each Policy Anniversary, and FWD will notify you in writing at least 30 calendar days before the Policy Anniversary after which the revisions will take effect. If you refuse to accept the revisions, FWD can terminate this policy when you have not paid the premium for 30 calendar days from when it was due.

Notice of Claim

Written notice of any claim for Death Benefit, Big 3 Diseases Benefit, Crisis Benefit (if applicable), Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit and Additional Medical Coverage for Big 3 Diseases (if applicable) must be given to FWD within 30 calendar days (and in any case no later than 6 calendar months) from the date of death of the Insured, the date of the relevant medical treatment or First Confirmed Diagnosis of such respective Big 3 Diseases, Crisis or Carcinoma-in-situ or Early Stage Malignancy of Specific Organs (as applicable). Any claims for Death Benefit, Big 3 Diseases Benefit, Crisis Benefit (if applicable), Carcinoma-in-situ or Early Stage Malignancy of Specific Organs Benefit and Additional Medical Coverage for Big 3 Diseases (if applicable) received after the said 6-month period shall not be accepted, unless FWD in its sole discretion decide otherwise.

Important Words

Big 3 Disease(s)

Disease(s) listed under “Big 3 Diseases covered in MyCover Critical Illness Plan” in Appendix 1: List of Diseases Covered of policy provisions. Any diagnosis of Big 3 Diseases for the purpose of claiming the Big 3 Diseases Benefit must fulfil the meaning together with the terms and conditions stated under the heading of that Disease in Appendix 2: Definition of Big 3 Diseases of policy provisions.

Disease(s)

The Disease(s) covered under this policy as set out in “Appendix 1: List of Diseases Covered” of policy provisions. Each Disease is further defined in Appendix 2, Appendix 3 or Appendix 4 of policy provisions.

First Confirmed Diagnosis

The first time that a diagnosis of a Disease 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 Disease suffered by the Insured 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. 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.

Hospitalise and Hospitalisation

The period when the Insured stays in a Hospital as an In-patient for Medically Necessary treatment of a Big 3 Disease. 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. Hospitalisation ends when the Hospital issues its final accounts in preparation for the Insured to formally leave, or be discharged from, the Hospital.

Medically Necessary

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

1. consistent with the diagnosis and customary medical treatment for the Insured’s Disease;
2. 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
3. not furnished primarily for the personal comfort or convenience of the Insured or any medical service provider. Experimental, screening and preventive services or supplies are not considered Medically Necessary.

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 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.
- 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 call our Service Hotline or simply check out our website.

fwd.com.hk



Service Hotline
3123 3123



Learn more about
MyCover Critical Illness Plan