



**Making Life
Easier**

CANsurance Series – Economy Plan

Medical • Non-participating Life Insurance

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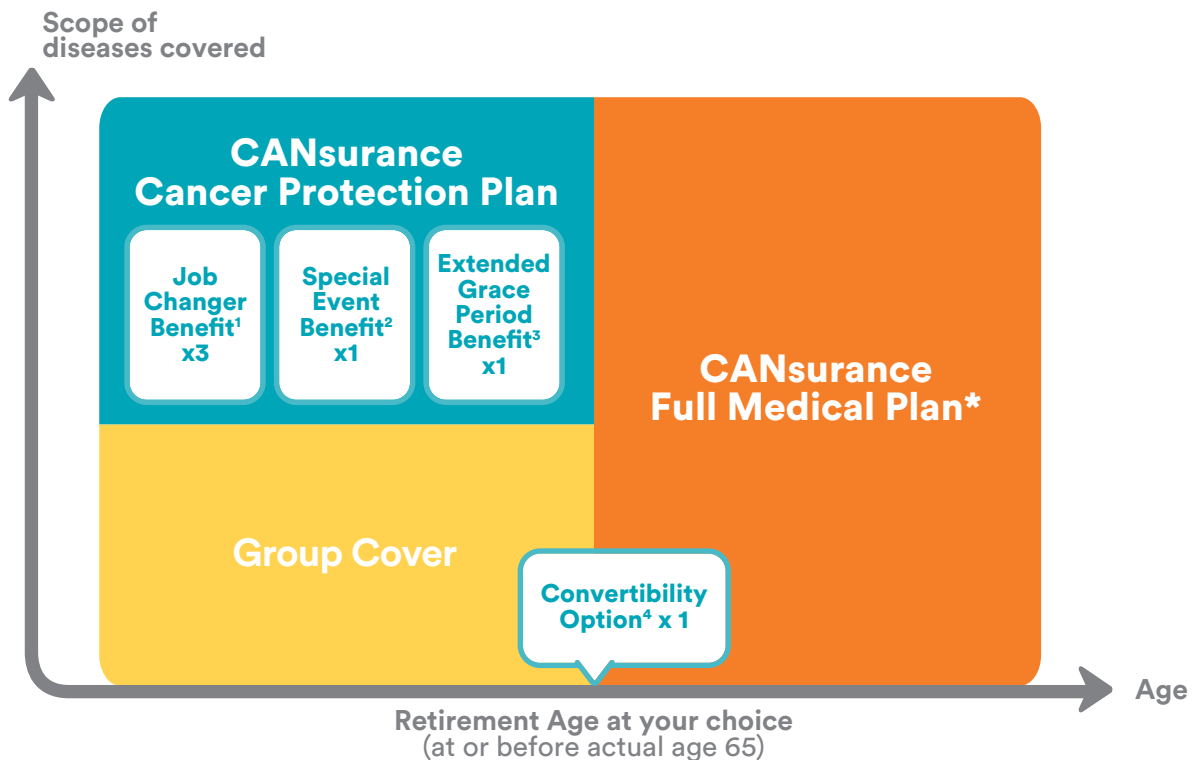
CANsurance

Cancer Protection Plan

You may have different dreams at different life stages; whatever they may be, wouldn't you like to have the option to just go for it with no regrets? But can you go far without adequate support?

Now you can! CANsurance Cancer Protection Plan and CANsurance Full Medical Plan ("CANsurance Series") presented by FWD Life Insurance Company (Bermuda) Limited ("FWD") can help you go forward in the pursuit of your dreams and compensate for insufficient group medical cover. CANsurance Series is here giving you smart and seamless coverage. Plan early and you too can go full steam ahead with no worries!

Smart and Seamless Coverage



* Assuming that you have exercised the Convertibility Option⁴ in CANsurance Cancer Protection Plan.

CAN have comprehensive protection

The key to a speedy recovery is being without financial worries. You can take the policy as an add-on to your current medical coverage to power up your cancer coverage with its essential coverage of Covered Cancer⁵ and Lifetime Cancer Limit⁶ as high HKD 1.5 million.

CAN cope with changing needs



CANsurance Cancer Protection Plan gives you coverage with a savvy edge that can cater to your changing needs at different life stages. You can have Additional Benefits without additional charges, such as waiving premium for 1 year when you wish to pursue further full time education, undertake a working holiday or you become involuntarily unemployed; deferring premium payments for 1 year when you get married or become parent; or even enjoy seamless coverage with temporary cover under a designated full medical reimbursement plan when you are changing jobs and do not have group cover. When you retire, you can also permanently convert CANsurance Cancer Protection Plan to a designated full medical reimbursement plan.

CAN secure complementary support

In addition, the diversified supportive health care professional consultations covered by CANsurance Cancer Protection Plan aim to give you an extra helping hand in your path to full recovery. You may plan for the most suitable and preferable combination of professional consultations during or after cancer treatment. CANsurance Cancer Protection Plan even subsidises transportation expenses during treatment.

CAN enjoy personalised assistance

CANcierge is here to provide you with end-to-end health coaching. Once you are diagnosed with a Covered Cancer⁵, a professional health management team will customise one-stop services specifically for your needs, from cancer treatment and hospitalisation to post-treatment supportive therapies and consultations. You can then concentrate on receiving treatments without additional burdens.

Yes you CAN, with CANsurance

Take the weight off your shoulders today. Simply apply online by answering to a few questions. No medical examination and any proof of health are required.

CANsurance Cancer Protection Plan

Reasonable and Customary⁷ charges will be reimbursed according to the Schedule of Benefit.

CANsurance Cancer Protection Plan – General Information

Plan Type	Basic Plan
Issue Age (Age Next Birthday)	19 to 55
Benefit Term	Guaranteed yearly renewable ⁸ to age 100 (age next birthday)
Premium Structure	<ul style="list-style-type: none"> Based on Insured's issue age, gender, smoking habit and selected plan level Renewal premiums are non-guaranteed and will be increased yearly according to the Insured's age next birthday at the time of renewal
Premium Payment Term	To age 100 (age next birthday)
Premium Payment Mode	Monthly
Currency	HKD

CANsurance Cancer Protection Plan - Schedule of Benefit (HK\$)

Plan Level	Economy
Area of Cover	Asia ⁹
Room Level of Hospitalisation	Standard Ward Room ¹⁰
A. Cancer Benefits	
1. Diagnostic Benefit	Full cover
2. Cancer Treatment Benefits	Full cover
2.1 Hospitalisation and Surgical Benefits	
a) Room and Board	
b) Physician's or Specialist's Hospital Visit	
c) Intensive Care Unit ("ICU") Charges	
d) Hospital Companion Bed (including 1 extra bed for 1 person who accompanies the Insured while hospitalised)	
e) Surgical Expenses (including Surgeon's fee, Anaesthetist's fee and operating theatre fee)	
f) Miscellaneous Hospital Medical Charges	
2.2 Treatment Benefits	Full cover
a) Non-surgical Cancer Treatment (including Chemotherapy, Radiotherapy, Target Therapy, Cancer Hormonal Therapy and prescribed medications)	
b) Palliative Cancer Care	
c) Pre or Post-treatment Consultation (incurred by consultation with a physician before or after the active treatment or palliative treatment)	
3. Reconstructive Surgery Benefit (head or breast)	Full cover
4. Monitoring Benefit (up to 5 years since completion of active treatment)	Full cover
Per Covered Cancer Limit¹¹	500,000
Lifetime Cancer Limit⁶	1,500,000

CANsurance

Full Medical Plan

All-in-One One-for-all

CANsurance Full Medical Plan equals simplicity by fully covering the expenses of hospitalisation and surgery as long as the total amount doesn't exceed the Per Disability Limit¹⁴.

Single Plan Doubled Protection

Medical expenses can greatly impede your enjoyment of life and wipe out your wealth, especially with cancer treatment. CANsurance Full Medical Plan fully reimburses the costly expenses on kidney dialysis, chemotherapy and radiotherapy subject to the Per Disability Limit¹⁴. Moreover, if the hospitalisation, treatment and/or surgery is caused by Covered Cancer⁵, the Per Disability Limit¹⁴ will be doubled.

Improved Wellness Fabulous Reward

Prevention is always better than cure, so why not adopt a healthier lifestyle? CANsurance Full Medical Plan offers you the Wellness Joy Benefit¹⁵ for reimbursing the expenses on travel, fitness and wellness course or health check-up to give you an extra incentive to stay healthy.

Also, if there is no claim paid or payable for at least 2 consecutive years immediately before renewal, you will be entitled to a 10% No Claim Premium Discount on renewal premium. If you haven't made any claims in the 10 consecutive years immediately before renewal, you will be entitled to additional 20% Per Disability Limit¹⁴ permanently without having to pay any additional premium as a No Claim Benefit Booster¹⁶.

Continuous Support Accelerated Recovery

Rehabilitation and appropriate follow-up consultation are as important as prevention. FWD extends the coverage to the expenses incurred by home nursing and consultation with a range of specialists such as Chinese medicine practitioner, physiotherapist and chiropractor subject to certain limit for each Disability, after discharge from hospital or completion of clinical surgery.

Guaranteed Renewal⁸ Lifelong Protection

Regardless of the deterioration in your health, financial condition and claims history, FWD guarantees to renew your policy until age 100 at next birthday, subject to the continual availability of CANsurance Full Medical Plan, the relevant terms and conditions, the benefits and its prevailing premium at renewal.

CANsurance Full Medical Plan

Reasonable and Customary⁷ charges will be reimbursed according to the Schedule of Benefit.

CANsurance Full Medical Plan - General Information

Plan Type	Basic Plan
Issue Age (Age Next Birthday)	1 (15 days) to 70
Benefit Term	Guaranteed yearly renewable ⁸ to age 100 (age next birthday)
Premium Structure	<ul style="list-style-type: none"> Based on Insured's issue age, gender and selected plan level Renewal premiums are non-guaranteed and will be increased yearly according to the Insured's age next birthday at the time of renewal
Premium Payment Term	To age 100 (age next birthday)
Premium Payment Mode	Monthly
Currency	HKD

CANsurance Full Medical Plan - Schedule of Benefit (HK\$)

Plan Level	Economy
Allowable plan level(s) for designated full medical reimbursement plan for conversion by exercising Convertibility Option ⁴ in CANsurance Cancer Protection Plan	Economy
Allowable plan level for designated full medical reimbursement plan when exercising Job Changer Benefit ¹ in CANsurance Cancer Protection Plan	Economy
Per Disability Limit ¹⁴ (maximum total amount paid and payable under Items 1 to 3 per Disability)	250,000
	The amount will be doubled for claims related to a Covered Cancer ⁵
Area of Cover	Asia ⁹
Room Level of Hospitalisation	Standard Ward Room ¹⁰
1. Hospitalisation Benefits (maximum limit per Disability)	
(a) Room and Board	Full cover
(b) ICU Charges	
(c) Physician's Hospital Visit and Specialist's Fee	
(d) Miscellaneous Hospital Medical Charges	
(e) Hospital Companion Bed (including 1 extra bed for 1 person who accompanies the Insured in hospital)	
(f) Private Nursing Care's Fee	300
(g) Daily Hospital Cash for Hospitalisation in a General Ward of Hong Kong Public Hospitals	Maximum 60 days per Disability
2. Surgical Benefits	
Surgical Benefits (including Surgeon's fee, Anaesthetist's fee, operating theatre fee)	Full cover
3. Other Benefits (maximum limit per Disability)	
(a) Pre-hospitalisation Out-Patient	Full cover (1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery)
(b) Post-hospitalisation Out-Patient	Full cover (1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery)
(c) Post-hospitalisation Home Nursing	Full cover (maximum 31 days within 31 days after discharge following surgery or ICU admission)

CANsurance Full Medical Plan - Schedule of Benefit (HK\$) (Continued)

Plan Level	Economy
Per Disability Limit ¹⁴ (maximum total amount paid and payable under Items 1 to 3 per Disability)	250,000 The amount will be doubled for claims related to a Covered Cancer ⁵
Area of Cover	Asia ⁹
Room Level of Hospitalisation	Standard Ward Room ¹⁰
3. Other Benefits (maximum limit per Disability) (continued)	
(d) Emergency Out-Patient Accidental Treatment Charges	Full cover
(e) Emergency Dental Treatment	Full cover
(f) Chemotherapy and Radiotherapy	Full cover
(g) Kidney Dialysis	Full cover
(h) Chinese Medicine Practitioner Consultation (per visit)	300 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery
(i) Physiotherapist or Chiropractor Consultation (per visit)	300 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery
4. Compassionate Death Benefit	
	10,000
5. Accidental Death Benefit (in addition to Compassionate Death Benefit)	
	10,000
6. Wellness Joy Benefit¹⁵ (including expenses of travelling, fitness and wellness course or health check-up)	
	800 Once per policy if the policy has been in effect for 5 consecutive years
7. No Claim Benefit Booster¹⁶ (if no claim is paid or payable in the 10 consecutive years immediately before renewal)	
	20% one-off increase in Per Disability Limit ¹⁴ and will be applicable for all future policy years
8. Ancillary Services	
(i) Second Medical Opinion Service ¹²	Service Program
(ii) International SOS 24-hour Worldwide Assistance Program ¹²	Service Program
(iii) CANcierge ¹³	Service Program

No Claim Premium Discount

If CANsurance Full Medical Plan has been in force for at least 2 consecutive years, you can enjoy a 10% discount on renewal premium if no claim (other than the claim of Wellness Joy Benefit¹⁵) has been made for 2 consecutive years or more immediately before renewal date.

Remarks:

- CANsurance Cancer Protection Plan policy must be in effect for at least 3 consecutive years from the policy date or the date of last reinstatement, whichever is later. This option is only available if FWD offers a designated full medical reimbursement plan at the time of application and subject to FWD's rules at that time. CANsurance Cancer Protection Plan policy must remain in effect during the temporary coverage period and all premiums still need to be paid when due. You must inform FWD within 31 days of the employment termination date and must provide proof of the change in this employment. This benefit is only available if you or the Insured are changing from a full time employment to any full time employment. This option may be exercised up to 3 times per policy, but you may only make a further application after 3 years has passed from the date of the start of the previous temporary coverage period. This benefit will expire at the earlier of following conditions: i) Insured reaches 65 years old (actual age) or; ii) the CANsurance Cancer Protection Plan policy is terminated. You cannot exercise this benefit in conjunction with Convertibility Option, Special Event Benefit or Extended Grace Period Benefit. CANsurance Full Medical Plan is currently the designated full medical reimbursement plan of CANsurance Cancer Protection Plan and FWD can revise from time to time without prior notice.
- CANsurance Cancer Protection Plan policy must be in effect for at least 3 consecutive years from the policy date or the date of last reinstatement, whichever is later. You must provide FWD with all documents and information FWD requires within 30 days from the date you first receive relevant proof. This benefit will expire at the earlier of following conditions: i) Insured reaches 65 years old (actual age) or; ii) the CANsurance Cancer Protection Plan policy is terminated. You cannot exercise this benefit in conjunction with Convertibility Option, Job Changer Benefit or Extended Grace Period Benefit.
- CANsurance Cancer Protection Plan policy must be in effect for at least 3 consecutive years from the policy date or the date of last reinstatement, whichever is later. You must provide FWD with all documents and information FWD requires within 30 days from the date you first receive relevant proof. If the premium is not paid at the end of the Extended Grace Period, you will be in default and the policy will end. This benefit will expire at the earlier of following conditions: i) Insured reaches 65 years old (actual age); or ii) the CANsurance Cancer Protection Plan policy is terminated. You cannot exercise this benefit in conjunction with Convertibility Option, Job Changer Benefit or Special Event Benefit.

4. You may apply to convert the CANSurance Cancer Protection Plan policy to a designated full medical reimbursement plan if the policy has been in effect for at least 9 consecutive years from the policy date or the date of last reinstatement, whichever is later. This option is only available if FWD offers a designated full medical reimbursement plan at the time of conversion and subject to FWD's rules at that time. You may apply when the Insured is aged between 38 and 64 years old (both actual ages inclusive) and within 31 days immediately before or after the respective policy anniversary without providing further health evidence from the Insured. Once approved, conversion will take effect on next policy anniversary and you cannot withdraw the application. CANSurance Cancer Protection Plan will be terminated once the policy is converted. Any claims for any Covered Cancer made under CANSurance Cancer Protection Plan or the converted policy of designated full medical reimbursement plan are subject to the Lifetime Cancer Limit. FWD will not cover any illness or injury (including pre-existing conditions) under the designated full medical reimbursement plan if it occurred before the policy date or the date of last reinstatement (whichever is later) of the CANSurance Cancer Protection Plan. Premium payable under the designated full medical reimbursement plan is not guaranteed and will be determined on conversion. You cannot exercise this benefit in conjunction with Job Changer Benefit, Special Event Benefit or Extended Grace Period Benefit. CANSurance Full Medical Plan is currently the designated full medical reimbursement plan of CANSurance Cancer Protection Plan and FWD can revise from time to time without prior notice.
5. Covered Cancer refers to the first symptoms that occur no earlier than 90 days (CANSurance Cancer Protection Plan) / 30 days (CANSurance Full Medical Plan) after the policy date or the date of last reinstatement, whichever is later, and are subsequently confirmed by a specialist as meeting the definition of Cancer or Carcinoma-in-situ. Please refer to Policy Provisions for the definitions of Cancer and Carcinoma-in-situ.
6. Lifetime Cancer Limit refers to the maximum total amount per Insured that FWD will pay under Section A of CANSurance Cancer Protection Plan - Schedule of Benefit for all Covered Cancers from CANSurance Cancer Protection Plan. If the Insured is insured under multiple CANSurance Cancer Protection Plan policies, the Lifetime Cancer Limit will apply across all of these policies, even those policies that have terminated. Once the total amount paid or payable under Section A of CANSurance Cancer Protection Plan - Schedule of Benefit reaches the Lifetime Cancer Limit, the policy will terminate.
7. Only Reasonable and Customary charges for the above benefits will be paid by FWD. Reasonable and Customary refers to a fee or expense which:
 - a. is actually charged for Medically Necessary treatment, supplies or medical services;
 - b. does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred;
 - c. does not include charges that would not have been made if no insurance existed.
 FWD may adjust benefit(s) payable under the policy of CANSurance Series for fees or expenses that FWD judges not to be Reasonable and Customary after comparing with fee schedules used by the government, relevant authorities or recognized medical association in the location where the fee or expense is incurred.
8. Lifetime guaranteed renewal is subject to the continual availability of CANSurance Series offered by FWD, terms and conditions applicable, benefits, and premium rates at the time of renewal. Renewal premiums are not guaranteed and the premiums for each renewal are determined based on the age at next birthday and the premium table applicable when the policy is renewed. Premium table is subject to change based on factors including but not limited to the inflation of related medical expenses, FWD's medical claim experience and persistency of policies from time to time. FWD reserves the right to revise the benefit payable, terms and conditions and premiums any time at renewal.
9. Asia includes Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Mainland China, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.
10. Standard Ward Room refers to a room type in a hospital that is of a quality below a Standard Semi-Private Room. Standard Semi-Private Room refers to a single or double occupancy room in a hospital, with a shared bath / shower room.
11. Per Covered Cancer Limit refers to the maximum total amount for any single Covered Cancer that FWD will pay under Section A of CANSurance Cancer Protection Plan - Schedule of Benefit. If the Insured is insured under multiple CANSurance Cancer Protection Plan policies, the Per Covered Cancer Limit will apply across all of these policies, even those policies that have terminated.
12. The services are currently provided by International SOS and are not guaranteed renewable. All relevant fees and charges (if any) of these services must be paid by you. FWD shall not be responsible for any act or failure to act on the part of International SOS and/ or any of its affiliates. Details of the services may be revised from time to time without prior notice from FWD.
13. CANcierge is currently provided by HealthMutual Group Limited ("HMG") and its healthcare network team, is not a part of the policy or benefit item under the Policy Provisions and only applicable to CANSurance Series. FWD reserves the right to terminate or vary CANcierge in its sole discretion without further notice. FWD will not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team. For details, please refer to the attached brochure of CANcierge.
14. Per Disability Limit refers to the maximum total amount that FWD will pay under Items 1 to 3 under Schedule of Benefit of CANSurance Full Medical Plan. The Per Disability Limit will be doubled for claims relating to Covered Cancer.
15. If CANSurance Full Medical Plan policy has been in effect for 5 consecutive years from the policy date or the date of last reinstatement, whichever is later, FWD will reimburse the expenses of travelling, fitness and wellness course or health check-up for the following policy year. This benefit will be payable once only.
16. FWD will only exercise this No Claim Benefit Booster under CANSurance Full Medical Plan policy once only. This benefit is also applicable if CANSurance Full Medical Plan policy is converted from designated cancer reimbursement plan's policy, subject to the following conditions,
 - a. If the Insured has not made any claim under the designated cancer reimbursement plan's policy, FWD will increase the Per Disability Limit of the CANSurance Full Medical Plan policy by 20%. This is a one-off increase and will be applicable for all future policy years since the time of conversion; or
 - b. If the Insured has made any claim under the designated cancer reimbursement plan's policy, after conversion to CANSurance Full Medical Plan, if the Insured has not made any claim for 10 consecutive years in a row (other than the claim of Wellness Joy Benefit), at the next policy renewal after that 10-year period, FWD will increase the Per Disability Limit by 20%. This is a one-off increase and will be applicable for all future policy years.

Important Notes and Declarations:

- i. This CANSurance Series is underwritten by FWD. FWD is solely responsible for all features, Policy approval, coverage and benefit payment under this CANSurance Series. FWD recommends you carefully consider whether the CANSurance Series is suitable for you in view of your financial needs and that you fully understand the risk involved in the CANSurance Series before submitting your application. You should not apply for or purchase this CANSurance Series unless you fully understand it and you agree it is suitable for you. Please read through the following related risks before making any application for the CANSurance Series.
- ii. 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 CANSurance Series must be conducted and completed in Hong Kong.
- iii. The products under this CANSurance Series are insurance products. The premium paid is not a bank savings deposit or time deposit. CANSurance Series is not protected under the Deposit Protection Scheme in Hong Kong.
- iv. The products under this CANSurance Series are medical protection products without any savings element. The costs of insurance and the related costs of the policy are included in the premium paid despite the product brochure/ leaflet and/ or the illustration documents of the CANSurance Series having no schedule/ section of fees and charges or no additional charge noted other than the premium.
- v. All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by you and the Insured in the insurance application to decide to accept or decline the application with a full refund of any premium paid without interest. FWD reserves the right to accept/ reject any insurance application and can decline your insurance application without giving any reason.
- vi. All the above benefits and payments are paid after deducting policy debts (if any, e.g. unpaid premiums or premium loan and the interest of the loan).
- vii. If you are not satisfied with the Policy, you have the right to cancel it within the Cooling-off Period and obtain a refund of any premium paid provided that you have not made any claims under the Policy. A written notice signed by you should be received by the office of FWD at 1/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong within the Cooling-Off Period (that is, 21 days after either the delivery of the Policy or the issue of a Notice informing you or your representative that the Policy is available for collection and Expiry Date of the Cooling-off Period, whichever is earlier.)
- viii. While the policy or rider is in force, you may surrender or terminate the policy or rider by sending a written request to FWD.
- ix. The Policy Provisions of the CANSurance Series are governed by the laws of Hong Kong.
- x. This product material is for reference only and is indicative of the key features of the CANSurance Series. For the exact terms and conditions and the full list of exclusions of the CANSurance Series, please refer to the Policy Provisions. In the event of any ambiguity or inconsistency between the terms of this leaflet and the Policy Provisions, the Policy Provisions in English shall prevail. If you want to read the terms and conditions of the Policy Provisions before making an application, you can obtain a copy from FWD. In the event of discrepancies between the English and Chinese versions of this product material, the English version shall prevail.

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.

You must comply with requests made by FWD to comply with the above listed requirements.

What are the key product risks?

Credit risk

The products under this CANsurance Series are insurance policies issued by FWD. The application of these insurance products and all benefits payable under your policy are subject to the credit risk of FWD. You will bear the default risk in the event that FWD is unable to satisfy its financial obligations under the insurance contract.

Exchange rate and currency risk

The application of these insurance products 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 these insurance products 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, the potential loss arising from such exchange rate movement may have a negative impact on the benefits you received from CANsurance Series and your burden of the premium payment.

Inflation risk

The cost of living in the future may be higher than now due to the effects of inflation. Therefore, the benefits under CANsurance Series may not be sufficient for the increasing protection needs in the future even if FWD fulfils all of its contractual obligations.

Exclusions

CANsurance Cancer Protection Plan

Except Compassionate Death Benefit, CANsurance Cancer Protection Plan does not cover any Covered Cancer⁵ resulting directly or indirectly from or in respect of any of the following:

1. any Covered Cancer⁵ in the presence of any HIV Infection and/or any AIDS related illness. HIV Infection refers to an infection where blood or other relevant test(s) indicate, in FWD's opinion, either the presence of any Human Immunodeficiency Virus, antigens or antibodies to such virus ; or
2. any drug or alcohol abuse (unless the first symptoms of a relevant Covered Cancer⁵ caused by such drug or alcohol abuse occurs 2 years after the policy date or the date of last reinstatement, whichever is later).

CANsurance Full Medical Plan

CANsurance Full Medical Plan will not pay any benefits if the hospitalisation, treatment or charges incurred relate to or arise as a direct or indirect result of:

- (a) the Insured's pregnancy, surrogacy, childbirth or termination of pregnancy, birth control, infertility or human assisted reproduction, or sterilisation of either sexes;
- (b) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, riot, strike, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, terrorist act, naval, military or air-force services, or any operation or combat duty with any armed force of any country, territory, or organization, nuclear reactions, nuclear radiation, nuclear contamination, biological contamination or chemical contamination;
- (c) the wilful participation of the Insured in any criminal offence or illegal acts;
- (d) AIDS or any complications associated with HIV Infection, unless the first symptoms appear of a relevant illness due to AIDS or any complications associated with HIV Infection occur 2 years or more after the policy date or the date of last reinstatement, whichever is later. HIV Infection refers to an infection where blood or other relevant test(s) indicate, in FWD's opinion, either the presence of any Human Immunodeficiency Virus, antigens or antibodies to such virus;
- (e) mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder of the Insured;

No Accidental Death Benefit is payable when the death of the Insured is directly or indirectly caused by the wilful participation of you, the Insured or Beneficiary in an illegal or unlawful act.

Please refer to the Policy Provisions for the services provided by International SOS.

Premium adjustment

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

Premium term and non-payment of premium

The premium payment term of the policy ends on the policy anniversary immediately preceding the Insured's 100th birthday.

FWD allows a Grace Period of 30 days (or Extended Grace Period in CANsurance Cancer Protection Plan) after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the Grace Period, the policy will be terminated from the date the first unpaid premium was due. Please note that once the policy is terminated on this basis, you will lose all of your benefits.

Termination conditions

The policy of CANSurance Cancer Protection Plan or CANSurance Full Medical Plan will automatically end on the earliest of the following:

1. If the Insured dies.
2. The policy anniversary immediately following the Insured's 99th birthday.
3. You surrender the policy. FWD will determine the surrender date based on the rules and regulations of FWD at that time.
4. If the change of place of residence or occupation means that the residence or occupation is not insurable according to FWD's underwriting rules, FWD may terminate the policy or refuse to pay benefits under relevant policy after the change.
5. If you refuse to accept the revisions including the adjusted premium and if you have not paid the premium for 30 days from when it was due.
6. If a claim is false, fraudulent, intentionally exaggerated or if any person has used fraudulent means to attempt to claim a benefit, premium paid will not be refunded and any benefit paid because of such means will be recovered.
7. The premium grace period (or Extended Grace Period for CANSurance Cancer Protection Plan) expires and FWD has not received the premium payment.
8. If FWD ceases to offer relevant plan at each policy renewal.
9. The date the total amount paid under Section A in Schedule of Benefit under all CANSurance Cancer Protection Plans that apply to the Insured reach the Lifetime Cancer Limit. (only applicable to CANSurance Cancer Protection Plan)
10. When you convert the CANSurance Cancer Protection Plan to a designated full medical reimbursement plan by exercising Convertibility Option. (only applicable to CANSurance Cancer Protection Plan)

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