FWD insurance

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Crisis AllSupporter Insurance Plan Series
危疾全應援保險計劃系列

Protect more of what matters.
Care more for who matters.

Critical Illness Protection • Participating Life



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

In a family, you are rarely looking after just yourself. You may be a partner, a parent and a son or daughter all at once, with people at different stages of life depending on you in different ways.

That is why preparing against critical illness is not only about having enough protection just for yourself. It is also about catering your family's health needs which change over time as a whole, from supporting your partner and protecting your children as they grow, to preparing for the longer-term needs of ageing parents. As these needs evolve, the right protection should give you the flexibility to respond in a way that suits both your priorities and budget.



First in market

A family view of critical illness protection

At FWD, we believe critical illness protection should support different needs including those of the people you care on top of yours. That is why we created **Crisis AllSupporter Insurance Plan** with three plan levels: **All Good** **All Better** **All Great** (collectively called "the Series") allowing you to choose the coverage that suits you.

The Series take protection to the next level by innovatively adding in mild conditions upon the solid foundation of crises, with a number of special diseases especially juvenile diseases to give parents more peace of mind, not to mention the multiple-claim protection and extended support following a crisis. The optional *AgeWell Support* further provides additional financial and care support for ageing-related needs.

Beyond individual protection, the optional *Family Booster* offers tailored protection extended to different members of your family including your children and parents, without needing them to undergo medical underwriting or affecting your own coverage. If you and your spouse both apply for the Series and *Family Booster*, care can be extended to parents on both sides of the family.

Whether you are looking after your own health, raising your children or caring for ageing parents, **Crisis AllSupporter** can help you build stronger protection while extending your care to the people you love.

All Good Affordable

- Mild conditions and unknown illnesses
- 62 Crises, Carcinoma-in-situ of Specific Organs and Early Stage Malignancy, Angioplasty of Coronary Artery
- Additional coverage for first 15 years (newly added Carcinoma-in-situ and Angioplasty)
- Crisis or death cover 100% restored after advance payment

FWD Care Support Services

All Better Advanced

+

- Extended to 86 Special Diseases in total (including 28 juvenile diseases e.g. ADHD)
- Multiple benefit claims of designated Crises up to 9 times at a total of 1290% of Initial Sum Insured

All Great Comprehensive

+

- Reasonable and Customary cost of experimental drugs of designated Crises
- ICU stay after Crisis

+ Optional Benefits

Family Booster



No underwriting for parents and children
No impact on Insured's coverage

AgeWell Support



- Annuity for Alzheimer's and Parkinson's diseases
- Treatment of Severe Osteoporosis
- Regular health checkup / dental care

This simplified diagram is for explanation purpose only. For the full terms, conditions, benefits and exclusions, please refer to the terms and benefits of the Series.

Love yourself

Did you know?^

For Gen Sando breadwinners having substantial critical illness protection needs, the more features a plan provides the harder it is to afford, and delaying purchase could result in a significantly higher premium

The Series offer 3 levels of choice fitting different needs, with **All Good** providing adequate Crisis and core coverage at an affordable premium, while **All Better** and **All Great** adding more special diseases and extended protection helping you stay prepared for life's unexpected challenges

Basic is never just basic[1,2,3]

Building from a strong protection foundation of 62 Crises, **All Good** offers essential protection for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery. **All Better** and **All Great** further extend the coverage to a total of 86 Special Diseases, including 28 juvenile-specific diseases such as the increasingly prevalent ADHD, and multiple benefit up to 9 times at a total of 1290% of Initial Sum Insured for designated Crises etc. Whether basic or comprehensive, you will always be in good hands.

All Good	All Better	All Great
Affordable core cover	**+ Extensive advanced cover**	**+ Supreme comprehensive cover**
Basic but adequate, budget friendly, along with coverage for mild conditions, additional coverage for the first 15 years, and Crisis or death cover 100% restored after advance payment etc.	Extending on the basis of **All Good** to include more Special Diseases, especially those for juvenile such as ADHD, and multiple benefit claims of designated Crises up to 9 times at a total of 1290% of Initial Sum Insured	Extending on the basis of **All Better** to include more supreme coverage such as experimental drugs for designated Crises and ICU stay after Crisis

This simplified diagram is for explanation purpose only. For the full terms, conditions, benefits and exclusions, please refer to the terms and benefits of the Series.



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Greater reassurance from additional benefits (Up to 75% of Initial Sum Insured)



This built-in financial support ensures extra peace of mind. During the first 15 Policy Years, **All Better** and **All Great** provide up to additional (i) 75% of Initial Sum Insured, or 35% for **All Good**, if the Insured is diagnosed with any covered Crisis or passes away; or (ii) 10% of Initial Sum Insured if the Insured is diagnosed with a designated Special Disease.[4]

Extra financial support even for mild conditions



Still think critical illness protection only covers serious illnesses? The Series has pioneered the inclusion of mild conditions and will compensate you without needing you to reach a serious condition. When Confinement of at least 3 days is required due to a surgery caused by a mild condition, you will be provided with cash assistance up to US$125 each day for the Confined period to help ease your financial burden.

100% Crisis or death protection restored upon advance payment[5]



Worrying advance payment of insured amount would affect your coverage in the event of a Crisis or death? If any *Special Disease Benefit*, *Cancer and Heart Early Guard Benefit* and/or *Critical Medical Care Benefit* (as the case may be) has been paid and *Crisis Benefit* or *Death Benefit* is subsequently payable when the Insured is below Age 86, *Protection Restore Benefit* will 100% restore the accumulated protection amount previously paid.

Love your kids

Did you know?^

Over 40,000 children and adolescents in Hong Kong are estimated to suffer from Attention Deficit Hyperactivity Disorder (ADHD) but the number of confirmed cases is far below so the incidence rate may be significantly underestimated, and symptoms of about 65% of patients persist into adulthood[a]

Family Booster (optional benefit) can cover up to 62 Crises and 28 Special Diseases for Juvenile for the Covered Child until he/she reaches Age 18

Covering your child with *Family Booster (optional benefit)*[6]

First in Hong Kong+ | **No medical underwriting** | **Simple & easy application**

Opt for *Family Booster (optional benefit)* and your current and even future child will be covered against Crises and Special Diseases for Juvenile until Age 18, regardless of whether they have congenital diseases, without impacting your coverage, and there is no limit to the number of children covered.





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	Disease covered	Coverage	Coverage limit
		• The Policy must be in force for 2 or more consecutive years	• Each claim under all policies of the Series of the Insured and/or Insured's spouse
First Confirmed Diagnosis of 62 Crises		**30%** of Initial Sum Insured	Up to US$50,000 per Covered Child
Death due to such paid Crisis within 1 year		**30%** of Initial Sum Insured	Up to US$50,000 per Covered Child
First Confirmed Diagnosis of 21 Tier 1 Special Diseases for Juvenile (including ADHD, Autism, Severe Asthma, Severe Hand, Foot and Mouth Disease etc.)		**10%** of Initial Sum Insured	Up to US$12,500 per Covered Child
First Confirmed Diagnosis of 7 Tier 2 Special Diseases for Juvenile (including Angelman Syndrome, Severe Eczema, Severe Urticaria etc.)		**5%** of Initial Sum Insured	Up to US$6,250 per Covered Child

Note: Maximum claims limit under Family Booster for Child:
1. Crisis: 2 times under each Policy and once for each Covered Child
2. Special Diseases for Juvenile: 2 times under each Policy and once for each Covered Child

Love your parents

Did you know?^

One in 10 seniors over age 70* in Hong Kong suffers from Dementia, causing memory decline and gradually losing daily living abilities[b], and one in four women aged 65* and above suffers from osteoporosis which could lead to factures[c], both alerting elderly diseases should not be underestimated

*Actual age

Family Booster and ***AgeWell Support*** (both optional benefits) can cover Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders and/or Parkinson's Disease, as well as major crises or other elderly-related diseases such as osteoporosis

Covering your parents with *Family Booster (optional benefit)*[6]

First in Hong Kong+ | **No medical underwriting** | **Simple & easy application**

Hard to get your parents covered due to common diseases like diabetes, high blood pressure or high cholesterol? Opt for *Family Booster (optional benefit)* without needing them to undergo medical underwriting and they will be protected from Age 56 to 85 when receiving First Confirmed Diagnosis of Cancer, Heart Attack, Stroke, Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease at 25% of Initial Sum Insured once (this benefit will be payable only once under the Policy and up to US$50,000 per Covered Parent of each claim under all policies of the Series provided that the Policy must be in force for 2 or more consecutive years) without impacting your coverage.



If the Covered Parent passes away due to the claimed Crisis within 1 year from the date of First Confirmed Diagnosis, 25% of the Initial Sum Insured is payable (up to US$50,000 per Covered Parent of each claim under all policies of the Series).

^ The above information is provided by FWD and is for reference only. The information provided is based on the data from sources that FWD believes to be reliable, but it has not been independently verified by FWD. FWD makes no representation or warranty and accepts no responsibility or liability as to the accuracy, completeness or fitness for any particular purpose of the information. FWD shall not be responsible or liable for any loss or damages arising from the use of or reliance on such information.

Sources:
a Website of Hong Kong Association for AD/HD
b Website of Hong Kong Alzheimer's Disease Association
c Website of The Osteoporosis Society of Hong Kong



Image generated by AI

Covering elderly needs with *AgeWell Support (optional benefit)*[7]

First in Hong Kong+

Whichever plan level you choose, this optional benefit at your choice can add extra financial support covering elderly diseases when it matters most.

If the Insured has First Confirmed Diagnosis of Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease at or before Age 86, where the respective *Crisis Benefit* or *Multiple Benefit for Designated Crises* has been paid or is payable,

starting from 1 year after the First Confirmed Diagnosis of such claimed Crisis, 6% of Initial Sum Insured will be paid to the Insured as Lifelong Annuity per year until termination of the Policy.[8]

First Confirmed Diagnosis of Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease → 1 year waiting period → Annuity benefit 6%* + Annuity benefit 6%* + Annuity benefit 6%* + ... → until termination of Policy

Lifelong Annuity on Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease

*of Initial Sum Insured

Eligible Expenses which are Reasonable and Customary for treatment of Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease or expenses of relevant training courses up to 10% of Initial Sum Insured will be reimbursed.[9]

Reasonable and Customary charges of training courses or Psychiatrist / Clinical Psychologist consultations for the Caregiver up to 5% of Initial Sum Insured will be reimbursed under *Caregiver Support Benefit*, helping the Caregiver relieve the pressure of taking care of the Insured.[9]

Osteoporosis is not easily detected before a fracture occurs, but the bones have become fragile and even minor impacts or falls can result in fractures. If the Insured has First Confirmed Diagnosis of Severe Osteoporosis or Osteoporosis with Fractures at or before Age 70, Eligible Expenses which are Reasonable and Customary for treatment of the Severe Osteoporosis or Osteoporosis with Fractures up to 5% of Initial Sum Insured will be reimbursed.[10]

You can enjoy the *Golden Care Wellness Benefit*[11] once every 5 Policy Years from Age 50 onward for maintaining a schedule of regular health check-ups or dental care at 0.2% of Initial Sum Insured (up to US$750 per Insured of each claim under all policies of the Series) to ensure early detection of potential health problems.

More coverage



From defined Diseases to undefined/unknown Diseases

All Good | All Better | All Great

Unknown diseases can strike you and your family when you least expect it. For an illness and Injury that lead to Confinement in an Intensive Care Unit ("ICU") for 3 or more consecutive days with the use of Invasive Life Support, the Series will pay *Critical Medical Care Benefit*[1,12] to alleviate your financial situation.

The Series go a step further with *Life Impact Benefit*[1,13] which covers undefined/unknown illnesses and Injuries causing a more severe impact to the Insured's life to a state as specified, up to an additional 100% of Initial Sum Insured for **All Better** and **All Great**, or 50% for **All Good**. It is payable if the Insured is Confined in an ICU for 3 or more consecutive days with the use of Invasive Life Support and experiences 1 or more of the following conditions caused by the same illness or Injury within the same 120-day period:

1. The Insured is Confined in a Hospital for 10 or more consecutive days (including anytime Confined in an ICU)
2. A Medical Practitioner confirms that the Insured will need lifelong prescription medicine which is Medically Necessary
3. The Insured has surgery under general, spinal or epidural anesthetic which is Medically Necessary

Critical Medical Care Benefit

Confined in ICU for 3 or more days with the use of Invasive Life Support

+ 1 of the 3 conditions		+ 2 or more of the 3 conditions
All Good: Additional 25% of Initial Sum Insured	**Life Impact Benefit**	All Good: Additional 50% of Initial Sum Insured
All Better | All Great: Additional 50% of Initial Sum Insured		All Better | All Great: Additional 100% of Initial Sum Insured

Enhanced security for designated Crises (Up to 1290% of Initial Sum Insured)

All Better | All Great

Once Total Claims paid for any *Crisis Benefit*, *Special Disease Benefit* and/or *Critical Medical Care Benefit* reaches 100% of Initial Sum Insured, the rest of the premium payable under **All Better** and **All Great** will be waived.[14]

What's more, protection continues. If subsequently the Insured (i) is diagnosed with either Cancer, Heart Attack or Stroke, or (ii) has First Confirmed Diagnosis of Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, Kidney Failure or Parkinson's Disease, *Multiple Benefit for Designated Crises* will be paid for a maximum of 9 times up to a total of additional 1290% of Initial Sum Insured.[1,15]

Supporting your family planning after crisis

First in Hong Kong+

All Better | All Great

Suffering from Crises doesn't mean you have to stop your family planning. If *Crisis Benefit* or *Multiple Benefit for Designated Crises* under **All Better** and **All Great** has been paid or is payable, and the Insured has undergone fertility treatment which is confirmed by a Medical Practitioner to be Medically Necessary due to the diagnosis of the claimed Crisis, *Infertility Benefit* equals to 10% of Initial Sum Insured will be paid.[16]



More coverage



Ongoing protection against life's challenges

First in Hong Kong+

All Great

Your protection shouldn't end at the first Crisis claim. After *Crisis Benefit* or *Multiple Benefit for Designated Crises* has been paid or is payable, **All Great's** *Extended Critical Medical Care Benefit* — extended protection in respect of the claimed Crisis will provide an additional 50% of Initial Sum Insured if the Insured is Confined in an ICU for 3 or more consecutive days with the use of Invasive Life Support due to the claimed Crisis within one year.[17]

Crisis Benefit or Multiple Benefit for Designated Crises → Confined in ICU for 3 consecutive days with the use of Invasive Life Support → within 1 year after the date of First Confirmed Diagnosis of the claimed Crisis → **Extended Critical Medical Care Benefit**

Thanks to continuous medical advancements, experimental drugs may be available for certain previously untreatable illnesses, but they may invariably lead to accumulating bills. After *Crisis Benefit* or *Multiple Benefit for Designated Crises* has been paid or is payable for Cancer, Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease, and it becomes Medically Necessary for the Insured to be prescribed experimental drugs for the treatment of the claimed Crisis within 2 years from the date of First Confirmed Diagnosis of the claimed Crisis, **All Great's** *Crisis Medical Booster Benefit for Designated Crises* will reimburse Reasonable and Customary cost of those experimental drugs up to 25% of Initial Sum Insured (subject to a maximum of US$50,000 per Insured of each claim under all policies of the Series).[18] You can now play a more active role in your own health care.



Special care on your road to recovery

All Better All Great

Ongoing treatment may be necessary to fully recover from a critical illness. After *Crisis Benefit* or *Multiple Benefit for Designated Crises* has been paid for Cancer, and the Insured is continuously receiving Active Treatment or End-of-life Care in respect of the claimed Cancer 1 year after the date of diagnosis of the claimed Cancer, *Big 3 Disease Income Benefit for Cancer* which is 5% of Initial Sum Insured per annum for **All Better**, or 10% for **All Great**, will be paid up to a maximum of 5 consecutive years.[19]

For Heart Attack or Stroke, if *Crisis Benefit* or *Multiple Benefit for Designated Crises* has been paid or is payable, *Big 3 Disease Income Benefit for Heart Attack or Stroke*, which is 1% of Initial Sum Insured per month, will be paid up to a maximum of 6 consecutive months for **All Better**, or 12 consecutive months for **All Great**.[19]

FWD Care

First in Hong Kong+

All Good All Better All Great

After receiving First Confirmed Diagnosis of a Heart Attack or Stroke, and *Crisis Benefit* or *Multiple Benefit for Designated Crises*, if applicable, has been paid, the Insured can enjoy *Lifestyle Management Program*[20] which is a tailor-made professional rehabilitation program to support recovery.

If the Insured is diagnosed with an illness related to Group 3 diseases (illnesses related to Circulatory System except for Heart Attack and Stroke) and *Crisis Benefit*, *Special Disease Benefit* or *Cancer and Heart Early Guard Benefit*, whichever applicable, is payable, *Lifestyle Management Program*[20] will refer the Insured to the best-suited rehabilitation program with the initial consultation fee waived.

Provided that the Policy is issued after Age 35 of the Insured, after receiving First Confirmed Diagnosis of Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, *Lifestyle Management Program*[20] will offer a tailor-made support program for the recovery journey of the Insured or a referral service for designated rehabilitation program to the Insured's parents (as the case may be), giving you peace of mind.

Medical check-up for your wellness

All Good All Better All Great

Early detection is always the better option. To help you maintain your well-being, a medical check-up coupon[21] will be offered on each of the 2nd, 4th, 6th, 8th and 10th Policy Anniversaries of the Series.

More coverage



Core policy benefits



Protecting you from congenital diseases[1,2,3]

All Good | All Better | All Great

Coverage will be provided if signs and symptoms of a congenital disease are undetected before and within the first 90 days after Policy issuance and the congenital disease develops into a covered Disease. There's no simpler way to shield against these undetected congenital diseases.



Rewarding you for staying healthy

All Good | All Better | All Great

In addition to medical check-ups, the Series reward you for your good health. You will be offered Guaranteed Cash Value and Special Bonus from the 3rd Policy Anniversary (if any)[22] if you surrender the Policy before 100% of Current Sum Insured is claimed.



Professional services surrounding you

FWD Care

All Good | All Better | All Great

As part of our promise of care, the Series also give you access to a priority health coaching service: *Critical Illness Protection Plan – PREMIER THE ONEcierge One Team Health Management ("PREMIER THE ONEcierge")*[23]. Simply call the hotline and *PREMIER THE ONEcierge* will provide you with a leading network of specialists so you can receive the most suitable treatment from the best-suited doctors and top-tiered network hospitals in the Pan-Asia Region.

First in Hong Kong+

FWD x HKSH Medical Group ("HKSH") – *Cross-border Cancer Management Program*[23], which consists of the following services:

- **Free Second Medical Opinion Service** offering a face-to-face consultation with a doctor from HKSH Cancer Centre, who will review medical reports and provide a personalised treatment strategy (available in Hong Kong only);
- **Cancer Concierge Service** with a case nurse assigned by HKSH coordinating the treatment plan throughout the journey; and
- **Cross-border Cancer Doctor-to-doctor Tele-opinion** co-conducted by HKSH and designated Hospitals in mainland China, offering professional cross-border medical advice for determining the best possible cancer treatment tailored to the patient's medical condition and needs.

Once the crisis claim is approved, the Insured will be given access to some of the highest-ranked medical institutions in the U.S. for a *Second Medical Opinion*[24] and immediate access to a wide range of carefully selected referral services including home-cleaning service, Chinese soup service, child care service and pet care service through *Family Care Services*[25] for homecare support.



Extended coverage for your loved ones – *Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider (optional rider)*[26]

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

+ Per a comparison made on 30 September 2026 among the critical illness insurance plans of key insurers available in Hong Kong, FWD is the first insurance company in Hong Kong to launch *Infertility Benefit, Lifestyle Management Program, Crisis Medical Booster Benefit for Designated Crises, Extended Critical Medical Care Benefit, Family Booster (optional benefit) and AgeWell Support (optional benefit)* and is the first insurer to collaborate with HKSH to launch the *Cancer Management Program*.

Take the practical approach. Don't let life lag behind. Learn more with us today!



Examples

Affordable crisis protection covering less severe conditions



Insured:
Andrew (Age 28, non-smoker)

Occupation:
Professional driver

Family status:
Single

Andrew is a professional driver who earns a stable, modest income. With most of his work hours spent on the road, he understands that unexpected accidents or health conditions could have a significant impact on his ability to work and maintain his financial independence. He wonders if an affordable protection that covers major crises and minor conditions is available to provide financial security against life's uncertainties.

Age 28

Andrew purchases Crisis AllSupporter Insurance Plan All Good **with AgeWell Support**

Initial Sum Insured:
US$100,000

Annual premium:
US$1,785 (30-year payment)

Less than US$5/day

Age 30

First claim

Involved in a traffic accident, Andrew sustains a bone fracture and undergoes a surgery with Confinement for 7 days

Daily Care Income Benefit:
US$100/day x 7 days
US$700

Age 35

Second claim

Andrew undergoes Angioplasty of Coronary Artery

Cancer and Heart Early Guard Benefit*:
20% of Initial Sum Insured
US$20,000

+

Additional Coverage Benefit:
10% of Initial Sum Insured
US$10,000

+

Proportionate Special Bonus (if any)

Age 45

Third claim

Andrew has the First Confirmed Diagnosis of Carcinoma-in-situ of Colon

Cancer and Heart Early Guard Benefit*:
20% of Initial Sum Insured
US$20,000

+

Proportionate Special Bonus (if any)



Total benefit payable to Andrew is US$185,700, plus Special Bonus (if any), and a lifelong annuity of US$6,000 per year until policy termination.

With **Crisis AllSupporter Insurance Plan (All Good) with AgeWell Support**, Andrew is not only covered with sufficient Crisis and Special Disease protection with additional coverage and restored protection at an affordable premium, he also receives cash income for Confinement due to less severe conditions.

Following his diagnosis of Alzheimer's Disease, Andrew receives ongoing support through the *AgeWell Support*, including a lifelong annuity and reimbursement of treatment and training course expenses, helping to ease the long-term financial burden and supporting his quality of life over the years.

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) underwriting requirements and the definitions and claims requirements of the benefits are fulfilled, and
d) the Initial Sum Insured of the basic plan of the Policy remains unchanged throughout the Policy term.

Age 50

Andrew can enjoy the **Golden Care Wellness Benefit under AgeWell Support** once every 5 Policy Years for regular health check-ups or dental care

Age 52

Fourth claim

Involved in another traffic accident, Andrew is confined in an ICU for 3 consecutive days with the use of Invasive Life Support

Critical Medical Care Benefit*:
20% of Initial Sum Insured
US$20,000

+

Proportionate Special Bonus (if any)

Age 65

Fifth claim

Andrew suffers from Alzheimer's Disease and his brother takes care of him

Crisis Benefit:
100% of Current Sum Insured
US$40,000

+

Protection Restore Benefit:
60% of Initital Sum Insured
US$60,000

+

Caregiver Support Benefit under AgeWell Support:
Reimburse 5% of Initial Sum Insured for training courses
US$5,000

+

Special Bonus (if any)

He can also enjoy professional rehabilitation service under **Lifestyle Management Program**

As 100% of Initial Sum Insured of his Policy has been claimed, the Guaranteed Cash Value is reduced to zero and any future Special Bonus will not be declared

Age 66

Sixth claim

Andrew continues to undergo treatment for Alzheimer's Disease to manage disease progression

Lifelong Annuity on Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease under AgeWell Support:
6% of Initial Sum Insured per annum until termination of Policy
US$6,000/year

+

MindCare Advantage Benefit under AgeWell Support:
Up to 10% of Initial Sum Insured
US$10,000

* After the payment of *Cancer and Heart Early Guard Benefit / Critical Medical Care Benefit*, the Current Sum Insured will be reduced accordingly. *Death Benefit*, *Crisis Benefit*, Guaranteed Cash Value, future premium and Special Bonus (if any) will be reduced accordingly.

One plan covering the whole family



Insured:
Danny (Age 37, non-smoker)

Occupation:
Civil Engineer

Family status:
Married with 2 kids

Danny is a civil engineer and father of two young children. He values financial planning and protection to help secure the future of his loved ones. With his family's well-being as a top priority, he is looking to apply for an insurance solution that can provide comprehensive protection as well as financial security for not only himself but also all his family members.

Age 37

Danny purchases Crisis AllSupporter Insurance Plan All Great with Family Booster and AgeWell Support

Initial Sum Insured:
US$100,000

Premium payment term:
20 years

He also declares his father and mother (both at Age 70), his 5-year-old daughter as well as 3-year-old son for Family Booster

Age 40

First claim

Danny's father has the First Confirmed Diagnosis of Heart Attack

Family Booster for Parent:
Additional 25% of Initial Sum Insured
US$25,000

Age 41

Second claim

Danny's son suffers from Moderately Severe Asthma

Special Disease Benefit for Tier 2 Special Diseases for Juvenile under Family Booster for Child:
Additional 5% of Initial Sum Insured
US$5,000



Crisis AllSupporter Insurance Plan (All Great) not only provides Danny with comprehensive protection throughout his life and supports him with *AgeWell Support* for his Alzheimer's Disease which lasts for a long time, his parents and children are all covered without health underwriting needed in one premium.

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) underwriting requirements and the definitions and claims requirements of the benefits are fulfilled, and
d) the Initial Sum Insured of the basic plan of the Policy remains unchanged throughout the Policy term.

Age 50

Danny can enjoy the **Golden Care Wellness Benefit under AgeWell Support** once every 5 Policy Years for regular health check-ups or dental care

Age 77

Third claim

Danny suffers from Alzheimer's Disease and his wife takes care of him

Crisis Benefit:
100% of Current Sum Insured
US$100,000

+

Special Bonus (if any)

+

Caregiver Support Benefit under AgeWell Support:
Reimburse 5% of Initial Sum Insured for training courses
US$5,000

He can also enjoy the support from **Lifestyle Management Program**

As 100% of Initial Sum Insured of his Policy has been claimed, the Guaranteed Cash Value is reduced to zero accordingly, and any future Special Bonus will not be declared

Age 78

Fourth claim

Danny continues to undergo treatment for Alzheimer's Disease and commences the use of an experimental medication to improve his condition and manage disease progression

Lifelong Annuity on Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease under AgeWell Support:
6% of Initial Sum Insured per annum until termination of Policy
US$6,000/year

+

Crisis Medical Booster Benefit for Designated Crises:
Up to 25% of Initial Sum Insured
US$25,000

+

MindCare Advantage Benefit under AgeWell Support:
Up to 10% of Initial Sum Insured
US$10,000

Plan Summary

Plan type	Basic Plan					
Benefit Term	To the Policy Anniversary immediately preceding the 100th birthday of the Insured					
Crisis AllSupporter Insurance Plan Issue Age	1–70		1–60	1–55	1–50	
Premium Payment Term	5 years	10 years	15 years	20 years	25 years	30 years
Premium Structure	The premium is non-guaranteed[27] but it will not be increased based on the age of the Insured on his or her next birthday					
Currency	USD					
Premium Payment Mode	Monthly / Annually					
Minimum Initial Sum Insured	US$15,000 (per Policy)					
Maximum Initial Sum Insured[28]	US$1,500,000 (per life)					

Benefit Table

Benefits	Plan Level		
	All Good	All Better	All Great
Crisis Benefit[1,3]	100% of Current Sum Insured + Special Bonus (if any)[22]		
Multiple Benefit for Designated Crises[1,15]	N/A	If the Aggregate Limit has been reached, in the event the Insured is subsequently diagnosed with Cancer, Heart Attack or Stroke, or First Confirmed Diagnosis of an Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, Kidney Failure or Parkinson's Disease, an additional 120% of Initial Sum Insured will be paid for the 1st and 2nd claims, and additional 150% of Initial Sum Insured will be paid for the 3rd, 4th, 5th, 6th, 7th, 8th and 9th claims respectively	
Special Disease Benefit[1,2]	N/A	Advanced payment of 20% of Initial Sum Insured (except Severe Hypertension, Varicose Veins Requiring Surgery and Tier 2 Special Diseases for Juvenile) (subject to a maximum of US$50,000 per Insured of each claim under all policies of the Series for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, Angioplasty of Coronary Artery and Tier 1 Special Diseases for Juvenile) + proportionate Special Bonus (if any)[22]	

Benefit Table

Benefits	Plan Level		
	All Good	All Better	All Great
Special Disease Benefit[1,2] (Cont'd)	N/A	For Severe Hypertension or Varicose Veins Requiring Surgery: Advanced payment of 10% of Initial Sum Insured (subject to a maximum of US$12,500 per Insured of each claim under all policies of the Series) + proportionate Special Bonus (if any)[22] For Tier 2 Special Diseases for Juvenile: Advanced payment of 5% of Initial Sum Insured (subject to a maximum of US$12,500 per Insured of each claim under all policies of the Series) + proportionate Special Bonus (if any)[22]	
Cancer and Heart Early Guard Benefit[1,2]	Advanced payment of 20% of Initial Sum Insured for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery (subject to a maximum of US$50,000 per Insured of each claim under all policies of the Series) + proportionate Special Bonus (if any)[22]	N/A	
Critical Medical Care Benefit[1,12]	Advanced payment of 20% of Initial Sum Insured (subject to a maximum of US$50,000 per Insured of each claim under all policies of the Series) + proportionate Special Bonus (if any)[22]		
Additional Coverage Benefit[4]	Before the 15th Policy Anniversary if the Insured is:		

Issue Age	Diagnosed with covered Crises or passes away		Diagnosed with Carcino-ma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty (All Good)	Diagnosed with covered Special Diseases* (All Better and All Great)
	All Good	All Better and All Great		
35 or below	Additional 35% of Initial Sum Insured	Additional 75% of Initial Sum Insured	Additional 10% of Initial Sum Insured	
Above 35	Additional 15% of Initial Sum Insured	Additional 60% of Initial Sum Insured	Additional 5% of Initial Sum Insured	

* Not applicable to Tier 2 Special Diseases for Juvenile

Benefit Table

Benefits	Plan Level		
	All Good	All Better	All Great
Daily Care Income Benefit	0.1% of Initial Sum Insured (subject to a maximum of US$125 per day) for 3 or more consecutive days of Confinement with a surgical procedure, subject to a maximum of 60 days per disability The aggregate limit for this benefit is US$18,750 per Insured under all policies of the Series		
Life Impact Benefit[1,13]	If the Insured is Confined in an ICU for 3 or more consecutive days with the use of Invasive Life Support and experiences 1 or more of the designated conditions within the same 120-day period which must be caused by the same illness or Injury: 1 of the designated conditions: Additional 25% of Initial Sum Insured (All Good); Additional 50% of Initial Sum Insured (All Better and All Great) 2 or more of the designated conditions: Additional 50% of Initial Sum Insured (All Good); Additional 100% of Initial Sum Insured (All Better and All Great)		
Protection Restore Benefit[5]	At least 1 year after Special Disease Benefit, Cancer and Heart Early Guard Benefit and/or Critical Medical Care Benefit is paid (as the case may be) and Crisis Benefit or Death Benefit is subsequently payable under this Policy, Protection Restore Benefit equals to the total amount of the Special Disease Benefit, Cancer and Heart Early Guard Benefit and/or Critical Medical Care Benefit paid (as the case may be) will be payable		
Big 3 Disease Income Benefit[19]	N/A	(a) When the Crisis Benefit or Multiple Benefit for Designated Crises for Cancer is payable, and the Insured is continuously receiving Active Treatment or End-of-life Care in respect of the same Cancer on the recommendation of a Specialist, which is Medically Necessary and performed during the payment cycle of this Big 3 Disease Income Benefit for Cancer, 5% for All Better (or 10% for All Great) of Initial Sum Insured per annum will be paid 1 year after the date of diagnosis of the Cancer in respect of which Crisis Benefit or Multiple Benefit for Designated Crises has been paid under the Policy, up to a maximum of 5 consecutive years. (b) When the Crisis Benefit or Multiple Benefit for Designated Crises for Heart Attack or Stroke is payable, 1% of Initial Sum Insured per month will be paid, up to a maximum of 6 consecutive months for All Better (or 12 consecutive months for All Great).	
Infertility Benefit[16]	N/A	Additional 10% of Initial Sum Insured if Crisis Benefit or Multiple Benefit for Designated Crises has been paid or is payable, and the Insured has undergone fertility treatment which is confirmed by a Medical Practitioner to be Medically Necessary due to such Crisis	

Benefit Table

Benefits	Plan Level		
	All Good	All Better	All Great
Surrender Benefit / Maturity Benefit	Guaranteed Cash Value + Special Bonus (if any)[22]		
Death Benefit[1]	Current Sum Insured + Special Bonus (if any)[22]		
Medical Check-up[21]	Medical check-up coupon will be offered on each of the 2nd, 4th, 6th, 8th and 10th Policy Anniversaries if all premiums are paid when due		
Lifestyle Management Program[20]	Service Program		
Critical Illness Protection Plan – PREMIER THE ONEcierge One Team Health Management[23]	Service Program		
Second Medical Opinion[24]	Service Program		
Family Care Services[25]	Service Program		
Extended Grace Period Benefit[29]	Available since the 2nd Policy Year, if the Policy Owner becomes a parent, gets married or divorced, or becomes involuntarily unemployed during the Premium Payment Term of the Series, the Policy Owner can choose to apply for the Extended Grace Period Benefit to stay protected by the Series while enjoying an extended grace period for premium payment up to 365 days		
Extended Critical Medical Care Benefit[17]	N/A		Additional 50% of Initial Sum Insured
Crisis Medical Booster Benefit for Designated Crises[18]	N/A		After the Crisis Benefit or Multiple Benefit for Designated Crises is paid for Cancer, Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease, reimburse the Reasonable and Customary cost of the experimental drugs up to 25% of Initial Sum Insured (subject to a maximum of US$50,000 per Insured of each claim under all policies of the Series)
Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider (optional rider)[26]	After the rider has been in force for 2 years, if the parent of an insured child (as a Policy Owner or Parent Contingent Owner) or the spouse of an insured adult (as a Spouse Owner or Spouse Beneficiary) passes away, the future premiums of the basic plan and this rider will be waived		

Family Booster (optional benefit)[6]

Benefits	Plan Level	
	All Better	All Great
Family Booster for Parent (Cover from Age of 56 until Age of 85 of the Covered Parent)		
Cancer, Heart Attack, Stroke, Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease	25% of Initial Sum Insured, a maximum of 1 claim per Covered Parent (up to US$50,000 per Covered Parent of each claim under all policies of the Series)	
	The Covered Parent dies due to such Cancer, Heart Attack, Stroke, Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease within 1 year from the date of First Confirmed Diagnosis, 25% of the Initial Sum Insured is payable once per Covered Parent (up to US$50,000 per Covered Parent of each claim under all policies of the Series)	
Family Booster for Child (Cover until Age of 18 of the Covered Child)		
Crises	30% of Initial Sum Insured, a maximum of 1 claim per Covered Child (up to US$50,000 per Covered Child of each claim under all policies of the Insured and / or Insured's spouse of the Series)	
	The Covered Child dies due to such Crisis within 1 year from the date of First Confirmed Diagnosis, 30% of the Initial Sum Insured is payable once per Covered Child (up to US$50,000 per Covered Child of each claim under all policies of the Insured and / or Insured's spouse of the Series)	
Tier 1 Special Diseases for Juvenile	10% of Initial Sum Insured, a maximum of 1 claim per Covered Child (up to US$12,500 per Covered Child of each claim under all policies of the Insured and / or Insured's spouse of the Series)	
Tier 2 Special Diseases for Juvenile	5% of Initial Sum Insured, a maximum of 1 claim per Covered Child (up to US$6,250 per Covered Child of each claim under all policies of the Insured and / or Insured's spouse of the Series)	

AgeWell Support (optional benefit)[7]

Benefits	Plan Level		
	All Good	All Better	All Great
Lifelong Annuity on Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease[8]	Additional 6% of Initial Sum Insured per annum until the termination of this Policy		
Caregiver Support Benefit[9]	Reimburse the Reasonable and Customary charges for the training course or Psychiatrist / Clinical Psychologist consultations for the Caregiver up to 5% of Initial Sum Insured		
BoneGuard Restore Benefit[10]	Reimburse the Eligible Expenses which are Reasonable and Customary for the treatment of Severe Osteoporosis or Osteoporosis with Fractures up to 5% of Initial Sum Insured		
MindCare Advantage Benefit[9]	Reimburse the Eligible Expenses which are Reasonable and Customary for treatment or expense for the training course of that Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease up to 10% of Initial Sum Insured		
Golden Care Wellness Benefit[11]	Additional 0.2% of Initial Sum Insured (up to US$750 per Insured under all policies of the Series) for every 5 Policy Years While this Policy is in force for two consecutive years and the Insured's Age is 50 or above, reimburse the Reasonable and Customary charges for health screening or dental care received by the Insured on or before Age 86		

Crises covered in the Series

Group 1 : Cancer
- Cancer

Group 2: Illnesses related to Organ Failure
- Aplastic Anaemia
- Chronic Liver Disease
- Chronic Lung Disease
- End Stage Lung Disease (including Chronic Obstructive Lung Disease, Severe Bronchiectasis and Severe Emphysema)
- Fulminant Hepatitis
- HIV Due to Blood Transfusion
- Major Organ Transplantation (lung, pancreas, liver, bone marrow)
- Medullary Cystic Disease
- Occupationally Acquired HIV
- Severe Pulmonary Fibrosis
- Severe Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis
- Surgical Removal of One Lung

Group 3: Illnesses related to Circulatory System
- Cardiomyopathy
- Coronary Artery Disease Surgery
- Eisenmenger's Syndrome
- Heart Attack
- Heart Valve Surgery
- Infective Endocarditis
- Kidney Failure
- Major Organ Transplantation (kidney, heart)
- Other Serious Coronary Artery Disease
- Primary Pulmonary Arterial Hypertension
- Stroke
- Surgery to Aorta

Group 4: Illnesses related to Nervous System
- Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders
- 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

Group 5: Other Illnesses
- 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

Special Diseases covered in the Series <Note i>

Group 1 : Cancer^@@
- Carcinoma-in-situ of Specific Organs (all organs except skin, including but not limited to the organs listed below)
  - a) Breast
  - b) Cervix Uteri
  - c) Colon and Rectum
  - d) Fallopian Tube
  - e) Liver
  - f) Lung
  - g) Nasopharynx
  - h) Ovary
  - i) Pancreas
  - j) Penis
  - k) Stomach and Esophagus
  - l) Testis
  - m) Urinary Tract (for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included)
  - n) Uterus
  - o) Vagina
- Early Stage Malignancy of Specific Organs
  - a) Chronic Lymphocytic Leukaemia
  - b) Prostate
  - c) Thyroid
  - d) Non Melanoma Skin Cance

Group 2: Illnesses related to Organ Failure
- Acute Aplastic Anaemia
- Biliary Tract Reconstruction Surgery
- Liver Surgery
- Miliary Tuberculosis
- Moderately Severe Chronic Lung Disease
- Moderately Severe Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis
- Skin Transplantation
- Surgical Removal of One Kidney

Group 3: Illnesses related to Circulatory System
- Angioplasty for Carotid Arteries
- Angioplasty of Coronary Artery^@@
- Cardiac pacemaker / defibrillator insertion
- Carotid Artery Surgery
- Early Cardiomyopathy
- Early Renal Failure
- Insertion of a Vena-Cava Filter
- Keyhole Coronary Bypass Surgery
- Minimally Invasive Surgery to Aorta
- Percutaneous Valve Surgery
- Pericardiectomy
- Secondary Pulmonary Hypertension
- Severe Hypertension**
- Varicose Veins Requiring Surgery**

Group 4: Illnesses related to Nervous System
- Cochlear Implant Surgery
- Cerebral Aneurysm Requiring Surgery
- Early Amyotrophic Lateral Sclerosis
- Early Multiple Sclerosis
- Early Progressive Bulbar Palsy
- Early Progressive Muscular Atrophy
- Less Severe Encephalitis
- Loss of Sight in One Eye
- Moderately Severe Alzheimer's Disease
- Moderately Severe Bacterial Meningitis
- Moderately Severe Brain Damage
- Moderately Severe Muscular Dystrophy
- Moderately Severe Paralysis
- Moderately Severe Parkinson's Disease
- Moderately Severe Poliomyelitis
- Severe Psychiatric Illness
- Surgery for Subdural Haematoma
- Surgical Removal of Pituitary Tumour

Special Diseases covered in the Series <Note i>

Group 5: Others Illnesses

- Acute Necrohemorrhagic Pancreatitis
- Adrenalectomy for Adrenal Adenoma
- Amputation of One Foot due to Complication from Diabetes Mellitus
- Coma for 48 hours
- Crohn's Disease (Regional Enteritis)
- Diabetic Retinopathy
- Early Elephantiasis
- Loss of Speech due to Vocal Cord Paralysis
- Moderately Severe Burns
- Moderately Severe Rheumatoid Arthritis
- Osteoporosis with Fractures*#
- Postherpetic Neuralgia (PHN)
- Psoriasis with Arthritis
- Severance of One Limb
- Severe Central or Mixed Sleep Apnea
- Severe Obstructive Sleep Apnoea

Special Diseases for Juvenile (Age 1 (15 days) – 18) covered in the Series <Note i>

Tier 1 Special Diseases for Juvenile^

- Attention-Deficit Hyperactivity Disorder (ADHD)
- Autism
- Dengue Haemorrhagic Fever
- Glomerulonephritis with Nephrotic Syndrome
- Intellectual Impairment due to Sickness or Injury
- Juvenile Huntington Disease
- Kawasaki Disease
- Marble Bone Disease (Osteogenesis)
- Osteogenesis Imperfecta
- Rheumatic Fever with Valvular Impairment
- Scar due to Accident
- Severe Asthma
- Severe Epilepsy
- Severe Haemophilia
- Severe Hand, Foot and Mouth Disease
- Still's Disease
- Tourette Syndrome
- Type 1 Diabetes Mellitus
- Type I Juvenile Spinal Amyotrophy
- Type II Juvenile Spinal Amyotrophy
- Wilson's Disease

Tier 2 Special Diseases for Juvenile**

- Acute Epiglottitis
- Angelman Syndrome
- Moderately Severe Asthma
- Pneumonia
- Severe Angioedema
- Severe Eczema
- Severe Urticaria

@ The claim for Loss of Hearing will only be paid if at the time of diagnosis the Insured is Aged 3 or above.
* The claim for Severe Osteoporosis and Osteoporosis with Fractures will only be paid if at the time of diagnosis the Insured is Aged 70 below.
^ Subject to US$50,000 per Insured of each claim under all policies of the Series.
** Subject to US$12,500 per Insured of each claim under all policies of the Series.

Note i: The Special Diseases covered under Cancer and Heart Early Guard Benefit of Crisis AllSupporter Insurance Plan (All Good) are designated by ("@@"); the Special Diseases covered under AgeWell Support, if applicable, of Crisis AllSupporter Insurance Plan (All Good) are designated by ("#").

Note: Benefits relating to Crises and Special Diseases are payable according to the Policy Provisions. Please refer to the definition of Crises and Special Diseases in the Policy Provisions for the details of Crises and Special Diseases.

Remarks

1 FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD", "We", "Us" or "Our") will pay the Crisis Benefit, Special Disease Benefit, Cancer and Heart Early Guard Benefit, Critical Medical Care Benefit, Life Impact Benefit, Multiple Benefit for Designated Crises and AgeWell Support (except for Golden Care Wellness Benefit), if applicable, only where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Crisis, Special Disease or illness occurs after the first 90 days from the Policy Date. This first 90 days limitation does not apply if any Disease or illness is solely and directly caused by an Accident and independently of any cause.

We will pay the Daily Care Income Benefit only where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Disease or illness occurs after the first year from the Policy Date. This first year limitation does not apply if any Disease or illness is solely and directly caused by an Accident and independently of any cause.

The Special Disease Benefit, Cancer and Heart Early Guard Benefit and Critical Medical Care Benefit, if applicable, will be payable until the Aggregate Limit has been reached. Upon the payment of claims under Special Disease Benefit, Cancer and Heart Early Guard Benefit and Critical Medical Care Benefit, if applicable, the Current Sum Insured of the policy will be reduced accordingly. Current Sum Insured means the Initial Sum Insured less any claims paid and/or payable for Special Disease Benefit, Cancer and Heart Early Guard Benefit and Critical Medical Care Benefit, if applicable, under the Policy. Death Benefit, Crisis Benefit, Guaranteed Cash Value, future premium and Special Bonus (if any) will be reduced accordingly. The subsequent payment(s) under each claim of Special Disease Benefit, Cancer and Heart Early Guard Benefit or Critical Medical Care Benefit, if applicable, will not be higher than the reduced Current Sum Insured.

2 Each Special Disease is payable once only (except for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery). A maximum of two claims can be made in respect of Carcinoma-in-situ or Early Stage Malignancy of Specific Organs and Angioplasty of Coronary Artery under the Policy. To be eligible for the second claim under Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, the claims must be a Carcinoma-in-situ or Early Stage Malignancy of one of the covered organs that is different from the organ(s) of the previous claims for which benefit(s) have/has been paid. If the relevant covered organ has both a left and a right component (such as, but not limited to the lungs or breasts), the left side and right side of the organ shall be considered one and the same organ. To be eligible for the second claim under Angioplasty of Coronary Artery, the treatment must be performed on a location of stenosis or obstruction in a major coronary artery where no stenosis greater than 60 percent was identified in the coronary angiogram relating to the first claim of this illness, for which benefit has been paid.

3 This Crisis Benefit will only be paid once until the Aggregate Limit has been reached while this Policy is in force.

4 The benefit is only applicable to Insured whose issue Age is 1–65. This benefit will be payable once only for Crisis Benefit or Death Benefit under the Policy and once for Special Disease Benefit (except Tier 2 Special Diseases for Juvenile) for All Better and All Great or Cancer and Heart Early Guard Benefit for All Good under this Policy. This benefit and will be ceased (i) upon the termination of the Policy; (ii) the Additional Coverage Benefit for Crisis Benefit or Death Benefit and Special Disease Benefit for All Better and All Great or Cancer and Heart Early Guard Benefit for All Good has been paid or becomes payable; or (iii) on the 15th Policy Anniversary, whichever is the earliest. This additional benefit amount will not be deducted from the Current Sum Insured.

5 The aggregate amount payable under the Crisis Benefit or the Death Benefit (as the case may be) together with the Protection Restore Benefit, shall not exceed 100% of the Initial Sum Insured.

6 Family Booster (optional benefit) cannot be attached to Crisis AllSupporter Insurance Plan (All Good).

Family Booster for Parent:
While this Policy is in force, the Policy Owner may declare in FWD's prescribed form within 180 days from the Policy Date that the Insured's parent was at the Age of 76 or below on the date of signing the Policy application. Once FWD receives the prescribed forms and documents from the Policy Owner to FWD's satisfaction, FWD will notify the Policy Owner in writing that after the Policy has been in force for 2 or more consecutive years from the Policy Date ("Waiting Period of Family Booster for Parent"), the Crisis Benefit for Cancer, Heart Attack and Stroke Alzheimer's Disease/ Irreversible Organic Degenerative Brain Disorders and Parkinson's Disease will be automatically extended to such Insured's parent from the Age of 56 until Age of 85 of that parent ("Covered Parent").

If the Covered Parent has the First Confirmed Diagnosis of Cancer, Heart Attack, Stroke Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease after the Waiting Period of Family Booster for Parent, FWD will pay to the Policy Owner 25% of Initial Sum Insured of this Policy once per Covered Parent (up to US$50,000 per Covered Parent under all policies of the Series). This Family Booster for Parent will be payable only once for Cancer, Heart Attack, Stroke, Alzheimer's Disease/ Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease under this Policy.

For the avoidance of doubt, this Family Booster for Parent will not be payable for the respective Cancer, Heart Attack, Stroke, Alzheimer's Disease/ Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease if the Covered Parent has any Cancer (including Carcinoma-in-situ or Early Stage Malignancy of Specific Organs), Heart Attack, Stroke , Alzheimer's Disease/ Irreversible Organic Degenerative Brain Disorders (including Moderately Severe Alzheimer's Disease) or Parkinson's Disease (including Moderately Severe Parkinson's Disease) that is diagnosed or treated within or prior to the aforesaid Waiting Period of Family Booster for Parent.

Notwithstanding anything to the contrary under this Policy, if FWD approves the Policy Owner's application for the Covered Parent under this Family Booster for Parent, the Waiting Period of Family Booster for Parent does not apply if the Covered Parent has the First Confirmed Diagnosis of any Cancer, Heart Attack, Stroke or Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease which is solely and directly caused by an Accident and independently of any cause.

While this Policy is in force, after Family Booster for Parent has been paid or is payable for Cancer, Heart Attack, Stroke, Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease, and if that Covered Parent dies due to such Cancer, Heart Attack, Stroke, Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease within 1 year from the date of First Confirmed Diagnosis of such Cancer, Heart Attack, Stroke, Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease, FWD will pay to the Policy Owner 25% of the Initial Sum Insured of this Policy once per Covered Parent (up to US$50,000 per Covered Parent of each claim under all policies of the Series).

Family Booster for Child:
While this Policy is in force, the Policy Owner may declare in FWD's prescribed form the Insured's child (i) within 180 days from the Policy Date or (ii) within 180 days from the birth date of the Insured's child. Once FWD receives the prescribed form and documents from the Policy Owner to FWD's satisfaction, FWD will notify the Policy Owner in writing that after the Policy has been in force for 2 or more consecutive years from the Policy Date ("Waiting Period of Family Booster for Child"), the Crisis Benefit and Special Disease Benefit for Special Diseases for Juvenile will be automatically extended to that Insured's child until the Age of 18 of that child ("Covered Child").

If the Covered Child has the First Confirmed Diagnosis of the Crisis after the Waiting Period of Family Booster for Child, FWD will pay to the Policy Owner 30% of Initial Sum Insured of this Policy once per Covered Child (up to US$50,000 per Covered Child of each claim under all policies of the Insured and/or Insured's spouse of the Series). This Family Booster for Child is payable for a maximum of 2 times only for Crisis under this Policy, and this Family Booster for Child can only be claimed once for Crisis for each Covered Child under this Policy.

If the Covered Child has the First Confirmed Diagnosis of the Tier 1 Special Diseases for Juvenile after the Waiting Period of Family Booster for Child, We will pay to the Policy Owner 10% of Initial Sum Insured of this Policy once per Covered Child (up to US$12,500 per Covered Child of each claim under all policies of the Insured and/or Insured's spouse of the Series).

If the Covered Child has the First Confirmed Diagnosis of the Tier 2 Special Diseases for Juvenile after the Waiting Period of Family Booster for Child, We will pay to the Policy Owner 5% of Initial Sum Insured of this Policy once per Covered Child (up to US$6,250 per Covered Child of each claim under all policies of the Insured and / or Insured's spouse of the Series).

This Family Booster for Child is payable for a maximum of 2 times only for Special Diseases for Juvenile under this Policy, and this Family Booster for Child can only be claimed once for Special Diseases for Juvenile for each Covered Child under this Policy.

For the avoidance of doubt, this Family Booster for Child will not be payable for respective Crisis, Tier 1 and Tier 2 Special Diseases for Juvenile if the Covered Child is diagnosed or treated such Crisis, Tier 1 and Tier 2 Special Diseases for Juvenile within or prior to the aforesaid Waiting Period of Family Booster for Child.

Notwithstanding anything to the contrary under this Policy, if FWD approves the Policy Owner's application for Covered Child under this Family Booster for Child, the Waiting Period of Family Booster for Child does not apply if the Covered Child has the First Confirmed Diagnosis of Crisis, Tier 1 and Tier 2 Special Diseases for Juvenile which is solely and directly caused by an Accident and independently of any cause.

While this Policy is in force, after Family Booster for Child has been paid or is payable for Crisis, and if that Covered Child dies due to such Crisis within 1 year from the date of First Confirmed Diagnosis of such Crisis, We will pay to the Policy Owner 30% of the Initial Sum Insured of this Policy once per Covered Child (up to US$50,000 per Covered Child of each claim under all policies of the Insured and / or Insured's spouse of the Series).

7 If the plan level is All Good and AgeWell Support is selected, once the Crisis Benefit for Alzheimer's Disease/ Irreversible Organic Degenerative Brain Disorders, Parkinson's Disease or Severe Osteoporosis has been paid under this Policy, We will waive the balance of premiums payable under this Policy.

8 This benefit will be payable only once under this Policy, irrespective of how many Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease the Insured may sustain. FWD must receive due proof of survival of the Insured to FWD's satisfaction which shall be issued within 2 months prior to the benefit payment date and shall be received by FWD not less than 1 month prior to the benefit payment date each year. If FWD does not receive such due proof within such timeframe, FWD will not pay the benefit for the relevant year.

9 This benefit is payable once only under this Policy and is limited to within 2 years from the date of First Confirmed Diagnosis of such Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease of the Insured.

10 This benefit is payable once only under this Policy, and is up to US$6,250 per Insured of each claim under all policies of the Series within 2 years from the date of First Confirmed Diagnosis of such Severe Osteoporosis or Osteoporosis with Fractures of the Insured.

11 FWD will reimburse the Reasonable and Customary charges for health screening and dental care (up to US$750 per Insured of each claim under all policies of the Series) received by the Insured once for every 5 Policy Years and the Insured's Age of 50 or above, provided that the Insured must have been continuously covered for 2 years from the Policy Date.

12 While this Policy is in force, if it becomes Medically Necessary for the Insured to be Confined in an Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support, FWD shall pay Critical Medical Care Benefit. This benefit will be payable only once under this Policy.

13 This additional benefit amount will not be deducted from the Current Sum Insured. This benefit will be payable only once under this Policy. This benefit will automatically terminate on the Policy Anniversary immediately preceding the 86th birthday of the Insured.

This benefit is also subject to the following conditions,

1. if (a) any of Crisis Benefit or Multiple Benefit for Designated Crises, and (b) Life Impact Benefit are payable by FWD as a result of same incident, FWD will not pay the Life Impact Benefit; and / or
2. if any preceding claim for illness or Injury has been paid under Crisis Benefit or Multiple Benefit for Designated Crises, FWD will not pay the Life Impact Benefit for the same illness or Injury.

14 If the total claims paid of Crisis Benefit, Special Disease Benefit and/or Critical Medical Care Benefit under the Policy reach 100% of Initial Sum Insured while the Policy is still inforce, FWD will waive the balance of premium payable under the Policy falling due immediately after the date following the First Confirmed Diagnosis of the Crisis or Special Disease or the first day of Confinement to Intensive Care Unit which leads the Total Claims paid under the Policy to reach 100% of Initial Sum Insured and all the riders will be terminated.

15 **For Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, Kidney Failure or Parkinson's Disease**
While this Policy is in force, this Multiple Benefit for Designated Crises is payable if, following the Aggregate Limit has been reached, the Insured has First Confirmed Diagnosis of an Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, Kidney Failure or Parkinson's Disease on or before Age of 86, and the Insured survives for a period of at least 14 days from the date of First Confirmed Diagnosis of such respective Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, Kidney Failure or Parkinson's Disease, provided that the First Confirmed Diagnosis of the claim for Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, Kidney Failure or Parkinson's Disease shall be at least 1 year after the date of the First Confirmed Diagnosis of the immediately preceding claim under Crisis Benefit or Multiple Benefit for Designated Crises covered by this Policy (for which benefit has been paid under the policy).

The Crisis Benefit and Multiple Benefit for Designated Crises for Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders and Parkinson's Disease shall be paid once only under this Policy. If a claim for Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease is paid under Crisis Benefit or Multiple Benefit for Designated Crises, all the subsequent claims for the Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders and Parkinson's Disease under Multiple Benefit for Designated Crises shall not be payable.

The Crisis Benefit and Multiple Benefit for Designated Crises for Kidney Failure shall be paid once only under this Policy. If a claim for Kidney Failure is paid under the Crisis Benefit or Multiple Benefit for Designated Crises, all the subsequent claims for Kidney Failure under Multiple Benefit for Designated Crises shall not be payable.

For Cancer, Heart Attack or Stroke
While the policy is in force, this Multiple Benefit for Designated Crises is payable if, following the Aggregate Limit has been reached, the Insured is diagnosed with a subsequent Cancer, Heart Attack or Stroke and survives for a period of at least 14 days from the date of First Confirmed Diagnosis of such respective Cancer (except for Continuous Cancer), Heart Attack or Stroke, subject to the following conditions and additional requirement as set out in the respective definition of Cancer, Heart Attack or Stroke:

(a) If the immediately preceding claim paid under Crisis Benefit for any Crisis or Multiple Benefit for Designated Crises for Cancer, Heart Attack, Stroke, Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, Kidney Failure or Parkinson's Disease covered by this policy, subsequent claim(s) for Cancer, Heart Attack or Stroke can be made provided that the First Confirmed Diagnosis of the subsequent claim(s) for Cancer, Heart Attack or Stroke shall be at least 1 year after the date of the First Confirmed Diagnosis of the immediately preceding Crisis Benefit claim for any Crisis or Multiple Benefit for Designated Crises claim for Cancer, Heart Attack, Stroke, Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, Kidney Failure or Parkinson's Disease covered by this policy (for which benefit has been paid under the policy); and

(b) If any preceding claim for Cancer has been paid under Crisis Benefit or Multiple Benefit for Designated Crises, subsequent claim(s) for Cancer (Continuous Cancer, recurring Cancer and Cancer in different sites) can be made provided that,
- if the subsequent claim for Cancer is a Continuous Cancer of the preceding Cancer claim (for which benefit has been paid), the Cancer of the subsequent claim shall be covered only if 3 years has passed since the date of the confirmed diagnosis of that preceding claim for Cancer which has not been completed in remission;
- if the subsequent claim for Cancer is a Recurrence of the Cancer of the preceding Cancer claim (for which benefit has been paid), the Cancer of the subsequent claim shall be covered only if the First Confirmed Diagnosis of the subsequent Cancer takes place at least 3 years after the date of the First Confirmed Diagnosis of that preceding claim for Cancer (for which benefit has been paid);
- if the subsequent claim for Cancer is not a Continuous Cancer or Recurrence of the Cancer of the preceding Cancer claim (for which benefit has been paid), the Cancer of the subsequent claim shall be covered only if the First Confirmed Diagnosis of the subsequent Cancer takes place at least 1 year after the date of the First Confirmed Diagnosis of that preceding claim for Cancer (for which benefit has been paid).

This benefit cannot be claimed more than a total of 9 times under this policy. In case the Insured is Aged 70 or above and makes any subsequent claim for prostate cancer resulting from the Continuous Cancer of a previous prostate cancer for which a previous claim was made, the benefit will only be payable if the Insured has received or is in the process of receiving the full course of cancer-directed surgery, radiotherapy, chemotherapy, targeted therapy or a combination of these treatments (excluding hormonal therapy) which is Medically Necessary during the intervening period between the diagnosis of the previous and subsequent prostate cancer.

16 This benefit will be payable only once under this Policy. This benefit will automatically terminate on the Policy Anniversary immediately preceding the 46th birthday of the Insured.

17 While this Policy is in force, after Crisis Benefit or Multiple Benefit for Designated Crises has been paid or is payable, it becomes Medically Necessary for the Insured to be Confined in an Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support in respect of the same covered Crisis, provided that the first day of Confinement of Intensive Care Unit is within 1 year after the date of First Confirmed Diagnosis of such Crisis, FWD shall pay Extended Critical Medical Care Benefit. This benefit will be payable only once under this Policy.

18 This benefit is payable for 1 covered Crisis only under this Policy. This benefit will terminate on the Policy Anniversary immediately preceding the 86th birthday of the Insured. For the purpose of claiming Crisis Medical Booster Benefit for Designated Crises under this Policy, experimental drugs shall mean the drug which has obtained approval from one of the following regulatory authorities to be on a clinical trial for testing and/or treatment in humans, and such experimental drugs must be in active phase III of a clinical trial:

1. United States Food and Drug Administration (FDA)
2. European Medicines Agency (EMA)
3. National Medical Products Administration (NMPA) of China
4. Department of Health of Hong Kong

FWD's decision on (i) the interpretation of the definition of the experimental drugs and (ii) the appropriateness of the experimental drugs for the purpose of claiming Crisis Medical Booster Benefit for Designated Crises under this Policy shall be final and conclusive.

19 This Big 3 Disease Income Benefit is payable for a maximum of 2 times under this Policy, where the Big 3 Disease Income Benefit for Cancer and Big 3 Disease Income Benefit for Heart Attack or Stroke will be paid only once respectively under this Policy, irrespective of how many Cancer, Heart Attacks or Strokes the Insured may sustain. This benefit will automatically terminate on the Policy Anniversary immediately preceding the 86th birthday of the Insured.

20 While this Policy is in force and the Insured is still alive, when (a) Multiple Benefit for Designated Crises, Crisis Benefit, Special Disease Benefit or Cancer and Heart Early Guard Benefit, if applicable, for their respective Group 3 Diseases (Illnesses related to Circulatory System) is payable, (b) the Insured has the First Confirmed Diagnosis of Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, or (c) the Insured's parents have the First Confirmed Diagnosis of Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, the Insured or the Insured's parents (as the case may be) are eligible for the Lifestyle Management Program, subject to the following conditions:

- When the Multiple Benefit for Designated Crises or Crisis Benefit for Heart Attack or Stroke is payable, FWD will provide a designated rehabilitation program to the Insured and the fee will be waived once per life. Each Insured can only claim either this designated rehabilitation program or designated rehabilitation program for Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders.
- When the Crisis Benefit, Special Disease Benefit or Cancer and Heart Early Guard Benefit, if applicable, for their respective Group 3 Diseases (Illnesses related to Circulatory System, except Heart Attack or Stroke) is payable, FWD will refer the Insured to the designated rehabilitation programs and pay the initial consultation fee, once per life, of the program chosen by the Insured. All other relevant fees and charges will be borne by the Insured.
- Provided that the Policy was issued after Age 35 of the Insured:
  1. When the Insured has the First Confirmed Diagnosis of Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, FWD will provide a designated rehabilitation program to the Insured and the fee will be waived once per life. Each Insured can only claim either this designated rehabilitation program or designated rehabilitation program for Heart Attack or Stroke.
  2. When a parent of the Insured has the First Confirmed Diagnosis of Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders, FWD will provide a referral service of designated rehabilitation program once to each of the parents of the Insured. All other relevant fees and charges will be borne by the Insured or users of the service including the Insured's parents.

Lifestyle Management Program is only available in Hong Kong region.

The Lifestyle Management Program will start within 6 months from the payment date of the claim of Multiple Benefit for Designated Crises, Crisis Benefit, Special Disease Benefit or Cancer and Heart Early Guard Benefit, if applicable, of such respective Disease under Group 3 (Illness related to Circulatory System) or the date of First Confirmed Diagnosis of Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders.

Details of the Lifestyle Management Program will be determined at the sole discretion of FWD at the time the services are provided, and the services may be provided by third party service providers as FWD may designate.

The rehabilitation service for Heart Attack or Stroke is provided by HealthMutual Group Limited ("HMG") and its healthcare network team currently.

The rehabilitation service for Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders is provided by Senior Citizen Home Safety Association and its healthcare network team currently.

FWD reserves the right to vary the services in its sole discretion at any time without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of the above service providers and/ or their healthcare network teams.

21 Provided that the Policy was issued at the Insured's Age of 18 or above, all premiums are paid when due and the Policy is in force. If the issued Age of Insured is 17 or below, medical check-up coupon will be offered biennially to the Insured starting from the Policy Anniversary of the Insured's age of 20 at next birthday. The Insured is entitled to a maximum of 5 medical check-ups under this Policy offered by third party service providers designated by FWD. The terms and conditions of the check-up service will be determined at the sole discretion of FWD at the time the services are provided. FWD reserves the right to amend or exchange any of the above benefits without prior notice to the Policy Owner and/or the Insured.

22 When the policy has been in effect for 3 years or more, a Special Bonus, which is not guaranteed, may be payable under the policy upon the payment of Crisis Benefit, Death Benefit, Surrender Benefit or Maturity Benefit under the policy, or at the end of the one year reinstatement period if the policy lapses and is not reinstated within that period. A proportionate non-guaranteed Special Bonus, if any, may be also paid upon payment of the Special Disease Benefit, Cancer and Heart Early Guard Benefit, Critical Medical Care Benefit or Partial Surrender Benefit, if applicable. Non-guaranteed Special Bonus (if any) will then be reduced on a pro rata basis accordingly. Non-guaranteed Special Bonus will be payable until Total Claims of Crisis Benefit, Special Disease Benefit, Cancer and Heart Early Guard Benefit, and / or Critical Medical Care Benefit, if applicable, under the policy reach 100% of Initial Sum Insured.

23 PREMIER THE ONEcierge, currently provided by HMG and its healthcare network team and Parkway Hospitals Singapore ("Parkway") is not a part of the Policy or benefit item under the Policy Provisions and is not guaranteed renewable. 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 FWD Professional Health Assistance Services for details.

The HKSH Cross-border Cancer Management Program, provided by designated third-party service provider and its healthcare network team, HKSH and designated hospitals in mainland China, is not a part of the Policy or benefit item under the Policy provisions. The Program is not guaranteed renewable. FWD reserves the right to terminate or vary the Program in its sole discretion without further notice. Please refer to attached FWD Professional Health Assistance Services for details.

24 Second Medical Opinion is provided by International SOS currently and is not guaranteed renewable. All relevant fees and charges (if any) of this service shall be borne by the Insured. FWD shall not be responsible for any act or failure to act on the part of International SOS. Details of the services may be revised from time to time without FWD's prior notice. Please refer to attached FWD Professional Health Assistance Services for details.

25 Family Care Services is provided by Aspire Lifestyles ("Aspire") currently and is not guaranteed renewable. All relevant fees and charges (if any) of this service shall be borne by the Insured. 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 may be revised from time to time without FWD's prior notice. Please refer to attached FWD Professional Health Assistance Services for details.

26 (i) Waiver of Premium on Death Benefit (Parents) Rider
An insured child must be below the Age of 19 at the time of policy application. After the rider has been in force for 2 years, if you (i.e. the Policy Owner) and/or the Parent Contingent Owner pass(es) away, FWD will waive the premiums payable under the basic plan and this rider which fall due from the date of the Policy Owner's death or the death of Parent Contingent Owner (as the case may be) up to and including the Policy Anniversary immediately preceding the 25th birthday of the Insured. You and the Parent Contingent Owner need to be at or below the Age of 50 at the time of policy application, or at the date of request for nomination or change of contingent ownership of the policy (as the case may be). The Parent Contingent Owner must be the insured child's parent.

(ii) Waiver of Premium on Death Benefit (Spouse) Rider
An insured adult must be at the Age of 19 or above at the time of policy application. After the rider has been in force for 2 years, if the insured's spouse, who is (i) the Policy Owner, (ii) a sole beneficiary or (iii) one of the beneficiaries of the policy, passes away, FWD will waive the balance of premium payable under the basic plan and this rider. The insured's spouse must be at or below the Age of 50 at the time of policy application, or the request for nomination or change of Spouse Owner or Spouse Beneficiary (as the case may be).

27 Premium rates are not guaranteed and FWD reserves the right to review the premium rates from time to time. Please refer to Premium adjustment under Key Product Risk for details.

28 Subject to the aggregate maximum Sum Insured per life of all designated critical illness policies, which is determined by FWD's prevailing rules and regulations.

29 You must provide FWD with all documents and information FWD requires within 30 days from the date you first receive relevant proof. If any premium is unpaid at the end of the Extended Grace Period, the premium shall be in default and the Policy shall cease to be in force from the date of the first unpaid premium was due without prejudice to any claim arising prior to the date the Policy ceases to be in force. Any due and unpaid premium shall be deducted from any benefit otherwise payable. You are only entitled to apply and claim for the Extended Grace Period Benefit once under this Policy.

Dividend / Bonus Information & Investment Strategy

Dividend / Bonus Information

The non-guaranteed reversionary bonus, non-guaranteed special bonus, non-guaranteed annual dividend, non-guaranteed terminal dividend, non-guaranteed cash coupons, monthly non-guaranteed annuity payment and non-guaranteed interest for funds on deposit are determined based on the latest dividend / bonus declaration philosophy and investment strategy of FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD", " the Company", "We" or "us") that shown below (Please refer to FWD's website for latest information:
https://www.fwd.com.hk/en/regulatory-disclosures/dividend-bonus-declaration-philosophy/)

You may also refer to below FWD's website for dividend / bonus history:
https://www.fwd.com.hk/en/regulatory-disclosures/fulfillment-ratios/)

Dividend / Bonus Declaration Philosophy

FWD issues participating policies, which offer the policyholders ("You") with both guaranteed benefits (such as guaranteed cash value and guaranteed death benefit) and non-guaranteed dividend/bonus that includes reversionary bonus, special bonus, annual dividend, terminal dividend, non-guaranteed cash coupons, and non-guaranteed annuity payment. Other non-guaranteed benefits also include interest for funds on deposit.

Through the dividend/bonus declaration, you participate in the financial performance of the participating product funds. We seek to ensure equitable sharing of financial performance between policyholders and shareholders, as well as among different groups of policyholders. The financial performance of participating product funds covers the experience and future outlook of a number of factors, including but not limited to:

1. Investment return
   - Investment return experience includes changes in interest income and changes in market value of the underlying investment assets.
   - These changes can be driven by various factors, including but not limited to interest rates, dividend yield, credit spread, counterparty defaults, foreign exchange rates and general economic conditions.
2. Expenses
   - Expenses include both expenses directly related to the policy (such as distribution costs and underwriting expenses) and indirect expenses allocated to the product group (such as general administrative costs of the Company). Higher (lower) expenses will worsen (improve) the financial performance of the participating product funds.
3. Persistency
   - Policy surrender, partial surrender, lapses and withdrawal exercised for policies in the product group and their corresponding impact on the underlying investment portfolio may impact the financial performance of the participating product funds.
4. Claims experience
   - Higher (lower) death and other insurance benefits paid to policies in the product group will worsen (improve) the financial performance of the participating product funds.

FWD reviews the dividend / bonus at least annually based on our dividend policy. The dividend / bonus could be adjusted if the financial performance is different from the expectation, and as a result the actual declared dividend / bonus may be different from the benefit illustrations. The dividend / bonus review and the corresponding bonus adjustment will be performed at least annually and may be reviewed monthly or more frequently. FWD may also deduct as appropriate any reasonable expenses and charges in relation to the policy (such as charges to support guarantee) which will be reflected in the actual declared dividend/bonus.

The dividend / bonus recommendation is proposed by the Appointed Actuary. For policies issued in or from Hong Kong, a Participating Business Committee ("PBC")[1] with at least half of the members independent of the Company is in place to provide independent and objective advice to the Company's Board of Directors (the "Board") in respect of recommendation by the Appointed Actuary. The dividend / bonus recommendation, together with PBC's advice, is then reviewed and approved by our Board, with written declaration by the Chairman of the Board, an Independent Non-Executive Director and the Appointed Actuary on due regard to our dividend policy as well as the principle of fair treatment of customers.

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

1 The description of the PBC's duties can be found in https://www.fwd.com.hk/en/regulatory-disclosures/pbc-duty/

Dividend / bonus information & investment strategy

Smoothing

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

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

Pooling

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

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

Funds on Deposits

The plan may allow the policyholders to place funds with us in arrangements including but not limited to non-guaranteed accumulated annual dividends, guaranteed and non-guaranteed accumulated cash coupons, guaranteed and non-guaranteed accumulated annuity payments, Premium Deposit Account, Bonus Lock-in Account, Special Bonus Lock-in Account and unpaid amount under death benefit settlement option, potentially earning interest at a non-guaranteed interest rate. To determine such non-guaranteed interest rate, we consider the financial performance on the pool of assets in which these amounts are invested with reference to the past experience and future outlook. This pool of assets is segregated from other investments of the Company and may include fixed income-type securities.

Investment strategy

FWD's investment objective is to ensure meeting the guaranteed benefits committed and delivering sustainable long-term target return. The investment strategies are customized for different products to optimize the return based on risk profiles of each product and also aim for diversifying the risk exposures. In particular, these asset portfolios employ a balanced asset allocation investment strategy, which mainly consists of

- Investment-grade fixed income-type securities
- Growth assets to enhance the investment performance in the long run. This may include listed equity, hedge funds, mutual funds, private equity, private credit funds, physical property and property funds. Our investment capability allows access to exclusive and private investment opportunities which are normally available to institutional investors only.

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

Asset type	Target asset allocation (%)
Fixed income-type securities	30% - 100%
Growth assets	0% - 70%

Dividend / bonus information & investment strategy

While various asset types are deployed in our investment strategy and your policy contains non-guaranteed dividend/bonus, it is important to note that your policy also provides guaranteed values through surrender benefit, maturity benefit and/or insurance benefits (to the extent applicable under the policy provisions) which are unaffected by the financial performance of participating product funds to meet your insurance objective. These guaranteed values will also be shown in the policy annual statement.

For clarity, the amount payable under the aforementioned insurance benefits will be calculated as a percentage of either the Current Sum Insured or the Initial Sum Insured (as the case may be). The guaranteed cash values will also be shown in the policy annual statement.

The asset portfolios target to provide diversification across different geographic regions and industries to the extent the size of portfolio can support. Our smoothing mechanism as mentioned above provides a more stable dividend/bonus payouts over a long-term period. Pooling mechanism groups similar policies together to provide diversification benefits, leading to more stable financial performance as compared to investing individually without pooling.

Our currency strategy is to mitigate the currency exposure through matching the asset portfolio to the underlying policy denomination. For fixed income-type securities, this may be achieved through direct investments in the underlying policy denomination or use of currency hedging instruments if the currency of the investment is different from the underlying policy denomination. For growth assets, they may carry a currency exposure different from the underlying policy in order to provide diversification benefits through investments across various geographical areas and industries.

In addition, we may also utilize derivatives to reduce our risk exposure and manage the volatility of investment returns arising from interest rate changes.

Furthermore, the asset portfolio is actively managed by in-house investment professionals who also collaborate with world-class investment managers with various specialties to closely monitor the investment performance and investment outlook, such that the range of actual asset allocation may be temporarily wider than the target allocation disclosed above. In addition to conducting regular review, FWD also reserves the right to change the investment strategy and shall notify policyholders for any material changes.

Key product risks

Credit risk
The 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 this insurance contract.

Liquidity risk
The Series are long term insurance policies. These policies 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 Series may constitute the liquidity risk to your financial condition. You need to bear the liquidity risk associated with the Series.

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

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

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

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

Key product risks

Premium term and non-payment of premium

The premium payment term of the Series are 5, 10, 15, 20, 25 or 30 years.

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

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

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

Termination conditions

Crisis AllSupporter Insurance Plan Series shall terminate on the earliest of the following:

1. The death of the Insured;
2. The Maturity Date of the Policy;
3. The date of Policy surrender. Such date is determined in accordance with FWD's applicable rules and regulations in relation to Policy surrender;
4. The date of termination of the Policy due to default in payment of any premium determined in accordance with Grace Period or Extended Grace Period Benefit (as the case may be);
5. The Indebtedness equals or exceeds the Guaranteed Cash Value of the Policy; or
6. When the Total Claims paid and / or payable reaches 100% of Initial Sum Insured. All riders will also be terminated.

   The following is only applicable to the policy of Crisis AllSupporter Insurance Plan (All Better and All Great):
   The Policy will be terminated on the date where all of the following have happened:- (i) the Multiple Benefit for Designated Crises has been paid for a maximum of 9 times, (ii) Daily Care Income Benefit has been paid or terminated, (iii) Life Impact Benefit has been paid or terminated, (iv) Big 3 Disease Income Benefit has been paid or terminated, (v) Infertility Benefit has been paid or terminated, (vi) AgeWell Support has been paid or terminated, (vii) Extended Critical Medical Care Benefit has been paid or terminated and (viii) Crisis Medical Booster Benefit for Designated Crises has been paid or terminated (if applicable).

   The following is only applicable to the policy of Crisis AllSupporter Insurance Plan (All Good with AgeWell Support):
   (i) except when Crisis Benefit is payable for Alzheimer's Disease/ Irreversible Organic Degenerative Brain Disorders or Parkinson's Disease, this Policy will be terminated on the date when the AgeWell Support has been paid or terminated; or
   (ii) except when Crisis Benefit is payable for Severe Osteoporosis, this Policy will be terminated on the date when the BoneGuard Restore Benefit under AgeWell Support has been paid or terminated.

Key product risks

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

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

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

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

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

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

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

Exclusions

The below exclusions apply to Crisis Benefit, Special Disease Benefit, Cancer and Heart Early Guard Benefit, Critical Medical Care Benefit, Life Impact Benefit, Multiple Benefit for Designated Crises, Big 3 Disease Income Benefit, Infertility Benefit, Extended Critical Medical Care Benefit, Crisis Medical Booster Benefit for Designated Crises, Family Booster and AgeWell Support, if applicable.
This Policy shall not cover any loss / claim directly or indirectly caused by or resulting from any of the following:

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

Key product risks

No Daily Care Income Benefit is payable under this Policy when the Confinement is directly or indirectly caused by:

1. 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 Medical Practitioner for the treatment of a Disability.
2. Conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or the reversal of birth control or treatment pertaining to infertility. Pregnancy, childbirth (including surgical delivery), miscarriage which is not a result of Accident, abortion and prenatal or postnatal care.
3. 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 Policy Date; eye refractive therapy, 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 Policy Date and the restoration is only to restore the basic function of the natural teeth that existed prior to the Injury.
4. 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.
5. Any Disability resulting from nuclear radiation, or contamination or the use of ionization or combustion of any nuclear weapons.
6. Infection with Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivations or variations, AIDS Related Complex (ARC) and complications resulting therefrom or relating thereto.
7. Mental disorder, psychological or psychiatric condition, behavioral problems or personality disorder, or sleep disorder.
8. The participation in any criminal event (including the consumption of illegal drugs).
9. Trans-sexual surgery, venereal and sexually transmitted disease or its sequalae.
10. Confinements in Mainland China to a Hospital classified as below Class or Tier 2, as defined by the State Council Ministry of Health of Mainland China.

Please refer to policy provisions for the exclusion for the respective benefits.

Waiting Period

Please refer to the remarks 1, 6, 15 and 29 for the waiting periods for the respective benefits.

Suicide

Only Applicable Under Crisis AllSupporter Insurance Plan Series

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

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.

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.

Important Notes

Notice of Claim

Written notice of any claim for Death Benefit, Crisis Benefit, Special Disease Benefit, Cancer and Heart Early Guard Benefit, Critical Medical Care Benefit, Multiple Benefit for Designated Crises, Daily Care Income Benefit, Big 3 Disease Income Benefit, Life Impact Benefit, Infertility Benefit, Extended Critical Medical Care Benefit, Crisis Medical Booster Benefit for Designated Crises, Family Booster and AgeWell Support, if applicable, must be given to FWD within 30 days (and in any case no later than 6 months) from the date of death, the date of the relevant medical treatment or First Confirmed Diagnosis of such respective Crisis or Special Disease (as applicable) of the Insured, the Covered Parent or the Covered Child, if applicable. Any claims for Death Benefit, Crisis Benefit, Special Disease Benefit, Cancer and Heart Early Guard Benefit, Critical Medical Care Benefit, Multiple Benefit for Designated Crises, Daily Care Income Benefit, Big 3 Disease Income Benefit, Life Impact Benefit, Infertility Benefit, Extended Critical Medical Care Benefit, Crisis Medical Booster Benefit for Designated Crises, Family Booster and AgeWell Support, if applicable, received after the said 6-month period shall not be accepted, unless FWD in its sole discretion decides otherwise.

Please refer to policy provisions for claiming procedures for Extended Grace Period Benefit.

Incorrect disclosure or non-disclosure

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.

Incorrect disclosure or non-disclosure of any material facts, including but not limited to, age, gender and other material facts declared on the relevant application form, in FWD's opinion, may affect FWD's risk assessment. As the case may be, FWD may collect the premium shortfall with interest and any additional insurance levy, refund the excess premium and insurance levy without interest or even void this Policy from the Policy Date. In case the Policy is declared void from the Policy Date, 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.

Important Words

Unless otherwise defined herein, capitalised terms shall have the meanings ascribed to them in the policy provisions.

Age

The age of the Insured, Covered Parent or Covered Child (as the case may be) on his/her next birthday.

Confinement or Confined

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

Disease(s)

The Disease(s) covered under this Policy are shown in a table as set out in "Appendix 1: List of Diseases Covered" of policy provisions. Each Disease is further defined in Appendix 2 or Appendix 3 of policy provisions.

First Confirmed Diagnosis

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

First Symptoms

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

Invasive Life Support

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

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

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

Medically Necessary

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

a. consistent with the diagnosis and customary medical treatment for the Insured's disease;

b. recommended by a Medical Practitioner for the care or treatment of the Insured's disease involved and must be widely accepted professionally in Hong Kong as effective, appropriate and essential based upon recognized standards of the health care specialty involved; and

c. not furnished primarily for the personal comfort or convenience of the Insured or any medical service provider. Experimental, screening and preventive services or supplies (other than prescription of experimental drugs to be reimbursed under Crisis Medical Booster Benefit for Designated Crises, if applicable) are not considered Medically Necessary.

Important Words

Reasonable and Customary

In relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar covered Disease, as reasonably determined by Us in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is Reasonable and Customary, We shall make reference to the followings (if applicable) –

a. treatment or service fee statistics and surveys in the insurance or medical industry;

b. internal or industry claim statistics;

c. gazette published by the Government; and / or

d. other pertinent source of reference in the locality where the treatments, services or supplies are provided.

Declarations

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

This product material is for reference only and is indicative of the key features of the products. 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.

FWD insurance

Celebrate living®
fwd.com.hk

For more information

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

fwd.com.hk

Service Hotline
3123 3123

Learn more about Crisis AllSupporter Insurance Plan

Standardized CI Definitions
標準危疾定義

* The HKFI has standardized 16 major and 5 minor Critical Illness (CI) conditions, as well as a common term “Activities of Daily Living” (ADL). This policy has adopted the standardized CI definitions (version 2026) <https://ci-definitions.hkfi.org.hk>. For the actual definitions of coverage under this policy, please refer to the policy documents and provisions.

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