

**Crisis USupporter / Crisis USupporter Pro
Crisis USupporter - Kid Starter /
Crisis USupporter Pro - Kid Starter**

**The more support you and your family have, the better
chances for you and your family of beating critical illness**

Critical Illness Protection • Participating Life



We have a deep desire to look to the future with much more hope despite critical illnesses. Indeed, thanks to continuous medical advancements in cancer treatment, it is now possible for patients to live longer than it was in the past.

However, the advances in medicine may leave you with heavy financial burden, which may be lessened if you take action quickly to apply for insurance protection and seize the opportunity while you are healthy.



We offer coverage with the correct considerations without hesitation in the event of a designated critical illness. It provides you with just about whatever you will need, whether it's the financial support for a better treatment and care, or professional services support at ease.

Prepare for critical illness with us on your side

At FWD, we understand the level of financial support needed to overcome the challenge of a critical illness. That's why we're introducing Crisis USupporter/Crisis USupporter Pro/Crisis USupporter - Kid Starter/Crisis USupporter Pro - Kid Starter (collectively called "the Plans"), a comprehensive and innovative critical illness protection plan. In addition to a cash lump sum in the event if you're diagnosed with a covered Crisis or Special Disease, it also provides the added security of an income benefit in case of Cancer, Heart Attack or Stroke.

You will also have peace of mind knowing that wide-ranging coverage extends to unknown illnesses that may disrupt your life. What's more, as the first-ever to equip you with innovative protection on infertility, a cash lump sum will be offered if you've undergone fertility treatment due to the diagnosis of a Crisis.

Should you encounter the need to use experimental drugs during your treatment for designated crises, we provide additional reimbursement under Crisis USupporter Pro/Crisis USupporter Pro - Kid Starter.

You are not the only one who cares about your family. We also care. So, we want to provide them with critical illness coverage. Under Crisis USupporter/Crisis USupporter Pro, you can add an optional benefit at the policy application to protect your parents against Cancer, Heart Attack and Stroke, and your children against 62 Crises with a simple and easy application without any medical underwriting questions.

We are committed to ensuring that if you ever come across covered illnesses, you will be fighting the biggest battle of your life with the strongest possible support from us.

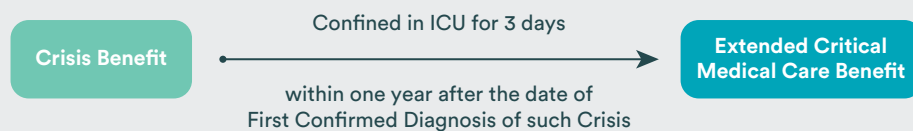


Higher Confidence from a Broad Coverage

In addition to protection against 62 Crises, the Plans also cover 65 Special Diseases with 12 of them specifically for juveniles. There's no simpler way to achieve broad protection against critical illnesses.^{1,2,3}

First-in-Hong Kong*

Furthermore, after the Crisis Benefit has been paid or is payable, Crisis USupporter Pro/Crisis USupporter Pro - Kid Starter provides Extended Critical Medical Care Benefit - extended protection in respect of the same Crisis for an additional 50% of Initial Sum Insured if the Insured is Confined in an Intensive Care Unit ("ICU") of 3 or more consecutive days for the same Crisis within one year.⁴



Thanks to continuous medical advancements, experimental drugs may be available for certain illnesses, but they may invariably lead to accumulating bills. Crisis USupporter Pro/Crisis USupporter Pro - Kid Starter offers Crisis Medical Booster Benefit for Designated Crises. After Crisis Benefit or Multiple Benefit for Designated Crises has been paid or is payable for Cancer, Alzheimer's Disease or Parkinson's Disease, and it becomes Medically Necessary for the Insured to be prescribed experimental drugs for the treatment of that Cancer, Alzheimer's Disease or Parkinson's Disease within 2 years from the date of First Confirmed Diagnosis of that Cancer, Alzheimer's Disease or Parkinson's Disease, FWD will reimburse the reasonable and customary cost of those experimental drugs up to 20% of the Initial Sum Insured (subject to a maximum of HK\$400,000/US\$50,000 per Insured of each claim under all policies of the Crisis USupporter Series).⁵ You play a more active role in your own health care.

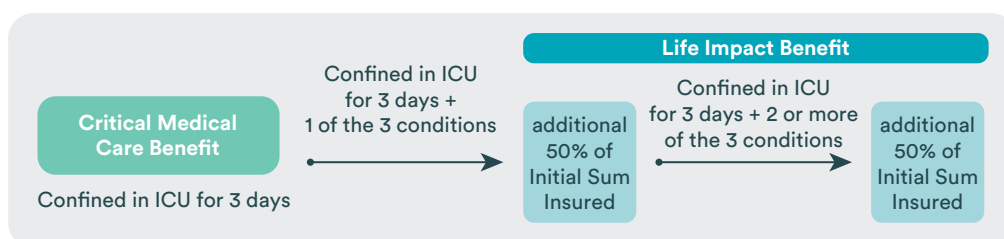


From Defined Diseases to Undefined / Unknown Diseases

Unknown diseases can strike you and your family when you least expect it, for illness and Injury that lead to Confinement in Intensive Care Unit of 3 or more consecutive days, the Plans will pay Critical Medical Care Benefit^{1,6} to alleviate your financial situation.

The Plans offer a Life Impact Benefit^{1,7} which provides coverage when faced with undefined / unknown illnesses and Injuries and caused to a more severe impact to the Insured's life to a state as specified. It is payable if the Insured is Confined in an Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support and experiences 1 or more of the following conditions within the same 120-day period which is caused by the same illness or Injury:

- (i) The Insured is Confined in a Hospital for 10 or more consecutive days (including anytime Confined in an Intensive Care Unit);
- (ii) A Medical Practitioner confirms that the Insured will need lifelong prescription medicine which is Medically Necessary; or
- (iii) The Insured has surgery under general, spinal or epidural anesthetic which is Medically Necessary.



This Life Impact Benefit is up to an additional 100% of Initial Sum Insured.

Once Total Claims paid for any Crisis Benefit, Special Disease Benefit and/or Critical Medical Care Benefit equal 100% of the Initial Sum Insured, the rest of the premium payable under the Plans will be waived.¹



Enhanced Security from Designated Crises (Up to 990% of Initial Sum Insured)

After the Crisis Benefit has been paid, if the Insured is subsequently diagnosed with either Cancer, Heart Attack, Stroke, or First Confirmed Diagnosis of Alzheimer's Disease, Kidney Failure or Parkinson's Disease, FWD will pay Multiple Benefit for Designated Crises for a maximum of 7 times for a total up to additional of 990% of Initial Sum Insured.^{1,8}



Greater Reassurance from Additional Benefits (Up to 75% of Initial Sum Insured)

The Plans provide up to 75% of Initial Sum Insured of Additional Coverage Benefit to back you up if the Insured is diagnosed with any covered Crises or passes away in the first 15 Policy Years⁹.



Protect you from congenital diseases^{1,2,3}

If signs and symptoms of a congenital disease are undetected before we issue the policy and within the first 90 days after we have issued the policy, the Plans provide coverage if the congenital disease develops into a covered Disease. There's no simpler way to shield against these undetected congenital diseases.



Special Care on Your Road to Recovery

First-in-Hong Kong*

Ongoing treatment may be necessary to fully recover from a critical illness. After the 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 same Cancer 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, FWD will pay Big 3 Disease Income Benefit for Cancer, which is 5% for Crisis USupporter/Crisis USupporter - Kid Starter (or 10% for Crisis USupporter Pro/Crisis USupporter Pro - Kid Starter) of the Initial Sum Insured per annum, up to a maximum of 5 consecutive years.¹⁰

What's more, if the Crisis Benefit or Multiple Benefit for Designated Crises for Heart Attack or Stroke has been paid or is payable, FWD will pay Big 3 Disease Income Benefit for Heart Attack or Stroke, which is 1% of the Initial Sum Insured per month will be paid, up to a maximum of 6 consecutive months for Crisis USupporter/Crisis USupporter - Kid Starter (or 12 consecutive months for Crisis USupporter Pro/Crisis USupporter Pro - Kid Starter).¹⁰

After the Insured's first confirmed diagnosis of a Heart Attack or Stroke, and the Crisis Benefit has been paid, the Insured can enjoy the Lifestyle Management Program¹¹ 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), the Lifestyle Management Program¹¹ will refer the Insured to the best-suited rehabilitation program. The initial consultation fee will also be waived.

Provided that the Policy was issued after age 35 at the next birthday of the Insured, after the Insured's or the Insured's parents First Confirmed Diagnosis of Alzheimer's Disease, the Lifestyle Management Program¹¹ will offer a tailor-made support program for the recovery journey or a referral service for designated rehabilitation program to the Insured's parents (as the case may be), giving you a peace of mind.



Medical Check-up for Your Wellness

Early detection is always the better option. To help you maintain your well-being, the Plans offer a Medical Check-up coupon¹² on each of the 2nd, 4th, 6th, 8th and 10th Policy Anniversaries of the Plans.



Reward for Healthy Body

In addition to the medical check-up, the Plans reward you if you are in good health. The Plans offer you Guaranteed Cash Value from the 3rd Policy Anniversary and Special Bonus from the 5th Policy Anniversary (if any)¹³ when you surrender the policy before 100% of the Initial Sum Insured is claimed.



Professional Services Are Around You

As part of our promise of care, the Plans also give you access to a priority health coaching service: Critical Illness Protection Plan – PREMIER THE ONEcierge One Team Health Management (“PREMIER THE ONEcierge”)¹⁴. You can 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 doctor and top-tiered network hospitals in the Pan-Asia Region.

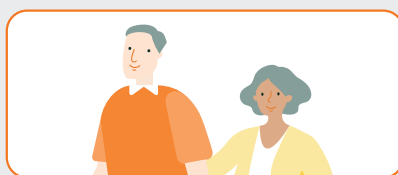
When your crisis claim is approved, you are given access to some of the highest-ranked medical institutions in the U.S. for a second medical opinion¹⁵. What’s more, the Plans also provide a referral service (“Family Care Services”)¹⁶ to help with taking care of your home. Through Family Care Services, you have 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.



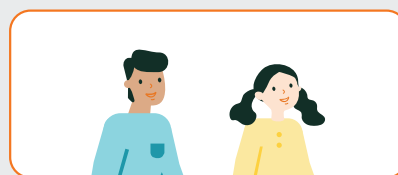
Planning and Protection for Your Family

First-in-Hong Kong*

Everyone wants to protect their parents and children as much as they can. We want to prepare the support for them, so we provide critical illness coverage to them with simple and easy application without any medical underwriting questions. Under Crisis USupporter / Crisis USupporter Pro with Family Booster (optional benefit)¹⁷, Crisis Benefit for Cancer, Heart Attack and Stroke will be extended to Insured's parents and Crisis Benefit for 62 Crises will be extended to Insured's child(ren) at no impact on the Insured's coverage.



The Insured's parents (age of 76 (ANB) or below) on the date of signing the Policy application



The Insured's Child or Insured (or the Insured's spouse) gives birth to a child

after the Policy has been in force for 2 or more consecutive years from the Policy Date

First Confirmed Diagnosis of Cancer, Heart Attack or Stroke

20% of the Initial Sum Insured of this Policy once per Covered Parent (up to HK\$200,000 / US\$25,000 per Covered Parent under all policies of Crisis USupporter Series)
(Cover the Insured's parents from age of 56 (ANB) to 85 (ANB))

First Confirmed Diagnosis of 62 Crises

20% of the Initial Sum Insured of this Policy once per Covered Child and up to a per Covered Child of HK\$200,000 / US\$25,000 under all policies of the Insured and/or Insured's spouse of Crisis USupporter Series
(Cover the Insured's child until age of 18 (ANB))

Suffering from Crises doesn't mean you have to stop your family planning. 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 the diagnosis of such Crisis, Infertility Benefit, which is equal to 10% of the Initial Sum Insured, will be paid.¹⁸



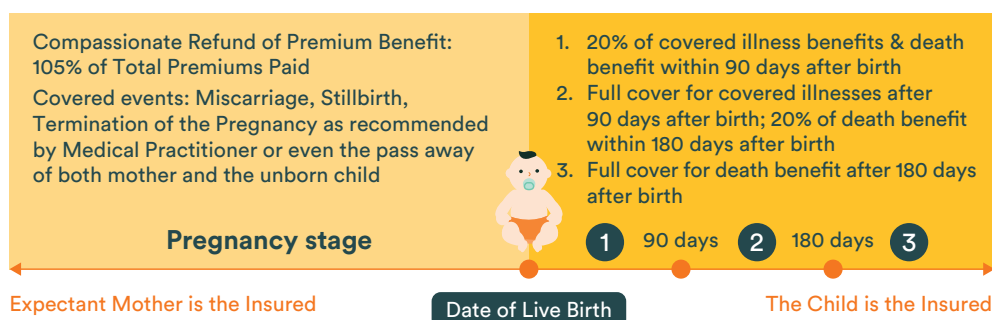
Early Protection for Your Precious Newborns¹⁹

We have especially designed Crisis USupporter - Kid Starter/Crisis USupporter Pro - Kid Starter for parents-to-be who want to cover their unborn baby right after birth.

Not only your unborn child is well protected for congenital diseases that might develop into covered Diseases later in life, but immediate coverage with 20% of covered illness benefits²⁰ under Crisis USupporter - Kid Starter/Crisis USupporter Pro - Kid Starter also commences right after birth in which the child will be fully covered after 90 days after birth.

Before the child is born, the savings element under the policy will start to accumulate in pregnancy's time as your child grows along the way.

During pregnancy, Compassionate Refund of Premium Benefit which is equivalent to 105% of the Total Premiums Paid will be paid over unfortunate events that lead to Miscarriage, Stillbirth, Termination of the Pregnancy as recommended by Medical Practitioner or even the pass away of both mother and the unborn child.



Extended coverage for your loved ones - Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider (optional rider)²¹

This optional rider under Crisis USupporter/Crisis USupporter Pro 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 premium payment term, we will waive the future premiums of Crisis USupporter/Crisis USupporter Pro and this rider to lighten the burden.

* Per a comparison made on 31 March 2023 among the critical illness insurance plans of key insurers available in Hong Kong, FWD is the first insurance company in Hong Kong to launch Infertility Benefit, Big 3 Disease Income Benefit, Lifestyle Management Program, Crisis Medical Booster Benefit for Designated Crises, Extended Critical Medical Care Benefit and Family Booster (optional benefit).

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

Example

Insured: Ms Emily Wong

Age next birthday: 30

Job: Sales Manager

Plan: Crisis USupporter Pro with Family Booster

Initial Sum Insured of the plan: HK\$1,000,000

Premium Payment Term of the plan: 20 years



Background:

Emily is married and loves travelling and enjoying an active life.

She wants to better plan against the unexpected, like possible critical illnesses. She purchased the plan to safeguard her capital and lower the financial burden in the event of critical illness.

This is for illustrative purpose only and assume that

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

May 2023

She purchased the plan, and also declared her father and mother (both at age next birthday: 70) and a 5 year old daughter for the Family Booster for Parent and Family Booster for Child respectively.



Feb 2026

Her father had the First Confirmed Diagnosis of the lung cancer. **Family Booster for Parent** is claimed, which is additional payment of 20% of the Initial Sum Insured (HK\$200,000).



Feb 2029

She has chest pains and is unfortunately diagnosed with carcinoma-in-situ of breast and hence **Special Disease Benefit** is claimed, which is 20% of the Initial Sum Insured (HK\$200,000) plus proportionate Special Bonus (if any).

After the payment of Special Disease 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.



May 2030

The carcinoma-in-situ of breast has progressed to breast cancer. **Crisis Benefit**, which is 100% of Current Sum Insured or equivalent to 80% of Initial Sum Insured (HK\$800,000) and **Additional Coverage Benefit**, which is 75% of Initial Sum Insured (HK\$750,000) are payable, 155% of Initial Sum Insured (HK\$1,550,000) in total, plus Special Bonus (if any) are claimed.

As over 100% of Initial Sum Insured of her policy has been claimed, **no more premium is required to be paid** and the Guaranteed Cash Value is reduced to zero accordingly, and any future Special Bonus will not be declared.



May 2031

She is receiving active treatment during the payment cycle of this Big 3 Disease Income Benefit for Cancer to cure breast cancer. 1 year has passed and **Big 3 Disease Income Benefit** which is equal to additional 10% of Initial Sum Insured (HK\$100,000) per annum is paid, up to a maximum of 5 consecutive years.



How this plan works

Jul 2031

It becomes Medically Necessary for Emily to be prescribed experimental drugs for the treatment of that breast cancer, the reasonable and customary cost of those prescribed experimental drugs will be reimbursed up to 20% of the Initial Sum Insured (HK\$200,000) under the **Crisis Medical Booster Benefit for Designated Crises**.



May 2033

Unfortunately the breast cancer continues and has not been completed in remission. 3 years waiting period has passed and hence **Multiple Benefit for Designated Crises** is paid and the amount is HK\$1,200,000 (120% of Initial Sum Insured).



Jul 2035

She has undergone fertility treatment which is confirmed by a Medical Practitioner to be Medically Necessary due to the diagnosis of the breast cancer, **Infertility Benefit** is paid and the amount is HK\$100,000 (10% of Initial Sum Insured).



Jul 2038

She gave birth to a boy, and also declared the boy for the Family Booster for Child.



July 2040

Because of a traffic accident, she is confined in Intensive Care Unit for 3 consecutive days with the use of Invasive Life Support, and 2 of the designated conditions within the same 120-day period which is caused by the traffic accident. **Life Impact Benefit**, which is 100% of Initial Sum Insured (HK\$1,000,000), is payable.

Plan Summary

Plan Type	Basic Plan				
Benefit Term	To the Policy Anniversary immediately preceding the 100 th birthday of the Insured				
Crisis USupporter - Kid Starter / Crisis USupporter Pro - Kid Starter Issue Age of Insured's Mother (Age Next Birthday)	Age 19 - 46 with gestation period of 22 nd week or above				
Crisis USupporter / Crisis USupporter Pro Issue Age (Age Next Birthday)	1 - 70	1 - 60	1 - 55	1 - 50	
Premium Payment Term	10 years	15 years	20 years	25 years	30 years
Premium Structure	The premium is non-guaranteed ²² but it will not be increased based on the age of the Insured on his or her next birthday				
Currency	HKD / USD				
Premium Payment Mode	Monthly / Annually				
Minimum Initial Sum Insured	HK\$120,000 / US\$15,000 (per policy)				
Maximum Initial Sum Insured ²³	HK\$12,000,000 / US\$1,500,000 (per life)				
Crisis Benefit ^{1,3}	100% of Current Sum Insured + Special Bonus (if any) ¹³				
Multiple Benefit for Designated Crises ^{1,8}	If the Crisis Benefit is paid, in the event the Insured is subsequently diagnosed with Cancer, Heart Attack or Stroke, or First Confirmed Diagnosis of an Alzheimer's Disease, Kidney Failure or Parkinson's Disease, an additional 120% of Initial Sum Insured will be paid for the 1 st and 2 nd claims, and additional 150% of Initial Sum Insured will be paid for the 3 rd , 4 th , 5 th , 6 th and 7 th claims respectively				
Special Disease Benefit ^{1,2}	Advanced payment of 20% of Initial Sum Insured (subject to a maximum of HK\$400,000/US\$50,000 per Insured of each claim under all policies of the Crisis USupporter Series for Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, Angioplasty of Coronary Artery and Special Diseases for Juvenile) + proportionate Special Bonus (if any) ¹³				
Critical Medical Care Benefit ^{1,6}	Advanced payment of 20% of Initial Sum Insured (subject to a maximum of HK\$400,000/US\$50,000 per Insured of each claim under all policies of the Crisis USupporter Series) + proportionate Special Bonus (if any) ¹³				
Additional Coverage Benefit ⁹	Additional 75% of the Initial Sum Insured (for the insured whose issued age is 35 or below at next birthday) or 60% of the Initial Sum Insured (for the insured whose issued age is above 35 at next birthday) will be payable if the Insured is diagnosed with covered Crises or passes away before the 15 th Policy Anniversary				
Big 3 Disease Income Benefit ¹⁰	(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 Crisis USupporter / Crisis USupporter - Kid Starter (or 10% for Crisis USupporter Pro / Crisis USupporter Pro - Kid Starter) of the Initial Sum Insured per annum will be paid 1 year after the date of diagnosis of the Cancer in respect of which Crisis Benefit 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 the Initial Sum Insured per month will be paid, up to a maximum of 6 consecutive months for Crisis USupporter / Crisis USupporter - Kid Starter (or 12 consecutive months for Crisis USupporter Pro / Crisis USupporter Pro - Kid Starter).				

What this plan covers

Plan Summary

Life Impact Benefit ^{1,7}	If the Insured is Confined in an Intensive Care Unit for 3 or more consecutive days with the use of Invasive Life Support and experiences 1 or more of the designated conditions within the same 120-day period which must be caused by the same illness or Injury:	Additional 50% of the Initial Sum Insured if the Insured experiences 1 of the designated conditions
		Additional 100% of the Initial Sum Insured if the Insured experiences 2 or more of the designated conditions
Infertility Benefit ¹⁸	Additional 10% of the 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 the diagnosis of such Crisis	
Surrender Benefit / Maturity Benefit	Guaranteed Cash Value + Special Bonus (if any) ¹³	
Death Benefit ¹	Current Sum Insured + Special Bonus (if any) ¹³	
Medical Check-up ¹²	Medical check-up coupon will be offered on each of the 2 nd , 4 th , 6 th , 8 th and 10 th Policy Anniversaries of the Plans if all premiums are paid when due	
Lifestyle Management Program ¹¹	Service Program	
Critical Illness Protection Plan – PREMIER THE ONEcierge One Team Health Management ¹⁴	Service Program	
Second Medical Opinion ¹⁵	Service Program	
Family Care Services ¹⁶	Service Program	
Extended Grace Period Benefit ²⁴	Available since the 2 nd Policy Year, if the Policy Owner becomes a parent, gets married or divorced, or becomes involuntarily unemployed during the Premium Payment Term of the Plans, the Policy Owner can choose to apply for the Extended Grace Period Benefit to stay protected by the Plans while enjoying an extended grace period for premium payment up to 365 days	
Extended Critical Medical Care Benefit ⁴ (Only applicable under Crisis USupporter Pro/ Crisis USupporter Pro - Kid Starter)	Additional 50% of the Initial Sum Insured	
Crisis Medical Booster Benefit for Designated Crises ⁵ (Only applicable under Crisis USupporter Pro/ Crisis USupporter Pro - Kid Starter)	After the Crisis Benefit or Multiple Benefit for Designated Crises is paid for Cancer, Alzheimer's Disease or Parkinson's Disease, reimburse the reasonable and customary cost of the experimental drugs up to 20% of the Initial Sum Insured (subject to a maximum of HK\$400,000 / US\$50,000 per Insured of each claim under all policies of Crisis USupporter Series)	

Plan Summary

Crisis USupporter-Kid Starter/ Crisis USupporter Pro - Kid Starter's Coverage ²⁰	Pregnancy Stage	Compassionate Refund of Premium Benefit	The Expectant Mother as the Insured will be covered under the Compassionate Refund of Premium Benefit which is equivalent to 105% of the Total Premiums Paid under Crisis USupporter - Kid Starter/Crisis USupporter Pro - Kid Starter upon a Miscarriage, Stillbirth, Termination of Pregnancy that is recommended by a Medical Practitioner or the passing of both the mother and child.
	After Birth	Covered illness Benefits	It will immediately cover your Child ¹⁹ with 20% of the original benefit amount for covered illness benefits under Crisis USupporter - Kid Starter/Crisis USupporter Pro - Kid Starter right after birth, with full cover commencing 90 days after birth.
		Death Benefit	It will immediately cover your Child ¹⁹ with 20% of the original benefit amount for Death Benefit under Crisis USupporter - Kid Starter/Crisis USupporter Pro - Kid Starter right after birth, with full cover commencing 180 days after birth.
Family Booster (optional benefit) ¹⁷ (Only applicable under Crisis USupporter/Crisis USupporter Pro)	The Covered Parent has the First Confirmed Diagnosis of the Cancer, Heart Attack or Stroke after the Waiting Period of Family Booster for Parent, 20% of the Initial Sum Insured of this Policy once per Covered Parent (up to HK\$200,000 / US\$25,000 per Covered Parent under all policies of Crisis USupporter Series) from the age of 56 (age next birthday) until age of 85 (age next birthday) The Covered Child has the First Confirmed Diagnosis of the Crisis after the Waiting Period of Family Booster for Child, 20% of the Initial Sum Insured of this Policy once per Covered Child and up to a per Covered Child of HK\$200,000 / US\$25,000 under all policies of the Insured and/or Insured's spouse of Crisis USupporter Series until the age of 18 (age next birthday) of that child		
Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider (optional rider) ²¹ (Only applicable under Crisis USupporter/Crisis USupporter Pro)	After the policy has been in force for 2 years, if the parent of an insured child (as a Policy Owner or Parent Contingent Owner) or the spouse of an insured adult (as a Spouse Owner or Spouse Beneficiary) passes away, the future premiums of the basic plan and this rider will be waived		

Crises covered in the Plans

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
- 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 Plans

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 Cancer
-

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
-

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 Plans

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*
 - Severance of One Limb
 - Severe Central or Mixed Sleep Apnea
-

Special Diseases for Juvenile^ (age next birthday 1 (15 days) – 18) covered in the Plans

- Autism
- Dengue Haemorrhagic Fever
- Juvenile Huntington Disease
- Kawasaki Disease
- Marble Bone Disease (Osteogenesis)
- Osteogenesis Imperfecta
- Rheumatic Fever with Valvular Impairment
- Severe Asthma
- Still's Disease
- Type 1 Diabetes Mellitus
- Type I Juvenile Spinal Amyotrophy
- Type II Juvenile Spinal Amyotrophy

@ The claim for Loss of Hearing will only be paid if at the time of diagnosis the Insured is aged 3 (age next birthday) 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 (age next birthday) below.

^ Subject to HK\$400,000/US\$50,000 per Insured of each claim under all policies of Crisis USupporter Series.

Note : Benefits relating to Crisis and Special Disease 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/ Critical Medical Care Benefit/ Life Impact Benefit / Special Disease Benefit / Multiple Benefit for Designated Crises 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.
If the total claims paid of Crisis Benefit, Special Disease Benefit and/or Critical Medical Care Benefit under the Policy reach 100% of the Initial Sum Insured while the Policy is still in force, 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 the Initial Sum Insured and all the riders will be terminated.
The Special Disease Benefit and Critical Medical Care Benefit will be payable until the Aggregate Limit has been reached. Upon the payment of claims under Special Disease Benefit and Critical Medical Care Benefit, 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 and Critical Medical Care Benefit 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 or Critical Medical Care Benefit 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 Plans. 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 While this Policy is in force, after Crisis Benefit 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.
- 5 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.
For the purpose of claiming Crisis Medical Booster Benefit for Designated Crises under this Policy, reasonable and customary refers to a fee or expense which:
 1. is actually charged for Medically Necessary treatment, supplies or medical services;
 2. does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred;
 3. does not include charges that would not have been made if no insurance existed.
 FWD may adjust benefit(s) payable under this Policy for fees or expenses that FWD judges not to be reasonable and customary after comparing with fee schedules used by the government, relevant authorities or recognised medical association in the location where the fee or expense is incurred.
If Policy Owner can obtain a refund of any expenses otherwise recoverable under this benefit from any other sources, FWD will only pay the portion of these expenses in excess of the refund obtained from other sources up to the above limit. Policy Owner must tell FWD if the Insured can obtain a refund of all or part of the expenses otherwise recoverable under this benefit from any other sources. If FWD has paid a benefit which is recoverable from another source, Policy Owner must refund this amount to FWD.
- 6 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.
- 7 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.
- 8 **For Alzheimer's Disease, Kidney Failure or Parkinson's Disease**
While this Policy is in force, if, following payment of a Crisis Benefit, the Insured has First Confirmed Diagnosis of an Alzheimer's Disease, Kidney Failure or Parkinson's Disease on or before age of 86 (age next birthday), 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, Kidney Failure or Parkinson's Disease, provided that the First Confirmed Diagnosis of the claim for Alzheimer's Disease, 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 and Parkinson's Disease shall be paid once only under this Policy. If a claim for Alzheimer's Disease or Parkinson's Disease is paid under Crisis Benefit or Multiple Benefit for Designated Crises, all the subsequent claims for the Alzheimer's Disease 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 payment of a Crisis Benefit, 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, 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, Kidney Failure or Parkinson's Disease covered by this policy (for which benefit has been paid under the policy); and

What this plan covers

- (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 7 times under this policy. In case the Insured is aged 70 (age next birthday) 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.

- 9 The benefit is only applicable to Insured whose issue age is 1 – 65 (age next birthday). This benefit will be payable once only under the Policy and will be ceased (i) upon the termination of the Policy; (ii) once the Crisis Benefit or Death Benefit 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.
- 10 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.
- 11 While this Policy is in force and the Insured is still alive, when (a) Multiple Benefit for Designated Crises, Crisis Benefit and/or Special Disease Benefit 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, or (c) the Insured's parents have the First Confirmed Diagnosis of Alzheimer's Disease, 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.
 - When the Crisis Benefit and/or Special Disease Benefit 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 at the next birthday of the Insured:
 1. When the Insured has the First Confirmed Diagnosis of Alzheimer's Disease, 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, 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 or Special Disease Benefit of such respective Disease under Group 3 (Illness related to Circulatory System) or the date of First Confirmed Diagnosis of Alzheimer's Disease.
- 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 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.
- 12 Provided that the Policy was issued at the Insured's age of 18 (age next birthday) or above, all premiums are paid when due and the Policy is in force. If the issued age of Insured is 17 (age next birthday) 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.
- 13 When the policy has been in effect for 5 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, Critical Medical Care Benefit or Partial Surrender Benefit. 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 and/or Critical Medical Care Benefit under the policy reach 100% of the Initial Sum Insured.
- 14 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 PREMIER THE ONEcierge's brochure and policy document for details.
- 15 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 policy document for details.
- 16 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 policy document for details.

17 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 (age next birthday) 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 will be automatically extended to such Insured's parent from the age of 56 (age next birthday) until age of 85 (age next birthday) of that parent ("Covered Parent").

If the Covered Parent has the First Confirmed Diagnosis of the Cancer, Heart Attack or Stroke after the Waiting Period of Family Booster for Parent, FWD will pay to the Policy Owner 20% of the Initial Sum Insured of this Policy once per Covered Parent (up to HK\$200,000 / US\$25,000 per Covered Parent under all policies of Crisis USupporter Series). This Family Booster for Parent is payable once under this Policy.

For the avoidance of doubt, this Family Booster for Parent will not be payable for the respective Cancer, Heart Attack or Stroke if the Covered Parent has any Cancer (including Carcinoma-in-situ or Early Stage Malignancy of Specific Organs), Heart Attack or Stroke that is diagnosed or treated within or prior to the aforesaid Waiting Period of Family Booster for Parent.

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

Family Booster for Child:

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 will be automatically extended to that Insured's child until the age of 18 (age next birthday) 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 20% of the Initial Sum Insured of this Policy once per Covered Child (up to HK\$200,000 / US\$25,000 per Covered Child under all policies of the Insured and/or Insured's spouse of Crisis USupporter Series). This Family Booster for Child is payable for a maximum of 2 times only under this Policy, and this Family Booster for Child can only be claimed once for each Covered Child under this Policy.

For the avoidance of doubt, this Family Booster for Child will not be payable for respective Crisis if the Covered Child is diagnosed or treated such Crisis 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 which is solely and directly caused by an Accident and independently of any cause.

Any claim under this benefit shall not be deducted from the Insured's Current Sum Insured and will not affect the other benefits available for the Insured under this Policy. This benefit cannot be claimed more than 3 times under this Policy. The terms and conditions of the coverage for the Covered Child and Covered Parent are determined by FWD from time to time and at its sole discretion, including but not limited to FWD's prevailing rules and regulations.

If correct age of the Covered Child or the Covered Parent on the date of signing the application for this Policy or the date where Policy Owner declares the Insured's parent or child in FWD's prescribed form (as the case may be) is outside the respective covered age range, the Family Booster for Child for that Covered Child or the Family Booster for Parent for that Covered Parent (as the case may be) will be void from the outset by FWD sending a notice to the Policy Owner at his / her last known address.

18 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.

19 The Expectant Mother will be the Insured prior to the Live Birth of the Child. While this Policy is in force and following the Live Birth of a Child, Policy Owner shall notify FWD on or before the 14th day prior to the 1st Policy Anniversary of such Live Birth by providing proof of Live Birth of such Child. Once we receive the proof of Live Birth of a Child to our satisfaction, we will notify the Policy Owner in writing by way of an endorsement that the Insured has been changed from the Expectant Mother to the Child with effect from the date shown on the endorsement. Otherwise, the policy will terminate automatically on the first Policy Anniversary.

20 While the Policy is in force and subject to our satisfactory receipt of the proof of Live Birth of a Child, the benefits under the Policy shall apply following Live Birth of a Child and where the Insured is such Child, with effect from 90 days following the Policy Date, or the date of Live Birth of the Child, whichever is later.

Notwithstanding the foregoing, if an Insured who is a Child:

- (i) Where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Disease or illness occurs within 90 days following the later of the Policy Date or the Child's date of Live Birth, any benefits payable under the Policy, shall be reduced to 20% of the sum otherwise payable under Crisis USupporter - Kid Starter / Crisis USupporter Pro - Kid Starter. Crisis Benefit, Special Disease Benefit and Critical Medical Care Benefit will be payable until the Aggregate Limit has been reached. Upon the payment of claims under the Crisis Benefit, Special Disease Benefit and Critical Medical Care Benefit, the Current Sum Insured of this Policy will be reduced accordingly. Death Benefit, Crisis Benefit, Guaranteed Cash Value, future premium and Special Bonus (if any) will be reduced accordingly. Each Crisis can be claimed once only under Crisis Benefit.
- (ii) If the newborn Child dies within 180 days following the later of the Policy Date or the Child's date of Live Birth, Death Benefit payable under the Policy, shall be reduced to 20% of the sum otherwise payable under the Crisis USupporter - Kid Starter / Crisis USupporter Pro - Kid Starter.
- (iii) Multiple Benefit for Designated Crises will be applicable only after payment of a Crisis Benefit and Total Claims paid and/or payable reaches 100% of the Initial Sum Insured.

21 The premium of Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider is non-guaranteed but it will not be increased based on the age next birthday of the Policy Owner, Parent Contingent Owner, Spouse Owner or Spouse Beneficiary (as the case may be).

For Waiver of Premium on Death Benefit (Parents) / (Spouse) Rider selected at time of application:

(i) Waiver of Premium on Death Benefit (Parents) Rider

An insured child must be below the age of 19 (age next birthday) at the time of policy application. After the policy has been in force for 2 years, if you (i.e. the Policy Owner) and/or the Parent Contingent Owner pass(es) away, FWD will waive the premiums payable under the basic plan 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 (age next birthday) at the time of policy application, or at the date of request for nomination or change of contingent ownership of the policy (as the case may be). The Parent Contingent Owner must be the insured child's parent. For the purpose of this rider, you may reassign a parent who is at or below the age of 50 (age next birthday) as the Policy Owner or Parent Contingent Owner any time while the policy is in effect. This waiver of premium benefit with respect to the reassignment will be effective after 2 years of the relevant reassignment, subject to the age and relationship requirements described above.

(ii) Waiver of Premium on Death Benefit (Spouse) Rider

An insured adult must be at the age of 19 (age next birthday) or above at the time of policy application. After the policy has been in force for 2 years, if the insured's spouse, who is (i) the Policy Owner, (ii) a sole beneficiary or (iii) one of the beneficiaries of the policy, passes away, FWD will waive the balance of premium payable under the basic plan and this rider. The insured's spouse must be at or below the age of 50 (age next birthday) at the time of policy application, or the request for nomination or change of Spouse Owner or Spouse Beneficiary (as the case may be). For the purpose of this rider, you may reassign your spouse who is at or below the age of 50 (age next birthday) as the Policy Owner or beneficiary any time while the policy is in effect. This waiver of premium benefit with respect to the reassignment will be effective after 2 years of the relevant reassignment, subject to the age and relationship requirements described above.

22 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.

23 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.

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

Dividend / Bonus Information & Investment Strategy

Dividend / Bonus Information

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

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

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

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

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

Dividend / Bonus Declaration Philosophy

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

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

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

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

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

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

Smoothing

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

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

Pooling

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

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

Investment Strategy

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

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

Dividend / Bonus Information & Investment Strategy

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

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

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

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

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

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

Investment Vehicle

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

Fixed income-type securities

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

Equity-type investments

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

Key Product Risks

Credit risk

The Plans 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 Plans 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 Plans may constitute the liquidity risk to your financial condition. You need to bear the liquidity risk associated with the Plans.

Exchange rate and currency risk

The application of 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 Plans 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.

Premium term and non-payment of premium

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

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

Key Product Risks

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 USupporter/Crisis USupporter Pro 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. The Total Claims paid and/or payable reaches 100% of the Initial Sum Insured (except when Crisis Benefit is payable, the Policy will be terminated when (i) the Multiple Benefit for Designated Crises has been paid for a maximum of 7 times, (ii) Big 3 Disease Income Benefit has been paid or terminated, (iii) Infertility Benefit has been paid or terminated and (iv) Crisis Medical Booster Benefit for Designated Crises has been paid or terminated (Only applicable under Crisis USupporter Pro)). All riders will also be terminated once the Aggregate Limit is reached where the Total Claims paid for any Crisis Benefit, Special Disease Benefit and/or Critical Medical Care Benefit equals 100% of the Initial Sum Insured.

Crisis USupporter - Kid Starter/Crisis USupporter Pro - Kid Starter shall automatically terminate on the earliest of the following:

1. The death of an Expectant Mother who is the Insured where there is no surviving Child insured under this Policy, or otherwise the death of a Child who is the Insured;
2. The Maturity Date of the Policy;
3. The date of Policy surrender. Such date is determined in accordance with the 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;
6. The date on which the Pregnancy is terminated with loss or death of the fetus, whether occurring spontaneously or otherwise, and regardless of whether Compassionate Refund of Premium Benefit is payable;
7. The 1st Policy Anniversary, if following the Live Birth of a Child FWD does not receive proof of Live Birth of such Child as provided in the Notification of Live Birth of Child Provisions of the policy provisions by 14th day before the 1st Policy Anniversary; or
8. The Total Claims paid and/or payable reaches 100% of the Initial Sum Insured (except when Crisis Benefit is payable and the Total Claims paid and/or payable reaches 100% of the Initial Sum Insured, the Policy will be terminated when (i) the Multiple Benefit for Designated Crises has been paid for a maximum of 7 times, (ii) Big 3 Disease Income Benefit has been paid or terminated, (iii) Infertility Benefit has been paid or terminated and (iv) Crisis Medical Booster Benefit for Designated Crises has been paid or terminated (Only applicable under Crisis USupporter Pro - Kid Starter). All riders will also be terminated once the Aggregate Limit is reached.

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 75th birthday (for 10/15/20-year premium payment terms) or 80th birthday (for 25/30-year premium payment terms) 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 75th birthday (for 10/15/20-year premium payment terms) or 80th birthday (for 25/30-year premium payment terms) 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 75th birthday (for 10/15/20-year premium payment terms) or 80th birthday (for 25/30-year premium payment terms) 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, Critical Medical Care Benefit, Big 3 Disease Income Benefit, Life Impact Benefit, Infertility Benefit, Multiple Benefit for Designated Crises, Family Booster (optional benefit, if applicable), Extended Critical Medical Care Benefit (Only applicable under Crisis USupporter Pro/Crisis USupporter Pro - Kid Starter) and Crisis Medical Booster Benefit for Designated Crises (Only applicable under Crisis USupporter Pro/Crisis USupporter Pro - Kid Starter).

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.

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

Key Product Risks

Waiting Period

Please refer to the remarks 1, 8, 17 and 24 for the waiting periods for the respective benefits.

Suicide

Only Applicable Under Crisis USupporter/Crisis USupporter Pro

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.

Only Applicable Under Crisis USupporter - Kid Starter/Crisis USupporter Pro - Kid Starter

If the Insured dies by suicide, whether sane or insane, within 13 calendar months from the Policy Date (where the Insured on such date is either the Expectant Mother or the Child whose name is recorded in an endorsement issued by FWD following Live Birth), the 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.

Notice of Claim

Written notice of any claim for Death Benefit, Crisis Benefit, Special Disease Benefit, Critical Medical Care Benefit, Big 3 Disease Income Benefit, Life Impact Benefit, Infertility Benefit, Family Booster (optional benefit, if applicable), Extended Critical Medical Care Benefit (Only applicable under Crisis USupporter Pro/Crisis USupporter Pro - Kid Starter), Crisis Medical Booster Benefit for Designated Crises (Only applicable under Crisis USupporter Pro/Crisis USupporter Pro - Kid Starter) and Multiple Benefit for Designated Crises must be given to FWD within 30 days (and in any case no later than 6 months) from the date of death of the Insured, the date of the relevant medical treatment or First Confirmed Diagnosis of such respective Crisis or Special Disease. Any claims for Death Benefit, Crisis Benefit, Special Disease Benefit, Critical Medical Care Benefit, Big 3 Disease Income Benefit, Life Impact Benefit, Infertility Benefit, Family Booster (optional benefit, if applicable), Extended Critical Medical Care Benefit (Only applicable under Crisis USupporter Pro/Crisis USupporter Pro - Kid Starter), Crisis Medical Booster Benefit for Designated Crises (Only applicable under Crisis USupporter Pro/Crisis USupporter Pro - Kid Starter) and Multiple Benefit for Designated Crises 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.

Important Notes

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

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 (Only applicable under Crisis USupporter Pro/ Crisis USupporter Pro - Kid Starter)) are not considered Medically Necessary.

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 Plans 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.

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 USupporter / Crisis USupporter Pro
Crisis USupporter - Kid Starter /
Crisis USupporter Pro - Kid Starter