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**(Monday to Friday 9:00 am - 6:00pm,
except Public Holidays)**

**星期一至五上午九時至晚上六時，
公眾假期除外)**



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Remarks

HKT Financial Services (IA) Limited ("HKTIA") is a wholly owned subsidiary of HKT Limited (HKT Limited is a company incorporated in the Cayman Islands with limited liability), arranging for a wide range of life insurance and general insurance products under the brand of Club Care. HKTIA is a licensed insurance agency in Hong Kong and regulated by the Insurance Authority of Hong Kong (Licensed insurance Agency License No. FA2474). HKTIA is an appointed licensed insurance agent of FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability).

備註

HKT Financial Services (IA) Limited (「HKTIA」) 為香港電訊有限公司 (香港電訊有限公司是一家於開曼群島註冊成立的有限公司) 旗下的全資附屬公司，以 Club Care 品牌安排多元化的人壽保險及一般保險產品。HKTIA 為香港的持牌保險代理機構並受香港之保險業監管局監管 (持牌保險代理牌照號碼：FA2474)。HKTIA 獲富衛人壽保險 (百慕達) 有限公司 (於百慕達註冊成立之有限公司) 委任為持牌保險代理人。

Important Notes

- The insurance plan is provided and underwritten by FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD Life"). Club Care is a service brand operated by HKT Financial Services (IA) Limited ("HKTIA"), a wholly owned subsidiary of HKT Limited (HKT Limited is a company incorporated in the Cayman Islands with limited liability). HKTIA, being registered with the Insurance Authority of Hong Kong ("IA") as a licensed insurance agency (Licensed Insurance Agency Licence No.: FA2474), acts as an appointed licensed insurance agency for FWD Life to distribute and arrange a wide range of insurance products and services.
- The product information is provided by FWD Life. The product information does not contain the full terms and conditions of the relevant insurance plan. For full terms and conditions, details, and risk disclosures and exclusions of the relevant insurance plan, please refer to the relevant policy documents (including the policy provisions and the product brochure). Policy provisions shall prevail in case of inconsistency.
- Please read the related product brochure, policy provisions, Personal Information Collection Statement of FWD Life and Personal Information Collection Statement of HKTIA before purchasing the insurance product. For enquiries relating to the insurance product, please contact Club Care Customer Service Hotline at 8209 0098.
- The premiums of the insurance product will be payable to FWD Life, (or through HKTIA on behalf of FWD Life in respect of online applications made on Club Care's website (where applicable)), and HKTIA will receive commission from FWD Life for acting as an appointed licensed insurance agency for FWD Life.
- The insurance product is intended to be offered in Hong Kong only. The information on Club Care's website are not intended to be used by persons located or resident outside of Hong Kong. The information on Club Care's website shall not be construed as an offer to sell or a solicitation of an offer or recommendation to purchase or sell or provision of any insurance products by FWD Life or HKTIA outside Hong Kong. All selling and application procedures must be conducted and completed in Hong Kong.
- Under the Insurance Ordinance (Cap. 41), the IA has started to collect the levy on insurance premiums from policyholders through insurance companies from January 1, 2018. For more details, please refer to the IA's official website at ia.org.hk/en/levy.
- HKTIA's role is limited to the distribution and arrangement of the insurance products of FWD Life only and HKTIA shall not be responsible for any matters in relation to the provision of the insurance products.
- Insurance products are products and obligations of FWD Life and not of HKTIA.
- Any dispute over the contractual terms of insurance products should be resolved directly between you and FWD Life.
- All insurance applications are subject to FWD Life's underwriting and acceptance.
- FWD Life is solely responsible for all features, policy approvals, coverage, account maintenance and benefit payment in connection with the insurance product.
- HKTIA will not render you any legal, accounting or tax advice. You are advised to check with your own professional advisor for advice relevant to your circumstances.
- You are reminded to carefully review the relevant product materials provided to you and seek independent advice if necessary. In case of any inconsistency between the English and Chinese versions, the English version shall prevail.

重要事項

- 此保險計劃由富衛人壽保險（百慕達）有限公司（於百慕達註冊成立之有限公司）（「富衛人壽」）提供及承保。Club Care 為 HKT Financial Services (IA) Limited（「HKTIA」）所經營的一個服務品牌。HKTIA 為香港電訊有限公司（香港電訊有限公司是一家於開曼群島註冊成立的有限公司）旗下的全資附屬公司。HKTIA 為香港特別行政區保險業監管局（「IA」）下的持牌保險代理機構（持牌保險代理牌照號碼：FA2474），亦獲富衛人壽委任為持牌保險代理機構，代理及安排多元化的保險產品及服務。
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- 此保險產品旨在只於香港境內提供。Club Care 網站上之保險產品資料並不在為位於或居住在香港以外的人仕使用。於 Club Care 網站上之保險產品資料不能被詮釋為在香港以外提供或出售或游說購買富衛人壽或 HKTIA 的任何保險產品的要約、招攬及建議。所有銷售及申請程序必須在香港境內進行及完成。
- 根據《保險業條例》（第 41 章），由 2018 年 1 月 1 日起，IA 開始透過保險公司向保單持有人按保費收取徵費。有關更多詳細資訊，請瀏覽 IA 之官方網站 ia.org.hk/tc/levy。
- HKTIA 之角色只限於富衛人壽的保險產品的代理及安排，而 HKTIA 對有關保險產品的提供的任何事項概不負責。
- 保險產品是富衛人壽之產品和責任，而非 HKTIA 之產品和責任。
- 有關保險產品的合約條款的任何爭議應由您與富衛人壽直接解決。
- 所有保險申請以富衛人壽的承保及接納為準。
- 富衛人壽全面負責一切有關保險產品的所有特點、保單批核、保障、帳戶維護及賠償事宜。
- HKTIA 將不會向您提供任何法律、會計或稅務意見。建議您諮詢自己的專業顧問以獲取與您的情況有關的建議。
- 您應細閱向您提供之有關產品資料並在必要時尋求獨立建議。
- 如中英文版本有任何差異，一概以英文版本為準。

Healthy Plus Refundable Hospital Income Plan

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1 **DEFINITIONS**

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

Commencement Date – the date of premium commencing, the date used for determining the issue age of the Insured, and the date on which coverage under this Policy becomes effective (as shown on the Policy Schedule or the date of reinstatement, whichever is the later).

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

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

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

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

Covered Infectious Disease – a Disability named in the "List of Covered Infectious Diseases" in Annex I to this Policy.

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

Discharge – the departure of the Insured from the Hospital, following finalization of all formal procedures within the Hospital to end the Confinement and billing of outstanding charges for full settlement, with no room or bed retained for the Insured at the Hospital.

Hong Kong – the Hong Kong Special Administrative Region of the People's Republic of China.

Hospital – an establishment duly constituted and registered as a hospital under the laws of the territory in which the establishment is situated for the care and treatment of sick and injured persons as paying bed patients, and which:

1. has facilities for diagnosis and major surgical operations;
2. provides twenty-four (24) hours a day nursing services by qualified and registered nurses;
3. is under the supervision of one or more Physicians in regular attendance; and
4. is not primarily a clinic; a place for the care of alcoholics or drug addicts; a sanatorium, a nursing, rest or convalescent home; or home for the aged or a hospice; or a natural cure clinic or health resort; or a place for the treatment of mental disorders; or an establishment for similar purposes.

Injury – bodily damage caused directly by an Accident independently of any other causes while this Policy is in force.

Insured – the person as shown on the Policy Schedule as the “Insured Person”.

Mainland China – means the People’s Republic of China, which for the purpose of this Policy excludes Hong Kong, the Macao Special Administrative Regions and Taiwan.

Medically Necessary – medical or health care services and Confinement which are necessary and consistent with the diagnosis and customary medical treatment for the Disability and recommended by a Physician or Surgeon for the care or treatment of the Disability involved and must be widely accepted professionally in Hong Kong as effective, appropriate and essential based upon recognized standards of the health care specialty involved.

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

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

Maturity Date – the twelfth (12th) Policy Anniversary if Premium Payment Term is 6-years , or the twentieth (20th) Policy Anniversary if Premium Payment Term is 10-years.

Physician or Surgeon – any person other than the Policy Owner, the Insured, an insurance agent of the Insured, business partner(s) of the Insured, employee/employer of the Insured or a member of the Insured’s immediate family (unless approved in advance by the Company in writing) who is licensed and registered under the Medical Registration Ordinance of Hong Kong or otherwise legally authorized and entitled to practice western medicine in any country in accordance with the laws of that country, and who is acceptable to the Company.

Policy – consists of the terms and conditions of this “Healthy Plus Refundable Hospital Income Plan”, its Policy Schedule, application form, any endorsement and / or any supplement.

Policy Anniversary – the same date as the Commencement Date in each succeeding year after the Commencement Date while this Policy is in force.

Policy Date – the date the Policy documents are issued to the Policy Owner.

Policy Owner, You or Your –the person who owns this Policy as shown in the Policy Schedule or any endorsement.

Policy Schedule – the policy schedule attached to this Policy as amended by way of endorsement issued by the Company from time to time, which contains the policy number of this Policy, the coverage details and other particulars of this Policy.

Policy Year – shall mean each twelve (12) month period from the Commencement Date.

Pre-existing Conditions – any physical, medical or mental condition or any sickness, disease, illness or injury:

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

4. the signs or symptoms of which commenced, before the Commencement Date.

Premium Payment Term - the period for which premiums shall be payable to the Company under the Policy and / or any riders attached to the Policy.

Public Transport – means (i) any public bus, public light bus, coach, taxi, ferry, hovercraft, hydrofoil, ship, train, tram or underground train provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers; or (ii) any regularly scheduled airport limousine operating on fixed routes and schedules; or (iii) any regularly scheduled commercial aircraft.

Sickness, Disease or Illness – a physical condition marked by a pathological deviation from the normal healthy state which manifests and commences after the first thirty (30) days from the Commencement Date of this Policy. A sickness, disease or illness is regarded as having occurred when it has been investigated, diagnosed or treated or when its signs or symptoms have manifested which would cause an ordinary prudent person to seek diagnosis, care or treatment. In the event of any conflict or discrepancy of opinions relating to the signs or symptoms of an illness and their manifestation between a Physician and the Insured, the Company shall adopt and follow the Physician's professional opinion.

Total Premiums Paid – the sum of the premiums due and paid as at the relevant date.

2 GENERAL PROVISIONS

2.1 The Contract

This Policy is issued in consideration of the application and payment of premiums as set out in the Policy Schedule. The application for this Policy, any medical evidence, written statements and declarations furnished as evidence of insurability, any supplements and the Policy documents (including but not limited to the Policy Schedule and the documents referred hereto) constitute the entire contract.

All statements made by or for the Insured and/or the Policy Owner shall be considered representations and not warranties.

2.2 Age and Sex

This Policy is issued at the Insured's age on the next birthday following the Commencement Date as set out in the Policy Schedule. If the age or sex of the Insured was misstated in the application for this Policy, the Company shall have the right to:

1. collect the premium shortfall with interest and any additional insurance levy that may be required if the premiums paid are less than the premiums that should have been paid for the correct age or sex; or
2. refund the excess premium and insurance levy without interest if the premiums paid are more than the premiums that should have been paid for the correct age or sex.

If the Insured's correct age when the Policy was issued is outside the age range pursuant to the Company's underwriting rules, this Policy shall be void from the outset and the Company shall send a notice to the Policy Owner at his / her last known address. The

Company will refund to the Policy Owner the total premium and insurance levy paid under the Policy as at the date of such notice without interest, less any benefit paid under this Policy.

In addition to the above, Policy Owner must provide a copy of his / her identification document to the Company within 30 days of the Commencement Date. If Policy Owner does not provide this document within this 30 days, the Company will suspend the Policy and cease any further transactions. If the identification document has still not been provided within 90 days of the Commencement Date. The Company will cancel the Policy and treat it as having never existed, and will refund any premium and insurance levy paid, without interest, after deducting any benefits that may been paid.

2.3 Alterations

No alterations in the terms and conditions and provisions of this Policy shall be valid unless it is in a written endorsement to this Policy issued by the Company. No agent or other persons shall have the authority to change or waive any provision of this Policy.

2.4 Incorrect Disclosure or Non-Disclosure

Incorrect disclosure or non-disclosure of any material facts which, in the Company's opinion, may affect the Company's risk assessment, including but not limited to, age, gender and other material facts declared on the relevant application form or otherwise provided in the Policy application process, may render this Policy void from the Commencement Date, unless the Company confirms otherwise in writing. The Company'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.

2.5 Policy Owner

The Policy Owner is the person designated in the Policy Schedule. Only the Policy Owner can exercise all rights, privileges and options provided under this Policy while the Insured is alive and this Policy is in force.

Notwithstanding anything contained in this Policy, if the Policy Owner holds this Policy in trust for the Beneficiary by virtue of an express trust, any rights, privileges and options to be exercised by the Policy Owner shall be deemed to be exercised by the Policy Owner with the consent of the Beneficiary and exercised for the sole benefit of the Beneficiary.

2.6 Beneficiary

The Beneficiary is the person or persons entitled to the proceeds of this Policy upon the death of the Insured. During the lifetime of the Insured, a Beneficiary has no right to deal in any way with this Policy.

Such proceeds of this Policy shall be paid to the nominated Beneficiary or, if there is no nominated Beneficiary, to the Policy Owner or, if the Policy Owner is deceased, to the appointed executor(s) or administrator(s) of the Policy Owner's estate, as the case may be.

The interest of any joint Beneficiary who predeceases the Insured shall accrue to the surviving Beneficiaries in such proportion as they are nominated and if no nomination equally. If no nominated Beneficiary survives the Insured, the proceeds of this Policy upon the death of the Insured shall vest in the Policy Owner or, if the Policy Owner is deceased, to the appointed executor(s) or administrator(s) of the Policy Owner's estate, as the case may be.

If any Beneficiary dies simultaneously with the Insured, the proceeds of this Policy shall, unless otherwise provided in the application or in a written request, be paid to the same payee or payees and in the same manner as if the person who is older by age had died before the person who is younger by age.

2.7 Changes of Policy Owner and Beneficiary

The Policy Owner may, while the Insured is alive and this Policy is in force, change the Policy Owner or the Beneficiary of this Policy by filing written request satisfactory to the Company. The change will only occur from the date the Company receives all information requested.

2.8 Assignment

Notwithstanding anything to the contrary in this Policy, this Policy or the benefits hereunder cannot be assigned by the Policy Owner.

2.9 Freedom from Restriction

Unless otherwise specified, this Policy contains no restrictions upon the Insured in respect of travel, residence, or occupation.

2.10 Currency of Payment

All amounts payable either to or by the Company shall be payable in the Currency specified in the Policy Schedule.

2.11 Notices from the Company

Any notice to be given under this Policy will be sent to the latest address of the Policy Owner as notified to the Company, and will be deemed to have been received by the Policy Owner 48 hours after posting.

2.12 Interpretation

Throughout this Policy, where the context so admits, words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.

Should any conflict arise in respect of the interpretation of any provisions in this Policy and any other material otherwise produced by the Company, then the provisions of this Policy shall prevail.

2.13 Cooling-off Period

The Policy Owner has the right to cancel this Policy by notice and obtain a full refund of any premium(s) paid by you and insurance levy paid by you without any interest, by giving a written notice to the Company. Such notice must be signed by the Policy Owner and received directly by the Company 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 as specified by cooling-off period principles set out by the Hong Kong insurance regulator. No refund can be made if a claim payment under the policy has been made prior to your request for cancellation.

2.14 Governing Law

This Policy shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region.

2.15 Contracts (Rights of Third Parties) Ordinance

Any person who is not a party to this Policy has no rights under the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any of its terms.

3 PREMIUMS AND REINSTATEMENT PROVISIONS

3.1 Payment of Premiums

The premium amount is specified in the Policy Schedule. Premiums are payable until the date as specified in the Policy Schedule. They shall be paid on a monthly basis or with such other frequency as the Company permits. Premiums once paid are fully earned. Premium due dates, Policy Anniversaries and Policy Years are determined from the Commencement Date as shown in the Policy Schedule. The first premium is due on the Commencement Date. In the event that the first premium is not paid within thirty (30) days from the Commencement Date, this Policy shall be deemed null and void, and the Company shall not be liable to pay any benefit under this Policy.

After payment of the first premium, failure to pay a premium on or before its due date shall constitute default in payment of premium.

3.2 Renewal

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

3.3 Grace Period

The Company shall allow a Grace Period of thirty (30) days after the premium due date

for payment of each premium after the first premium. If a premium is still unpaid at the expiration of the Grace Period, this Policy shall cease to be in force from the date of the first unpaid premium without prejudice to any claim arising prior to the date the Policy ceases to be in force. Any due and unpaid premium and outstanding insurance levy shall be deducted from any benefit otherwise payable.

3.4 Deduction of Unpaid Premium

In the event of the premium being paid by installments other than yearly, the Company shall deduct from any death benefit payable under this Policy the amount of unpaid premiums (if any) and outstanding insurance levy for the whole of the then current year of insurance, together with any other indebtedness which may be owing under the Policy.

3.5 Reinstatement

Within one (1) year from the date of a default in payment of premium pursuant to which this Policy was terminated, this Policy may be reinstated at the Company's absolute discretion, provided that the Insured is still alive and insurable by the Company's underwriting rules.

Subject to the terms of this Policy and the Company's rules and regulations from time to time, the Policy Owner may apply for reinstatement of this Policy if:

1. a written application for reinstatement is furnished to the Company; and
2. the Policy Owner provides evidence of insurability satisfactory to the Company that the Insured is insurable on the same basis as when this Policy was issued; and
3. the Policy Owner pays all the unpaid premiums with interest (at a rate determined by the Company from time to time), any outstanding insurance levy and any surrender benefit received from the date of the default in payment of premium.

The Policy will be reinstated only from such date as notified in writing by the Company ('date of reinstatement'). No coverage is provided under this Policy during the period starting from the date on which the Policy lapses and ending on the date of reinstatement. For avoidance of doubt, the reinstated Policy shall cover Confinements caused by a Disability sustained after the date of reinstatement.

3.6 Non-Participating

This Policy is non-participating and shall not share in the divisible surplus of the Company's life insurance funds.

4 BENEFITS PROVISIONS

While this Policy is in force and subject to the terms, conditions, exclusions, limitations and restrictions in this Policy (including any attached endorsements), the Company will, upon receipt of due proof and the Company's approval, pay the benefit(s) in accordance with these Benefit Provisions.

4.1 Death Benefit

Subject to Clause 5.1, if the Insured dies before the Maturity Date, the Company shall, upon receipt of due proof of the death and any other documents as required by the Company, pay to the Beneficiary an amount equivalent to the sum of ten (10) times of Daily Hospital Cash Benefit and one hundred percent (100%) of the Total Premiums Paid as at the date of Insured's death under this Policy.

4.2 Accidental Death Benefit

Subject to Clause 5.1, if the Insured dies as a result of an Accident before the Maturity Date, the Company shall, in addition to the Death Benefit in Clause 4.1, pay to the Beneficiary an additional benefit of an amount equivalent to one hundred (100) times of Daily Hospital Cash Benefit under this Policy.

4.3 Hospitalization Benefits

The benefits payable under this Clause 4.3 are fixed as per the Policy Schedule or any endorsement attachment thereto, regardless of the actual fees or expenses incurred.

4.3.1 Daily Hospital Cash Benefit

The Company will pay to the Policy Owner the Daily Hospital Cash Benefit for each day of the Insured's Confinement in a Hospital as a result of a Disability. The maximum period for which this benefit is payable under this Policy is one thousand (1,000) days.

If the Insured's Confinement is in a Hospital in Mainland China, the total number of days for which the Daily Hospital Cash Benefit is payable shall not be more than seven (7) days for each Confinement in Mainland China.

Benefit payable under this Clause 4.3.1 is limited to a maximum of three (3) times of Confinements per Policy Year after the Insured's age next birthday reaches fifty-six (56).

The Daily Hospital Cash Benefit payable under this benefit is set out in the Policy Schedule.

4.3.2 Additional Accidental Daily Hospital Cash Benefit

The Company will pay to the Policy Owner an Additional Accidental Daily Hospital Cash Benefit in which its amount is equivalent to the amount of the Daily Hospital Cash Benefit payable for each day during the period of the Insured's Confinement as a result of an Accident.

The Additional Accidental Daily Hospital Cash Benefit payable is set out in the Policy Schedule and the maximum period for which this benefit is payable shall not exceed ninety (90) days per Confinement. This Benefit is in addition to other benefits payable under this Policy, and is payable only when the Daily Hospital Cash Benefit is paid or payable for that Confinement.

If the Insured's Confinement is in a Hospital in Mainland China, the total number of

days for which the Additional Accidental Daily Hospital Cash Benefit is payable shall not be more than seven (7) days for each Confinement in Mainland China.

4.3.3 Additional Accidental Daily Hospital Cash Benefit involving Public Transport

The Company will pay to the Policy Owner an Additional Accidental Daily Hospital Cash Benefit involving Public Transport in which its amount is equivalent to the amount of the Daily Hospital Cash Benefit payable for each day during the period of the Insured's Confinement as a result of an Accident suffered (a) while riding as a passenger on a Public Transport, or (b) in an Accident directly caused by a Public Transport, provided that at the time of the Accident the Insured is not (i) the driver of any vehicle, (ii) navigating any vessel, (iii) piloting any aircraft, and/ or (iv) working in the course of employment on board any vehicle, vessel or aircraft.

The Additional Accidental Daily Hospital Cash Benefit involving Public Transport payable is set out in the Policy Schedule and the maximum period for which this benefit is payable shall not exceed three hundred sixty five (365) days under this Policy. This Benefit is in addition to other benefits payable under this Policy, and is payable only when the Daily Hospital Cash Benefit and Additional Accidental Daily Hospital Cash Benefit are paid or payable for that Confinement.

If the Insured's Confinement is in a Hospital in Mainland China, the total number of days for which the Additional Accidental Daily Hospital Cash Benefit involving Public Transport is payable shall not be more than seven (7) days for each Confinement in Mainland China.

4.3.4 Additional Infectious Diseases Daily Hospital Cash Benefit

The Company will pay to the Policy Owner an Additional Infectious Diseases Daily Hospital Cash Benefit in which its amount is equivalent to the amount of the Daily Hospital Cash Benefit payable for each day of the Insured's Confinement in a Hospital as a result of Covered Infectious Disease(s).

The Additional Infectious Diseases Daily Hospital Cash Benefit payable is set out in the Policy Schedule and the maximum period for which this benefit is payable shall not exceed thirty (30) days under this Policy. This Benefit is in addition to other benefits payable under this Policy, and is payable only when the Daily Hospital Cash Benefit is paid or payable for that Confinement.

No Additional Infectious Diseases Daily Hospital Cash Benefit shall be payable if the Insured's Confinement is in a Hospital in Mainland China.

4.3.5 Limitation for HIV-related Illness

Notwithstanding Clause 4.3.1, no Daily Hospital Cash Benefit shall be paid in respect of any Human Immunodeficiency Virus (HIV) related Disability, including Acquired Immunization Deficiency Syndrome (AIDS) and/or any mutations, derivations, variations or complications, which is derived from an HIV infection (except due to blood transfusion), unless the signs or symptoms of such Disability first occur after the Policy has been effective for five (5) consecutive Policy Years from the Commencement Date of this Policy. The maximum period for which the Daily Hospital Cash Benefit is payable in respect of HIV related Disabilities is thirty (30)

days per Policy Year regardless of the number of HIV related Disabilities suffered.

4.4 Surrender Benefit

While the Policy is in force and the Insured is alive, if the Policy Owner surrenders this Policy before the Maturity Date, the Company shall pay the Surrender Benefit which is expressed as a percentage of the Total Premiums Paid under this Policy up to the date of surrender (such date is determined in accordance with the Company's applicable rules and regulations in relation to Policy surrender), as set out below:

Surrender during Policy Year	% of Total Premiums Paid	
	Premium Payment Term : six (6)-years	Premium Payment Term : ten (10)-years
1st	0%	0%
2nd	10%	0%
3rd	20%	10%
4th	30%	20%
5th	40%	30%
6th	55%	40%
7th	65%	50%
8th	75%	55%
9th	85%	60%
10th	95%	65%
11th	97%	70%
12th	99%	73%
13th	-	76%
14th	-	79%
15th	-	82%
16th	-	85%
17th	-	88%
18th	-	91%
19th	-	94%
20th	-	97%

4.5 Maturity Benefit

While the Policy is in force and the Insured is alive on the Maturity Date, subject to the terms of this Policy, the Company shall pay to the Policy Owner:

- one hundred and four percent (104%) of the Total Premiums Paid if Premium Payment Term is 6-years; or
- one hundred and eight percent (108%) of the Total Premiums Paid if Premium Payment Term is 10-years, under this Policy.

4.6 Deduction from Benefits

Any outstanding premiums and insurance levy related to this Policy and other amounts due to the Company under this Policy will be deducted from any and all benefits when payable under this Policy.

4.7 No Interest on Benefits

The benefits payable under this Policy shall not carry any interest.

5 EXCLUSIONS

Benefits specified under Clauses 4.3.1, 4.3.2, 4.3.3 and 4.3.4 are not payable under this Policy when the Confinement is directly or indirectly caused by:

1. Congenital Conditions.
2. Pre-existing Conditions.
3. Intentional self-inflicted injury or attempted suicide, while sane or insane and while intoxicated or not; Disability arising out of excessive consumption of alcohol or narcotics or similar drugs or agents unless prescribed by a Physician for the treatment of a Disability.
4. Conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or the reversal of birth control or treatment pertaining to infertility.
5. Cosmetic surgery or plastic surgery, preventive or vaccination treatment not related to a Disability, except as necessitated by bodily Injuries wholly caused by an Accident occurring on or after the Commencement Date; dental care, surgery and treatment, except as necessitated by the need to restore sound natural teeth that are damaged wholly by Injury occurring on or after the Commencement Date and the restoration is only to restore the basic function of the natural teeth that existed prior to the Injury.
6. War or any act of war, terrorism or terroristic activities, declared or undeclared, hostilities, rebellion, revolution, insurrection, coup or usurped power or active duty in the military, naval or air forces of any country or international authority.
7. Any Disability resulting from:
 - (i) Racing of any kind other than on foot.
 - (ii) Participation in all forms of professional sports competition with reward and income.
 - (iii) Motorcycling other than on roadways designed primarily for motor traffic.
 - (iv) An activity in the air other than as a fare paying passenger on a duly licensed commercial aircraft.
 - (v) Deep water diving over thirty (30) meters requiring the use of breathing apparatus.
 - (vi) Abseiling and mountain climbing requiring the use of ropes and/or pitons.
 - (vii) Winter sports other than ice-rink skating.
 - (viii) Deliberate exposure to exceptional danger in the opinion of the Company except in an effort to save human life.
 - (ix) Nuclear radiation, or contamination or the use of ionization or combustion of any nuclear weapons.
8. Mental disorder, psychological or psychiatric condition, behavioral problems or personality disorder, or sleep disorder.
9. Pregnancy, childbirth (including surgical delivery), miscarriage which is not a result of Accident, abortion and prenatal or postnatal care.
10. The participation in any criminal event (including the consumption of illegal drugs).
11. Trans-sexual surgery.
12. Confinements in Mainland China to a Hospital classified as Class or Tier 2B or below, as defined by the State Council Ministry of Health of Mainland China.

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

1. Disease or infection (except infections which occur through an accidental cut or wound).

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

5.1 Suicide

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

5.2 Waiting Period

Benefits specified under Clauses 4.3.1, 4.3.2, 4.3.3 and 4.3.4 are not payable under this Policy if the Insured suffers any Sickness, Disease or Illness within the first thirty (30) days from Commencement Date. However, the Company will pay for Injury that happens on or after the Commencement Date.

6 CLAIM PROVISIONS

6.1 Notice of Claim

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

6.2 Proof of Claim

Upon receipt of a notice of claim, the Company shall provide the claimant with such forms as it requires for filing proof of claim.

Written proof satisfactory to the Company must be given to the Company within ninety (90) days after the time the proof is required or as soon thereafter as is reasonably possible, and in no event, except in the absence of legal capacity, later than six (6) months from the time

the proof is required.

All certificates, information and evidence required by the Company shall be furnished at the expense of the claimant.

The Insured shall, at the Company's request and expense, submit to a medical examination by a Physician designated by the Company in the Hong Kong Special Administrative Region, when and so often as the Company may reasonably require.

6.3 Payment of Claim

The benefits of this Policy shall be payable to the Policy Owner or the nominated Beneficiary or any other person who is entitled to the benefits under this Policy, as the case may be, whose receipt shall constitute a sufficient discharge of all the Company's obligations under this Policy in respect of such benefit and conclusive evidence that the relevant claims under this Policy have been duly satisfied.

6.4 Abandoned Claims

If the Company declines any claim under this Policy and the Policy Owner does not initiate any legal action in respect of such claim within twelve (12) calendar months from the date of such decline, the claim for all purposes shall be deemed abandoned and shall not be recoverable afterwards.

7 TERMINATION PROVISIONS

This Policy shall terminate on the earliest of the following:

1. The death of the Insured; or
2. The Maturity Date; or
3. The date of Policy surrender. Such date is determined in accordance with the Company's applicable rules and regulations in relation to Policy surrender (To surrender the Policy, the Policy Owner needs to send the Company a completed surrender form or by any other means acceptable by the Company); or
4. On the premium due date, if the Policy Owner has not paid the premium within the Grace Period.

8 DECLARATION RELATING TO THE FOREIGN ACCOUNT TAX COMPLIANCE ACT AND AUTOMATIC EXCHANGE OF FINANCIAL ACCOUNT INFORMATION

The Policy Owner acknowledges that the Company and/or its affiliates are 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 financial account 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,

the Company's obligations under the AEOL are to:

1. identify accounts as non-excluded "financial accounts" ("NEFAs");
2. identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
3. 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;
4. collect information on NEFAs ("Required Information") which is required by various authorities; and
5. furnish Required Information to the Inland Revenue Department.

Policy Owner has to provide a copy of his/her identification document to the Company within thirty (30) days from the Commencement Date, otherwise this Policy will be suspended and refrained from carrying out further transactions. The Policy Owner agrees that from time to time the Company shall have the right to request from the Policy Owner, and disclose to relevant authority(ies), various information about the Policy Owner, the Beneficiary and this Policy as required under Applicable Requirements for the following purposes:

1. for the Company to issue this Policy to the Policy Owner;
2. for the Company to provide benefits available to the Policy Owner and / or the Beneficiary under the terms of this Policy; and / or
3. for this Policy to remain in force in accordance with its terms.

In addition, the Policy Owner agrees to notify the Company in writing within thirty (30) days if there is any change to any of the information previously provided to the Company that relates to the Company's legal obligations under this clause (whether at time of application or at any other time).

If the Policy Owner does not provide such information within the time period as reasonably requested by the Company, notwithstanding any other provisions of this Policy, the Company shall be entitled to, to the extent permitted by Applicable Requirements,

1. report this Policy and/or information about the Policy Owner and/or the Beneficiary to relevant authority(ies);
2. terminate this Policy and return to the Policy Owner the surrender value (if any) without interest which shall be calculated pursuant to applicable terms and conditions under this Policy net of any outstanding amounts relating to this Policy; or
3. take any such other action(s) as may be reasonably required including but not limited to making adjustments to the values, balances, benefits or entitlements under this Policy.

Prior to the expiry of such time period and notwithstanding any other provisions of this Policy, the Company shall have the sole discretion to suspend or defer any transaction or provision of any services to the Policy Owner under this Policy, including the payment of any benefit, if any information reasonably requested by the Company under Applicable Requirements remains outstanding.

Annex I
List of Covered Infectious Diseases

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

*A viral disease in humans caused by Influenza A virus (strains H5N1 or H7N3 or H7N7 or H7N9 or H9N2 or other strains which are defined by World Health Organization) which are also adapted to and are proved to be originating from birds. Infections caused by any other type of Influenza virus strain will not be covered.

**A viral respiratory disease in humans which is caused by SARS coronavirus (SARS-CoV). Other respiratory diseases or other forms of the coronavirus (including SARS-CoV-2 causing COVID-19) are not covered.

Health Assistance Services

1. CANCIERGE

One Plan One Team One Stop Solution

Everyone would like to be along with a reliable partner, so as to focus on their recovery and enjoy life even when facing any health problems. CANcierge <note 1> gives the Insured priority treatment from a professional health management team with a one stop approach, helping the Insured when the Insured needed it most.

Professional & Experienced Medical Team as the Insured's Partner

A professional medical service provider is undoubtedly the Insured's best option to provide prompt & suitable medical advice and treatment. That's why CANcierge <note 1> provides the Insured with a dedicated network of specialists so that the Insured could receive suitable treatment from the best-suited doctor.

Tailor-made Support and Hospitalisation Arrangement

CANcierge <note 1> always puts the Insured's interest first. Should the Insured require hospitalisation and / or treatment due to a Covered Cancer <note 2> as diagnosed by CANcierge's doctor<note 3>, the team of specialists will arrange for the Insured to be admitted to hospital and receive tailor-made treatment, as well as provide follow-up consultation and supportive therapies.

Efficient and Seamless Claims Resolution

The team of specialists will assist the Insured to apply for efficient and seamless claims resolution arrangement to the Company and so the Insured can leave the formalities of claims submission to the team.

CANcierge <note 4>:
Hong Kong: (852) 8120 9066
Toll-free number for Mainland: 400 9303078
24-hour full support

Note:

- Any medical advice, opinion or services are provided by doctors of CANcierge and/ or its healthcare team who are all external third-party service providers. They are independent contractors and are not agents of the Company. For any specific questions on medical matters or situations, the Insured is advised to consult the Insured's doctor or other healthcare professionals. The Company shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them
- The Insured is required to consent to the Company, HealthMutual Group Limited and its healthcare network team, recording, sharing, using and archiving the Insured's personal data in pursuance of CANcierge <note 1> being offered to the Insured as well as for their training and quality assurance purposes. Failure to provide the relevant personal data may result in the said service providers being unable to provide the relevant services to the Insured.

Remarks:

1. CANcierge, provided by HealthMutual Group Limited ("HMG") and its healthcare network team, is provided by external third party and does not form part of the Policy or benefit item under the Policy Provisions and only applicable to Healthy Plus Refundable Hospital Income Plan. The Company reserves the right to suspend, terminate or vary CANcierge in its sole discretion without further notice. The Company is not the supplier of the

service and shall have no obligation or responsibility for any act, negligence or failure to act on the part of HMG and its healthcare network team. CANcierge is only available in Hong Kong region.

2. Covered Cancer refers to the first symptoms that occur after the first 30 days from the Commencement Date and are subsequently confirmed by a specialist as meeting the definition of Cancer or Carcinoma-in-situ as below:
 - Cancer is a malignant tumour characterized by uncontrolled growth of malignant cells and the invasion of tissue. Cancer includes leukaemia (other than chronic lymphocytic leukaemia of RAI stage 0) but does not include non-invasive cancers in situ or any non-melanoma skin cancer of AJCC stage I or below. A diagnosis of Cancer must be supported by histopathological, cytopathological patterns, radiological tests, blood tests and other laboratory tests results.
 - Carcinoma-in-situ is focal autonomous new growth of carcinomatous cells which have not yet infiltrated normal tissue beyond the epithelial basement membrane. For Carcinoma-in-situ of cervix uteri, it must be at a grading of CIN III. A diagnosis of Carcinoma-in-situ must be supported by a histopathological biopsy report.
3. The list of CANcierge's doctors may be revised from time to time without prior notice.
4. This hotline is operated by HMG. Please note that this hotline is for non-emergency reservation of doctor consultation instead of for emergencies.

The information above is for reference only and none of the above is binding upon the Company or HMG.

The service is provided by HMG and it is not guaranteed renewable. The Company shall not be responsible for any act or failure to act on the part of HMG and the professionals referred by HMG. FWD reserves the right to amend, suspend or terminate CANcierge and to amend the relevant terms and conditions at any time without prior notice.

2. International SOS 24-hour Worldwide Assistance Services

General Benefits and Terms

The following SOS benefits are available to the Company's Insureds when travelling outside the home country or usual country of residence for periods not exceeding 90 consecutive days per trip.

The International SOS 24-hour Worldwide Assistance Services is provided as a benefit by International SOS ("Intl.SOS"). Intl.SOS is not an agent of the Company and the Company shall not accept any liability for the services provided by Intl.SOS, or their availability. The contract between Intl.SOS and the Insureds is separate and independent to the Policy.

Medical Assistance:

1. **Telephone Medical Advice**
Intl.SOS will arrange for the provision of medical advice to the Insured over the telephone.
2. **Arrangement and Payment of Emergency Medical Evacuation**
Intl.SOS will arrange and pay for the air and/or surface transportation and communication for moving the Insured to the nearest hospital where appropriate medical care is available.
3. **Arrangement and Payment of Emergency Medical Repatriation**

Intl.SOS will arrange and pay for the return of the Insured to the home country or usual country of residence following an emergency medical evacuation for subsequent in-hospital treatment in a place outside the home country or usual country of residence.

4. Arrangement and Payment of Repatriation of Mortal Remains

Intl.SOS will arrange for transporting the Insured's mortal remains from the place of death to the home country or usual country of residence and pay for all expenses reasonably and unavoidably incurred in such transportation so arranged by Intl.SOS or alternatively pay the cost of burial at the place of death as approved by Intl.SOS.

5. Arrangement of Hospital Admission and Guarantee of Hospital Admission Deposit

If the medical condition of the Insured is of such gravity as to require hospitalisation, Intl.SOS will assist such Insured in the hospital admission. In case of hospital admission duly approved by Intl. SOS and the Insured is without means of payment of the required hospital admission deposit, Intl.SOS will on behalf of the Insured guarantee or provide such payment up to US\$5,000. The provision of such guarantee by Intl.SOS is subject to Intl.SOS first securing payment from the Insured through the Insured's credit card or from the funds from the Insured's family. Intl.SOS shall not be responsible for any third party expenses which shall be solely the Insured's responsibility.

6. Delivery of Essential Medicine

Intl.SOS will arrange to deliver to the Insured essential medicine, drugs and medical supplies that are necessary for the Insured's care and/or treatment but which are not available at the Insured's location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. Intl.SOS will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.

7. Arrangement and Payment of Compassionate Visit and Hotel Accommodation (US\$1,000 subject to a sub-limit US\$250 per day)

Intl.SOS will arrange and pay for one economy class return airfare and hotel accommodations for a relative or a friend of the Insured to join the Insured who, when travelling alone, is hospitalised outside the home country or usual country of residence for a period in excess of seven (7) consecutive days, subject to Intl.SOS' prior approval and only when judged necessary by Intl.SOS on medical and compassionate grounds.

8. Arrangement and Payment of Return of Minor Children

Intl.SOS will arrange and pay for the economy class one-way airfare for the return of minor children [aged 18 years old and below, unmarried] to the home country or usual country of residence if they are left unattended as a result of the accompanying Insured's illness, accident or emergency medical evacuation. Escort will be provided, when necessary, at no charge.

9. Arrangement and Payment of Convalescence Expenses (US\$1,000 subject to a sub-limit US\$250 per day)

Intl.SOS will arrange and pay for the additional hotel accommodation expenses necessarily and unavoidably incurred by the Insured related to an incident requiring emergency medical evacuation, emergency medical repatriation or hospitalisation. Intl.SOS' prior approval, subject to its determination on medical grounds, is required in respect of such payment.

10. Arrangement and Payment of Unexpected Return to the Home Country or Usual Country of Residence

In the event of the death of the Insured's close relative in his/her home country or usual country of residence while the Insured is travelling overseas (save for in the case of migration) and necessitating an unexpected return to his home country or usual country of residence, Intl.SOS will arrange and pay for one economy class return airfare for the return of the Insured to his/her home country or usual country of residence.

11. Arrangement and Payment of Return of Insured to Original Work Site

Following the Insured's emergency medical evacuation or emergency medical repatriation and within one (1) month period, Intl.SOS will, upon the Insured's request, arrange and pay for a one-way economy class airfare to return the Insured to the original work location.

Travel Assistance:

1. Inoculation and Visa Requirement Information

Intl.SOS shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information will be provided to the Insured at any time, whether or not the Insured is travelling or an emergency has occurred.

2. Lost Luggage Assistance

Intl.SOS will assist the Insured who has lost his/her luggage while travelling outside the home country or usual country of residence by referring the Insured to the appropriate authorities involved.

3. Lost Passport Assistance

Intl.SOS will assist the Insured who has lost his/her passport while travelling outside the home country or usual country of residence by referring the Insured to the appropriate authorities involved.

4. Legal Referral

Intl.SOS will provide the Insured with the name, address, telephone numbers, if requested by the Insured and if available, office hours for referred lawyers and legal practitioners. Intl.SOS will not give any legal advice to the Insured.

5. Emergency Travel Service Assistance

Intl.SOS shall assist the Insured in making reservations for air ticket or hotel accommodation on an emergency basis when travelling overseas.

Definitions (applicable to the International SOS 24-hour Worldwide Assistance Services only):

1. Serious Medical Condition

means a condition which in the opinion of Intl.SOS constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Insured's immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the Insured's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.

2. Pre-Existing Condition

means any medical condition in respect of which the Insured has been hospitalised during the 12-month period immediately prior to the 1st day the Insured is included in Intl.SOS program or any medical condition that has been diagnosed or treated by a medical practitioner including prescribed drugs within the 6-month period prior to the 1st day the Insured is included in Intl.SOS program.

Exclusions (applicable to the International SOS 24-hour Worldwide Assistance Services only):

The following treatment, items, conditions, activities and their related or consequential expenses are excluded:

1. Any expense incurred as a result of a Pre-existing Condition.
2. More than one emergency evacuation and/or repatriation for any single medical condition of the Insured during the term of the insurance policy, subject to a maximum of one year.
3. Any cost or expense not expressly covered by the program and not approved in advance and in writing by Intl.SOS and/or not arranged by Intl.SOS. This exception shall not apply to emergency medical evacuation from remote or primitive areas when Intl.SOS cannot be contacted in advance and delay might reasonably be expected in loss of life or harm to the Insured.
4. Any event occurring when the Insured is within the territory of his/her home country or usual country of residence.
5. Any expense for Insureds who are travelling outside the home country or usual country of residence contrary to the advice of a medical practitioner, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident, illness or Pre-existing Condition.
6. Any expense for medical evacuation or repatriation if the Insured is not suffering from a Serious Medical Condition, and/or in the opinion of the Intl.SOS physician, the Insured can be adequately treated locally, or treatment can be reasonably delayed until the Insured returns to his/her home country or usual country of residence.
7. Any expense for medical evacuation or repatriation where the Insured, in the opinion of the Intl.SOS physician, can travel as an ordinary passenger without a medical escort.
8. Any treatment or expense related to childbirth, miscarriage or pregnancy. This exception shall not apply to any abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child during the first twenty-four (24) weeks of pregnancy.
9. Any expense related to accident or injury occurring while the Insured is engaged in caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, skydiving, parachuting, bungee-jumping, ballooning, hang gliding, deep sea diving utilizing hard helmet with air hose attachments, martial arts, rallying, racing of any kind other than on foot, and any organized sports undertaken on a professional or sponsored basis.
10. Any expense incurred for emotional, mental or psychiatric illness.
11. Any expense incurred as a result of a self-inflicted injury, suicide, drug addiction or abuse, alcohol abuse, sexually transmitted diseases.
12. Any expense incurred as a result of Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related condition or disease.
13. Any expense related to the Insured engaging in any form of aerial flight except as a passenger on a scheduled airline flight or licensed charter aircraft over an established route.
14. Any expense related to the Insured engaging in the commission of, or the attempt to commit, an unlawful act.

15. Any expense related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
16. Any expense incurred as a result of the Insured engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection.
17. Any expense, regardless of any contributory cause(s), involving the use of or release or the threat thereof of any nuclear weapon or device or chemical or biological agent, including but not limited to expenses in any way caused or contributed to an Act of Terrorism or war.
18. Any expense incurred for or as a result of any activity required from or on a ship or oil-rig platform, or at a similar off-shore location.
19. Any expense in respect of the Insured under Group 1 (group insurance) more than 75 years old and Insured under Group 2 (individual insurance) more than 70 years old at the date of intervention.
20. Any expense which is a direct result of nuclear reaction or radiation.

Intl.SOS, at its sole discretion, may provide medical assistance as described above to Insureds on a fee-for-service basis for those cases which do not fall within the service scope, subject to Intl.SOS receiving additional financial guarantees or indemnification from the Company and/or its Insured(s) prior to rendering such services on a fee-for-service basis.

The information above is for reference only and none of the above is binding upon the Company or International SOS.

The service is currently provided by International SOS and the medical advice is provided by medical service providers which are not employee and/or agent of the Company. The service is not guaranteed renewable. The Company shall not be responsible or liable to the Policy Owner or the Insured for anything in relation to such service given by International SOS and the medical service providers. The Company reserves the right to amend, suspend or terminate the International SOS 24-hour Worldwide Assistance Services and to amend the relevant terms and conditions at any time without prior notice.

This benefit/service does not form part of this Policy.