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**8209 0098**

(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)



**[cs.clubcare@pccw.com](mailto:cs.clubcare@pccw.com)**

**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), Bolttech Insurance (Hong Kong) Limited, Chubb Insurance Hong Kong Limited and MSIG Insurance (Hong Kong) Limited.

**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)、保特保險(香港)有限公司 (「保特保險」)、安達保險有限公司及三井住友海上火災保險 (香港) 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 is registered with the Insurance Authority of Hong Kong ("IA") as a licensed insurance agency (Licensed Insurance Agency Licence No.: FA2427) and acts as an appointed licensed insurance agency for FWD Life to distribute and arrange a wide range of insurance products and services.
- The above does not contain the full terms and conditions of the relevant insurance plan. For full terms and conditions, details, risk disclosures and exclusions of the relevant insurance plan, please refer to respective policy documents (including the policy provisions and the product brochure) which 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), 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 this website are not intended to be used by persons located in or resident outside of Hong Kong. The information on this 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](http://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 approval, coverage and benefit payment under 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」）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（持牌保險代理機構牌照號碼：FA2427），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。
- 此產品資訊由富衛人壽提供。上述資料不包括相關保險計劃的完整條款，有關相關保險計劃的完整之條款、詳細資料、主要風險及不保事項，請細閱相關保單文件（包括保單條款及產品小冊子）；如有不一致之處，應以保單文件為準。
- 購買保險產品前，請參閱相關保險小冊子、保單條款、富衛人壽之個人資料收集聲明及 HKTIA 的個人資料收集聲明。如有關於保險產品的查詢，請致電 Club Care 客戶服務熱線 8209 0098。
- 保險產品之保費將會被支付予富衛人壽（或透過 HKTIA 代表富衛人壽於 Club Care 網站完成之網上申請），而 HKTIA 作為富衛人壽委任的持牌保險代理機構，將從富衛人壽獲取佣金。
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- 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](http://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保險產品的所有特點、保單批核、保障及賠償事宜。
- 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。

# MyTerm Plus - Standard

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## 1. **Definitions**

**Age** refers to the age of the Insured on his or her next birthday unless otherwise specified.

**Basic Plan** refers to the plan MyTerm Plus - Standard as shown in the Policy Schedule.

**Beneficiary** refers to a person chosen by Policy Owner to receive the Death Benefit or any proceeds under this Policy at the death of the Insured.

**Commencement Date** refers to the date the first premium is due and is the date used for calculating the Insured's Age at the start of this Policy. It also refers to the date when coverage under this Policy becomes effective.

**Endorsement** refers to an additional document attached to this Policy that outlines any adjustments that We make to this Policy.

**Expiry Date** refers to the Policy Anniversary immediately preceding the hundredth (100<sup>th</sup>) birthday of the Insured.

**Hong Kong** refers to the Hong Kong Special Administrative Region of the People's Republic of China.

**Insured** refers to the person insured by this Policy and is shown on the Policy Schedule or any Endorsement.

**MyTerm Series** refers to the specific insurance plans designated by Us from time to time including but not limited to MyTerm and MyTerm Plus.

**Policy** consists of this policy document, its Policy Schedule, application form, any Endorsement and / or any supplement.

**Policy Anniversary** refers to the same date each year as the Commencement Date in each succeeding year after the Commencement Date while this Policy is in effect.

**Policy Date** refers to the date when coverage under this Policy becomes effective as shown in the Policy Schedule, or the Reinstatement Date, whichever is later.

**Policy Owner, You or Your** refers to the person who owns this Policy as shown in the Policy Schedule or any Endorsement.

**Policy Schedule** refers to the document attached to this Policy. The Policy Schedule shows important information about this Policy, including the policy number, the premium payable, the benefits of this Policy and other particulars.

**Policy Year** refers to a period of twelve (12) consecutive calendar months from the Commencement Date and every succeeding twelve (12) consecutive calendar months period after that.

**Registered Medical Specialist** refers to any person other than the Policy Owner, the Insured, an insurance agent, business partner(s), employee/employer or a relative of any of them (unless approved in advance by Us in writing) who is licensed and registered under the Medical Registration Ordinance (Cap.161 of the Laws 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 Us.

**Reinstatement Date** refers to the date that We approve an application to reinstate this Policy.

**Renewable Period** refers to the initial renewable period as shown in the Policy Schedule or the number of year(s) from the date the Basic Plan is renewed to the Expiry Date, whichever is shorter.

**Special Terms** refers to any special terms You have agreed for this Policy, which include but are not limited to the special terms that reflect the increased risks in relation to residence, nationality or health.

**Sum Insured** refers to the amount shown in the Policy Schedule or Endorsement and is used to determine how much the Beneficiary will receive if Death Benefit is paid under the Basic Plan.

**Total Indebtedness** refers to the entire amount (including any interest) that You owe to Us under this Policy which could be for amounts such as any outstanding premiums or other amounts due to Us.

**Total Permanent Disability** means disability solely and directly caused by an accident which totally and permanently prevents the Insured from engaging in any occupation or employment for remuneration or profit for which the Insured is reasonably suited by education, training or experience. If the Insured has no business or occupation at the time of the accident, it means the accident has totally and permanently prevented the Insured from attending to any duties which would normally be carried out by the Insured in his/ her daily life. Permanent means lasting for twelve (12) calendar months from the date of the accidental injury and at the end of that period being beyond any reasonable hope of improvement.

**We, Us or Our** refers to FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability), the issuer of this Policy.

## **2. General Provisions**

### **2.1 The Policy**

This Policy is governed by the laws of Hong Kong and is proof of an insurance contract between You and Us.

We have issued this Policy after taking into account the information provided by You and the Insured (if they are different people) during application process and payment of the premium as shown 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, the Endorsement and the documents referred to in this Policy) constitute the entire contract. The Policy Owner and the Insured are required to provide truthful and accurate information during the application of this Policy. This information provided is considered representations and not warranties.

### **2.2 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 Us. Such notice must be signed by the Policy Owner and received directly by Us within twenty-one (21) calendar days immediately following either the day of delivery of this 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 this Policy has been made prior to Your request for cancellation.

### **2.3 Alterations and Company Notices**

No alterations in the terms and conditions and provisions of this Policy will be valid unless made in an Endorsement and / or any supplement to this Policy and issued by Us. No agent or other persons have the authority to change or waive any provision of this Policy.

If We need to send You any notices, We will send them to Your latest correspondence address recorded in Our records

## **2.4 Policy Owner**

As the Policy Owner, You are the only person who can request changes to, and exercise the rights, privileges and options related to this Policy while this Policy is in effect.

If You hold this Policy on trust for a beneficiary by virtue of an express trust, We will consider any rights, privileges or options exercised by You in relation to this Policy as being made with the consent of, and for the sole benefit of, the beneficiary(ies) of that trust. We will not contact that beneficiary to confirm their consent.

You are entitled to any proceeds of this Policy that do not result from the death of the Insured. If You die, the proceeds will be payable to the appointed executors or administrators for and on behalf of Your estate, unless You are also the Insured, in which case the proceeds will be paid to the Beneficiary.

## **2.5 Beneficiary**

Your nominated Beneficiary is entitled to any benefits of this Policy if the Insured dies.

If a Beneficiary dies before the Insured, his or her share of the policy benefits will be redistributed to any surviving Beneficiaries in proportion to their nominated share (or equally if no nomination has been made).

If a Beneficiary dies simultaneously with the Insured, We will determine the distribution of the proceeds of this Policy as if the elder of the two people had died first.

If You have not nominated any Beneficiaries, or if all of the Beneficiaries die before the Insured, We will pay the proceeds to You, or the appointed executors or administrators for and on behalf of Your estate (if You die).

During the Insured's lifetime, the Beneficiary has no right to and cannot request any changes to, claim benefits from, or exercise any rights and privileges in relation to this Policy.

## **2.6 Changes of Policy Owner and Beneficiary**

While this Policy is in effect, the Policy Owner and the Beneficiary may be changed if You (as the current Policy Owner) submit a written request to Us. After assessing that We have all of the relevant information, We will process and register this change in Our records and such change will be effective from the date We approve Your request (irrespective of whether the Policy Owner and/or the Insured is/are alive on that date).

## **2.7 Assignment**

You can assign this Policy as collateral for a loan, however unless You inform Us in writing of the assignment, and We make a record of this assignment, We will not be bound by this assignment. You are responsible for the validity of the assignment and instructing Us any benefits under this Policy are paid to the assignees. Any payment We make before We record the assignment will not be affected by the assignment. Any money owed to Us under this Policy will take priority over any rights of any assignee(s).

## **2.8 Increase in Sum Insured**

While this Policy is in effect and the Insured is alive, provided that no claims have been made, You can request in writing to increase the Sum Insured before the first Policy Anniversary subject to Our applicable rules and procedures (including but not limited to the relevant underwriting requirements) at that time. We will review the request and may request further information before accepting or declining the request. If We approve the request, We will register this change in Our records and such change will be effective from the Commencement Date. We will send an Endorsement to Your correspondence address in Our records.

## **2.9 Reduction in Sum Insured**

While this Policy is in effect and the Insured is alive and subject to the minimum Sum Insured determined by Us in Our sole discretion, provided that no Advanced Death Benefit has been claimed and this Policy is not within the Premium Waiver Period as mentioned in Unemployment Premium Waiver Benefit under Benefit Provisions, You can request in writing to reduce the Sum Insured subject to Our applicable rules and procedures. We will review the request and may request further information before accepting or declining the request. If We approve the request, We will register this change in Our records and such change will be effective from the date We approve the request. We will send an Endorsement to Your correspondence address in Our records.

## **2.10 Surrender**

While this Policy is in effect and the Insured is alive, You can request to surrender this Policy subject to Our applicable rules and procedures. This Policy has no cash values and no benefits will be payable upon surrender. This Policy will be terminated on the date We approve the request.



## **2.11 Misstatement or Non-disclosure**

We have used the information, including but not limited to Age, gender and other material facts, provided by You and the Insured (if they are different people) during the application process to determine whether to offer this Policy.

If the Insured's Age or gender shown in the Policy Schedule is incorrect, We will calculate any amount paid or payable or benefit accruing according to how much the premiums paid would have purchased at the time of the application on the basis of the correct Age and/or gender. However, any recalculated amount will not be more than the original benefit which is specified in the Policy Schedule or any Endorsement.

We have the absolute right to cancel this Policy and treat it as having never existed if (i) any information provided by You and/or the Insured during the application process is incorrect and if, based on the correct information, We would not have offered this Policy; or (ii) any material facts were not disclosed during the application process which may affect Our risk assessment. In this situation, We will refund any premium(s) and insurance levy(ies) paid without interest after deducting any benefits that We have paid. We will send written notification of the cancellation to Your correspondence address in Our records.

In addition to the above, Policy Owner must provide a copy of his / her identification document to Us within thirty (30) calendar days of the Commencement Date. If Policy Owner does not provide this document within such thirty (30) calendar days, We will suspend the Policy and cease any further transactions. If the identification document has still not been provided within ninety (90) calendar days of the Commencement Date, We 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 have been paid.

## **2.12 Incontestability**

Except in instances of fraud or non-payment of premium, We waive Our rights to cancel this Policy and treat it as having never existed after it has been in effect for two (2) years (meaning the Insured has been alive) from the Commencement Date, the Reinstatement Date (if this Policy is reinstated), or the date of increase in Sum Insured.

## **2.13 Payment Currency**

All amounts that We or You are required to pay in relation to this Policy will be paid in the currency shown in the Policy Schedule provided that We have the absolute discretion to accept payment in another currency.

## **2.14 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.

## **2.15 General Interpretation and Application**

Where the context requires, words importing one gender shall include the other gender, and singular terms shall include the plural and vice versa. Headings are for convenience only and shall not affect the interpretation of this Policy. References to sections, clauses, provisions and schedules are to sections, clauses, provisions and schedules to this Policy. Should any conflict arise in respect of the interpretation of any provision in this Policy and any other material otherwise produced by Us, then the provisions of this Policy shall prevail.

SAMPLE

### **3. Premiums and Reinstatement Provisions**

#### **3.1 Payment of Premiums**

The first premium is due on the Commencement Date. If this is not paid within thirty (30) days of the Commencement Date, this Policy will be automatically cancelled and considered as having never existed. In this situation, We will not be legally obliged to pay any benefits under this Policy.

Subsequent premiums must be paid until the Expiry Date. Premiums must be paid at a frequency We agree with You.

We provide a thirty (30)-day grace period from the due date of any premium(s). If We still do not receive this premium after the thirty (30)-day grace period, We will terminate this Policy effective from the date the unpaid premium was due.

#### **3.2 Renewal**

While this Policy is in effect and the Insured is alive, the Basic Plan of this Policy can be renewed for another Renewal Period at the end of each Renewable Period without the requirement of evidence of insurability. Unless You tell Us in writing before the next renewal that You do not want to renew, the Basic Plan of this Policy will be automatically renewed at the end of each Renewable Period until the Expiry Date based on the terms and conditions of this Policy, provided that premiums under this Policy are paid when due. The premium rates upon renewal are not guaranteed and will be determined at Our sole discretion based on factors including but not limited to the Age of the Insured at the time of renewal, claims experience and policy persistency from all policies under this product. However, within each of the Renewable Period, the premium rate will remain level and is guaranteed.

#### **3.3 Deduction of Outstanding or Unpaid Premium and Insurance Levy**

If there are any outstanding or unpaid premium(s) and/or insurance levy(ies) under this Policy, We will deduct these amounts from any benefits or proceeds payable under this Policy.

Upon the payment of Death Benefit and/or Advanced Death Benefit, if You are paying the premium(s) at a frequency other than annually (for example, monthly), We will deduct from the benefit(s) the amount of unpaid premiums (if any) for the Policy Year in which the Insured died or the Advanced Death Benefit is paid (as the case may be).

### **3.4 Reinstatement**

If this Policy was terminated because of unpaid premiums, We may agree to reinstate this Policy, subject to the terms and conditions of this Policy and the applicable rules and procedures at that time, if You:

1. apply to Us in writing within one (1) year from the date of a default in payment of premium pursuant to which this Policy was terminated;
2. provide Us with satisfactory evidence that the Insured still qualifies for this Policy based on the same factors that We used when assessing the initial application; and
3. repay, with interest at an interest rate that We set, any and all unpaid premiums and any outstanding insurance levy(ies).

We may refuse the application for reinstatement or may adjust the terms and conditions of this Policy. This Policy will only take effect again from the Reinstatement Date.

SAMPLE

## **4. Benefit Provisions**

We will pay the following benefits in accordance with the Benefits Provisions, Exclusions, Claim Provisions and the terms and conditions of this Policy.

### **4.1 Death Benefit**

If the Insured dies while this Policy is in effect, and before the Expiry Date, We will pay to the Beneficiary(ies):

- (1) the Sum Insured as set out in the Policy Schedule or the latest Sum Insured as set out in the Endorsement to the Policy (as the case may be);
- (2) less any Total Indebtedness under this Policy.

The date We use to calculate the above amounts is the certified date the Insured dies.

You can choose how the payment of the Death Benefit is made to the Beneficiary(ies) through Our available payment options before the Insured's death while this Policy is in effect. We will pay the Death Benefit in one lump sum if You do not tell Us how the Death Benefit is to be paid.

If You want Us to pay the Death Benefit other than in a lump sum payment or change Your payment instructions, subject to Our applicable rules and procedures at that time, You need to send Us the completed designated form and provide Us with any document or information that We require.

### **4.2 Advanced Death Benefit**

While this Policy is in effect and the Insured's advent of death is highly likely within twelve (12) months as certified by a Registered Medical Specialist and is accepted by Us, We will pay the Advanced Death Benefit to the Policy Owner which is equal to:

- (1) the Sum Insured as set out in the Policy Schedule or the latest Sum Insured as set out in the Endorsement to the Policy (as the case may be);
- (2) less any Total Indebtedness under this Policy.

The maximum Advanced Death Benefit payable per Insured under all policies issued by Us is HK\$16,000,000. Upon payment of such benefit to the Policy Owner, the Sum Insured and the premiums of the Policy will be reduced accordingly.

### 4.3 Unemployment Premium Waiver Benefit

While this Policy is in effect for three (3) consecutive Policy Years from the Commencement Date, in the event of You becoming involuntarily unemployed, subject to Our applicable rules and procedures at that time, You may apply to waive one (1) year's premium from the next premium due date ("Premium Waiver Period").

You may submit a written request in Our prescribed form and provide us with all documents and information We require within thirty (30) days from the date You first receive a notice of redundancy or lay-off from Your employer. Such documents and information We require shall include (but not be limited to) the following:

- (1) proof that You have been in full time lawful and gainful employment with the same employer for a minimum of twelve (12) consecutive months under a continuous contract before Your employment was terminated; and
- (2) proof that You were made redundant or laid-off within the meaning of the Employment Ordinance (Cap. 57 of Laws of Hong Kong) or relevant employment legislation of the country in which You work.

We will not proceed any late submission and We have the right to terminate this benefit if You do not provide the required documents and information.

You can only exercise this benefit once under this Policy.

We will not approve Your request if:

- (1) You are a self-employed person carrying on a business (whether alone or in a partnership) or control a company (whether alone or with others); or
- (2) You work for a company or firm in which You have a financial interest or You are connected in any way with someone who has control over the company or firm; or
- (3) You have had accepted a voluntary redundancy or Your employment was terminated for disciplinary reasons; or
- (4) You are a corporate entity.

This Policy will continue to be in effect during the Premium Waiver Period. During the Premium Waiver Period, You are not allowed to reduce the Sum Insured of this Policy or exercise Life Celebration Booster Option.

This benefit will be terminated when the Age of the Insured reaches sixty-six (66) or this Policy has been terminated, whichever is earlier.

#### 4.4 Life Celebration Booster Option

Subject to Our applicable rules and procedures, after one (1) year from the Commencement Date and while this Policy is in effect and the Insured is alive, You can exercise the Life Celebration Booster Option ("Option") upon the occurrence of the designated Life Celebration Event(s) to purchase a term rider ("New Rider") attached to this Policy without the requirement of evidence of insurability, provided that:

- (1) the Insured is at the Age of fifty-five (55) or below at the time when exercising this Option;
- (2) this Option is exercised within ninety (90) days from the occurrence of the designated Life Celebration Event(s) with the proof of the Life Celebration Event(s);
- (3) this Policy is not issued with Special Terms or not issued at an increased premium;
- (4) no Advanced Death Benefit has been claimed;
- (5) no claims in relation to Total Permanent Disability and/or any critical illness policies have been submitted to Us, are currently being processed or have been made under all policies which cover the Insured and are issued by Us.

Life Celebration Events include:

- (i) the Insured's legal marriage;
- (ii) the birth of natural child of the Insured;
- (iii) the Insured's adoption of child through legal means;
- (iv) the Insured's purchase of residential property in Hong Kong;
- (v) the Insured's full-time employment within one (1) year from the graduation from a university or a higher education institution (Bachelor's degree or above).

You can only exercise this Option three (3) times per Insured under all policies of MyTerm Series issued by Us.

The New Rider is subject to Our applicable rules and requirements at that time. The sum insured of the New Rider shall not exceed the lower of (i) one hundred percent (100%) of the Sum Insured of the Basic Plan of this Policy and (ii) maximum HK\$1,500,000 per Insured under all policies of MyTerm Series issued by Us. The premium of the New Rider shall be determined based on Our applicable premium rates (which are not guaranteed and will be determined at Our sole discretion) and the Age of the Insured at the time the New Rider is issued. The initial renewable period of the New Rider will be same as the initial renewable period of the Basic Plan as shown in the Policy Schedule.

To exercise this Option, You need to submit a written request to Us and provide Us the following proof of the Life Celebration Event(s) within ninety (90) days from the occurrence of the designated Life Celebration Event(s):

- (1) (in relation to Life Celebration Event (i)) certified true copy of marriage certificate of the Insured;
- (2) (in relation to Life Celebration Event (ii)) certified true copy of birth certificate of the child of the Insured;
- (3) (in relation to Life Celebration Event (iii)) certified true copy of the convention adoption certificate of the Insured;
- (4) (in relation to Life Celebration Event (iv)) certified true copy of sale and purchase agreement of the property registered with the Land Registry of Hong Kong and land search of the property at the Land Registry of Hong Kong;

- (5) (in relation to Life Celebration Event (v)) copy of the employment letter and the certified true copy of graduation certificate of the Insured; and
- (6) any other document or information that We may reasonably request.

#### **4.5 Conversion Privilege**

Subject to Our applicable rules, procedures and Our choices of products then made available at the time of conversion, You can request in writing to convert the entire amount or any portion of the Sum Insured remaining under this Policy to a permanent plan of life insurance without the requirement of evidence of insurability before the Policy Anniversary immediately preceding the seventieth (70<sup>th</sup>) birthday of the Insured, provided that (1) this Policy is in effect and the Insured is alive; (2) no Advanced Death Benefit has been claimed under this Policy; (3) the sum insured of the new policy does not exceed the original Sum Insured of the Basic Plan of this Policy and (4) the conversion meets the applicable rules and requirements of the new policy.

The premiums for the new policy shall be determined in accordance with Our rules applicable at the time of conversion provided always that to the extent (if any) that this Policy was granted on Special Terms or issued at an increased premium, the new policy shall be subject to such terms and conditions as We may require.

If only a portion of the Sum Insured is converted, the Policy may be continued for the remaining years and the premiums shall be reduced accordingly provided always that the Policy meets Our rules then in effect, including but not limited to the minimum Sum Insured and premiums then in effect.

#### **4.6 Non-participating**

This Policy is non-participating and will not share in the divisible surplus of Our life insurance funds.



## **5. Exclusions Provisions**

### **5.1 Suicide**

If the Insured commits suicide within thirteen (13) calendar months from the Commencement Date, Our legal responsibility will be limited to the total premium amount paid to Us without interest, after deducting any policy benefits that We have paid and any outstanding amounts owed to Us. This applies regardless of whether the Insured was sane or insane when committing suicide.

### **5.2 Exclusions for Advanced Death Benefit**

No Advanced Death Benefit will be paid where the Insured's advent of death is highly likely within twelve (12) months and caused directly or indirectly from any of the following:

- (i) intentional self-inflicted injury, or attempted suicide, while sane or insane and while intoxicated or not; or
- (ii) 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; or
- (iii) 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 Registered Medical Specialist for treatment.

## **6. Claim Provisions**

We will pay benefits from this Policy to You, the Beneficiary (in accordance with the Policy Owner provision and Beneficiary provision) or other person who is entitled to make a claim. Our obligations for that benefit are fulfilled once You, the Beneficiary or other person confirms they have received the benefit payment.

You should tell Us if You need to make a claim under this Policy by submitting claim form and the following:

1. the original of this Policy;
2. evidence of the legal entitlement of the person or persons claiming payment;
3. evidence of the certified date of the death of the Insured (if the Death Benefit is being claimed);
4. all necessary medical records, certificates and completion of all relevant forms required by Us;  
and
5. any other document or information that We may reasonably request.

We should be advised within ninety (90) days from the date of the death of the Insured or the date the Insured's advent of death is certified as highly likely within twelve (12) months by a Registered Medical Specialist (as the case may be). If We are not advised in this time frame, We may refuse the claim. We are not responsible for any of the costs of filling-in any form or getting any documents, such as death or other certificates.

## **7. Termination Provisions**

This Policy will automatically end on the earliest of the following:

1. when the Insured dies;
2. on the Expiry Date;
3. when You surrender this Policy (We will determine the surrender date based on Our policies and procedures at that time);
4. when the premium grace period expires, We have not received the due premium payment;
5. when the Sum Insured becomes zero upon payment of the Advanced Death Benefit; and
6. when the entire amount of the Sum Insured is converted to a permanent plan of life insurance product subject to Our relevant rules at the time of conversion.

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## **8. Obligation to Provide Information**

The Policy Owner acknowledges that We and/or Our affiliates are obliged to comply with 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:

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.

The Policy Owner agrees that from time to time We 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 Us to issue this Policy to the Policy Owner;
2. for Us 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 Us in writing within thirty (30) days if there is any change to any of the information previously provided to Us that relates to Our 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 Us, notwithstanding any other provisions of this Policy, We 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 refund any premium and any insurance levy(ies) paid, after deducting any benefits We have paid, and any amounts owed to Us; or
3. take any such other action 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, We 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 Us under Applicable Requirements remains outstanding.

## Health Assistance Services

### 1. Second Medical Opinion Service

As part of the Company's promise of care, you are given the access to some of the highest ranked medical institutions in the US through International SOS once your claim is approved and such claim is relevant to designated diseases. For the list of designated diseases, please call the International SOS at (852) 3122 2900 for details.

#### **What is Second Medical Opinion Service?**

The objective of the Second Medical Opinion Service is to meet the public's increasing demands for the best possible medical treatment bearing in mind the continual development of leading edge treatments for diseases. This is why the Company offers the Second Medical Opinion Service to our valuable Insured (the "member") via International SOS.

Understand this distinguished service, the member has access to a panel of world-class specialists at leading medical institutions in the US to obtain alternative advice on the member's medical condition and confirmation of the diagnosis in the event that the member has been diagnosed as suffering from designated disease made by your attending physician, plus any other relevant medical advice.

#### **Panel of Second Medical Opinion Specialists**

The Panel provides you access to some of the highest ranked medical institutions in the US, together with more than 15,000 leading specialists who practice there, including:

- Harvard Medical School
- Johns Hopkins Hospital, Baltimore
- Massachusetts General Hospital
- Brigham and Women's Hospital, Boston
- Dana-Faber Cancer Institute
- Cedars-Sinai Medical Center, Los Angeles

#### **How to seek Second Medical Opinion Service?**

When the member has been diagnosed with a designated disease, the member is required to follow the instruction below to obtain the Second Medical Opinion Service.

Call International SOS at (852) 3122 2900 and request for the Second Medical Opinion Service.

Within 24 hours International SOS will confirm membership and whether medical condition is eligible for the Service.

#### **Service Flow**

- 1) Receive "Information Request Form" from International SOS via fax or email.
- 2) International SOS will assess the case and reply to the member if his/her case is eligible for the Service. The member needs to complete the **Information Request Form** and send to International SOS together with the relevant medical documents for the Second Medical Opinion Report\*. (via courier or registered mail)
- 3) The Panel of Second Medical Opinion will send acknowledgement to International SOS after receipt. If additional medical information is required, the Panel of Second Medical Opinion will inform International SOS who in turn contact the member.

- 4) After evaluation, written Second Medical Opinion report and advice will be faxed/emailed to International SOS within 3-5 US working days depending on complexity of the report.
- 5) Upon receipt of the Second Medical Opinion report, International SOS will send it to the member and his/her treating physicians, as required.

If requested, International SOS will arrange transportation, accommodation and admission to the identified treating facility and with a medical escort, if medically necessary.

ALL RELATED COSTS to International SOS WILL BE BORNE BY THE MEMBER.

**\* Second Medical Opinion Report is US\$850. (The Cost may be reviewed from time to time)**

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 it is not guaranteed renewable. The Company shall not be responsible for any act of failure to act on the part of International SOS and the professionals. The Company reserves the right to amend, suspend or terminate the Second Medical Opinion Service and to amend the relevant terms and conditions at any time without prior notice.

**Note:**

- 1) The Company, the medical panel, International SOS and/or any of its affiliates, record, share, use and archive your personal data in pursuance of the services being offered to you as well as for their training and quality assurance purposes. The failure to provide the relevant personal data may result in the said service providers being unable to provide the relevant services to you.
- 2) The Second Medical Opinion Service provided to you is purely advisory and recommendatory in nature and is not a substitute for medical services. It is for you and your physician or consulting hospital to decide the appropriate medical course of action to be pursued. International SOS, and/or its affiliates and the panel providing the medical opinion do not have any authority or responsibility to determine the benefits/amounts payable, its eligibility claim procedures etc.

This benefit/service does not form part of the policy provisions of the MyTerm Plus.

## Life Celebration Booster - Standard

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## 1. Definitions

**Age** refers to the age of the Insured on his or her next birthday unless otherwise specified.

**Basic Policy** refers to the policy of insurance We have issued to You and to which this Rider is attached.

**Beneficiary** refers to a person chosen by Policy Owner to receive the Death Benefit or any proceeds under this Rider at the death of the Insured.

**Endorsement** refers to an additional document attached to the Basic Policy that outlines any adjustments that We make to the Basic Policy and/or this Rider.

**Expiry Date** refers to the Policy Anniversary immediately preceding the hundredth (100<sup>th</sup>) birthday of the Insured, or the Expiry Date of the Basic Policy, whichever is earlier.

**Insured** refers to the person insured by this Rider and is shown on the Policy Schedule or any Endorsement.

**Policy Anniversary** refers to the same date each year as the Commencement Date in each succeeding year after the Commencement Date while the Basic Policy is in effect.

**Policy Owner, You or Your** refers to the person who owns the Basic Policy and this Rider as shown in the Policy Schedule or any Endorsement.

**Policy Rider Date** refers to the date when coverage under this Rider becomes effective as shown in the Endorsement, or the Reinstatement Date, whichever is later.

**Policy Schedule** refers to the document attached to the Basic Policy. The Policy Schedule shows important information about the Basic Policy, including the policy number, the premium payable, the benefits of the Basic Policy and other particulars.

**Policy Year** refers to a period of twelve (12) consecutive calendar months from the Commencement Date of the Basic Policy and every succeeding twelve (12) consecutive calendar months period after that.

**Registered Medical Specialist** refers to any person other than the Policy Owner, the Insured, an insurance agent, business partner(s), employee/employer or a relative of any of them (unless approved in advance by Us in writing) who is licensed and registered under the Medical Registration Ordinance (Cap.161 of the Laws 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 Us.

**Reinstatement Date** refers to the date that We approve an application to reinstate the Basic Policy and this Rider.

**Renewable Period** refers to the initial renewable period as shown in the Endorsement, or the number of year(s) from the date this Rider is renewed to the Expiry Date, whichever is shorter.

**Rider** refers to the Life Celebration Booster attached to the Basic Policy as shown in the Endorsement.

**Special Terms** refers to any special terms You have agreed for this Rider, which include but are not limited to the special terms that reflect the increased risks in relation to residence, nationality or health.



**Sum Insured** refers to the amount shown in the Endorsement and is used to determine how much the Beneficiary will receive if Death Benefit is paid under this Rider.

**Total Indebtedness** refers to the entire amount (including any interest) that You owe to Us under the Basic Policy and this Rider which could be for amounts such as any outstanding premiums or other amounts due to Us.

**We, Us or Our** refers to FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability), the issuer of the Basic Policy and this Rider.

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## **2. General Provisions**

### **2.1 The Rider**

This Rider is attached to the Basic Policy and shall form part of the Basic Policy. It is issued in consideration of the payment of premiums applicable to this Rider as stated in the Endorsement.

Unless otherwise provided herein, the terms and conditions of the Basic Policy shall apply to this Rider. In the event of any inconsistency between the terms and conditions of the Basic Policy and this Rider, this Rider shall prevail.

### **2.2 Increase in Sum Insured**

You cannot increase the Sum Insured of this Rider.

### **2.3 Reduction in Sum Insured**

While this Rider is in effect and the Insured is alive, provided that no Advanced Death Benefit has been claimed and this Rider is not within the Premium Waiver Period as mentioned in Unemployment Premium Waiver Benefit under Benefit Provisions, You can request in writing to reduce the Sum Insured subject to Our applicable rules and procedures. We will review the request and may request further information before accepting or declining the request. If We approve the request, We will register this change in Our records and such change will be effective from the date We approve the request. We will send an Endorsement to Your correspondence address in Our records.

### **2.4 Surrender**

While this Rider is in effect and the Insured is alive, You can request to surrender this Rider subject to Our applicable rules and procedures. This Rider has no cash values and no benefits will be payable upon surrender. This Rider will be terminated on the date We approve the request.

## **2.5 Misstatement or Non-disclosure**

We have used the information, including but not limited to Age, gender and other material facts, provided by You and the Insured (if they are different people) during the application process to determine whether to offer this Rider.

If the Insured's Age or gender is incorrect, We will calculate any amount paid or payable or benefit accruing according to how much the premiums paid would have purchased at the time of the application on the basis of the correct Age and/or gender. However, any recalculated amount will not be more than the original benefit which is specified in the Endorsement.

We have the absolute right to cancel this Rider and treat it as having never existed if (i) any information provided by You and/or the Insured during the application process is incorrect and if, based on the correct information, We would not have offered this Rider; or (ii) any material facts were not disclosed during the application process which may affect Our risk assessment. In this situation, We will refund any premium(s) and insurance levy(ies) paid without interest after deducting any benefits that We have paid. We will send written notification of the cancellation to Your correspondence address in Our records.

### **3. Premiums Provisions**

#### **3.1 Payment of Premiums**

The first premium is due on the Policy Rider Date. If this is not paid within thirty (30) days of the Policy Rider Date, this Rider will be automatically cancelled and considered as having never existed. In this situation, We will not be legally obliged to pay any benefits under this Rider.

Subsequent premiums must be paid until the Expiry Date of this Rider. Premiums must be paid at a frequency We agree with You.

We provide a thirty (30)-day grace period from the due date of any premium(s). If We still do not receive this premium after the thirty (30)-day grace period, We will terminate this Rider effective from the date the unpaid premium was due.

#### **3.2 Renewal**

While this Rider is in effect and the Insured is alive, this Rider can be renewed for another Renewal Period at the end of each Renewable Period without the requirement of evidence of insurability. Unless You tell Us in writing before the next renewal that You do not want to renew, this Rider will be automatically renewed at the end of each Renewable Period until the Expiry Date of this Rider based on the terms and conditions of this Rider, provided that premiums under this Rider are paid when due. The premium rates upon renewal are not guaranteed and will be determined at Our sole discretion based on factors including but not limited to the Age of the Insured at the time of renewal, claims experience and policy persistency from all policies under this product. However, within each of the Renewable Period, the premium rate will remain level and is guaranteed.

#### **3.3 Deduction of Outstanding or Unpaid Premium and Insurance Levy**

If there are any outstanding or unpaid premium(s) and/or insurance levy(ies) under the Basic Policy and/or this Rider, We will deduct these amounts from any benefits or proceeds payable under the Basic Policy and/or this Rider.

Upon the payment of Death Benefit and/or Advanced Death Benefit, if You are paying the premium(s) at a frequency other than annually (for example, monthly), We will deduct from the benefit(s) the amount of unpaid premiums (if any) for the Policy Year in which the Insured died or the Advanced Death Benefit is paid (as the case may be).

### **3.4 Reinstatement**

If this Rider was terminated because of unpaid premiums, We may agree to reinstate this Rider, subject to the terms and conditions of this Rider and the applicable rules and procedures at that time, if You:

1. apply to Us in writing within one (1) year from the date of a default in payment of premium pursuant to which this Rider was terminated;
2. provide Us with satisfactory evidence that the Insured still qualifies for this Rider based on the same factors that We used when assessing the initial application; and
3. repay, with interest at an interest rate that We set, any and all unpaid premiums and any outstanding insurance levy(ies).

We may refuse the application for reinstatement or may adjust the terms and conditions of this Rider. This Rider will only take effect again from the Reinstatement Date.

#### **4. Benefit Provisions**

We will pay the following benefits in accordance with the Benefits Provisions, Exclusions, Claim Provisions and the terms and conditions of this Rider.

##### **4.1 Death Benefit**

If the Insured dies while this Rider is in effect, and before the Expiry Date, We will pay to the Beneficiary(ies):

- (1) the latest Sum Insured as set out in the Endorsement to the Basic Policy;
- (2) less any Total Indebtedness under the Basic Policy and/or this Rider.

The date We use to calculate the above amounts is the certified date the Insured dies.

##### **4.2 Advanced Death Benefit**

While this Rider is in effect and the Insured's advent of death is highly likely within twelve (12) months as certified by a Registered Medical Specialist and is accepted by Us, We will pay the Advanced Death Benefit to the Policy Owner which is equal to:

- (1) the latest Sum Insured as set out in the Endorsement to the Basic Policy;
- (2) less any Total Indebtedness under the Basic Policy and/or this Rider.

The maximum Advanced Death Benefit payable per Insured under all policies issued by Us is HK\$16,000,000. Upon payment of such benefit to the Policy Owner, the Sum Insured and the premiums of this Rider will be reduced accordingly.

#### **4.3 Unemployment Premium Waiver Benefit**

While this Rider is in effect for three (3) consecutive Policy Years from the Policy Rider Date, in the event of You becoming involuntarily unemployed, subject to Our applicable rules and procedures at that time, You may apply to waive one (1) year's premium from the next premium due date ("Premium Waiver Period").

You may submit a written request in Our prescribed form and provide us with all documents and information We require within thirty (30) days from the date You first receive a notice of redundancy or lay-off from Your employer and the following:

- (1) proof that You have been in full time lawful and gainful employment with the same employer for a minimum of twelve (12) consecutive months under a continuous contract before Your employment was terminated; and
- (2) proof that You were made redundant or laid-off within the meaning of the Employment Ordinance (Cap. 57 of Laws of Hong Kong) or relevant employment legislation of the country in which You work.

We will not proceed any late submission and We have the right to terminate this benefit if You do not provide the required documents and information.

You can only exercise this benefit once under this Rider.

We will not approve Your request if:

- (1) You are a self-employed person carrying on a business (whether alone or in a partnership) or control a company (whether alone or with others); or
- (2) You work for a company or firm in which You have a financial interest or You are connected in any way with someone who has control over the company or firm; or
- (3) You have had accepted a voluntary redundancy or Your employment was terminated for disciplinary reasons; or
- (4) You are a corporate entity.

This Rider will continue to be in effect during the Premium Waiver Period. During the Premium Waiver Period, You are not allowed to reduce the Sum Insured of this Rider.

This benefit will be terminated when the Age of the Insured reaches sixty-six (66) or this Rider has been terminated, whichever is earlier.

#### **4.4 Conversion Privilege**

Subject to Our applicable rules, procedures and Our choices of products then made available at the time of conversion, You can request in writing to convert the entire amount or any portion of the Sum Insured remaining under this Rider to a permanent plan of life insurance without the requirement of evidence of insurability before the Policy Anniversary immediately preceding the seventieth (70<sup>th</sup>) birthday of the Insured, provided that (1) this Rider is in effect and the Insured is alive; (2) no Advanced Death Benefit has been claimed under this Rider; (3) the sum insured of the new policy does not exceed the original Sum Insured of this Rider and (4) the conversion meets the applicable rules and requirements of the new policy.

The premiums for the new policy shall be determined in accordance with Our rules applicable at the time of conversion provided always that to the extent (if any) that this Rider was granted on Special Terms or issued at an increased premium, the new policy shall be subject to such terms and conditions as We may require.

If only a portion of the Sum Insured is converted, this Rider may be continued for the remaining years and the premiums shall be reduced accordingly provided always that this Rider meets Our rules then in effect, including but not limited to the minimum Sum Insured and premiums then in effect.

#### **4.5 Non-participating**

This Rider is non-participating and will not share in the divisible surplus of Our life insurance funds.



## **5. Exclusions Provisions**

### **5.1 Suicide**

If the Insured commits suicide within thirteen (13) calendar months from the Policy Rider Date (or the Reinstatement Date, whichever is later), Our legal responsibility will be limited to the total premium amount paid to Us without interest, after deducting any policy benefits that We have paid and any outstanding amounts owed to Us. This applies regardless of whether the Insured was sane or insane when committing suicide.

### **5.2 Exclusions for Advanced Death Benefit**

No Advanced Death Benefit will be paid where the Insured's advent of death is highly likely within twelve (12) months and caused directly or indirectly from any of the following:

- (i) intentional self-inflicted injury, or attempted suicide, while sane or insane and while intoxicated or not; or
- (ii) 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; or
- (iii) 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 Registered Medical Specialist for treatment.

## **6. Claim Provisions**

We will pay benefits from this Rider to You, the Beneficiary or other person who is entitled to make a claim. Our obligations for that benefit are fulfilled once You, the Beneficiary or other person confirms they have received the benefit payment.

You should tell Us if You need to make a claim under this Rider by submitting claim form and the following:

1. the original of the Basic Policy and the policy document of this Rider;
2. evidence of the legal entitlement of the person or persons claiming payment;
3. evidence of the certified date of the death of the Insured (if the Death Benefit is being claimed);
4. all necessary medical records, certificates and completion of all relevant forms required by Us;  
and
5. any other document or information that We may reasonably request.

We should be advised within ninety (90) days from the date of the death of the Insured or the date the Insured's advent of death is certified as highly likely within twelve (12) months by a Registered Medical Specialist (as the case may be). If We are not advised in this time frame, We may refuse the claim. We are not responsible for any of the costs of filling-in any form or getting any documents, such as death or other certificates.

## **7. Termination Provisions**

This Rider will automatically end on the earliest of the following:

1. when the Insured dies;
2. on the Expiry Date;
3. when You surrender this Rider (We will determine the surrender date based on Our policies and procedures at that time);
4. when the Basic Policy terminates;
5. when the premium grace period expires, We have not received the due premium payment;
6. when the Sum Insured becomes zero upon payment of the Advanced Death Benefit; and
7. when the entire amount of the Sum Insured is converted to a permanent plan of life insurance product subject to Our relevant rules at the time of conversion.

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