

Thank you for your interest in the insurance product.

多謝你對有關保險產品的支持。

For more information, please feel free to contact us

如欲瞭解更多詳情，歡迎隨時與我們聯絡：



Customer Service Hotline

客戶服務熱線

8209 0098

(Monday to Saturday 9:00 am - 8:00 pm,
except Public Holidays)

星期一至六上午九時至晚上八時·公眾假期除外)



cs.hktcare@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 HKT 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), FWD General Insurance Company Limited and Chubb Insurance Hong Kong Limited.

備註

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Important Notes

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- The insurance plan is underwritten by FWD Life (incorporated in Bermuda with limited liability). HKT Care website (www.hktcare.com) is operated by HKT Financial Services (IA) Limited ("HKTIA"). HKTIA (Licensed Insurance Agency License No.: FA2474), being registered with the Insurance Authority of Hong Kong ("IA") as a licensed insurance agency, acts as an appointed licensed insurance agent for FWD Life.
- 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 HKT Care Customer Service Hotline at 8209 0098.
- The premiums of the insurance product will be payable to FWD Life, and HKTIA will receive commission from FWD Life for acting as an appointed licensed insurance agent for FWD Life.
- The insurance product is intended to be offered in Hong Kong only. The display of information of the insurance product on this website shall not be construed as an offer to sell or a solicitation of an offer or recommendation to purchase or sale 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 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 approvals, coverage, compensations and account maintenance in connection with its insurance products.
- 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.
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- In case of any inconsistency between the English and Chinese versions, the English version shall prevail.

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- 如中英文版本有任何差異，一概以英文版本為準。

CANsurance Cancer Protection Plan

Making life easier

Medical • Non-participating Life



You may have different goals and dreams at different life stages; whatever they may be, wouldn't you like to have the option to just go for it with all you've got? But can you go far without adequate support?

At FWD, we understand that life is full of uncertainties, and having the flexibility in making life choices would help us stay focus on our dreams, but for dreams to come true, health should come first.

Hassle free with additional cancer coverage

So when you're striving hard in achieving the best for yourself, don't forget to take good care of your own health as well.

You may think that you are already protected under your group medical plan, yet when critical illnesses like cancer strike, the coverage is far from enough. Thanks to medical advancements in recent years, cancer treatment isn't just about curing the disease. Instead, it includes health consultations and rehabilitation support to promise a well-rounded aftercare.

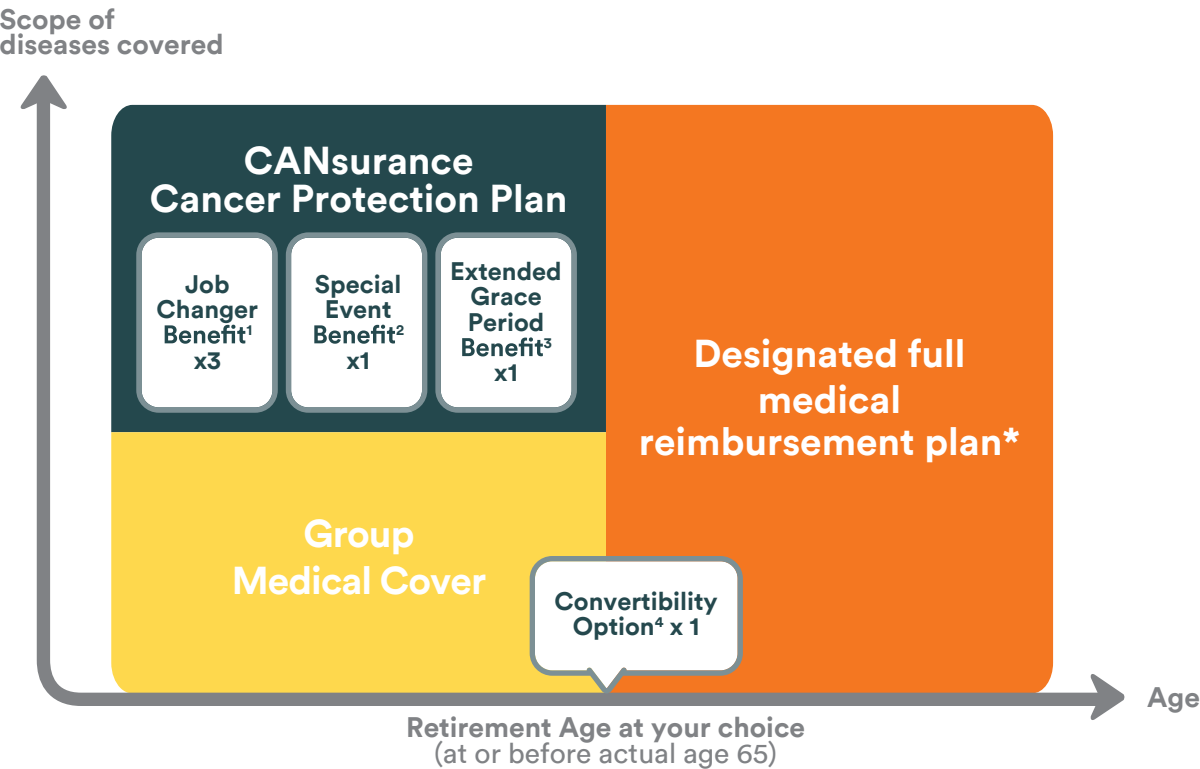
Sheltering you with the necessary coverage regardless the changes in your life

CANsurance Cancer Protection Plan (“the Plan”, “this Plan” or “this Product”) which is underwritten by FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) (“FWD”) can help you go forward in the pursuit of your dreams and compensate for insufficient group medical coverage, so you can enjoy a smart and seamless coverage. Plan early so you can go full steam ahead with no worries!

Modern medical technology brings you the privilege to choose the best treatment for yourself in case cancer strikes, as we will ease your medical expenses with a financial safety net. You can rest assured to concentrate on your medical treatment.

To cope with changes and needs during different stages in life, we’re offering flexible medical solutions to accompany you through the ups and downs in your life. Whether you are in between jobs, unemployed, or getting married, you can still enjoy medical coverage, or have the option to apply for waiving or deferring your premium for a certain period.

Smart and Seamless Coverage



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

CAN have comprehensive protection

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

CAN cope with changing needs



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

CAN secure complementary support

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

CAN enjoy personalised assistance

CANcierge⁷ is here to provide you with end-to-end health coaching. Once you are diagnosed with a Covered Cancer⁵, a professional health management team will customise one-stop services specifically for your needs, from cancer treatment and hospitalisation to post-treatment supportive therapies and consultations. You can then concentrate on receiving treatments without additional burdens.

Yes you CAN, with CANsurance

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



Let's check out below how Jason could benefit from CANsurance Cancer Protection Plan.

Example

Jason, at age 26 (age next birthday), has just entered the workforce. He is aware that cancer is a major critical illness and wishes to top up his group medical cover. However, he is only able to afford an entry level medical insurance plan at this stage, so he's decided to take out CANsurance Cancer Protection Plan to enhance cancer protection.



At age 26 (age next birthday)

Jason enrolled in **CANsurance Cancer Protection Plan – Economy Plan**.



At age 30 (age next birthday)

Jason decided to take a career break to pursue a full time master's degree. He applied for the **Special Event Benefit²** so that he could still be protected with medical coverage under this Plan but be exempted from paying the premium for 1 year during the course of his study.

At age 31 (age next birthday)

After graduating from his master's degree, Jason has started a new job.



At age 32 (age next birthday)

With his outstanding performance, Jason got scouted by another company to take up a higher position. He applied for the **Job Changer Benefit¹** during his job change period so that he could still be covered under a designated full medical reimbursement plan in addition to this Plan.



At age 35 (age next birthday)

Jason planned to get married. He applied for the **Extended Grace Period Benefit³** to defer his premium payment for a year to enjoy financial flexibility.



At age 46 (age next birthday)

Unfortunately, Jason is diagnosed with lung cancer. We will cover his medical expenses* for cancer treatment including target therapy, hospitalisation, surgery and post-treatment Chinese medicine practitioner consultation.

Furthermore, we will provide professional consultations and **CANcierge⁷** service to assist him to obtain proper treatment during his recovery journey.

* Subject to Lifetime Cancer Limit⁶ and Per Covered Cancer Limit⁸.

The above is for illustrative purpose only and assuming that a) all premiums and levies are paid in full when due, b) the definitions and claims requirements of the benefits are fulfilled, and c) this Plan is in force and has not been surrendered throughout the policy term.

Does this Plan suit you?

If you answer yes to any of the statements below, the Plan is for you.



You are looking for a comprehensive cancer reimbursement plan to meet your healthcare needs.



You are looking for cancer protection with affordable premiums.



You hope that the coverage is flexible to cope with changes and needs in your life.

Reasonable and Customary⁹ charges will be reimbursed according to the Plan Summary.

Plan Summary

Plan Level	Economy
Plan Type	Basic Plan
Issue Age (age next birthday)	19 to 55
Benefit Term	Guaranteed yearly renewable ¹⁰ to age 100 (age next birthday)
Premium Payment Term	To age 100 (age next birthday)
Premium Structure	<ul style="list-style-type: none"> Based on Insured's issue age, gender, smoking habit and selected plan level Renewal premiums are non-guaranteed and will be increased yearly according to the Insured's age next birthday at the time of renewal
Premium Payment Mode	Monthly
Currency	HKD
Area of Cover	Asia ¹¹
Room Level of Hospitalisation	Standard Ward Room ¹²
A. Cancer Benefits	
1. Diagnostic Benefit	Full cover
2. Cancer Treatment Benefits <ul style="list-style-type: none"> 2.1 Hospitalisation and Surgical Benefits <ul style="list-style-type: none"> a) Room and Board b) Physician's or Specialist's Hospital Visit c) Intensive Care Unit ("ICU") Charges d) Hospital Companion Bed (including 1 extra bed for 1 person who accompanies the Insured while hospitalised) e) Surgical Expenses (including Surgeon's fee, Anaesthetist's fee and operating theatre fee) f) Miscellaneous Hospital Medical Charges 2.2 Treatment Benefits <ul style="list-style-type: none"> a) Non-surgical Cancer Treatment (including Chemotherapy, Radiotherapy, Target Therapy, Cancer Hormonal Therapy and prescribed medications) b) Palliative Cancer Care c) Pre or Post-treatment Consultation (incurred by consultation with a physician before or after the active treatment or palliative treatment) 	Full cover

What this Plan covers

Plan Summary

Plan Level	Economy
Area of Cover	Asia ¹¹
Room Level of Hospitalisation	Standard Ward Room ¹²
3. Reconstructive Surgery Benefit (head or breast)	Full cover
4. Monitoring Benefit (up to 5 years since completion of active treatment)	Full cover
Per Covered Cancer Limit ⁸	HK\$500,000
Lifetime Cancer Limit ⁶	HK\$1,500,000
B. Additional Cancer Care Benefit (maximum limit per Covered Cancer⁵)	
5. Daily Hospital Cash for Hospitalisation: a) Hospitalisation in an ICU; or b) Hospitalisation in general ward of a public Hospital in Hong Kong; or c) Hospitalisation expenses that have been paid by another insurance company where FWD has not paid any benefit under Section A Cancer Benefits • maximum no. of days per Covered Cancer ⁵	HK\$500 30 days
6. Chinese Medicine Practitioner Consultation (including acupuncture treatments or prescribed Chinese medicines) (per visit) • 1 visit per day & maximum no. of visits per Covered Cancer ⁵	HK\$500 20 visits
7. Physiotherapist Consultation (including acupuncture and chiropractic services) / Occupational Therapy / Speech Therapy (per visit) • 1 visit per day & maximum no. of visits per Covered Cancer ⁵	HK\$500 20 visits
8. Dietician Consultation (per visit) • 1 visit per day & maximum no. of visits per Covered Cancer ⁵	HK\$500 20 visits
9. Psychological Counselling (for Insured and/ or immediate family members) (per visit) • 1 visit per day & maximum no. of visits per Covered Cancer ⁵	HK\$1,000 20 visits
10. Post-hospitalisation Home Nursing (per day) • maximum no. of days per Covered Cancer ⁵	HK\$1,000 30 days

Plan Summary

Plan Level	Economy
Area of Cover	Asia ¹¹
Room Level of Hospitalisation	Standard Ward Room ¹²
11. Transportation Fee Subsidy (per day)	HK\$300
• maximum no. of days per Covered Cancer ⁵	20 days
12. Medical Appliances	HK\$5,000
C. Death Benefit	
13. Compassionate Death Benefit	HK\$10,000
D. Additional Benefits	
14. Convertibility Option ⁴ : you may apply to convert the policy to a designated full medical reimbursement plan for the Insured while CANSurance Cancer Protection Plan policy is in force without providing further health evidence	Once per policy
15. Job Changer Benefit ¹ : you may apply for the Insured to enjoy a 6 months' temporary coverage under a designated full medical reimbursement plan with a simple health declaration and without additional charges if you or the Insured change full time permanent job	3 times per policy
16. Special Event Benefit ² : you may apply to waive premium of CANSurance Cancer Protection Plan policy for 1 year if you become involuntarily unemployed, wish to pursue further full time education or undertake a working holiday	Once per policy
17. Extended Grace Period Benefit ³ : you may apply for an extension of grace period of up to 1 year ("Extended Grace Period") (including the usual 30-day grace period) if you get married or become parent	Once per policy
E. Ancillary Services	
i) Second Medical Opinion Service ¹³	Service Program
ii) International SOS 24-hour Worldwide Assistance Program ¹³	Service Program
iii) CANcierge ⁷	Service Program

Important to know

Remarks

1. The policy must be in effect for at least 3 consecutive years from the policy date or the date of last reinstatement, whichever is later. This option is only available if FWD offers a designated full medical reimbursement plan at the time of application and subject to FWD's rules at that time. The policy must remain in effect during the temporary coverage period and all premiums still need to be paid when due. You must inform FWD within 31 days immediately before or after the employment termination date and must provide proof of the change in this employment. This benefit is only available if you or the Insured are changing from a full time employment to any full time employment. This option may be exercised up to 3 times per policy, but you may only make a further application after 3 years has passed from the date of the start of the previous temporary coverage period. This benefit will expire at the earlier of following conditions: i) Insured reaches 65 years old (actual age) or; ii) the policy is terminated. You cannot exercise this benefit in conjunction with Convertibility Option, Special Event Benefit or Extended Grace Period Benefit. vCANSurance Medical Plan (a VHIS Certified Plan, Certification Number: F00051) is currently the designated full medical reimbursement plan of the Plan and FWD can revise from time to time without prior notice. FWD is a VHIS provider with registration number 00036.
2. The policy must be in effect for at least 3 consecutive years from the policy date or the date of last reinstatement, whichever is later. You must provide FWD with all documents and information FWD requires within 30 days from the date you first receive relevant proof. This benefit will expire at the earlier of following conditions: i) Insured reaches 65 years old (actual age) or; ii) the policy is terminated. You cannot exercise this benefit in conjunction with Convertibility Option, Job Changer Benefit or Extended Grace Period Benefit.
3. The policy must be in effect for at least 3 consecutive years from the policy date or the date of last reinstatement, whichever is later. You must provide FWD with all documents and information FWD requires within 30 days from the date you first receive relevant proof. If the premium is not paid at the end of the Extended Grace Period, you will be in default and the policy will end. This benefit will expire at the earlier of following conditions: i) Insured reaches 65 years old (actual age); or ii) the policy is terminated. You cannot exercise this benefit in conjunction with Convertibility Option, Job Changer Benefit or Special Event Benefit.
4. You may apply to convert the policy to a designated full medical reimbursement plan if the policy has been in effect for at least 9 consecutive years from the policy date or the date of last reinstatement, whichever is later. This option is only available if FWD offers a designated full medical reimbursement plan at the time of conversion and subject to FWD's rules at that time. You may apply when the Insured is aged between 38 and 64 years old (both actual ages inclusive) and within 31 days immediately before or after the respective policy anniversary without providing further health evidence from the Insured. Once approved, conversion will take effect on next policy anniversary and you cannot withdraw the application. The policy will be terminated once the policy is converted. Any claims for any Covered Cancer made under the Plan or the converted policy of designated full medical reimbursement plan are subject to the Lifetime Cancer Limit. FWD will not cover any illness or injury (including pre-existing conditions) under the designated full medical reimbursement plan if it occurred before the policy date or the date of last reinstatement (whichever is later) of the Plan. Premium payable under the designated full medical reimbursement plan is not guaranteed and will be determined on conversion. You cannot exercise this benefit in conjunction with Job Changer Benefit, Special Event Benefit or Extended Grace Period Benefit. vCANSurance Medical Plan (a VHIS Certified Plan, Certification Number: F00051) is currently the designated full medical reimbursement plan of the Plan and FWD can revise from time to time without prior notice. FWD is a VHIS provider with registration number 00036.
5. Covered Cancer refers to the first symptoms that occur no earlier than 90 days after the policy date or the date of last reinstatement, whichever is later, and are subsequently confirmed by a specialist as meeting the definition of Cancer or Carcinoma-in-situ. Please refer to Policy Provisions for the definitions of Cancer and Carcinoma-in-situ.
6. Lifetime Cancer Limit refers to the maximum total amount per Insured that FWD will pay under Section A of the Plan Summary for all Covered Cancers from the Plan. If the Insured is insured under multiple CANSurance Cancer Protection Plan policies, the Lifetime Cancer Limit will apply across all of these policies, even those policies that have terminated. Once the total amount paid or payable under Section A of the Plan Summary reaches the Lifetime Cancer Limit, the policy will terminate.
7. CANcierge is currently provided by HealthMutual Group Limited ("HMG") and its healthcare network team, it is not a part of the policy or benefit item under the Policy Provisions of the Plan and it is not guaranteed renewable. FWD reserves the right to terminate or vary CANcierge in its sole discretion without further notice. FWD will not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team. For details, please refer to the attached brochure of CANcierge.
8. Per Covered Cancer Limit refers to the maximum total amount for any single Covered Cancer that FWD will pay under Section A of the Plan Summary. If the Insured is insured under multiple CANSurance Cancer Protection Plan policies, the Per Covered Cancer Limit will apply across all policies under the Plan, even those policies that have terminated.
9. Only Reasonable and Customary charges for the above benefits will be paid by FWD. Reasonable and Customary refers to a fee or expense which:
 - a. is actually charged for Medically Necessary treatment, supplies or medical services;
 - b. does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred;
 - c. does not include charges that would not have been made if no insurance existed.FWD may adjust benefit(s) payable under the policy of the Plan for fees or expenses that FWD judges not to be Reasonable and Customary after comparing with fee schedules used by the government, relevant authorities or recognised medical association in the location where the fee or expense is incurred.

Remarks

10. Lifetime guaranteed renewal is subject to the continual availability of the Plan offered by FWD, terms and conditions applicable, benefits, and premium rates at the time of renewal. Renewal premiums are not guaranteed and the premiums for each renewal are determined based on the age at next birthday and the premium table applicable when the policy is renewed each year. Premium table is subject to change based on factors including but not limited to the inflation of related medical expenses, FWD's medical claim experience and persistency of policies from time to time. FWD reserves the right to revise the benefit payable, terms and conditions and premiums any time at renewal. The policy will expire on the policy anniversary immediately following the Insured's 99th birthday.
11. Asia includes Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Mainland China, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.
12. Standard Ward Room refers to a room type in a hospital that is of a quality below a Standard Semi-Private Room. Standard Semi-Private Room refers to a single or double occupancy room in a hospital, with a shared bath/shower room.
13. The services are currently provided by International SOS and are not guaranteed renewable. All relevant fees and charges (if any) of these services must be paid by you. FWD shall not be responsible for any act or failure to act on the part of International SOS and/or any of its affiliates. Details of the services may be revised from time to time without prior notice from FWD.

Key Product Risks

Credit risk

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

Exchange rate and currency risk

The application of this insurance product with the policy currency denominated in a foreign currency is subject to that foreign currency's exchange rate and currency risk. The foreign currency may be subject to the relevant regulatory bodies' control (for example, exchange restrictions). If your home currency is different from the policy currency, please note that any exchange rate fluctuation between your home currency and the policy currency of this insurance product will have a direct impact on the amount of premium required and the value of benefit(s) to be received. For instance, if the policy currency of the insurance product depreciates substantially against your home currency, there is a negative impact on the benefits you receive from the Product. If the policy currency of the insurance product appreciates substantially against your home currency, your burden of the premium payment is increased.

Inflation risk

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

Exclusions

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

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

Key Product Risks

Suicide

If the Insured commits suicide (whether sane or insane at that time) within 13 calendar months from the Policy Date, FWD will refund all premiums that FWD has received without interest, less any Policy benefits that FWD has paid and any amounts owed to FWD.

Premium adjustment

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

Premium term and non-payment of premium

The premium payment term of the policy ends on the policy anniversary immediately preceding the Insured's 100th birthday. FWD allows a grace period of 30 days (or Extended Grace Period for the Plan) after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the grace period, the policy will be terminated from the date the first unpaid premium was due. Please note that once the policy is terminated on this basis, you will lose all of your benefits.

Termination conditions

The policy of the Plan will automatically end on the earliest of the following:

1. If the Insured dies;
2. The policy anniversary immediately following the Insured's 99th birthday;
3. You surrender the policy. FWD will determine the surrender date based on the rules and regulations of FWD at that time;
4. If the change of place of residence or occupation means that the residence or occupation is not insurable according to FWD's underwriting rules, FWD may terminate the policy or refuse to pay benefits under relevant policy after the change;
5. If you refuse to accept the revisions including the adjusted premium and if you have not paid the premium for 30 days from when it was due;
6. If a claim is false, fraudulent, intentionally exaggerated or if any person has used fraudulent means to attempt to claim a benefit, premium paid will not be refunded and any benefit paid because of such means will be recovered;
7. The premium grace period (or Extended Grace Period for CANSurance Cancer Protection Plan) expires and FWD has not received the premium payment;
8. If FWD ceases to offer relevant plan at each policy renewal;
9. The date the total amount paid under Section A in Plan Summary under all policies under the Plan that apply to the Insured reach the Lifetime Cancer Limit⁶;
10. When you convert the Plan to a designated full medical reimbursement plan by exercising Convertibility Option⁴.

This product material is for reference only and is indicative of the key features of the Product. For the exact terms and conditions and the full list of exclusions of the Product, please refer to the policy provisions of this product material. In the event of any ambiguity or inconsistency between the terms of this leaflet and the policy provisions, the policy provisions shall prevail. In case you want to read the terms and conditions of the policy provisions before making an application, you can obtain a copy from FWD. The policy provisions of the Product are governed by the laws of Hong Kong.

Important Notes

Policy Renewal

The period of cover is 1 year, and the policy will be automatically renewed at each Policy Anniversary. FWD can revise, amend or modify this Policy, including the premium, once FWD notifies you in writing at least 30 days before the Policy Anniversary after which the revisions will take effect.

Cancellation Right within Cooling-off Period

If you are not fully satisfied with this policy, you have the right to change your mind. We trust that this policy will satisfy your financial needs. However, if you are not completely satisfied, you have the right to cancel and obtain a full refund of the insurance premium paid by you and levy paid by you without interest by giving us written notice. Such notice must be signed by you and received directly by the office of FWD within 21 calendar days immediately following either the day of delivery of the policy or a cooling-off notice to you or your nominated representative, whichever is the earlier. The notice is the one sent to you or your nominated representative (separate from the policy) notifying you of your right to cancel within the stated 21 calendar day period. No refund can be made if a claim payment under the policy has been made prior to your request for cancellation. Should you have any further queries, you may (1) call our Customer Service Hotline on 3123 3123; (2) visit our FWD Insurance Solutions Centres; (3) email to cs.hk@fwd.com and we will be happy to explain your cancellation rights further.

Cancellation Right after Cooling-Off Period

To surrender the Policy, the Policy Owner needs to send FWD a completed surrender form or by any other means acceptable by FWD.

Obligation to Provide Information

FWD is obliged to comply with the following legal and/or regulatory requirements in various jurisdictions as promulgated and amended from time to time, such as the United States Foreign Account Tax Compliance Act, and the automatic exchange of information regime ("AEOI") followed by the Inland Revenue Department (the "Applicable Requirements"). These obligations include providing information of clients and related parties (including personal information) to relevant local and international authorities and/or to verify the identity of the clients and related parties. In addition, our obligations under the AEOI are to:

- I. Identify accounts as non-excluded "financial accounts" ("NEFAs");
- II. Identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
- III. Determine the status of NEFA-holding entities as "passive NFEs" and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
- IV. Collect information on NEFAs ("Required Information") which is required by various authorities; and
- V. Furnish Required Information to the Inland Revenue Department.

You must comply with requests made by FWD to comply with the above Applicable Requirements.

Double Insurance

If you can obtain a refund of any expenses in the Benefit Provisions of policy provisions from any other sources, FWD will only pay for any excess costs of these expenses up to the limit set out in the Policy Schedule or any Endorsement.

You must tell FWD if the Insured can obtain a refund of all or part of expenses specified in the Benefit Provisions of policy provisions from any other sources. If FWD has paid a benefit which is recoverable from another source, you must refund this amount to FWD.

Notice of Claim

You must inform FWD as soon as possible, and no later than 6 months of the Insured's discharge from hospital, surgery date, or the date of Insured's death, for which a claim will be made on this Policy. FWD has the right to reject any written claims submitted after this 6-month notice period.

Important Notes

Incorrect Disclosure or Non-Disclosure

Your policy is based on the information you and the Insured gave FWD during the application process. It is important that you and the Insured were truthful and accurate with all of the information you provided, as this information helped FWD to decide if you and they were eligible for the policy, and what you need to pay.

You or the Insured are/is required to disclose all material facts in response to FWD's underwriting questions. Material facts are the facts, information or circumstances, in particular medically-related facts, e.g. medical history, smoking status, etc., that would influence the judgment of FWD in setting the premium, or in determining whether to insure the risk. If you or the Insured are/is uncertain as to whether or not a certain piece of information is material, please take a cautious approach and disclose it to FWD.

You should let us know immediately if the information you or the Insured gave us was inaccurate, misleading, or exaggerated. If you or the Insured did not provide accurate and truthful information, or you or they gave misleading or exaggerated information, your benefits or premium under your policy may be affected, and in some cases we may cancel your policy.

Waiting Period

A 90-day waiting period is applicable for the benefits, except the specific waiting periods of other Additional Benefits and Compassionate Death Benefit.

Important Words

First Symptoms

refers to the first time that the Insured experiences a physical symptom that would cause a reasonable and prudent person to seek medical advice, diagnosis or treatment, or where a medical examination or investigation shows the likely presence of a medical condition.

Medically Necessary

is a medical recommendation by Physician, Surgeon or Specialist as part of his/her diagnosis and/or treatment of a Covered Cancer. The medical recommendation must meet each of the following criteria:

1. The Insured's medical condition will be adversely affected if the medical recommendation is not followed;
2. The recommendation is widely accepted within the medical profession in Hong Kong or the country of treatment as being effective, appropriate and essential to diagnose, relieve or cure the Insured's Covered Cancer based on recognised western medical standards of the specialty involved;
3. The recommended medical management and/or treatment is not experimental in nature; and
4. The recommended diagnosis and/or treatment is not preventative, investigational or screening in nature, is not opted or selected by the Insured alone, nor is for the personal convenience or comfort of the Insured or any medical service provider. This precludes:
 - general check-up unrelated to a Covered Cancer;
 - preventative screening or check-ups looking for the presence of Covered Cancer where there are no symptoms or history of Covered Cancer;
 - vaccinations for the prevention of a Covered Cancer;
 - convalescence, custodial or rest care unrelated to the Covered Cancer;
 - cosmetic surgery for aesthetic purposes.

Declarations

- This Product is underwritten by FWD. FWD is solely responsible for all features, policy approval, coverage and benefit payment under this Product. FWD recommends you carefully consider whether the Product is suitable for you in view of your financial needs and that you fully understand the risk involved in the Product before submitting your application. You should not apply for or purchase this Product unless you fully understand it and you agree it is suitable for you. Please read through the following related risks before making any application for the Product.
- This product material is issued by FWD. FWD accepts full responsibility for the accuracy of the information contained in this product material. This product material is intended to be distributed in the Hong Kong Special Administrative Region ("Hong Kong") only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of FWD outside Hong Kong. All selling and application procedures of the Product must be conducted and completed in Hong Kong.
- This Product is an insurance product. The premium paid is not a bank savings deposit or time deposit. The Product is not protected under the Deposit Protection Scheme in Hong Kong.
- This Product is an individual indemnity hospital insurance plan without any savings element. The costs of insurance and the related costs of the policy are included in the premium paid despite the product brochure/leaflet and/or the illustration documents of the Plan having no schedule/section of fees and charges or no additional charge noted other than the premium.
- All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by you and the Insured in the insurance application to decide to accept or decline the application with a full refund of any premium paid and any insurance levy paid without interest. FWD reserves the right to accept/reject any insurance application and can decline your insurance application without giving any reason.
- All the above benefits and payments are paid after deducting policy debts (if any, e.g. unpaid premiums or premium loan and the interest of the loan).

For more information

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

fwd.com.hk



Service Hotline
3123 3123



Learn more about
CANsurance
Cancer Protection Plan