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Customer Service Hotline

客戶服務熱線

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

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

重要事項

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

Live at ease,
two decades of
protection against illnesses



**Guardian Plus Refundable
Critical Illness Plan**

Critical Illness • Non-participating Life

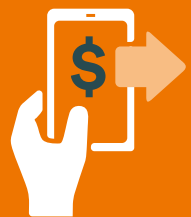
Guardian Plus Refundable Critical Illness Plan

Financial support during times of critical illness is so important that everyone should be well prepared for it. Guardian Plus Refundable Critical Illness Plan (the “Plan”) provides you with a lump-sum payment if the Insured is diagnosed with designated diseases when the policy is in force. For a 10-year premium payment, the Insured can enjoy a Benefit Term of 20 years. Any Special Disease Benefit^{1,2} paid would not affect other benefits payable, for example, if you have claimed for the Special Disease Benefit^{1,2} and the policy remains in force until the date of maturity, the Plan will offer 100% of Total Premiums Paid³ as Maturity Benefit.

Key Features of Guardian Plus Refundable Critical Illness Plan



Comprehensive Coverage against Crises



Refund of Premium



Additional Benefits for Special Diseases



Extra Discount for Protection of You and Your Beloved



5 Plan Levels with Life Protection



Professional Services Are Around

Feature Highlight



Comprehensive Coverage against Crises

Once you are diagnosed with Crisis, timely and appropriate treatment is the way to go. The Plan covers 67 crises under Crisis Benefit^{1,4}. If the Insured is diagnosed with one of the covered Crises listed on page 5, Crisis Benefit^{1,4} will be payable in lump sum.



Additional Benefits for Special Diseases

8 Special Diseases (on page 6) are covered under Special Disease Benefit^{1,2} which is payable up to 3 times for each policy. Each Special Disease can be claimed once only under each policy, while Carcinoma-in-situ and Early Stage Malignancy of Specific Organs can be payable up to twice² per policy in total, and Angioplasty of Coronary Artery can be payable up to twice² per policy. Any paid Special Disease Benefit^{1,2} will not affect other benefits payable such that you may enjoy extra peace of mind against common crises.



5 Plan Levels with Life Protection

5 different amounts of Initial Sum Insured are available. You may choose the one that best suits your needs and financial capability. Apart from Crisis Benefit^{1,4} and Special Disease Benefit^{1,2}, in the unfortunate event of death of the Insured, Death Benefit will be paid to the beneficiary(ies).

Feature Highlight



Refund of Premium

100% of Total Premiums Paid³ will be refunded at maturity (the 20th Policy Anniversary) if no Crisis Benefit^{1, 4} has been paid or becomes payable. If the Policy Owner surrenders the policy before maturity, Surrender Benefit which is expressed as a percentage of Total Premiums Paid³ up to the date of surrender⁵ will be payable.



Extra Discount for Protection of You and Your Beloved

Once you have applied for your own policy, if you apply for this Plan for your spouse and/ or children at the same time, you can enjoy 5% discount off the premium for your own policy and such other policies throughout the premium payment term (the “Premium Discount”)⁶.



Professional Services Are Around

Once you are diagnosed with a Cancer, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs by CANcierge’s doctor, CANcierge⁷ is here to provide you with end-to-end health coaching, from cancer treatment and hospitalisation to post-treatment supportive therapies and consultations. When your claim of Crisis Benefit^{1, 4} or Special Disease Benefit^{1, 2} is approved, you can enjoy referral services including home-cleaning service, Chinese soup service, child care service and pet care service through Family Care Services⁸. What’s more, you can also access some of the highest-ranked medical institutions in the U.S. for alternative medical advice via Second Medical Opinion Service⁹ after your Crisis claim.

Plan Information

Plan Type	Basic Plan
Benefit Term	20 years
Issue Age (Age Next Birthday)	1 (15 days) - 65
Premium Payment Term	10 years
Premium Structure	The premium is non-guaranteed ¹⁰ and will not be increased based on the age of the Insured on his or her next birthday
Currency	HK\$ / US\$
Premium Payment Mode	Annually / Monthly

Benefit Schedule

Plan Level	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Initial Sum Insured	HK\$ 80,000 US\$ 10,000	HK\$ 160,000 US\$ 20,000	HK\$ 240,000 US\$ 30,000	HK\$ 320,000 US\$ 40,000	HK\$ 480,000 US\$ 60,000
Crisis Benefit ^{1,4}	If the Insured has the First Confirmed Diagnosis of one of the Crises as listed on page 5, the higher of the following will be payable: ● Initial Sum Insured; or ● HK\$ 4,800 / US\$ 600 and 100% of the Total Premiums Paid ³ (on the date the Insured has the First Confirmed Diagnosis of such Crisis)				
Special Disease Benefit ^{1,2}	● If the Insured is diagnosed of one of the Special Diseases as listed on page 6, 15% of the Initial Sum Insured will be payable for each claim, each Insured can make a maximum of 3 claims under the Policy. ● A maximum of two claims ² in total can be made in respect of Carcinoma-in-situ and Early Stage Malignancy of Specific Organs, while a maximum of two claims ² can be made in respect of Angioplasty of Coronary Artery under this Policy. Each of the other Special Diseases will be payable once only under this Policy. ● The amount payable under other benefits will not be affected after payment of this additional benefit.				
Death Benefit	HK\$ 4,800 / US\$ 600 and 100% of Total Premiums Paid ³				
Maturity Benefit	100% of Total Premiums Paid ³				
Surrender Benefit	It is a percentage of Total Premiums Paid ³ up to the date of surrender ⁵ , the percentage is stated as follows:				
	Surrender during the Policy Year	% of Total Premiums Paid	Surrender during the Policy Year	% of Total Premiums Paid	
	1 st – 2 nd	0%	12 th	82%	
	3 rd	10%	13 th	84%	
	4 th	20%	14 th	86%	
	5 th	30%	15 th	88%	
	6 th	40%	16 th	90%	
	7 th	50%	17 th	92%	
	8 th	60%	18 th	94%	
	9 th	70%	19 th	96%	
	10 th	75%	20 th	98%	
	11 th	80%			
CANcierge ⁷	Service Program				
Family Care Services ⁸	Service Program				
Second Medical Opinion Service ⁹	Service Program				

Group 1: Cancer

1. Cancer

Group 2: Illnesses related to Organ Failure

2. Aplastic Anaemia
3. Chronic Liver Disease
4. Chronic Lung Disease
5. End Stage Lung Disease (including Chronic Obstructive Lung Disease, Severe Bronchiectasis and Severe Emphysema)
6. Fulminant Hepatitis
7. HIV Due to Blood Transfusion
8. Major Organ Transplantation (kidney, heart, small bowel, lung, pancreas, liver, bone marrow)
9. Medullary Cystic Disease
10. Occupationally Acquired HIV
11. Severe Pulmonary Fibrosis
12. Severe Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis
13. Surgical Removal of One Lung

Group 3: Illnesses related to Circulatory System

14. Cardiomyopathy
15. Coronary Artery By-pass Surgery
16. Coronary Artery Disease Surgery
17. Eisenmenger's Syndrome
18. Heart Attack
19. Heart Valve Replacement (with Permanent Device or Prosthesis)
20. Heart Valve Surgery
21. Infective Endocarditis
22. Kidney Failure
23. Other Serious Coronary Artery Disease
24. Primary Pulmonary Arterial Hypertension
25. Stroke
26. Surgery to Aorta

Group 4: Illnesses related to Nervous System

27. Alzheimer's Disease
28. Apallic Syndrome
29. Bacterial Meningitis
30. Benign Brain Tumour
31. Blindness

Group 4: Illnesses related to Nervous System (continued)

32. Cerebral Aneurysm Requiring Surgery
33. Creutzfeld-Jacob Disease
34. Encephalitis
35. Loss of Hearing[®]
36. Major Head Trauma
37. Motor Neurone Disease
38. Multiple Sclerosis
39. Muscular Dystrophy
40. Paralysis
41. Parkinson's Disease
42. Poliomyelitis
43. Progressive Bulbar Palsy
44. Progressive Muscular Atrophy
45. Progressive Supranuclear Palsy
46. Severe Myasthenia Gravis
47. Tuberculous myelitis

Group 5: Other Illnesses

48. Acute Necrohemorrhagic Pancreatitis
49. Amputation of Feet due to Complication from Diabetes Mellitus
50. Chronic Adrenal Insufficiency
51. Chronic Relapsing Pancreatitis
52. Coma
53. Crohn's Disease
54. Ebola
55. Elephantiasis
56. Loss of Independent Existence
57. Loss of Limbs
58. Loss of One Limb and One Eye
59. Loss of Speech
60. Major Burns
61. Necrotizing Fasciitis
62. Pheochromocytoma
63. Severe Osteoporosis*
64. Severe Rheumatoid Arthritis
65. Systemic Sclerosis
66. Terminal Illness
67. Ulcerative Colitis

[®] The claim for Loss of Hearing will be payable if at the time of first diagnosis the Insured is aged 3 (age next birthday) or above.

* The claim for Severe Osteoporosis will be payable if at the time of diagnosis the Insured is below age 70 (age next birthday).

Special Disease

1. Carcinoma-in-situ (all organs except skin)
2. Early Stage Malignancy of Specific Organs
 - 2.1 Chronic Lymphocytic Leukaemia
 - 2.2 Non Melanoma Skin Cancer
 - 2.3 Prostate
 - 2.4 Thyroid
3. Angioplasty of Coronary Artery
4. Amputation of One Foot due to Complication from Diabetes Mellitus
5. Diabetic Retinopathy
6. Moderately Severe Chronic Lung Disease
7. Moderately Severe Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis
8. Severe Central or Mixed Sleep Apnea

Benefits relating to Crisis and Special Disease are payable according to the policy provisions. Please refer to the “Appendix 2: Definition of Crisis” and “Appendix 3: Definition of Special Disease” in the Policy Provisions for the details of Crises and Special Diseases.

Monthly Premium Table (US\$)

Premium of the Plan stated below is based on various factors, including but not limited to the age, gender and plan level. The premium is non-guaranteed¹⁰ and may significantly increase due to factors including but not limited to claims experience and policy persistency. However, premium will not be increased based on the age of the Insured on his or her next birthday.

Please refer to the premium table “5% off the premium for Premium Discount”⁶ if the Insured of your policy is the spouse or children of the Related Insured of another policy of the Plan

Premium payment modal factor: Annual Premium = Monthly Premium ÷ 0.09.

The premiums in the premium table are calculated based on standard rates and are for reference only. The actual premium will be determined by FWD upon approval of application.

This premium table does not include levy which will be collected by the Insurance Authority.

Age Next Birthday	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1 - 5	24.30	27.90	36.00	41.40	44.10	54.90	52.20	68.40	68.40	95.22
6 - 18	27.00	30.96	39.96	45.99	48.96	61.02	57.96	75.96	75.96	105.84
19 - 26	34.02	36.99	52.02	62.01	69.03	82.98	88.02	108.00	123.03	153.99
27 - 31	39.96	43.02	65.97	73.98	91.98	104.04	117.99	135.00	168.03	195.03
32 - 36	47.97	52.02	83.97	89.01	119.97	126.99	154.98	167.04	225.00	242.01
37 - 41	57.96	57.96	105.03	105.03	150.03	150.03	198.00	196.02	288.00	288.00
42 - 46	69.03	63.99	126.99	117.99	186.03	171.00	244.98	225.99	358.02	331.02
47 - 51	75.96	72.00	146.97	134.01	221.04	197.01	288.99	257.04	407.97	378.00
52 - 56	82.98	78.03	162.99	151.02	243.99	222.03	324.99	293.04	486.99	435.06
57 - 61	99.99	82.98	190.98	162.99	282.96	243.99	374.04	324.99	556.20	486.99
62 - 65	144.99	115.38	267.39	224.91	390.51	334.26	516.15	441.99	762.03	657.45

5% off the premium for Premium Discount

Age Next Birthday	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1 - 5	23.09	26.51	34.20	39.33	41.90	52.16	49.59	64.98	64.98	90.46
6 - 18	25.65	29.41	37.96	43.69	46.51	57.97	55.06	72.16	72.16	100.55
19 - 26	32.32	35.14	49.42	58.91	65.58	78.83	83.62	102.60	116.88	146.29
27 - 31	37.96	40.87	62.67	70.28	87.38	98.84	112.09	128.25	159.63	185.28
32 - 36	45.57	49.42	79.77	84.56	113.97	120.64	147.23	158.69	213.75	229.91
37 - 41	55.06	55.06	99.78	99.78	142.53	142.53	188.10	186.22	273.60	273.60
42 - 46	65.58	60.79	120.64	112.09	176.73	162.45	232.73	214.69	340.12	314.47
47 - 51	72.16	68.40	139.62	127.31	209.99	187.16	274.54	244.19	387.57	359.10
52 - 56	78.83	74.13	154.84	143.47	231.79	210.93	308.74	278.39	462.64	413.31
57 - 61	94.99	78.83	181.43	154.84	268.81	231.79	355.34	308.74	528.39	462.64
62 - 65	137.74	109.61	254.02	213.66	370.98	317.55	490.34	419.89	723.93	624.58

Monthly Premium Table (HK\$)

Premium of the Plan stated below is based on various factors, including but not limited to the age, gender and plan level. The premium is non-guaranteed¹⁰ and may significantly increase due to factors including but not limited to claims experience and policy persistency. However, premium will not be increased based on the age of the Insured on his or her next birthday.

Please refer to the premium table “5% off the premium for Premium Discount”⁶ if the Insured of your policy is the spouse or children of the Related Insured of another policy of the Plan

Premium payment modal factor: Annual Premium = Monthly Premium ÷ 0.09.

The premiums in the premium table are calculated based on standard rates and are for reference only. The actual premium will be determined by FWD upon approval of application.

This premium table does not include levy which will be collected by the Insurance Authority.

Age Next Birthday	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1 - 5	243.00	279.00	360.00	414.00	441.00	549.00	522.00	684.00	684.00	952.20
6 - 18	270.00	309.60	399.60	459.90	489.60	610.20	579.60	759.60	759.60	1,058.40
19 - 26	340.20	369.90	520.20	620.10	690.30	829.80	880.20	1,080.00	1,230.30	1,539.90
27 - 31	399.60	430.20	659.70	739.80	919.80	1,040.40	1,179.90	1,350.00	1,680.30	1,950.30
32 - 36	479.70	520.20	839.70	890.10	1,199.70	1,269.90	1,549.80	1,670.40	2,250.00	2,420.10
37 - 41	579.60	579.60	1,050.30	1,050.30	1,500.30	1,500.30	1,980.00	1,960.20	2,880.00	2,880.00
42 - 46	690.30	639.90	1,269.90	1,179.90	1,860.30	1,710.00	2,449.80	2,259.90	3,580.20	3,310.20
47 - 51	759.60	720.00	1,469.70	1,340.10	2,210.40	1,970.10	2,889.90	2,570.40	4,079.70	3,780.00
52 - 56	829.80	780.30	1,629.90	1,510.20	2,439.90	2,220.30	3,249.90	2,930.40	4,869.90	4,350.60
57 - 61	999.90	829.80	1,909.80	1,629.90	2,829.60	2,439.90	3,740.40	3,249.90	5,562.00	4,869.90
62 - 65	1,449.90	1,153.80	2,673.90	2,249.10	3,905.10	3,342.60	5,161.50	4,419.90	7,620.30	6,574.50

5% off the premium for Premium Discount

Age Next Birthday	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1 - 5	230.85	265.05	342.00	393.30	418.95	521.55	495.90	649.80	649.80	904.59
6 - 18	256.50	294.12	379.62	436.91	465.12	579.69	550.62	721.62	721.62	1,005.48
19 - 26	323.19	351.41	494.19	589.10	655.79	788.31	836.19	1,026.00	1,168.79	1,462.91
27 - 31	379.62	408.69	626.72	702.81	873.81	988.38	1,120.91	1,282.50	1,596.29	1,852.79
32 - 36	455.72	494.19	797.72	845.60	1,139.72	1,206.41	1,472.31	1,586.88	2,137.50	2,299.10
37 - 41	550.62	550.62	997.79	997.79	1,425.29	1,425.29	1,881.00	1,862.19	2,736.00	2,736.00
42 - 46	655.79	607.91	1,206.41	1,120.91	1,767.29	1,624.50	2,327.31	2,146.91	3,401.19	3,144.69
47 - 51	721.62	684.00	1,396.22	1,273.10	2,099.88	1,871.60	2,745.41	2,441.88	3,875.72	3,591.00
52 - 56	788.31	741.29	1,548.41	1,434.69	2,317.91	2,109.29	3,087.41	2,783.88	4,626.41	4,133.07
57 - 61	949.91	788.31	1,814.31	1,548.41	2,688.12	2,317.91	3,553.38	3,087.41	5,283.90	4,626.41
62 - 65	1,377.41	1,096.11	2,540.21	2,136.65	3,709.85	3,175.47	4,903.43	4,198.91	7,239.29	6,245.78

Remarks:

1. FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD") will pay the Crisis Benefit and Special Disease Benefit only where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Disease occurs after the first 90 days from the Commencement Date. This first 90 days limitation does not apply if any Disease is solely and directly caused by an Accident and independently of any cause.
2. To be eligible under Special Disease Benefit for any second claim under Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, the relevant claim must be a Carcinoma-in-situ or Early Stage Malignancy of one of the covered organs that is different from the organ(s) of the previous claims for which benefit has been paid.
 - If the relevant organ has both left and right components (such as, but not limited to, the lungs or breasts), the left component and right component of the organ shall be considered as one and the same organ ("Paired Organ"). If more than one Disability Condition is diagnosed in any component of a Paired Organ on the same date, though they may exist in different stages, conditions or forms, FWD will only pay one benefit for the Disability Condition for which the highest benefit amount is payable. To be eligible for the second claim under Angioplasty of Coronary Artery, the treatment must be performed on a location of stenosis or obstruction in a major coronary artery where no stenosis greater than 60 percent was identified in the coronary angiogram relating to the first claim of this illness, for which benefit has been paid. Please refer to the "Appendix 3: Definition of Special Disease" under the Policy Provision for the claims criteria in detail.If more than one Disability Condition is diagnosed as arising from the one Event, though they may exist in different stages, conditions or forms, FWD will only pay one benefit for the Disability Condition for which the highest benefit amount is payable. Event means (i) an Accident causing Injury that results in more than one claimable Disability Condition with the date of diagnosis of such claimable Disability Conditions being the same; or (ii) an illness that results in more than one claimable Disability Condition with the date of diagnosis of such claimable Disability Conditions being the same.
3. Total Premiums Paid means sum of the premiums due and paid as at the relevant date.
4. FWD shall pay the Crisis Benefit if the Insured survives for a period of at least 14 days from the date of First Confirmed Diagnosis of such Crisis. Only Death Benefit will be payable if the Insured dies on or before the 14th day from the date of First Confirmed Diagnosis of such Crisis. Upon the payment of Crisis Benefit, the policy will be terminated on the date of the Insured having the First Confirmed Diagnosis of such Crisis.
5. Date of surrender is determined in accordance with the FWD applicable rules and regulations in relation to Policy surrender.
6. The terms and conditions of this Premium Discount are listed below:
 - Each policy owner of the policy of the Plan will be entitled to a 5% premium discount throughout the premium payment term if the respective Insured of the policy is a child or spouse of the insured of another policy of the Plan ("the Related Insured").
 - The discounted premium amount is equal to 0.95 multiplied by the corresponding annual/ monthly premium, and rounded to the nearest 2 decimal places.
 - Each policy owner will enjoy the Premium Discount for each policy once only regardless of the number of eligible policies of the Premium Discount.
 - Please refer to the "5% off the premium for Premium Discount" tables on page 7 to 10 for the amount of discounted premium.
 - If the policy of the Related Insured is cancelled during the cooling off period, the Premium Discount will not apply to all policies of the Insured and the Related Insured. Only the premium and insurance levy actually paid by the applicants will be refunded if the relevant policy is cancelled during the cooling off period.
 - The application submission date and the issuance date of the policy are based on the records of FWD. FWD will not be responsible for any delay, loss, error or unrecognized situation due to computer and / or Internet's connection, technical problem, malfunction or accident.
 - The Premium Discount cannot be changed, returned, exchanged for other gifts, redeemed for cash and cannot be resold. The Premium Discount is not applicable to any other existing policies or any policy conversions.
 - FWD reserves the final decision in approving any applications and any disputes that may arise from this Premium Discount.
 - FWD reserves the right to amend the terms and conditions of this Premium Discount or discontinue this Premium Discount at any time without prior notice. All decisions made by FWD shall be final and binding.
7. CANcierge is currently provided by HealthMutual Group Limited ("HMG") and its healthcare network team, and is not a part of the policy or benefit item under the policy provisions. FWD reserves the right to change the service provider, 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. CANcierge is only available in Hong Kong region and is not guaranteed renewable.
8. Family Care Services is provided by Aspire Lifestyles ("Aspire") currently and is not guaranteed renewable. All relevant fees and charges (if any) of this service shall be borne by the Insured (i.e. the user of the services). FWD shall not be responsible for any act or failure to act on the part of Aspire and / or any of its affiliates. Details of the services may be revised from time to time without FWD's prior notice.
9. The Second Medical Opinion Service is 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.
10. Premium rates are not guaranteed and FWD reserves the right to review the premium rates at each Policy Anniversary.

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 this insurance contract.

Liquidity risk

This product is a long term insurance policy. This policy of long term insurance will be made for certain determined term of years starting from the Commencement Date to the policy maturity date. The policy contains value and, if you surrender your policy in the early policy years or before its maturity date, the amount you get back may be considerably less than the total premium you have paid. Application of the Plan may constitute the liquidity risk to your financial condition. You need to bear the liquidity risk associated with the Plan.

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

Early surrender risk

If you surrender your policy in the early policy years or before the end of the benefit term, the amount of the benefit you will get back may be considerably less than the total amount of the premiums you paid.

Premium adjustment

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

Premium term and non-payment of premium

The premium payment term of the policy is 10 years. FWD allows a Grace Period of 30 days after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the Grace Period, 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, surrender benefit (if any) will be payable and you will lose all of the remaining benefits.

Termination conditions

This Policy shall terminate on the earliest of the following:

1. The death of the Insured; or
2. The Maturity Date; or
3. The date of the Insured having the First Confirmed Diagnosis of a Crisis that leads to the payment of Crisis Benefit, and provided that the Insured survives for a period of at least fourteen (14) days from the date of First Confirmed Diagnosis of such Crisis; or
4. The date of Policy surrender. Such date is determined in accordance with FWD's applicable rules and regulations in relation to Policy surrender (To surrender the Policy, the Policy Owner needs to send FWD a completed surrender form or by any other means acceptable by FWD); or
5. On the premium due date, if the Policy Owner has not paid the premium within the Grace Period.

Exclusions

This section applies only to Crisis Benefit and Special Disease Benefit.

This Policy shall not cover any loss / claim directly or indirectly caused by or resulting from any of the following:

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

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

Important Notes

Cancellation Right

If you are not fully satisfied with this policy, you have the right to change your mind.

FWD trusts 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 FWD Service Hotline on 3123 3123; (2) visit FWD Insurance Solutions Centres; (3) email to cs.hk@fwd.com and FWD will be happy to explain your cancellation rights further.

While the Policy or rider (if applicable) is in force, the Policy Owner may surrender or terminate the Policy or rider (if applicable) by sending a written request to FWD.

Automatic Exchange of Financial Account Information

FWD must comply with the following requirements of the Inland Revenue Ordinance to facilitate the Inland Revenue Department automatically exchanging certain financial account information:

- I. To identify accounts as non-excluded “financial accounts” (“NEFAs”);
- II. To identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
- III. To 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. To collect information on NEFAs (“Required Information”); and
- V. To furnish Required Information to the Inland Revenue Department.

The Policy Owner must comply with requests made by FWD to comply with the above listed requirements.

Waiting period

FWD will not pay the Crisis Benefit or Special Disease Benefit where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Disease occurs on or before the first ninety (90) days from the Commencement Date. This first ninety (90) days limitation does not apply if any Disease is solely and directly caused by an Accident and independently of any cause.

Survival period

FWD shall pay the Death Benefit instead of Crisis Benefit if the Insured survives less than 14 days after the First Confirmed Diagnosis of a Crisis.

Renewal

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

Notice of Claim

Written notice of a claim for Death Benefit, Crisis Benefit and Special Benefit must be given to FWD within 30 days (and in any case no later than 6 months) from the date of death of the Insured or the date of the First Confirmed Diagnosis of such respective Crisis or Special Disease. Any claims for Death Benefit, Crisis Benefit and Special Benefit received after the said period shall not be accepted, unless FWD in its sole discretion decides otherwise.

Important Words

Disability Condition(s)

refer to the condition(s) of a Special Disease.

Disease(s)

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

First Confirmed Diagnosis

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

First Symptoms

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

Medically Necessary

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

- a) consistent with the diagnosis and customary medical treatment for the Insured's Disease;
- b) recommended by a Medical Practitioner for the care or treatment of the Insured's Disease involved and must be widely accepted professionally in Hong Kong as effective, appropriate and essential based upon recognized standards of the health care specialty involved; and
- c) not furnished primarily for the personal comfort or convenience of the Insured or any medical service provider. Experimental, screening and preventive services or supplies are not considered Medically Necessary.

Declarations

- This product is underwritten by FWD. FWD is solely responsible for all features, policy approval, coverage and benefit payment under the product. FWD recommends that you carefully consider whether the 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 the 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 of the product.
- Incorrect disclosure or non-disclosure of any material facts which, in the FWD's opinion, may affect FWD's risk assessment, including but not limited to, age, gender and other material facts declared on the relevant application form or otherwise provided in the Policy application process, may render this Policy void from the Commencement Date, unless FWD confirms otherwise in writing. FWD's liability shall be limited to the amount of total premiums paid and total insurance levy paid without interest, less any benefit which has been paid under this Policy.
- 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 a refundable critical illness protection product. The costs of insurance and the related costs of the policy are included in the premium paid under this plan despite the product brochure/leaflet and/or the illustration documents of this plan having no schedule/section of fees and charges or no additional charge noted other than the premium.
- If you surrender your Policy before the end of the benefit term, the amount you get back may be less than the total premium you have paid.

Declarations

- All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the insured in the insurance application to decide to accept or decline the application with a full refund of any premium paid and any insurance levy paid without interest. FWD reserves the right to accept / reject any insurance application and can decline your insurance application without giving any reason.
- All the above benefits and payment are paid after deducting policy debts (if any, e.g. any outstanding premium, any outstanding levy and any amount you owed FWD).

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 materials. 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.

PMH134AE(HKT)2311

CANCIERGE

One Plan One Team One Stop Solution

Everyone would like to be along with a reliable partner, so as to focus on their recovery and enjoy life even when facing any health problems. As your trusted partner, in addition to providing you with comprehensive medical protection, FWD also customises dedicated health services especially for your needs. CANcierge¹ gives you priority treatment from a professional health management team with a one stop approach, helping you when you needed help most. You can relax knowing FWD is there to take care of all aspects of your health.

Professional & Experienced Medical Team as your Partner

A professional medical service provider is undoubtedly your best assurance to receiving prompt & suitable medical advice and treatment. That's why CANcierge¹ provides you with a dedicated network of specialists so that you could receive the most suitable treatment from the best-suited doctor. With this professional team of experts as your guardian angel, you can be hassle free even when facing with any illnesses or diseases.

Tailor-made Support and Hospitalisation Arrangement

CANcierge¹ always puts your interest first. Should you require hospitalisation and/or treatment due to a Cancer, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs² as diagnosed by CANcierge's doctor, the team of specialists will arrange for you to be admitted to hospital and receive tailor-made treatment, as well as provide follow-up consultation and supportive therapies. You can then continue to live your life.

Efficient and Seamless Claims Resolution

The team of specialists will assist you to apply for Efficient and Seamless Claims Resolution arrangement to FWD and so you can leave the formalities of claims submission to our team.

From now on, let CANcierge be your partner in safeguarding your health!

CANcierge Hotline:

Hong Kong: (852) 8120 9066

Toll-free number for Mainland: 400 9303078

24-hour full support³

For any enquiries about policy information, please contact your advisors or our customer service hotline 3123 3123.

Note:

- Please seek a doctor's individual advice on appropriateness of any medical service to be provided. Doctors of HMG and its healthcare network team are all individual healthcare personnel instead of employees or representatives of FWD. FWD shall not be responsible for any act, negligence or omission of any medical service or treatment on the part of them.
- You are required to consent to FWD, HMG and its healthcare network team, recording, sharing, using and archiving your personal data in pursuance of CANcierge¹ being offered to you as well as for their training and quality assurance purposes. Failure to provide the relevant personal data may result in the said service providers being unable to provide the relevant services to you.

The above information is for reference only and is indicative of the key features of CANcierge¹ instead of the benefits of Eligible Plans. For a complete explanation of the terms and conditions of Eligible Plans, please refer to the Policy Provisions. In the event of any discrepancy between the English and Chinese version of this leaflet, the English version shall prevail.

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

The service is currently provided by HMG. FWD shall not be responsible for any act or failure to act on the part of HMG and the professionals. Details of the services or service provider may be revised from time to time without prior notice from FWD.

¹ CANcierge, provided by HealthMutual Group Limited ("HMG") and its healthcare network team, is not a part of the Policy or benefit item under the Policy Provisions and only applicable to Guardian Plus Refundable Critical Illness Plan and designated insurance basic plans or riders ("Eligible Plans"). FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD") reserves the right to terminate or vary CANcierge in its sole discretion without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team. CANcierge is only available in the Hong Kong region.

² Cancer, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs refers to the first symptoms that appear, the condition occurs and the diagnosis or surgery relating to the relevant Disease occur after the first 90 days from the Commencement Date and are subsequently confirmed by a Specialist as meeting the definitions of these Diseases as stated in the Policy Provisions of Guardian Plus Refundable Critical Illness Plan.

³ This hotline is operated by HMG. Please note that this hotline is for non-emergent reservation of doctor consultation instead of for emergency purpose.

This leaflet is issued by FWD and is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products or services of FWD outside Hong Kong. All selling and application procedures of the insurance plans and services must be conducted and completed in Hong Kong.