

“FamCare 198”

Critical Illness Protector
Critical Illness Protector –
Pregnancy Baby Protection



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“FamCare 198” Critical Illness Protector / “FamCare 198” Critical Illness Protector – Pregnancy Baby Protection

On the journey of life, whether you have already started a family or are soon to welcome a new life as expectant parents, having comprehensive health protection for you and your family undoubtedly should always be your top priority. FTLife sincerely presents **“FamCare 198” Critical Illness Protector** (“the Plan”) and **“FamCare 198” Critical Illness Protector – Pregnancy Baby Protection**² (“Pregnancy Baby Protection Plan”). These Plans are designed with various worry-free features for you and your family, to embrace the unknown future with confidence and enjoy a fulfilling life.

The Plan **provides coverage for up to 198 illnesses**³ with **unlimited top-up benefit**^{4,5} for common conditions such as Cancer, Stroke, and Severe Heart Attack. It also offers **Extended Protection**^{6,7} **to your family members** without additional underwriting, providing extra peace of mind to your family. Moreover, welcoming a new life is an exciting and anticipated event. Expectant Mothers can enrol the Pregnancy Baby Protection Plan for their beloved child as early as 18 weeks of gestation², making it **the earliest¹ insurable Critical Illness protection plan in the market**. In addition to the extra coverage for Expectant Mothers and the unborn child, the child will enjoy all the benefits under the “FamCare 198” Critical Illness Protector upon live birth.

Key Coverage

Comprehensive care for your Critical Illness protection needs, serving as a strong support for you and your family



Comprehensive Critical Illness protection covers up to 198 illnesses³ (enhancing the protection against unknown and rare diseases)

Most¹ covered illness in the market



Extra family protection with “Love as the core”

- Extended Protection to Spouse and Children^{6,7} without separate underwriting
- Various Waiver of Premium Benefits[^], best support to you and your family
- Providing support for mental health and Special Educational Needs^{8,9}, caring the Insured's physical and mental well-being



Unlimited Top-up Benefit on Severe Urban Diseases^{4,5}, safeguarding your future continuously



Protection Reset Benefit¹⁰, resets up to 100% of the sum insured after claims

Pregnancy Baby Protection Plan²

The earliest¹ insurable Critical Illness plan in the market



You can insure your child as early as 18 weeks of gestation. It not only gives additional care and protection to the Expectant Mother and the child but also starts to plan ahead for your child's future protection, ensuring extra peace of mind.

[^] Waiver of Premium Benefit includes: (i) Waiver of Premium Benefit upon Death of Parent / Legal Guardian¹¹, (ii) Waiver of Premium Benefit upon Accidental Death of Spouse¹¹, (iii) Waiver of Premium Benefit upon Critical Illness¹¹ and (iv) Waiver of Premium Benefit upon Maternal Death¹¹ (only applicable to Pregnancy Baby Protection Plan).

Extensive coverage of illnesses from common to rare, providing comprehensive support to your health



Full coverage against up to 198 illnesses³ (enhancing coverage against unknown and rare diseases)

Most¹ covered illness in the market

In addition to coverage for common illnesses, surgeries, and Severe Urban Diseases such as Cancer, Stroke, or Severe Heart Attack, the Plan also extends coverage to 198 illnesses of various severity levels³, enhancing protection against unknown, rare and Juvenile Illnesses, offering greater peace of mind for you and your child's future. All covered illnesses are classified into Severity Levels 1, 2 and 3 (with Severity Level 3 being the most severe group) and Juvenile Illnesses. If the Insured is unfortunately diagnosed with any of the covered Critical Illnesses or Juvenile Illnesses, a Living Benefit^{3,10,11,12,13,14} amounting to 20%, 50% and 100% of the respective sum insured will be paid in a lump sum to support the medical fees and living expenses.

Type of illness	Number of illnesses covered	Living Benefit (% of the sum insured) ^{3,10,11,12,13,14}
Juvenile Illnesses	25	20%
Severity Level 1 Critical Illnesses	87	20%
Severity Level 2 Critical Illnesses	15	50%
Severity Level 3 Critical Illnesses	71	100%

Aggregate benefit of up to 100% of the sum insured¹⁰



Intensive Care Unit Confinement Protection

Confinement in Intensive Care Unit could be necessary for the Insured due to different severe illnesses and unknown diseases. The Plan specifically provides a Living Benefit^{3,10,11,12,14} of up to 100% of the sum insured for Intensive Care Unit Confinement of 3 days or more (Severity Level 1 Critical Illnesses) and Intensive Care Unit Confinement of 5 days or more with Surgery (Severity Level 3 Critical Illnesses). Please refer to the At-a-Glance Table for details of the coverage for Intensive Care Unit Confinement Benefit.



Protection against the condition of "Loss of Functionality of Key Organs"³

The Plan offers coverage against the "Loss of Functionality of Key Organs"³. If the Insured is diagnosed by relevant Specialists with designated conditions of heart, lung, liver or kidney which last for at least 3 consecutive months, the Policy Owner can obtain a Living Benefit of 20% of the sum insured^{3,10,11,12,14} in advance even if the cause of the illness cannot be ascertained or the illness is unknown. Please refer to the At-a-Glance Table for details of the designated conditions.



Providing multiple claims for Carcinoma In Situ of all organs^{3,10,11,12,14} and Angioplasty^{3,10,11,12,13,14}

The Plan provides up to 2 times of claims for Carcinoma In Situ occurring in two different organs^{3,10,11,12,14} and Angioplasty^{3,10,11,12,13,14} respectively. Each Living Benefit can be advanced up to 20% of the sum insured^{3,10,11,12,14}. This allows you to receive early treatment in less severe conditions and prevent the progression of the disease.

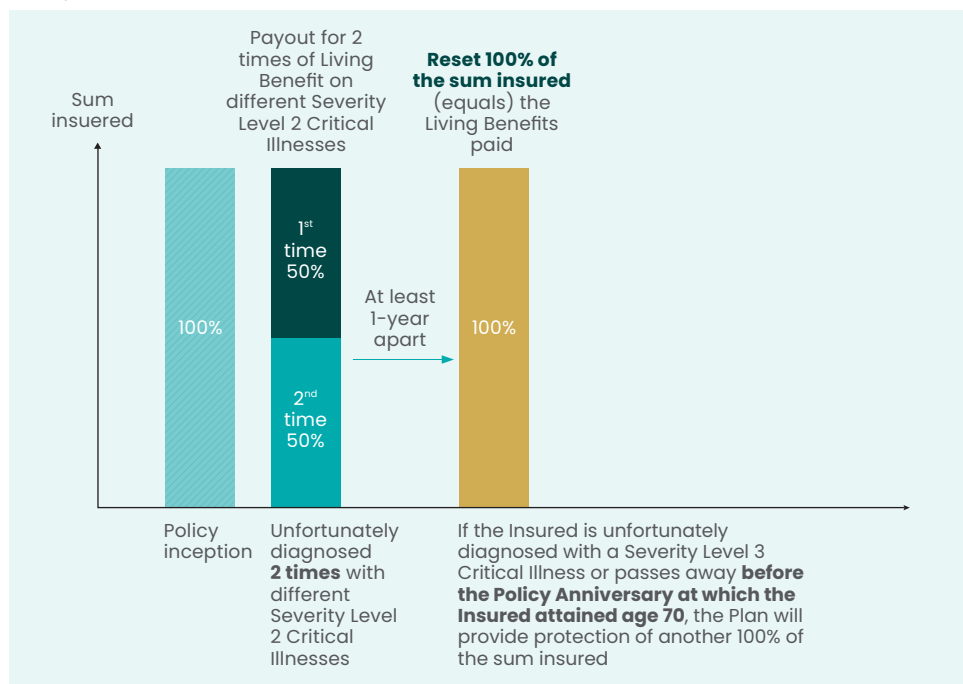
Multiple protections scheme as the strongest safety net supporting you and your family's health



Reset up to 100% of the sum insured after claims and get back up to maximum 100% of the sum insured protection¹⁰

This Plan includes a **Protection Reset Benefit¹⁰**, which ensures that future Critical Illness protection will not be reduced due to previous claims. Even if Living Benefit claims for Severity Level 1 and 2 Critical Illness and /or Juvenile Illness^{3,10,11,12,13,14} have been paid or payable, one year after the diagnosis and before the Policy Anniversary at which the Insured attains age 70, the protection can be reset to maximum of 100% of the sum insured¹⁰ in the event the Insured unfortunately passes away or being diagnosed with a Severity Level 3 Critical Illness.

Example¹⁰





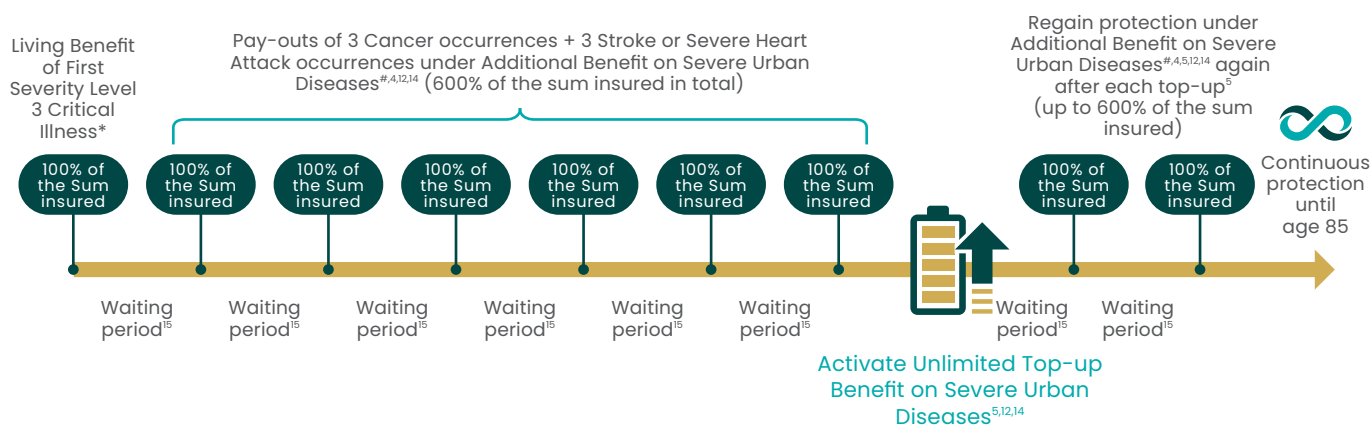
Continuous Protection for Severe Urban Diseases Additional Benefit on Severe Urban Diseases^{4,12,14} + Unlimited Top-up Benefit on Severe Urban Diseases^{5,12,14}

Ease your mind from multiple Cancer, Stroke or Severe Heart Attack

With the medical advancements nowadays, the survival rate of Critical Illnesses after treatment has significantly improved. However, multiple occurrences and recurrences of Critical Illnesses are common, which can impose financial burdens on patients and their families. In this regard, the Plan offers thoughtful and comprehensive protections. After the Living Benefit of first Severity Level 3 Critical Illness has been paid, the Insured will be protected from 3 subsequent Cancer occurrences and 3 subsequent Stroke or Severe Heart Attack occurrences with a benefit of 100% of the sum insured for each occurrence (up to 600% of the sum insured claims in total)^{4,15} under the **Additional Benefit on Severe Urban Diseases^{4,12,14}**.

Once the Additional Benefit on Severe Urban Diseases^{4,12,14} has paid claims of 600% of the sum insured (i.e. 3 Cancer claims and 3 Stroke or Severe Heart Attack claims), the Plan will activate **Unlimited Top-up Benefit on Severe Urban Diseases^{5,12,14}** to top up the Additional Benefit on Severe Urban Diseases^{4,12,14} under the Policy. Every top-up can provide 100% of the sum insured for each of the 3 subsequent Cancer and 3 subsequent Stroke or Severe Heart Attack claim (thus regain protection of 600% of the sum insured)^{4,5,12,14}, and so. By means, this Plan will provide **continuous benefits for the Insured in respect of the Severe Urban Diseases until the age of 85**.

Continuous Protection against Severe Urban Diseases



* Assuming that no Living Benefit has been paid for Severity Level 1, 2 and 3 Critical Illnesses or Juvenile Illnesses.

Additional Benefit on Severe Urban Diseases^{4,12,14} = Benefit of 100% of the sum insured for each occurrence of 3 Cancers + 3 Strokes or Severe Heart Attack.



Additional benefit of 60% of the sum insured for up to the first 20 years

If the Insured unfortunately passes away or is diagnosed with a Severity Level 3 Critical Illness within the first 20 or the first 10 Policy Years, 60% of the sum insured will be paid as Additional Death Benefit or Additional Living Benefit¹² based on the table below to ease the unexpected burden. Please refer to the At-a-Glance Table for the details of Additional Death Benefit or Additional Living Benefit¹².

Issue Age	Policy Years
Age 20 or below	Within the first 20 Policy Years
Age 21 or above	Within the first 10 Policy Years

Additional benefit of 60% of the sum insured¹²

Extra family protection with “Love as the core”

“FamCare 198” Critical Illness Protector keeps pace with you. Understanding that illness or death of any family member can have significant impact to the entire family, the Plan offers extended protection to your spouse and children^{6,7,12} without individual underwriting. Even more, it specially offers three types of premium waiver benefits to provide the best support that truly meet the needs of you and your family. **One plan tailored for the entire family.**



Fertility Preservation Benefit^{12,14,16} preserves future fertile opportunities

Surgery, medications, chemotherapy and radiotherapy for treating cancer could potentially damage the reproductive organs and fertility that result in infertility. The Plan reimburses the cost of the Insured’s Medically Necessary fertility preservation services within 3 years from the diagnosis of a new cancer, for the (i) related consultation; (ii) sperm or egg retrieval; and (iii) its freezing and storage for a period of up to 1 year, up to a maximum amount of 10% of the sum insured or USD 12,500, whichever is lower.



Extended Protection to Spouse^{6,12}

If the legal spouse of the Insured is diagnosed with below covered conditions before the Policy Anniversary at which the legal spouse attains age 65, we will provide an additional benefit of 20% of the sum insured or USD 50,000, whichever is lower. This benefit is payable once only per Policy.

Covered Conditions under Extended Protection to Spouse			
1.	Advanced Dementia	6.	Total Deafness
2.	Severe Parkinson’s Disease	7.	Paralysis of Two or More Limbs
3.	Loss of One Limb and Sight of One Eye	8.	Amputation of Feet due to Complication from Diabetes Mellitus
4.	Loss of Two or More Limbs	9.	Severe Burns
5.	Total Blindness		



Extended Protection to Children^{7,12}

If a child of the Insured is diagnosed with below covered conditions before the Policy Anniversary at which the child attains age 18, we will provide an additional benefit of 20% of the sum insured or USD 50,000, whichever is lower. This benefit is payable once only per Policy.

Covered Conditions under Extended Protection to Children			
1.	Intellectual Impairment due to Sickness and / or Accidental Bodily Injury	6.	Total Blindness
2.	Intensive Care Unit Confinement (5 days) with Surgery	7.	Total Deafness
3.	Loss of One Limb and Sight of One Eye	8.	Paralysis of Two or More Limbs
4.	Loss of Speech	9.	Severe Burns
5.	Loss of Two or More Limbs		



Waiver of Premium Benefit upon Death of Parent / Legal Guardian and Accidental Death of Spouse¹¹

Accidents or diseases are unforeseeable. Under the following circumstances, we will pay the future premiums of the basic plan to give you extra peace of mind.

- 1) For Insured with issue age 17 or below, if the Insured's father / mother or legal guardian is the Policy Owner or Contingent Policy Owner¹⁷ and dies at or before age 75, we will waive the future premium of the basic plan starting from the Policy Monthly Anniversary immediately following the date of death of the Insured's father / mother or legal guardian.
- 2) For Insured with issue age 18 or above, and is the Policy Owner at the same time, if the Insured's legal spouse dies due to an accident at or before age 75, we will waive the future premium of the basic plan starting from the Policy Monthly Anniversary immediately following the date of death of the Insured's legal spouse.

Waiver of Premium Benefit(s) is subject to specific exclusions. Please refer to the "Key Exclusions Section" and Policy Provisions for details.



Waiver of Premium Benefit upon Critical Illness¹¹

Physical, mental and financial impact are inevitable when unfortunately falling ill. In view of this, all future premiums payable under the basic plan will be waived¹¹ from the diagnosis date once a Living Benefit for Severity Level 2 or 3 Critical Illnesses is paid or payable. The Plan will continue covering the Insured until the termination of the Policy.

Additional protection to care your physical and mental health as well as the development of your next generation



Additional Psychiatric Outpatient Benefit^{8,12,14}

The Plan specially offers you mental health benefits (covering common conditions such as Major Depressive Disorder, Obsessive Compulsive Disorder and/or Anxiety Disorders) to safeguard your mental and psychological well-being. Upon each face-to-face consultation with a psychologist or psychiatrist for the Covered Mental Illnesses of the Insured, additional benefits from USD 30 to USD 225 will be paid per visit based on the sum insured. A maximum of 10 claims will be paid for each policy in total.



SEN Care Benefit^{9,12,14}

First-in-market¹

Before the Policy Anniversary at which the Insured attains age 18 and any Living Benefit for Severity Level 3 Critical Illness is paid, if the Insured is diagnosed with Attention Deficit Hyperactivity Disorder, Tourette Syndrome; and / or has attended a special school for at least 1 academic year due to Special Educational Needs (First-in-market¹) after attaining age 6, an additional 10% of the sum insured or USD 12,500, whichever is lower, will be paid. This benefit can be claimed once per policy, caring for the child's growth and development.

“FamCare 198” Critical Illness Protector – Pregnancy Baby Protection²

The earliest¹ insurable plan in market

While expecting the arrival of new life with joy, expectant parents also need to be well-prepared for the unborn babies. On this journey full of uncertainties, FTLife plans with you all along every stage in your life. “FamCare 198” Critical Illness Protector – Pregnancy Baby Protection² (“Pregnancy Baby Protection Plan”) is specially designed for the unborn babies. Expectant Mothers can **apply the Pregnancy Baby Protection Plan for their beloved babies after 18 weeks of gestation** to get the best protection for themselves and the babies as early as before live birth. The child will become the Insured of the Policy upon live birth and enjoy comprehensive protection provided by the Plan which safeguards his / her future until the termination of the Policy.



Application before Live Birth of Child

Compassionate Benefit for Pregnancy Baby²

During pregnancy, in the unfortunate events of the Expectant Mother’s Miscarriage, Stillbirth, Termination of Pregnancy, or death with the fetus, Pregnancy Baby Protection Plan will pay 105% of the Total Premiums Paid¹⁸ as Compassionate Benefit for Pregnancy Baby² and the basic plan will be terminated immediately.



Benefit after Live Birth of Child

The Child will become the Insured of the Policy² upon live birth, and we will offer the Insured the benefits under the basic plan.

Living Benefit and Additional Living Benefit	• 20% of the claim amount payable within the first 60 days after the live birth
	• 100% of the claim amount payable from the 61 st day after the live birth
Death Benefit and Additional Death Benefit	• 20% of the claim amount payable within the first 180 days after the live birth
	• 100% of the claim amount payable from the 181 st day after the live birth

Additional Benefits First-in-market¹

Furthermore, we specially offer the first-in-market¹ additional benefits for the newborn babies to ease your burden in unexpected events.

(1) Neonatal Intensive Care Unit Cash Benefit¹⁹

Within 28 days after live birth of the Child, if the Child is confined in a Neonatal Intensive Care Unit for 5 consecutive days or more with the use of life support or mechanical ventilation support, we will pay from USD 30 to USD 250 for each day of confinement for up to 7 days according to the sum insured.

(2) Waiver of Premium Benefit upon Maternal Death¹¹

If the Expectant Mother unfortunately passes away during childbirth or within 42 days after live birth of the Child due to the pregnancy or childbirth, the future premium of the basic plan will be waived from the Policy Monthly Anniversary following the date of death of the Expectant Mother, and the Child will continue to be protected by the basic plan until the termination of the Policy.

Combine Protection with Potential Wealth Accumulation Opportunities for Flexible Financial Management with Return Lock-in



Provision of Guaranteed Cash Value and Terminal Dividend²⁰

The Plan provides Guaranteed Cash Value, together with the Terminal Dividend (if any)²⁰, giving you both protection and potential opportunities for wealth appreciation. The Plan can even achieve guarantee breakeven as early as the 25th Policy Anniversary²¹.



Terminal Dividend Lock In Option²²

You may apply to exercise the Terminal Dividend Lock In Option²² to transfer part of the non-guaranteed Terminal Dividend²⁰ to locked-in dividend²² so as to accumulate with interest (if any). The Terminal Dividend²⁰ will become guaranteed once being transferred to locked-in dividend²². This serves as a guaranteed reserve which can be withdrawn at any time for contingent needs or in case of illness.



Flexible premium payment period to fit your financial plan

The Plan offers premium payment period options of 10, 15, 20 and 25 years. For policies with a 10-year premium payment period, you may choose premium prepayment²³ in 1 year, 3 years or 5 years to pay up the Plan earlier at a lower cost and with interest (if any) earned on the prepaid premiums²³. Pregnancy Baby Protection Plan² offers premium payment period of 20 years. Please refer to the At-a-Glance Table for details of issue age and premium payment period.



Free Worldwide Emergency Assistance Services²⁴

Once enrolled in this Plan, the Insured will have access to free 24-hour worldwide emergency assistance²⁴ for immediate support wherever he/she may be. The maximum benefit (per incident) reaches up to USD 1,000,000, including services of emergency evacuation or repatriation, delivery of mortal remains, arrangement of compassionate visit and return of children to country of residence.

For details of "FamCare 198" Critical Illness Protector and "FamCare 198" Critical Illness Protector - Pregnancy Baby Protection, please contact your financial consultant or call our Customer Service Hotline at 2866 8898, Partnership Concierge Hotline at 3192 8333 or Premier Business Hotline at 3192 8388, or browse the company website at www.ftlife.com.hk.

At-a-Glance Table

Basic Information																	
Premium Payment Period and Issue Age	<table border="1"> <thead> <tr> <th>Premium Payment Period</th> <th>Issue Age</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">“FamCare 198” Critical Illness Protector</td> </tr> <tr> <td>10 years (with 1-year, 3-year or 5-year prepayment option)²³</td> <td>From 15 days to 65 years old</td> </tr> <tr> <td>15 years</td> <td>From 15 days to 60 years old</td> </tr> <tr> <td>20 years</td> <td>From 15 days to 55 years old</td> </tr> <tr> <td>25 years</td> <td>From 15 days to 50 years old</td> </tr> <tr> <td colspan="2" style="text-align: center;">“FamCare 198” Critical Illness Protector – Pregnancy Baby Protection² (“Pregnancy Baby Protection Plan”)</td> </tr> <tr> <td colspan="2">Expectant Mothers can enrol the Pregnancy Baby Protection Plan for their unborn baby as early as 18 weeks of gestation with a premium payment period of 20 years, the issue age of the Expectant Mothers should be between 18 and 45 years old.</td> </tr> </tbody> </table>	Premium Payment Period	Issue Age	“FamCare 198” Critical Illness Protector		10 years (with 1-year, 3-year or 5-year prepayment option) ²³	From 15 days to 65 years old	15 years	From 15 days to 60 years old	20 years	From 15 days to 55 years old	25 years	From 15 days to 50 years old	“FamCare 198” Critical Illness Protector – Pregnancy Baby Protection² (“Pregnancy Baby Protection Plan”)		Expectant Mothers can enrol the Pregnancy Baby Protection Plan for their unborn baby as early as 18 weeks of gestation with a premium payment period of 20 years, the issue age of the Expectant Mothers should be between 18 and 45 years old.	
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Policy Category	Basic Plan																
Product Core Nature	Critical Illness Protection Plan (Pre-defined benefit amount)																
Product Main Objective	Pay a pre-defined amount of living benefit upon confirming specific conditions or undergoing certain treatments																
Policy Term	Up to 100 years old / Up to 99 years old (applicable to Pregnancy Baby Protection Plan)																
Policy Currency	US dollars (USD)																
Premium Modes	Monthly / semi-annual / annual payment																
Minimum Sum Insured	USD 30,000 (per Policy)																

Summary of coverage	
Living Benefit^{3,10,11,12,13,14}	<p>Juvenile Illnesses^{3,10,11,12,14} If the Insured is diagnosed with a covered Juvenile Illness before the Policy Anniversary at which the Insured attains age 18, 20% of the sum insured will be advanced to the Policy Owner, with maximum 1 claim per Juvenile Illness and maximum total claim amount is USD 50,000 for each of the Juvenile Illnesses.</p>
	<p>Severity Level 1 Critical Illnesses^{3,10,11,12,13,14} If the Insured is diagnosed with a covered Severity Level 1 Critical Illness, 20% of the sum insured will be advanced to the Policy Owner. Other than Carcinoma In Situ in different organs or Angioplasty which Living Benefit is payable maximum twice respectively, else maximum 1 claim is allowed for each of the Severity Level 1 Critical Illness.</p>
	<p>Severity Level 2 Critical Illnesses^{10,11,12,14} If the Insured is diagnosed with a covered Severity Level 2 Critical Illness, 50% of the sum insured will be advanced to the Policy Owner, with maximum 1 claim per Severity Level 2 Critical Illness.</p>
	<p>Severity Level 3 Critical Illnesses^{10,11,12,14} If the Insured is first diagnosed with a covered Severity Level 3 Critical Illness, the total amount of 100% of the sum insured, Terminal Dividend²⁰ (if any), accumulated locked-in dividend²² (if any) and non-guaranteed interest (if any) will be paid after deducting the aggregate total amount of Living Benefit paid or payable (if any) and Indebtedness (if any).</p>

Summary of coverage

<p>Intensive Care Unit Confinement Benefit^{10,11,12,14} (included in the covered critical illnesses under the Plan)</p>	<p>Intensive Care Unit Confinement (3 days)³ If the Insured is confined in an Intensive Care Unit for 3 consecutive days (72 hours) or more with the use of Invasive Life Support, 20% of the sum insured will be advanced to the Policy Owner as Living Benefit for Severity Level 1 Critical Illnesses, subject to a maximum of USD 50,000.</p> <p>Intensive Care Unit Confinement (5 days) with Surgery If the Insured is confined in an Intensive Care Unit for 5 consecutive days (120 hours) or more with the use of Invasive Life Support and actually undergoes a surgery where general anesthesia is Medically Necessary during the same confinement, the Policy Owner will be paid a Living Benefit for Severity Level 3 Critical Illnesses, which is equivalent to 100% of the sum insured.</p>										
<p>Loss of Functionality of Key Organs^{3,10,11,12,14} (included in the covered critical illnesses under the Plan)</p>	<p>If the Insured is diagnosed by relevant Specialists with designated conditions of heart, lung, liver or kidney which has persisted for at least 3 consecutive months, even if the cause of the illness cannot be ascertained or the illness is unknown, 20% of the sum insured will be advanced to the Policy Owner as Living Benefit, subject to a maximum of USD 50,000.</p> <table border="1" data-bbox="499 707 1479 1111"> <thead> <tr> <th style="text-align: left;">Organs</th> <th style="text-align: left;">Condition(s)</th> </tr> </thead> <tbody> <tr> <td>Heart</td> <td>Left ventricular ejection fraction is persistently less than or equal to 40%</td> </tr> <tr> <td>Lung</td> <td>(i) Forced expiratory volume in 1 sec test result is consistently less than 60% of the predicted value; or (ii) Diffusing capacity of the lungs for carbon monoxide test result is consistently less than 50% of the predicted value</td> </tr> <tr> <td>Liver</td> <td>FibroScan test result is consistently over 10 kPa</td> </tr> <tr> <td>Kidney</td> <td>Estimated Glomerular Filtration Rate is lower than or equal to 40mL / min / 1.73 m²</td> </tr> </tbody> </table> <p>Please refer to the Policy Provisions for detailed definition of the Loss of Functionality of Key Organs.</p>	Organs	Condition(s)	Heart	Left ventricular ejection fraction is persistently less than or equal to 40%	Lung	(i) Forced expiratory volume in 1 sec test result is consistently less than 60% of the predicted value; or (ii) Diffusing capacity of the lungs for carbon monoxide test result is consistently less than 50% of the predicted value	Liver	FibroScan test result is consistently over 10 kPa	Kidney	Estimated Glomerular Filtration Rate is lower than or equal to 40mL / min / 1.73 m ²
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<p>Protection Reset Benefit¹⁰</p>	<p>Subsequent to the Living Benefit for Severity Level 1 and 2 Critical Illness and/or Juvenile Illness are paid or payable, protection can be reset by up to 100% of the sum insured for the Insured's diagnosis of Severity Level 3 Critical Illness or death at least 1 year after the diagnosis and before the Policy Anniversary at which the Insured attains age 70, up to 100% of the sum insured will be provided again under the Plan.</p>										
<p>Additional Benefit on Severe Urban Diseases^{4,12,14}</p>	<p>Before the Policy Anniversary at which the Insured attains age 85, and subsequent to any Living Benefit for Severity Level 3 Critical Illness is paid or payable, the Insured can claim 100% of the sum insured for each of the 3 subsequent Cancer occurrence and 3 subsequent Stroke or Severe Heart Attack occurrence (up to 600% of the sum insured of claims in total). Additional Benefit on Severe Urban Diseases is subject to the relevant waiting period, please refer to remark 15 and Policy Provisions for details.</p>										
<p>Unlimited Top-up Benefit on Severe Urban Diseases^{5,12,14}</p>	<p>Before the Policy Anniversary at which the Insured attains age 85, once the Additional Benefit on Severe Urban Diseases⁴ has paid 6 claims or its multiples, this benefit will be activated to top up the Additional Benefit on Severe Urban Diseases⁴. Each top-up can provide 100% of the sum insured for each of the 3 subsequent Cancer and 3 subsequent Stroke or Severe Heart Attack claim. The number of top-ups is unlimited.</p>										
<p>Additional Death Benefit / Additional Living Benefit^{12,14}</p>	<p>If the Insured unfortunately passes away or is diagnosed with Severity Level 3 Critical Illnesses within the first 20 Policy Years (issue age 20 or below) or the first 10 Policy Years (issue age 21 or above), the Plan will provide Additional Death Benefit or Additional Living Benefit which is equal to 60% of the sum insured. These benefits can only be claimed once in total per Policy.</p>										

Summary of coverage

Death Benefit^{10,25}	<p>If there is no claim of Living Benefit for Severity Level 3 Critical Illness prior to the death of the Insured 100% of the sum insured + accumulated locked-in dividend²² (if any) and non-guaranteed interest (if any) + Terminal Dividend²⁰ (if any) – aggregate total amount of Living Benefit paid or payable (if any) – Indebtedness (if any)</p> <p>If there is claim of Living Benefit for Severity Level 3 Critical Illness prior to the death of the Insured USD 1,000</p>			
Fertility Preservation Benefit^{12,14,16}	<p>If there is any paid or payable claim of the Insured of (i) Living Benefit for Cancer which is a Severity Level 3 Critical Illness or Additional Benefit on Severe Urban Diseases for Cancer (assuming no benefit has ever been paid for any Cancer before); or (ii) Additional Benefit on Severe Urban Diseases⁴ for new Cancer (“Eligible Cancer”), we will reimburse the expenses of the Insured’s fertility preservation due to such Eligible Cancer incurred within 3 years from the date of diagnosis of such Eligible Cancer for (i) related consultation; (ii) retrieval of Insured’s sperm or eggs; and (iii) freezing and storage for a period up to 1 year, up to 10% of the sum insured or USD 12,500 (whichever is lower). Each policy will only cover one Eligible Cancer. However, the Insured must be diagnosed with such cancer for the first time before the first activation of Unlimited Top-up Benefit on Severe Urban Diseases⁵.</p>			
Extended Protection to Spouse^{6,12}	<p>Before any claim of Living Benefit for Severity Level 3 Critical Illness, if the Insured is the Policy Owner and his/her legal spouse is diagnosed with any of the following covered conditions before the Policy Anniversary at which the legal spouse attains age 65, we will pay additional 20% of the sum insured or USD 50,000 (whichever is lower). This benefit can be claimed once only per Policy.</p>			
	Covered conditions under Extended Protection to Spouse			
	1.	Advanced Dementia	6.	Total Deafness
	2.	Severe Parkinson’s Disease	7.	Paralysis of Two or More Limbs
	3.	Loss of One Limb and Sight of One Eye	8.	Amputation of Feet due to Complication from Diabetes Mellitus
	4.	Loss of Two or More Limbs	9.	Severe Burns
	5.	Total Blindness		
Extended Protection to Children^{7,12}	<p>Before any claim of Living Benefit for Severity Level 3 Critical Illness, if the Insured is the Policy Owner and a child of the Insured is diagnosed with any of the following covered conditions before the Policy Anniversary at which such child attains age 18, we will pay additional 20% of the sum insured or USD 50,000 (whichever is lower). This benefit can be claimed once only per Policy.</p>			
	Covered conditions under Extended Protection to Children			
	1.	Intellectual Impairment due to Sickness and / or Accidental Bodily Injury	6.	Total Blindness
	2.	Intensive Care Unit Confinement (5 days) with Surgery	7.	Total Deafness
	3.	Loss of One Limb and Sight of One Eye	8.	Paralysis of Two or More Limbs
	4.	Loss of Speech	9.	Severe Burns
	5.	Loss of Two or More Limbs		
	<p>Note: For Intensive Care Unit Confinement (5 days) with Surgery, such child of the Insured has to survive for at least 14 days from the first day of such confinement</p>			

Summary of coverage

<p>Waiver of Premium Benefit upon Death of Parent / Legal Guardian¹¹ and Waiver of Premium Benefit upon Accidental Death of Spouse¹¹</p>	<ul style="list-style-type: none"> For Insured with issue age 17 or below, if the Insured's father / mother or legal guardian who is the Policy Owner or Contingent Policy Owner¹⁷ dies at or before age 75, we will waive the future premium of the basic plan from the Policy Monthly Anniversary immediately after the date of death of the Insured's father / mother or legal guardian. For Insured with issue age 18 or above, and is the Policy Owner, if the Insured's legal spouse dies at or before age 75 solely due to an accidental Injury within 180 days from the date of the accident , we will waive the future premium of the basic plan from the Policy Monthly Anniversary immediately after the date of death of the legal spouse. <p>Waiver of Premium Benefit(s) is subject to designated exclusions. Please refer to the Key Exclusions Section and Policy Provisions for details.</p>
<p>Waiver of Premium Benefit upon Critical Illness¹¹</p>	<p>After the Insured is diagnosed with Severity Level 2 or 3 Critical Illness and has claimed for it, future premiums under the basic plan will be waived from the Policy Monthly Anniversary immediately following the diagnosis date.</p>
<p>Additional Psychiatric Outpatient Benefit^{8,12,14}</p>	<p>Before the Policy Anniversary at which the Insured attains age 70 and any claim of Living Benefit for Severity Level 3 Critical Illness, if the Insured is diagnosed with Major Depressive Disorder, Obsessive Compulsive Disorder and / or Anxiety Disorders ("Covered Mental Illness"), upon each face-to-face consultation with a psychologist or psychiatrist for such Covered Mental Illness, an additional benefit of 0.1% of the sum insured or USD 225 (whichever is lower) will be paid. This benefit can be claimed for up to 1 consultation per day and 10 claims in total per Policy.</p>
<p>SEN Care Benefit^{9,12,14}</p>	<p>Prior to (i) the Policy Anniversary at which the Insured attains age 18; or (ii) the payment of any Living Benefit for Severity Level 3 Critical Illness (whichever is earlier), if the Insured is diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Tourette Syndrome, and / or attended a Special School for at least 1 academic year due to developmental disorder, physical disability, visual impairment, hearing impairment, mental illness or intellectual impairment ("Covered Special Educational Needs Condition") at or after age 6, an additional benefit of 10% of the sum insured or USD 12,500 (whichever is lower) will be paid. This benefit can be claimed once only per Policy. Please refer to Policy Provisions for details of SEN Care Benefit.</p> <p>Note: Special School is a school properly approved by the regulatory authority exclusively for students with Special Educational Needs, or a hospital school for inpatient students (special classes under mainstream schools, tutorial schools, playgroup, or any schools that are not offering a formal academic curriculum are excluded)</p>

Summary of coverage

<p>“FamCare 198” Critical Illness Protector – Pregnancy Baby Protection²</p>	<p>Before Live Birth of Child</p>	<p>Compassionate Benefit for Pregnancy Baby² During pregnancy, if the Expectant Mother (the Insured) experiences any of the unfortunate events below:</p> <ol style="list-style-type: none"> 1. Miscarriage; or 2. Stillbirth; or 3. Termination of Pregnancy; or 4. the death of the Expectant Mother and the fetus, <p>Pregnancy Baby Protection Plan will pay 105% of the Total Premiums Paid¹⁸ as Compassionate Benefit for Pregnancy Baby, and the basic plan will be terminated immediately.</p>
	<p>On or after Live Birth of Child</p>	<p>Living Benefit and Additional Living Benefit Within the first 60 days after live birth: 20% of payable claim amount will be paid From the 61st day onwards after live birth: full payment of payable claim amount</p> <p>Death Benefit and Additional Death Benefit Within the first 180 days after live birth: 20% of payable claim amount will be paid From the 181st day after live birth: full payment of payable claim amount</p> <p>Neonatal Intensive Care Unit Cash Benefit¹⁹ If the Child is born at or after 37 weeks of gestation, and is confined in a Neonatal Intensive Care Unit within 28 days after live birth for 5 consecutive days (120 hours) or more with the use of life support or mechanical ventilation support which is Medically Necessary, we will provide an amount of 0.1% of the sum insured or USD 250 (whichever is lower) per day of confinement up to 7 days.</p> <p>Waiver of Premium Benefit upon Maternal Death¹ If the Expectant Mother unfortunately passes away due to pregnancy or childbirth during or within 42 days of live birth of the child, the future premium of the basic plan will be waived from the Policy Monthly Anniversary immediately after the date of death of the Expectant Mother.</p> <p>We shall receive the proof of live birth on or before the 14th day prior to the 1st Policy Anniversary, otherwise the basic plan will be terminated on the 1st Policy Anniversary.</p>
<p>Terminal Dividend Lock In Option²²</p>	<p>Prior to Living Benefit for Severity Level 3 Critical Illness is paid or payable, subject to the then prevailing rules of the Company, the Policy Owner may exercise Terminal Dividend Lock In Option (i) on the 15th Policy Anniversary; or (ii) after the end of premium payment period (whichever is later) to transfer Terminal Dividend²⁰ to locked-in dividend on the specified Policy Anniversary and accumulate at a non-guaranteed interest rate declared by us from time to time, or withdraw at any time.</p> <p>10% or more of the Terminal Dividend²⁰ can be transferred upon each request until the total percentage reaches 60%. The interval between two transfers must be 3 years or longer. Once this option is exercised, the future Terminal Dividend²⁰ will be reduced accordingly.</p>	

Summary of coverage

Surrender Values / Maturity Benefit²⁵ (applicable before the first Living Benefit is paid for Severity Level 3 Critical Illness)

- Guaranteed Cash Value + accumulated locked-in dividend²² (if any) and non-guaranteed interest (if any) + Terminal Dividend²⁰ (if any) – aggregate total amount of Living Benefit paid or payable (if any) – Indebtedness (if any)
- Guaranteed Cash Value:
 - (a) 100% of the sum insured upon Policy Maturity (on the Policy Anniversary at which the Insured attains age 100/ on the Policy Anniversary at which the Insured attains age 99 (applicable to Pregnancy Baby Protection Plan)); and
 - (b) The lower of (i) 90% of the sum insured; and (ii) a specified percentage of Total Premiums Paid¹⁸ listed in the table below before the Policy Anniversary at which the Insured attains age 100/ the Insured attains age 99 (applicable to Pregnancy Baby Protection Plan):

Policy Anniversary	A % of Total Premiums Paid ¹⁸ (different Premium Payment Period)			
	10 Years	15 Years	20 Years	25 Years
Before the 10 th	Not applicable			
10 th to before 15 th	5%			
10 th to before 18 th	30%		20%	10%
18 th to before 20 th	50%			30%
20 th to before 25 th	100%			50%
From 25 th onwards				100%

- Guaranteed Cash Value is only applicable before claim payment of Living Benefit on Severity Level 3 Critical Illness, and will be provided upon Surrender, Partial Surrender or the Plan End Date.

Policy Loan / Automatic Premium Loan

You may apply to us for a policy loan while the Policy in force. The amount of the loan will be determined by us. The Policy may be subject to an automatic premium loan if there is any premium in default. Whenever the Policy meets the requirements of exercising the automatic premium loan, we will automatically advance the premium due as a loan.

Any policy loan and automatic premium loan under the Plan will bear interest at a rate determined by the Company, and the Company has the right to adjust the interest rate from time to time. Unpaid interest at any Policy Anniversary will be added to the principal of such loan and will bear interest at the same rate. You may refer to Policy Loan Application form or Automatic Premium Loan Notice for current interest rates.

The Policy will automatically be terminated if the loan balance with interest payable equals or exceeds Guaranteed Cash Value and accumulated locked-in dividend²² (if any) and non-guaranteed interest (if any), less total Living Benefit paid or payable. If the Policy is terminated automatically, it will become valueless and you will lose your insurance protection under the Plan.

Free Worldwide Emergency Assistance Services²⁴

Emergency evacuation / repatriation, delivery of mortal remains, arrangement of compassionate visit and return of children to country of residence etc. The maximum benefit (per incident) reaches up to USD 1,000,000.

Overview of Covered Illness Benefits

Severity Level 3 Critical Illnesses^{3,10,11,12,14} – 100% of the sum insured

Group 1 – Illnesses Related to Cancer	
1.	Cancer
Group 2 – Illnesses Related to the Lungs and Functions	
2.	Chronic Obstructive Lung Disease
3.	End Stage Lung Disease
4.	Severe Bronchiectasis
5.	Severe Emphysema
6.	Severe Pulmonary Fibrosis
Group 3 – Illnesses Related to Major Organs and Functions	
7.	Chronic Auto-immune Hepatitis
8.	Chronic Relapsing Pancreatitis
9.	End Stage Kidney Failure
10.	End Stage Liver Failure
11.	Fulminant Viral Hepatitis
12.	Major Organ Transplant
13.	Medullary Cystic Disease
14.	Resection of the whole small intestine (duodenum, jejunum and ileum)
15.	Severe Crohn's Disease
16.	Severe Rheumatoid Arthritis
17.	Severe Ulcerative Colitis
18.	Systemic Lupus Erythematosus with Lupus Nephritis
19.	Systemic Scleroderma
Group 4 – Illnesses Related to the Heart	
20.	Coronary Artery Disease Requiring By-pass Surgery
21.	Eisenmenger's Syndrome
22.	Heart Valve Surgery
23.	Infective Endocarditis
24.	Other Serious Coronary Artery Diseases
25.	Primary Pulmonary Hypertension
26.	Severe Cardiomyopathy
27.	Severe Heart Attack
28.	Surgery to Aorta
Group 5 – Illnesses Related to the Nervous System	
29.	Advanced Dementia
30.	Amyotrophic Lateral Sclerosis
31.	Apallic Syndrome
32.	Benign Brain Tumour
33.	Creutzfeldt - Jakob Disease (Mad Cow Disease)
34.	Hemiplegia
35.	Multiple Sclerosis
36.	Paralysis of Two or More Limbs
37.	Poliomyelitis
38.	Primary Lateral Sclerosis
39.	Progressive Supranuclear Palsy
40.	Severe Bacterial Meningitis
41.	Severe Coma
42.	Severe Encephalitis
43.	Severe Head Trauma
44.	Severe Muscular Dystrophy
45.	Severe Myasthenia Gravis
46.	Severe Parkinson's Disease
47.	Severe Progressive Bulbar Palsy
48.	Severe Progressive Muscular Atrophy
49.	Spinal Muscular Atrophy
50.	Stroke
51.	Tuberculosis Meningitis

Group 6 – Other Critical Illnesses	
52. Amputation of Feet due to Complication from Diabetes Mellitus	62. Loss of Two or More Limbs
53. Aplastic Anaemia	63. Medically Acquired HIV Infection
54. Chronic Adrenal Insufficiency	64. Necrotizing Fasciitis
55. Ebola	65. Occupationally Acquired HIV Infection
56. Elephantiasis	66. Pheochromocytoma
57. HIV Infection Through Blood Transfusion	67. Severe Burns
58. Intensive Care Unit Confinement (5 days) with Surgery	68. Terminal Illness
59. Loss of Independent Existence (Coverage up to age 64)	69. Total and Permanent Disability (Coverage up to age 75)
60. Loss of One Limb and Sight of One Eye	70. Total Blindness
61. Loss of Speech	71. Total Deafness

Severity Level 2 Critical Illnesses^{3,10,11,12,14} – 50% of the sum insured

Group 1 – Illnesses Related to Cancer	
1. Carcinoma In Situ of the Breast with Mastectomy	2. Less Severe Malignancy of Prostate with Prostatectomy
Group 2 – Illnesses Related to the Lungs and Functions	
3. Surgical Removal of a Lung	
Group 3 – Illnesses Related to Major Organs and Functions	
4. Chronic Kidney Impairment	5. Hepatitis with Cirrhosis
Group 4 – Illnesses Related to the Heart	
6. Heart Valve Replacement (with Permanent Device or Prosthesis)	8. Stent Graft Surgery of Aortic Aneurysm
7. Minimally Invasive Direct Coronary Artery Bypass	
Group 5 – Illnesses Related to the Nervous System	
9. Cerebral Aneurysm Requiring Craniotomy	11. Paralysis of One Limb
10. Coma for 72 Hours	
Group 6 – Other Critical Illnesses	
12. HIV Infection due to Assault	14. Loss of One Limb
13. HIV Infection due to Organ Transplant	15. Optic Nerve Atrophy

Severity Level 1 Critical Illnesses^{3,10,11,12,13,14} – 20% of the sum insured

Group 1 – Illnesses Related to Cancer	
1. Carcinoma In Situ ³	2. Less Severe Malignancy ³
Group 2 – Illnesses Related to the Lungs and Functions	
3. Chronic Lung Disease	5. Removal of one or more lobe(s) of a lung
4. Miliary Tuberculosis	
Group 3 – Illnesses Related to Major Organs and Functions	
6. Biliary Tract Reconstruction Surgery	15. Less Severe Ulcerative Colitis
7. Budd – Chiari Syndrome	16. Major Organ Transplant on Waiting List
8. Endovascular Treatment of Mesenteric Artery Disease	17. Partial Hepatectomy
9. Endovascular Treatment of Renal Artery Disease	18. Primary Sclerosing Cholangitis
10. Less Severe Crohn's Disease	19. Small Bowel Transplant
11. Less Severe Renal Failure	20. Surgical Insertion of Vena-cava Filter
12. Less Severe Rheumatoid Arthritis	21. Surgical Removal of One Kidney
13. Less Severe Scleroderma	22. Tracheostomy
14. Less Severe Systemic Lupus Erythematosus	
Group 4 – Illnesses Related to the Heart	
23. Angioplasty ^{3,13}	29. Less Severe Infective Endocarditis
24. Carotid Artery Surgery	30. Pericardiectomy
25. Endovascular Heart Valve Intervention	31. Permanent Insertion of Cardiac Defibrillator ¹³
26. Endovascular Treatments of Aortic Disease or Aortic Aneurysm	32. Permanent Insertion of Cardiac Pacemaker ¹³
27. Less Severe Cardiomyopathy	33. Secondary Pulmonary Hypertension
28. Less Severe Heart Attack ¹³	34. Takayasu Arteritis
Group 5 – Illnesses Related to the Nervous System	
35. Cauda Equina Syndrome	49. Less Severe Myasthenia Gravis
36. Cavernous Sinus Thrombosis Surgery	50. Less Severe Parkinson's Disease
37. Cerebral Shunt Insertion	51. Less Severe Poliomyelitis
38. Early Stage Dementia including Early Stage Alzheimer's Disease	52. Less Severe Primary Lateral Sclerosis
39. Endovascular Treatment for Cerebral Aneurysm	53. Less Severe Progressive Bulbar Palsy
40. Guillain – Barre Syndrome	54. Less Severe Progressive Muscular Atrophy
41. Less Severe Amyotrophic Lateral Sclerosis	55. Less Severe Progressive Supranuclear Palsy
42. Less Severe Bacterial Meningitis	56. Less Severe Spinal Muscular Atrophy
43. Less Severe Coma	57. Neuromyelitis Optica
44. Less Severe Creutzfeldt – Jakob Disease (Mad Cow Disease)	58. Pituitary Adenoma ³
45. Less Severe Encephalitis	59. Spinal Cord Disease or Injury, resulting in Bowel and Bladder Dysfunction
46. Less Severe Head Trauma	60. Surgery for Subdural Haematoma
47. Less Severe Multiple Sclerosis	61. Syringomyelia or Syringobulbia
48. Less Severe Muscular Dystrophy	62. Tuberculous Myelitis

Group 6 – Other Critical Illnesses

63. Acute Aplastic Anaemia	76. Less Severe Burns
64. Acute Necrohemorrhagic Pancreatitis	77. Less Severe Elephantiasis
65. Adrenalectomy for Adrenal Adenoma	78. Loss of Functionality of Key Organs ³
66. Amputation of One Foot due to Complication from Diabetes Mellitus	79. Loss of Sight in One Eye
67. Cochlear Implant ¹³	80. Loss of Speech due to Vocal Cord Paralysis
68. Desmoid Type Fibromatosis	81. Multicentric Castleman Disease
69. Diabetic Retinopathy	82. Osteoporosis with Fracture ³ (Coverage up to age 70)
70. Facial Burns due to Accident	83. Paget's Disease of Bone
71. Facial Reconstructive Surgery for Injury due to Accident	84. Polyarteritis Nodosa
72. Generalized Tetanus	85. Rabies
73. Granulomatosis with Polyangiitis	86. Severe Hearing Loss ¹³ (Coverage from age 2)
74. Hemolysis Streptococcus Gangrene	87. Skin Transplantation
75. Intensive Care Unit Confinement (3 days) ³	

Juvenile Illnesses^{3,10,11,12,14} – 20% of the sum insured (Coverage up to age 18)

1. Antley Bixler Syndrome	14. Pyruvate Dehydrogenase Complex Deficiency (PDCD)
2. Autism	15. Respiratory Diphtheria
3. Beta Thalassemia Major	16. Rheumatic Fever with Valvular Involvement
4. Dengue Haemorrhagic Fever	17. Sanfilippo Syndrome
5. Glomerulonephritis with Nephrotic Syndrome	18. Severe Asthma
6. Hand, Foot, Mouth Disease with Severe Complications	19. Severe Epilepsy
7. Insulin Dependent Diabetes Mellitus	20. Severe Haemophilia A
8. Intellectual Impairment due to Sickness and / or Accidental Bodily Injury	21. Severe Haemophilia B
9. Juvenile Huntington Disease	22. Still's Disease
10. Kawasaki Disease	23. Type I Juvenile Spinal Amyotrophy
11. Marble Bone Disease (Osteopetrosis)	24. Type II Juvenile Spinal Amyotrophy
12. Osteogenesis Imperfecta – Type III	25. Wilson's Disease
13. Primary Bile Acid Synthesis Disorder	

The product information in this document does not contain the full terms of the plan and the full terms can be found in the policy document.

This plan may be purchased as a standalone plan without bundling with other type(s) of insurance product. You are required to read the relevant product brochure, the policy provisions and the illustrations presented by your licensed insurance intermediary in order to fully understand the details of the definitions, charges, product features, exclusions, and conditions of payment of claims, etc. plus complete terms and conditions.

Notes:

1. "Most-covered-in-market", "Earliest-in-market", and "First-in-market" are the results of comparing same type of major Critical Illness protection products of the life insurance market in Hong Kong as of 26 February 2024.
2. The Pregnancy Baby Protection Plan is available for Expectant Mothers of at least 18 weeks of gestation. The Expectant Mother will be the Insured from the Policy issuance, and the Child under the Policy will become the Insured of the Policy upon live birth until the Policy Termination. Please provide us with Proof of live birth on or before the 14th day prior to the 1st Policy Anniversary after the live birth of the Child, or else the Policy will be terminated on the 1st Policy Anniversary. Where 2 children are born as a result of the same pregnancy, each child should be covered by 1 Policy separately. Where more than 2 children are born as a result of the same pregnancy, no policy can be issued on these children. If there is any Living Benefit paid or payable being adjusted according to Adjustment of Benefits to Child provision, we will treat it as no such adjustment has been made if there is any Living Benefit being (i) deducted from subsequent payment(s) or benefit(s) in the future; or (ii) referred for calculation of Protection Reset Benefit.
3. The maximum total amount of Living Benefit payable for each of the Juvenile Illnesses and each of the following Critical Illnesses of (i) the 2nd claim of Angioplasty under the Basic Plan of the Policy; (ii) Carcinoma in Situ (Carcinoma In Situ of the skin is excluded); (iii) Less Severe Malignancy; (iv) Osteoporosis with Fracture; (v) Pituitary Adenoma; (vi) Loss of Functionality of Key Organs; and (vii) Intensive Care Unit Confinement (3 days) under all policies of the Insured in the Company is USD 50,000. The Policy covers Carcinoma in Situ in all organs except Carcinoma in Situ of the skin. Please refer to "Overview of Covered Illness Benefits" for the illnesses covered by the Plan.
4. The original coverage of Additional Benefit on Severe Urban Diseases is 6 times, i.e. 100% of the sum insured will be paid for each of the 3 Cancer and 3 Stroke or Severe Heart Attack claim. This benefit starts covering the Insured from the first diagnosis of Severity Level 3 Critical Illness until the Policy Anniversary at which the Insured attains age 85. To claim for Additional Benefit on Severe Urban Diseases, the Insured shall survive for at least 14 days from (and excluding) the date of such diagnosis of Cancer, Stroke or Severe Heart Attack. Additional Benefit on Severe Urban Diseases is subject to the relevant waiting period, please refer to remark 15 and Policy Provisions for details.
5. Before the Policy Anniversary at which the Insured attains age 85, once the Additional Benefit on Severe Urban Diseases has been paid for 6 claims or multiples thereof for 3 times of Cancer and 3 times of Stroke or Severe Heart Attack, the Plan will activate the Unlimited Top-up Benefit on Severe Urban Diseases to top up the Additional Benefit on Severe Urban Diseases with 6 times of claims, each top-up provides 3 times of Cancer claims and 3 times of Stroke or Severe Heart Attack claims again with 100% of the sum insured payable for each claim, the number of top-ups is unlimited. For the avoidance of doubt, after the Unlimited Top-up Benefit on Severe Urban Diseases is activated and topped-up the Additional Benefit on Severe Urban Diseases, the first claim of Subsequent Cancer and the first claim of Stroke or Severe Heart Attack have to follow the relevant conditions and the waiting period under the Additional Benefit on Severe Urban Diseases.
6. If the Insured is the Policy Owner, before any Living Benefit for Severity Level 3 Critical Illness is paid or payable or the Policy Anniversary at which the Insured's legal spouse attains age 65 (whichever is earlier), if the Insured's legal spouse is diagnosed with any Critical Illness covered under Extended Protection to Spouse, Extended Protection to Spouse will be paid. This is subject to the condition that the attained age of the Insured's legal spouse is 50 or below on the later of Policy Effective Date or the date of last marriage with the Insured. The Insured and the Insured's legal spouse must be alive when applying for the claim. This Plan will pay Extended Protection to Spouse once only. If there is more than one policy with the Extended Protection to Spouse issued on the Insured, we will only pay 1 claim in total with the aggregate claim amount limited to USD 50,000. Any Critical Illness covered under Extended Protection to Spouse is subject to a 2-year waiting period except any Critical Illness resulted from injury. This benefit is subject to exclusions and pre-existing conditions, and shall not cover any Critical Illness suffered by the legal spouse of the Insured which is diagnosed in the People's Republic of China (except Hong Kong and Macau Special Administrative Regions), unless the Critical Illness is diagnosed in a Hospital of Grade 3A as classified by the government of the People's Republic of China or in a Hospital which is on the list of approved hospitals as determined by us from time to time. Please refer to the related Policy Provisions for details of Extended Protection to Spouse.
7. If the Insured is the Policy Owner, before any Living Benefit for Severity Level 3 Critical Illness is paid or payable or the Policy Anniversary at which the child of the Insured attained age 18 (whichever is earlier), if the Insured's child is diagnosed with any Critical Illness or Juvenile Illness covered under Extended Protection to Children, Extended Protection to Children will be paid. The Insured and the Insured's child must be alive when applying for the claim. This Plan will pay Extended Protection to Children once only. If there is more than one policy with the Extended Protection to Children issued on the same Insured, we will only pay 1 claim in total with the aggregate claim amount limited to USD 50,000. If there is more than one policy with the Extended Protection to Children covered the same child of the Insured, the aggregate claim amount under all such policies for each child will be limited to USD 50,000. Any Critical Illness or Juvenile Illness covered under Extended Protection to Children is subject to a 60-day waiting period. This benefit is also subject to exclusions and pre-existing conditions, and shall not cover any Critical Illness or Juvenile Illness suffered by the child of the Insured which is diagnosed in the People's Republic of China (except Hong Kong and Macau Special Administrative Regions), unless the Critical Illness or Juvenile Illness is diagnosed in a Hospital of Grade 3A as classified by the government of the People's Republic of China or in a Hospital which is on the list of approved hospitals as determined by us from time to time. Please refer to the Policy Provisions for details of the Extended Protection to Children.
8. Before the Policy Anniversary at which the Insured attains age 70 and any Living Benefit for Severity Level 3 Critical Illness is paid (whichever is earlier), if the Insured is diagnosed with a Covered Mental Illness, 0.1% of the sum insured or USD 225 (whichever is lower) will be paid upon each face-to-face consultation with a psychologist or a psychiatrist for such Covered Mental Illness for maximum 1 face-to-face consultation per day. Online, tele-consultations and consultations in any format other than face-to-face format are excluded. If there is more than one policy with the Additional Psychiatric Outpatient Benefit issued on the Insured, the aggregate claim amount for each consultation under all such policies of the Insured will be limited to USD 225. This benefit is subject to a 1-year waiting period. Please refer to the Policy Provisions for details of the Additional Psychiatric Outpatient Benefit.
9. Prior to (i) the Policy Anniversary at which the Insured attains age 18; or (ii) the payment of any Living Benefit for Severity Level 3 Critical Illness (whichever is earlier), if the Insured is diagnosed with a Covered Special Educational Needs Condition at or after age 6, this benefit will be paid. If there is more than one policy with SEN Care Benefit issued on the same Insured, the aggregate claim amount of SEN Care Benefit paid or payable under all such policies of the Insured will be limited to USD 12,500. This Benefit is subject to a 1-year waiting period. Please refer to the Policy Provisions for details of the SEN Care Benefit.
10. The aggregate total amount of Living Benefit paid or payable for Severity Level 1 and 2 Critical Illness(es) and Juvenile Illness(es) shall not exceed 100% of the sum insured. Such benefit for Severity Level 1 and 2 Critical Illness(es) and Juvenile Illness(es) will be terminated upon diagnosis of covered Severity Level 3 Critical Illness(es). Protection Reset Benefit is payable if the diagnosis date of Severity Level 3 Critical Illness or the date of death of the Insured falls immediately before the Policy Anniversary at which the Insured attains age 70 and shall be paid together with the Living Benefit for Severity Level 3 Critical Illness or Death Benefit for once only (up to 100% of the sum insured in total). Protection Reset Benefit is equal to the aggregate total amount of Living Benefit paid or payable for Severity Level 1 and 2 Critical Illness(es) and Juvenile Illness(es) (up to 100% of the sum insured), provided that the diagnosis date of such illnesses shall be at least 1 year apart from the diagnosis date of the Severity Level 3 Critical Illness or the date of death of the Insured.

11. You are still required to pay the premium in full irrespective of any Living Benefit paid or payable for Severity Level 1 Critical Illness(es) or Juvenile Illness(es). The premium will not be deducted until the earlier occurrence of the following circumstances: Payment of (i) Living Benefit payable for Severity Level 2 or 3 Critical Illness; or (ii) Waiver of Premium Benefit upon Accidental Death of Spouse (if applicable); or (iii) Waiver of Premium Benefit upon Death of Parent/Legal Guardian (if applicable); or (iv) Waiver of Premium Benefit upon Maternal Death (applicable to Pregnancy Baby Protection Plan), in such case as a reduction, all premium payable will be waived from the Policy Monthly Anniversary immediately after the date of the diagnosis or the date of the death (as the case may be) till the end of the Policy. For the Waiver of Premium Benefit upon Death of Parent/Legal Guardian, the issue age of the Insured shall be 17 or below, and the attained age of the Policy Owner (or Contingent Policy Owner) shall be 50 or below at the Policy Effective Date or the effective date of the change of Policy Owner or Contingent Policy Owner to such parent or legal guardian of the Insured, whichever is later. Except for death due to Injury before their age 75, the benefit is subject to a two-year waiting period (counted from the Policy Effective Date / reinstatement date / the date of change of Policy Owner or Contingent Policy Owner (whichever is the latest)) and specific exclusions. Waiver of Premium Benefit upon Maternal Death is applicable to the death of the Expectant Mother due to any cause related to or aggravated by Pregnancy or the Pregnancy's management (excluding accidental or incidental causes) during childbirth or within 42 days of live birth of the Child. Please refer to the Policy Provisions for details of these Premium Waiver Benefits.
12. Other than Angioplasty and Carcinoma In Situ in 2 different organs which Living Benefit is payable maximum twice respectively, the Insured will not be paid upon the second diagnosis of the same Severity Level 1 or 2 Critical Illness or Juvenile Illness. If more than one Critical Illness and/or Juvenile Illness have been diagnosed in the same accident and/or illness, the Company will only pay for one Critical Illness or Juvenile Illness with the highest benefit amount payable (in the event of equal benefit amount, then any one of them will be paid). The Insured must be alive at the application of the Living Benefit, Additional Living Benefit, Additional Benefit on Severe Urban Diseases, Unlimited Top-up Benefit on Severe Urban Diseases, Fertility Preservation Benefit, SEN Care Benefit, Additional Psychiatric Outpatient Benefit, Extended Protection to Spouse, and Extended Protection to Children. Please refer to the Policy Provisions for details.
13. The Plan will pay Living Benefit once only for one of the Critical Illnesses specified in the same designated list as set out below, and will not pay Living Benefit again for any other remaining listed Critical Illnesses:
 - (i) Angioplasty; (ii) Less Severe Heart Attack; (iii) Permanent Insertion of Cardiac Defibrillator; and (iv) Permanent Insertion of Cardiac Pacemaker
 - (i) Severe Hearing Loss; and (ii) Cochlear Implant.
14. The Living Benefit, Additional Living Benefit, Additional Benefit on Severe Urban Diseases, Fertility Preservation Benefit, Unlimited Top-up Benefit on Severe Urban Diseases, SEN Care Benefit, Additional Psychiatric Outpatient Benefit, and Protection Reset Benefit shall not cover any Critical Illness/Juvenile Illness/sperm or oocyte cryopreservation/Covered Special Educational Needs Condition/Covered Mental Illness suffered by the Insured which is treated or diagnosed or undergone or certified in the People's Republic of China (except Hong Kong and Macau Special Administrative Regions), unless the Critical Illness/Juvenile Illness/sperm or oocyte cryopreservation/Covered Special Educational Needs Condition/Covered Mental Illness is treated or diagnosed or undergone or certified in a Hospital of Grade 3A as classified by the government of the People's Republic of China or in a Hospital which is on the list of approved hospitals as determined by us from time to time. For Additional Psychiatric Outpatient Benefit, the diagnosis of Covered Mental Illness shall be provided and confirmed in a psychiatry faculty of such Hospital (only applicable to non-Hong Kong residents).
15. The waiting period for the Additional Benefit on Severe Urban Diseases is as follows:

Cancer:

 - Subsequent to a claim from a non-Cancer Severity Level 3 Critical Illness, the Subsequent Cancer has to be diagnosed at least 1 year from the diagnosis date of the preceding Severity Level 3 Critical Illness; and
 - If the Subsequent Cancer is a new Cancer that is unrelated to all the Preceding Cancer(s), the Subsequent Cancer has to be first diagnosed at least 1 year from the diagnosis date of the Preceding Cancer(s); and
 - If the Subsequent Cancer is a continuation or a related Cancer of any Preceding Cancer(s), the Subsequent Cancer has to be diagnosed at least 3 years from the diagnosis date of all the Preceding Cancer(s); and
 - If the subsequent Cancer is a new Cancer diagnosed within 1 year from the diagnosis date of the Preceding Cancer(s), the subsequent Cancer must be still diagnosed at least 3 years from the diagnosis date of Preceding Cancer(s); and
 - If both Subsequent Cancer (diagnosed after Insured's age 70) and the Preceding Cancer(s) are a prostate or thyroid Cancer, the Insured has to receive active treatment recommended by a Medical Practitioner during the entire period between the diagnosis dates of the Preceding and Subsequent Cancers.

Stroke:

 - The subsequent claim on Stroke has to be diagnosed at least 1 year following the diagnosis date of the preceding Severity Level 3 Critical Illness and the claim on Stroke must be a new and separate event from any of the previous claim(s).

Severe Heart Attack:

 - The subsequent claim on Severe Heart Attack has to be diagnosed at least 1 year following the diagnosis date of the preceding Severity Level 3 Critical Illness and the claim on Severe Heart Attack must be a new and separate event from any of the previous claim(s).
16. Prior to the Policy Anniversary at which the Insured attains age 85 and within 3 years from the diagnosis date of (i) a Cancer for which Living Benefit for Severity Level 3 Critical Illness or Additional Benefit on Severe Urban Diseases (assuming that no benefit has ever been paid for any Cancer before under the Policy) is paid or payable; or (ii) a new Cancer that is unrelated to and caused by a different malignant cell not originated from any Preceding Cancer for which Additional Benefit on Severe Urban Diseases is paid or payable ("Eligible Cancer"), actual relevant expenses incurred for (i) related consultation; (ii) gamete retrieval; and (iii) gamete freezing and storage for a period of up to 1 year will be reimbursed given that the sperm or oocyte cryopreservation is certified as Medically Necessary and is solely due to the Eligible Cancer or its treatment by a Medical Practitioner who is a Specialist in the relevant medical field. However, the Unlimited Top-up Benefit on Severe Urban Diseases shall not be ever activated on the first diagnosis date of such Eligible Cancer, and all the procedures must comply with the "Code of Practice on Reproductive Technology and Embryo Research" in Hong Kong or equivalent regulation of the jurisdiction where the procedures are carried out. This Benefit would only cover one Eligible Cancer and its actual relevant expenses incurred within 3 years from the diagnosis date. If there is more than one policy with Fertility Preservation Benefit issued on the Insured, the aggregate claim amount of Fertility Preservation Benefit paid or payable under all such policies of the Insured will be limited to USD 12,500.
17. Contingent Policy Owner refers to the person appointed by the Policy Owner in the application to us or on our designated form and is approved by us. Please refer to policy provisions for details about the Contingent Policy Owner.
18. Total Premiums Paid refers to the total amount of premium(s) due and paid for the basic plan of the Policy. If a request of partial surrender has been approved, the Total Premiums Paid will correspondingly be reduced on a pro rata basis by the ratio of the reduced sum insured after partial surrender to the sum insured specified in the policy specifications when the basic plan of the Policy became effective.
19. The Benefit is only applicable to the child who is born at or after 37 weeks of gestation and confined in a Neonatal Intensive Care Unit (NICU) within 28 days after live birth. We will pay 0.1% of the sum insured or USD 250 (whichever is lower) per day of Confinement. If there is more than one policy with the provisions of Neonatal Intensive Care Unit Cash Benefit issued on the life of the same Insured, the aggregate claim amount of Neonatal Intensive Care Unit Cash Benefit paid or payable for each day of Confinement under all such policies of the Insured will be limited to USD 250 per day. The Neonatal Intensive Care Unit Cash Benefit shall not cover any Confinement in an NICU in the People's Republic of China (except Hong Kong and Macau Special Administrative Regions), unless the Insured is confined in the NICU of a Hospital of Grade 3A as classified by the government of the People's Republic of China or in a Hospital which is on the list of approved hospitals as determined by us from time to time (applicable to non-Hong Kong residents only).

20. Terminal Dividend is not guaranteed and will only be payable after the Policy has been in force for a minimum number of Policy Years specified. The Company will take into account the total amount of Living Benefit paid or payable and net of the excess, if any, of such total amount of Living Benefit payment over the Guaranteed Cash Value of the Policy (if any) when determining the amount of the Terminal Dividend. Newly announced Terminal Dividend is influenced by a number of factors, including but not limited to investment returns and market fluctuations, and the amount may be higher or lower than the amount previously announced. Terminal Dividend will be paid upon the earliest occurrence of the following circumstances: (i) death of the Insured; or (ii) the Living Benefit for Severity Level 3 Critical Illness is paid or payable; or (iii) Policy surrender; or (iv) the exercise of the Terminal Dividend Lock in Option; or (v) Policy Maturity (at the Policy Anniversary at which the Insured attains age 100 or 99 (applicable to Pregnancy Baby Protection)). We will pay the Terminal Dividend of the basic plan of the Policy in accordance with the Policy Provisions after deduction of any Indebtedness.
21. Assuming the Insured is a 35-year-old non-smoking female, applied the policy with a 25-year premium payment period and a sum insured of USD 62,500, without any indebtedness, paid or payable Living Benefits, or any surrenders. The Guaranteed Cash Value of the Policy equals or exceeds the Total Premiums Paid on the 25th policy anniversary for the first time, achieving the guaranteed breakeven.
22. You may exercise the Terminal Dividend Lock-In Option by submitting a written request within 60 days before or after a Policy Anniversary. Only one transfer will be made for each written request. Once approved, your request to transfer Terminal Dividend to locked-in dividend is irrevocable. As the actual amount of transferred Terminal Dividend from the transfer will be determined after the approval of the application, the amount could be lower or higher than that at the application submission. After the transfer of Terminal Dividend, your future Terminal Dividend will be reduced accordingly. Any Terminal Dividend that has not been transferred can be increased or decreased, or even be reduced to zero. While the Policy is in force, you may request for a withdrawal of any accumulated values of the locked-in dividend by filing with us a written request. The value of the locked-in dividend will be accumulated at such interest rate declared by us from time to time. Interest rates on the locked-in dividend are not guaranteed and may even be 0% in any year. Please refer to the Policy Provisions for more details about Terminal Dividend Lock in Option.
23. The premium prepayment option is only applicable to policies with a 10-year premium payment period and an annual premium payment mode. Prepaid premium will be credited to your premium deposit account and accumulate at the then prevailing interest rate offered (the current interest rate offered is 2% per annum, but is not guaranteed). If the amount in the premium deposit account is not sufficient to pay the premium, the Policy Owner is required to make up the difference.
24. "Free Worldwide Emergency Assistance Services" are provided by the third party service provider. FTLife Insurance Company Limited reserves the right to change the terms and conditions of "Free Worldwide Emergency Assistance Services" and assumes no responsibility of the services provided by the third party service provider.
25. The aggregate total amount of all Living Benefit plus (i) Maturity Benefit or (ii) Death Benefit (as the case may be) paid or payable under the basic plan shall not exceed the sum insured, except for the case that the Insured dies after there is any Living Benefit for Severity Level 3 Critical Illness paid or payable, the aggregate total amount of all Living Benefit plus Death Benefit under the basic plan of the Policy shall not exceed the sum insured plus USD 1,000. Surrender Benefit /Maturity Benefit will not be applicable after the payment of first Living Benefit for Severity Level 3 Critical Illness.

Key Exclusions

Except for the Death Benefit and Additional Death Benefit (if any), we will not cover any of the following events / conditions of the Insured that result in any claim.

1. any illnesses with signs or symptoms first manifests or being diagnosed within 60 days after the later of the Policy Effective Date or reinstatement date; or
2. any Human Immunodeficiency Virus (HIV) and / or related illnesses (unless the designated related illnesses are covered under this Plan); or
3. use of narcotics unless taken as prescribed by a Medical Practitioner, or abuse of drugs or alcohol; or
4. self-inflicted injury (including suicide or attempted suicide); or
5. any violation or attempted violation of the law.

We will not waive any premium under the Waiver of Premium Benefit upon Accidental Death of Spouse or Waiver of Premium Benefit upon Death of Parent/Legal Guardian if death of the Insured's legal spouse or parent/legal guardian due to an injury is directly or indirectly, wholly or partially, voluntarily or involuntarily, caused by or resulting from any of the following circumstances:

1. war, declared or undeclared, revolution or any warlike operations;
2. violation or attempted violation of the law or resistance to arrest;
3. engaging in services in armed forces in times of declared or undeclared war or while under orders for warlike operations or restoration of public order;
4. entering, exiting, operating, being transported, or in any way engaging in air travel except as a fare paying passenger in any aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route;
5. childbirth, miscarriage, pregnancy, or any connected complications notwithstanding that such event may have been accelerated or induced by injury
6. engaging in a sport in a professional capacity or where the Insured's legal spouse or parent / legal guardian, would or could earn income or remuneration from engaging in such sport;
7. Acquired Immune Deficiency Syndrome (AIDS), and / or any illness or injury commencing in the presence of a seropositive test for human immunodeficiency virus (HIV), and any related disease;
8. self-inflicted injury of the Insured's legal spouse or parent / legal guardian, including the suicide or any attempt to do so, while sane or insane, and / or accident occurring while or because the Insured's legal spouse or parent / legal guardian is under the influence of alcohol, poison, medication, drugs or sedatives unless prescribed by a medical practitioner;
9. poison, gas or fumes, voluntarily or otherwise taken, absorbed or inhaled, other than as a result of an accident arising from a hazardous incident in relation to the Insured's legal spouse or parent / legal guardian's occupation.

The above list is for reference only. Please refer to the Policy Provisions for the complete list and details of exclusions.

Pre-existing Conditions

The Company will not pay any Living Benefit, Additional Living Benefit, Additional Benefit on Severe Urban Diseases, Fertility Preservation Benefit, Unlimited Top-up Benefit on Severe Urban Diseases, SEN Care Benefit, Additional Psychiatric Outpatient Benefit or Protection Reset Benefit under the Policy arising directly or indirectly from a Pre-existing Condition if such condition was not fully disclosed in the application.

Pre-existing Condition is the existence of:

1. a condition of the Insured for which medical advice, diagnosis, care or treatment was recommended or received before the date of any reinstatement; or
2. any sign or symptom within a five-year period immediately preceding the date of any reinstatement.

Disclosure of Important Information

1. Cooling Off Right

If you wish to exercise your cooling-off right, you can cancel the Policy and obtain a refund of premium and levy paid by giving a written notice to us. Such notice must be signed by you and submitted to our office at 7/F, NEO, 123 Hoi Bun Road, Kwun Tong, Kowloon within 21 calendar days immediately following the day of delivery of the Policy or the Cooling-off Notice to you or your nominated representative (whichever is the earlier). The Cooling-off Notice should inform you of the availability of the Policy and expiry date of the cooling-off period.

2. Non-payment of Premium and Grace Period

We shall allow a grace period of 31 days after the premium due date (the "Grace Period") for payment of each premium (other than the first premium) during which the Policy will remain in force. If any premium is not paid on or before its due date, that premium is in default. If that premium remains unpaid at the end of the Grace Period, unless that premium is paid by the automatic premium loan, the Policy terminates as from the last premium due date. We shall not be liable to pay any benefit arising from any event occasioned during the Grace Period unless the overdue premium is paid before the end of the Grace Period as the Policy would be terminated and you will lose the insurance protection under the Policy.

3. Key Product Risks

i) Non-guaranteed Benefits

Terminal Dividend is not guaranteed. We will review the dividend regularly and the actual Terminal Dividend can be different from those shown in the benefit illustrations.

ii) Premium Adjustment

For "FamCare 198" Critical Illness Protector and "FamCare 198" Critical Illness Protector - Pregnancy Baby Protection, premiums will not change with the attained age of the Insured throughout the protection period but the premium rates are not guaranteed. We reserve the right to review and adjust them at any time. In order to provide you with continuous protection, we will review the premium rate of the Plan regularly and adjust the premium rate if necessary. We will issue a written notice to inform you of the new premium rate at least 30 days before the effective date of such new premium rate. During the review, we may consider factors including but not limited to the following:

- claim costs incurred from all policies under the Plan and the expected claim outgo in the future
- historical investment returns and the future outlook of the product's backing asset
- policy surrenders and lapses
- expenses directly related to the Policy and indirect expenses allocated to this product

Should you disagree on such adjustment with a written notice to us, the basic plan of the Policy shall be automatically terminated on the next premium due date following the date of the above written notice (with the same effect as policy surrender), as a result of which you would lose all the protection under the Plan.

iii) Policy Termination

The Plan shall be automatically terminated upon the earliest occurrence of any of the following circumstances:

For "FamCare 198" Critical Illness Protector:

- any premium under the Policy remains in default at the end of the Grace Period unless the Automatic Non-Forfeiture Provisions become applicable; or
- the Policy is fully surrendered; or
- the amount of Indebtedness equals or exceeds Guaranteed Cash Value plus accumulated locked-in dividend (if any) and non-guaranteed interest (if any) net of all Living Benefit paid or payable; or
- the aggregate total amount of Living Benefit paid or payable which includes the Living Benefit for Severity Level 3 Critical Illness amounting to the sum insured of the basic plan of the Policy, and our liability regarding Additional Benefit on Severe Urban Diseases is ceased upon the Policy Anniversary at which the Insured attains age 85; or
- the death of the Insured; or
- the Policy matures on the Policy Anniversary at which the Insured attains age 100.

For "FamCare 198" Critical Illness Protector - Pregnancy Baby Protection:

- any premium under the Policy remains in default at the end of the Grace Period unless the Automatic Non-Forfeiture Provisions become applicable; or
- the Policy is fully surrendered; or
- the amount of Indebtedness equals or exceeds Guaranteed Cash Value plus accumulated locked-in dividend (if any) and non-guaranteed interest (if any) net of all Living Benefit paid or payable; or
- the Child becomes the Insured after live birth, aggregate total amount of Living Benefit paid or payable which includes the Living Benefit for Severity Level 3 Critical Illness amounting to the sum insured of the basic plan of this Policy, and our liability regarding Additional Benefit on Severe Urban Diseases is ceased on the Policy Anniversary at which the Insured attains age 85; or
- the death of the Insured and, for the case that the Expectant Mother is the Insured, there is no surviving child insured under the Policy; or
- the date on which the pregnancy of the Expectant Mother is terminated with loss or death of the fetus; or
- we do not receive the satisfactory proof of the live birth on or before the 14th day prior to the 1st Policy Anniversary (in such case the Policy shall be terminated at the 1st Policy Anniversary); or
- more than 2 children are born from the live birth of same pregnancy (in such case no policy can be issued on these children, the policy shall be terminated immediately and no premium will be refunded to Policy Owner); or the Policy matures on the Policy Anniversary at which the Insured (the Child) attains age 99.

The key items of policy termination are listed above. Please refer to the Policy Provisions for the full list of policy termination.

iv) Inflation Risk

When you review the values shown in the benefit illustrations, please note that the cost of living in the future is likely to be higher than it is today due to inflation. In that case, you will receive less in real terms even if we meet all of our contractual obligations under the policy.

v) Other Key Product Risks

- "FamCare 198" Critical Illness Protector and "FamCare 198" Critical Illness Protector - Pregnancy Baby Protection are issued in US dollar. The premiums received by us in a currency different from your policy currency will be converted to the policy currency at the then prevailing exchange rate determined by us from time to time with reference to market rates. All monies payable under your Policy will be paid in Hong Kong dollars, or in the policy currency upon your request.
- The amount payable by us in a currency different from your policy currency will be converted at the then prevailing exchange rate determined by us from time to time with reference to market rates. Foreign exchange may be subject to its risks in the process of currency conversion.
- "FamCare 198" Critical Illness Protector and "FamCare 198" Critical Illness Protector - Pregnancy Baby Protection are insurance policies issued by us. The insurance benefits are subject to our company's credit risks.

4. Suicide Clause

If the Insured commits suicide within one year from (i) the Policy Effective Date; or (ii) the last reinstatement date, whichever is later, our liability under the Policy shall be limited to the refund of the premiums paid since the later of (i) or (ii), and deduct any Indebtedness and any claims which have been paid by us since the later of (i) or (ii).

If the Insured commits suicide within one year from the effective date of any increase in sum insured or any subsequent addition of plan, our liability under the Policy in respect of that increase of sum insured or addition of plan shall be limited to refunding the corresponding increment of premium paid, deducting any Indebtedness and any claims which have been paid by us in respect of the relevant increase of sum insured or addition of plan.

5. Policy Reinstatement

If the Policy terminates due to non-payment of any premium, you may apply for reinstatement within 2 years from the due date of the premium in default subject to our administrative regulations at that time. Please refer to the Policy Provisions for details of reinstatement.

6. Eligible "Medically Necessary" Claims

Claims for illnesses covered by the Plan must comply with the principle of "Medically Necessary"

"Medically Necessary" refers to medical services, medical treatment and Hospital confinement which are necessary for the care or treatment of the illness 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. The Company reserves the right to adjust the relevant claims based on the above principle. For more details of the "Medically Necessary" principle, please refer to the Policy Provisions.

7. Claim Procedure

Proof of Critical Illness

Proof of the following circumstances of the Insured: (i) Critical Illness or Juvenile Illness or Covered Special Educational Needs Condition; (ii) each sperm or oocyte cryopreservation; (iii) each consultation for Covered Mental Illness; (iv) Subsequent Cancer; must be furnished by you to the Company at your own expense in the form specified by us within 90 days. If we do not receive such proof within the specified period, you have to show that such proof was given as soon as reasonably possible, or we shall not be liable to pay any benefit under the Policy.

Medical Examination

When a claim occurs, the Company will have the right to call for an examination of either the Insured, the legal spouse of the Insured or the child of the Insured or the evidence used in arriving at the diagnosis by an independent medical practitioner appointed by the Company and the opinion of such medical practitioner on the appropriateness or accuracy of such diagnosis will be binding on all parties. The medical examination fee will be borne by the Company but we shall not be liable for any other costs.

Notice and Proof of Death

We must receive written notice of the designated insured person(s)'s death immediately thereafter and satisfactory proof of death at your own expense as soon as reasonably possible, or we will not pay any Death Proceeds or claim.

You can get the appropriate claim forms from your financial consultant or call the FTLife Customer Service Hotline at 2866 8898.

8. Surrender Provisions

After the Policy has acquired a cash value, you may surrender the Policy with a written notice to us, subject to the then prevailing administrative rules of the Company. Please refer to the Policy Provisions for details of policy surrender.

9. Dividend Philosophy

- Premium income received from the Policy Owner is invested in an investment portfolio to support the product groups determined by us according to the investment policy. The Policy Owners participate in the financial performance of the product group through policy dividend declaration. Policy dividend declaration may be affected by both past experience and future outlook for all the factors including, but not limited to the following:
 - Investment returns: include both interest earnings and any changes in the market value of the asset allocated to this product. Investment returns could be affected by fluctuations in interest income (both interest earnings and outlook of interest rate) and various market risks, including credit spread and default risk, fluctuations in equity price and currency price of the asset against the policy currency.
 - Surrender: include policy surrender, partial surrender and policy lapse experience; and the corresponding impact on investments related to this product.
 - Claims: include the cost of providing the Death Benefit and other Insured benefits under the product.
 - Expenses: include both expenses directly related to the Policy (e.g. commission, underwriting, issue and premium collection expenses) and indirect expenses allocated to the product group (e.g. general administrative costs).
- Future investment performance is unpredictable and we aim to provide more stable dividend payment. We may spread out the gains and losses in the financial performance of a particular year over a longer period of time to smooth out the short-term volatility of dividend rates over the course of the policy term. When future investment performance is worse than expected, the Company's shareholders may share less from the investment performance such that more may be allocated for dividend payment, and vice versa.
- The Board, having regard to the advice of the Appointed Actuary and the review by the Risk Committee which must include independent non-executive director(s), will review and determine the dividend at least once per year. The declared dividend may be different from those illustrated in the relevant product information provided, e.g. benefit illustrations. In case of any change in the actual dividend against the illustration or should there be a change in the projected future dividend, such change will be reflected in the policy anniversary statement and the benefit summary.

10. Investment philosophy, policy and strategy

- Our investment policy aims to achieve the targeted long-term investment results and reduce volatility in investment returns over time. It also aims to control and diversify risk exposures, maintaining adequate liquidity and manage the assets with respect to the product features.
- Our current long-term target asset allocation attributed to this product is as follows:

Target Asset Mix	
Fixed income type assets (investment grade and non-investment grade)	Equity-like assets
30%-80%	20%-70%

- Investment instruments include cash, deposits, sovereign bonds, corporate bonds, listed equities, funds, private investments and/or other investment products. Derivatives and other hedging instruments may be used to manage investment risk at the Company's decision based on its long-term market view and asset-liability positions. It should be noted that residual investment risk may still exist after hedging.
- The asset portfolio also targets to provide diversification across different geographic regions (focus on the U.S., Europe and Asia Pacific markets) and industries to the extent the size of portfolio can support. For fixed income investment, currency exposure of the underlying policies is mitigated by closely matching either through direct investments in the same currency denomination or the use of currency hedging instruments. Furthermore, the asset portfolio is actively managed by investment professionals, who will also closely monitor the investment performance.
- The investment strategy may be subject to change depending on the investment views and economic outlook. In case of any changes in the investment strategy, we will inform our Policy Owners for any material changes, rationale for the change and any impact to the Policy Owners.

You may browse our website at <https://www.ftlife.com.hk/en/support/important-information/fulfillment-ratios-dividends> to learn more about the Company's dividend history. Please note that dividend history is not indicative of the future performance of our products.

The information in this document is intended as a general summary for your reference only and does not constitute financial, investment or taxation advice or advice of whatsoever kind. You are recommended to seek professional advice from your independent advisors if you find it necessary. Please refer to the Policy Provisions for the full terms and conditions.

This document is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell or a solicitation to buy or provision of any of our products outside Hong Kong. FTLife Insurance Company Limited hereby declares that it has no intention to offer to sell, to solicit to buy or to provide any of its products in any jurisdiction other than Hong Kong in which such offer to sell or solicitation to buy or provision of any product of FTLife Insurance Company Limited is illegal under the laws of that jurisdiction.

A person who is not a party to the Policy (including but not limited to the Insured and the Beneficiary) has no right to enforce any terms of the Policy. The Contracts (Rights of Third Parties) Ordinance does not apply to the Policy nor any document issued pursuant to the Policy.

Insurance Policy Product Brochure Addendum –

I. Foreign Account Tax Compliance Act

Under the U.S. Foreign Account Tax Compliance Act (“FATCA”), a foreign financial institution (“FFI”) is required to report to the U.S. Internal Revenue Service (“IRS”) certain information on U.S. persons that hold accounts with that FFI outside the U.S. and to obtain their consent to the FFI passing that information to the IRS. An FFI which does not sign or agree to comply with the requirements of an agreement with the IRS (“FFI Agreement”) in respect of FATCA and/or who is not otherwise exempt from doing so (referred to as a “nonparticipating FFI”) will face a 30% withholding tax (“FATCA Withholding Tax”) on all “withholdable payments” (as defined under FATCA) derived from U.S. sources (initially including dividends, interest and certain derivative payments).

The U.S. and Hong Kong have agreed an inter-governmental agreement (“IGA”) to facilitate compliance by FFIs in Hong Kong with FATCA and which creates a framework for Hong Kong FFIs to rely on streamlined due diligence procedures to (i) identify U.S. indicia, (ii) seek consent for disclosure from its U.S. policyholders and (iii) report relevant tax information of those policyholders to the IRS.

FATCA applies to FTLife Insurance Company Limited (the “Company”) and this Policy. The Company is a participating FFI. The Company is committed to complying with FATCA. To do so, the Company requires you to:

- (i) provide to the Company certain information including, as applicable, your U.S. identification details (e.g. name, address, the US federal taxpayer identifying numbers, etc.); and
- (ii) consent to the Company reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to the IRS.

If you fail to comply with these obligations (being a “Non-Compliant Accountholder”), the Company is required to report “aggregate information” of account balances, payment amounts and number of non-consenting US accounts to IRS.

The Company could, in certain circumstances, be required to impose FATCA Withholding Tax on payments made to, or which it makes from, your policy. Currently the only circumstances in which the Company may be required to do so are:

- (i) if the Inland Revenue Department of Hong Kong fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.), in which case the Company may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your policy and remit this to the IRS; and
- (ii) if you are (or any other account holder is) a nonparticipating FFI, in which case the Company may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your policy and remit this to the IRS.

You should seek independent professional advice on the impact FATCA may have on you or your policy.

II. Common Reporting Standard

Hong Kong has put in place a framework implementing the Automatic Exchange of Financial Account Information (“AEOI”) which allows for the exchange of financial information among tax authorities. The Company, as a reporting financial institution under the law, is required to collect and provide certain information of policyholders and beneficiaries to the Inland Revenue Department of the Hong Kong Special Administrative Region which exchanges such information with tax authorities of another jurisdiction or jurisdictions which has/have signed an AEOI agreement with Hong Kong and of which the policyholders and beneficiaries may be resident for tax purposes. Where a policyholder or beneficiary fails to provide any requested information, the Company reserves the right to take any action as it deems necessary in order for it to comply with the law.

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傑出大獎

保險公司獎項 - 年度培訓學院

Training Academy of the Year – Outstanding Performance



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保險公司獎項 - 儲蓄計劃

Saving Plan – Outstanding Performance



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保險公司獎項 - 康健護理及保障

Health & Protection – Outstanding Performance



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保險公司獎項 - 數碼營銷策略

Digital Marketing – Outstanding Performance

"Benchmark" Wealth Management Awards 2022



Insurance Company of the Year 2022



Broker Support – Best-in-Class



Health Care Product – Best-in-Class



Academy of the Year 2022



Social Media Engagement – Outstanding Achiever



ESG Integration – Merit

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