

“HealthCare 168 Plus” Critical Illness Protector



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“HealthCare 168 Plus” Critical Illness Protector

Are you aware that swift social development is amplifying the risk of Critical Illnesses, and that illnesses of unforeseen causes can emerge without warning at any moment? While fast-developing medical technology is fortunately boosting the cure rate of Critical Illness, it is bringing with it even higher medical expenditure. If these costs exceed your budget, how will you afford your living expenses and follow-up treatments if you fall ill?

Your Critical Illness protection should reflect this changing environment. This is why FTLife is proud to present “HealthCare 168 Plus” Critical Illness Protector (the “Plan”), which provides vital protection areas, including first-in-market protection against the condition of “Loss of Functionality of Key Organs”¹ and the Caregiving Support Benefit². It offers you and your family a comprehensive package of enhanced support that genuinely caters to urbanites’ demand for Critical Illness protection.

Embrace Your Well-being With Better Critical Illness Protection All-Round Protection

 <p>Caregiving Support Benefit² for Cancer / Stroke / Severe Heart Attack Monthly payment of 1% of the sum insured (maximum up to 18 months)² to help cover your living expenses as a patient</p> <p>First-in-market³</p>	 <p>Protection against the condition of “Loss of Functionality of Key Organs”¹</p> <p>First-in-market³</p> <p>+ Full coverage against 168 illnesses⁴</p>	 <p>Multiple coverages^{5, 6} with aggregate up to 500% of the sum insured for Cancer / Stroke / Severe Heart Attack (waiting period as short as 1 year)</p>	 <p>Resets to the maximum 100% of the sum insured after claims⁷</p>
 <p>Maximum 60% of the sum insured as an additional benefit for the first 20 years^{6, 8}</p>	 <p>Coverage of up to 160% of the sum insured for Respiratory Diseases^{6, 8, 9}</p>	 <p>Comprehensive coverage against benign conditions¹⁰ and congenital illnesses</p>	 <p>Comprehensive coverage against Carcinoma In Situ in all organs¹</p>

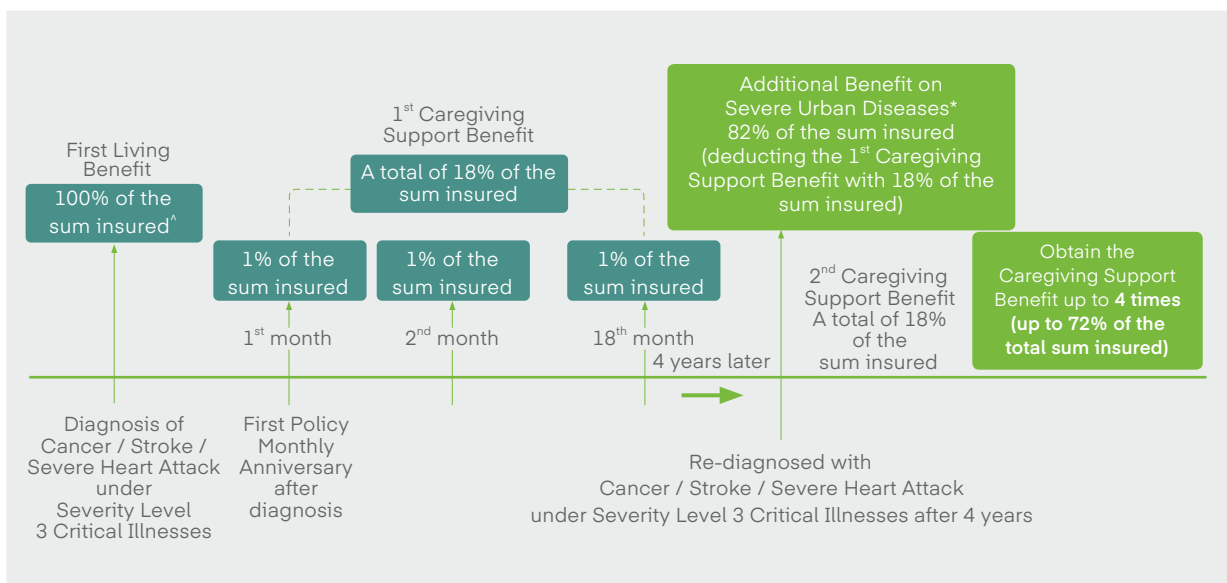
\$ Future premiums payable will be waived after diagnosis and claims of Severity Level 2 or 3 Critical Illnesses¹¹

Benefits Overview

Additional monthly financial support² for Cancer, Stroke or Severe Heart Attack First-in-market³

The impact of Critical Illness is not limited to health, it also places a heavy burden on family finances during the recovery process. This is the reason behind the Plan's brand-new Caregiving Support Benefit² that offers additional support. If the Insured is diagnosed with Cancer, Stroke or Severe Heart Attack under Severity Level 3 Critical Illnesses and has made a claim for these conditions, 1% of the sum insured will be paid to the Owner on each Policy Monthly Anniversary for a period of up to 18 months following such diagnosis (i.e., up to 18% of the sum insured), without needing to submit any proof of active treatment or end-of-life care. The Caregiving Support Benefit (**up to 72% of the total sum insured**) can be obtained from each Policy up to 4 times, providing additional support for unknown follow-up treatment and life as a patient. If the Insured passes away within the payment period of Caregiving Support Benefit, the balance will be paid together with the Death Benefit payable.

Example:



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

^{*} For details, please refer to the "Additional Benefit on Severe Urban Diseases" section in the "At-a-Glance Table".

Note: For the types of illnesses covered by Severity Level 1, 2 and 3 Critical Illnesses and Juvenile Illnesses, please refer to the "Overview of Covered Illness Benefits". In addition, for the Living Benefits for Critical Illnesses of various Severity Levels and Juvenile Illnesses, please refer to the "Living Benefits" section in the "At-a-Glance Table".

Protection against the condition of “Loss of Functionality of Key Organs”¹ First-in-market³

The Plan offers a new concept of Critical Illnesses protection, especially its coverage against the “Loss of Functionality of Key Organs”¹. 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 Owner can obtain a Living Benefit¹ of 20% of the sum insured in advance even if the cause of the illness cannot be ascertained or the illness is unknown. For designated conditions, please refer to the “Overview of Covered Illness Benefits”.

Extensive illness coverage with comprehensive protection

In addition to covering 168 illnesses⁴, the Plan provides special coverage against the condition of “Loss of Functionality of Key Organs”¹, with comprehensive and enhanced protection. The Plan also covers all the congenital conditions of the covered Critical Illnesses and Juvenile Illnesses that have not been detected at the Policy issue. Additionally, the Plan covers Less Severe Malignancy^{1, 4} and Carcinoma In Situ in all organs^{1, 4} which the public most concerned about.

Critical Illnesses are classified into Severity Levels 1¹¹, 2 and 3 (with Severity Level 3 being the most severe group). If the Insured is unfortunately diagnosed with any of the covered Critical Illnesses, a Living Benefit^{6, 7, 12, 13} amounting to 20%, 50% and 100% of the respective sum insured will be paid in a lump sum for the settlement of relevant medical expenses. The Plan also covers 17 Juvenile Illnesses^{1, 4, 6, 7, 11, 12}, giving you and your children peace of mind.

- Protection against Critical Illnesses with lower Severity Levels**
 Significant growth of cure rates for less severe Critical Illnesses and Juvenile Illnesses can be achieved if proper treatment is applied timely at earlier stage. With this in mind, the Plan provides specific coverage against several common Critical Illnesses of lower Severity Levels as well as operations and Juvenile Illnesses, such as Carcinoma In Situ, Less Severe Heart Attack, Minimally Invasive Direct Coronary Artery By-pass, Severe Asthma and Autism, and more, allowing you to better cope with these unexpected circumstances.
- Living Benefits^{6, 7, 12, 13} for Critical Illnesses & Juvenile Illnesses on different Severity Levels**

Type of illness	Number of illnesses covered	Living Benefit (% of the sum insured) ^{6, 7, 12, 13}
Juvenile Illnesses	17	20%
Severity Level 1 Critical Illnesses	68	20%
Severity Level 2 Critical Illnesses	15	50%
Severity Level 3 Critical Illnesses	69	100% (deducting the aggregate total amount of the Living Benefit paid or payable)

Aggregate benefit of up to 100% of the sum insured⁷

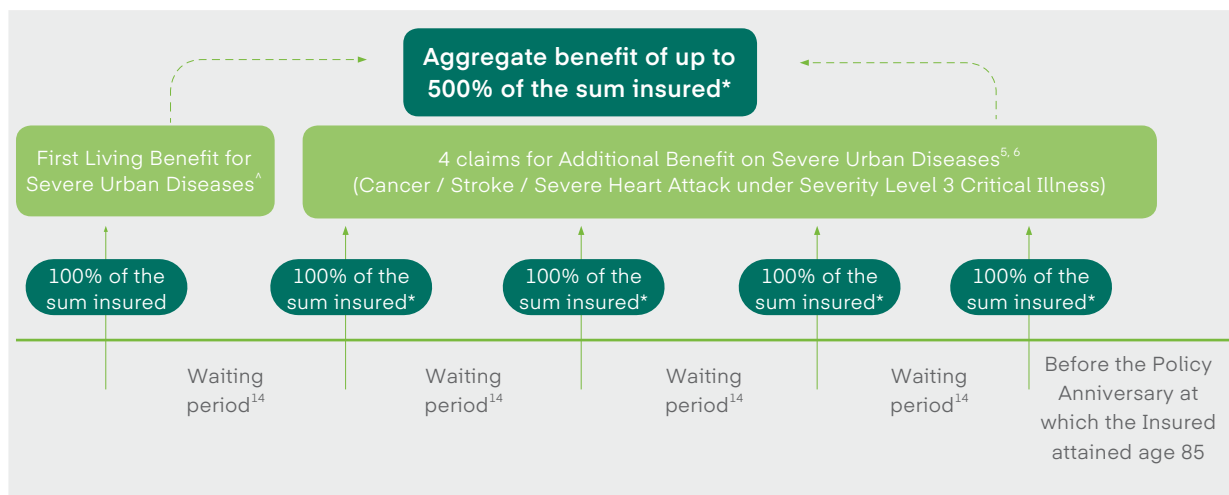
Coverage against Carcinoma In Situ in all organs¹

Carcinoma In Situ is a cancer at its earliest stage that may become a malignant tumour if not properly treated. The Plan provides coverage against Carcinoma In Situ in all organs¹ with up to 2 times the Living Benefit⁷ for Carcinoma In Situ in different organs (if a specified organ comprises left and right parts, both parts will be considered one and the same organ). A total of 20% of the sum insured¹ will be paid in advance for each Living Benefit, providing you with comprehensive cancer protection.

An aggregate total of up to 500% of the sum insured^{5,6} for Severe Urban Diseases (Cancer, Stroke and Severe Heart Attack under Severity Level 3 Critical Illness) with multiple protections

Severe Urban Diseases may tend to recur regardless of the speedy development of medical technology. Therefore, the Plan offers the Insured an aggregate benefit of up to 400% of the sum insured with multiple protections^{5,6}. Together with the first Living Benefit, the Plan will pay an aggregate benefit⁵ of up to 500% of the sum insured to greatly alleviate the financial pressure caused by an unfortunate relapse of Critical Illnesses.

This benefit covers not only a new Cancer (unrelated to the Preceding Cancer), Stroke and Severe Heart Attack⁵, but also a continuation / recurrence / related Cancer of the Preceding Cancer.



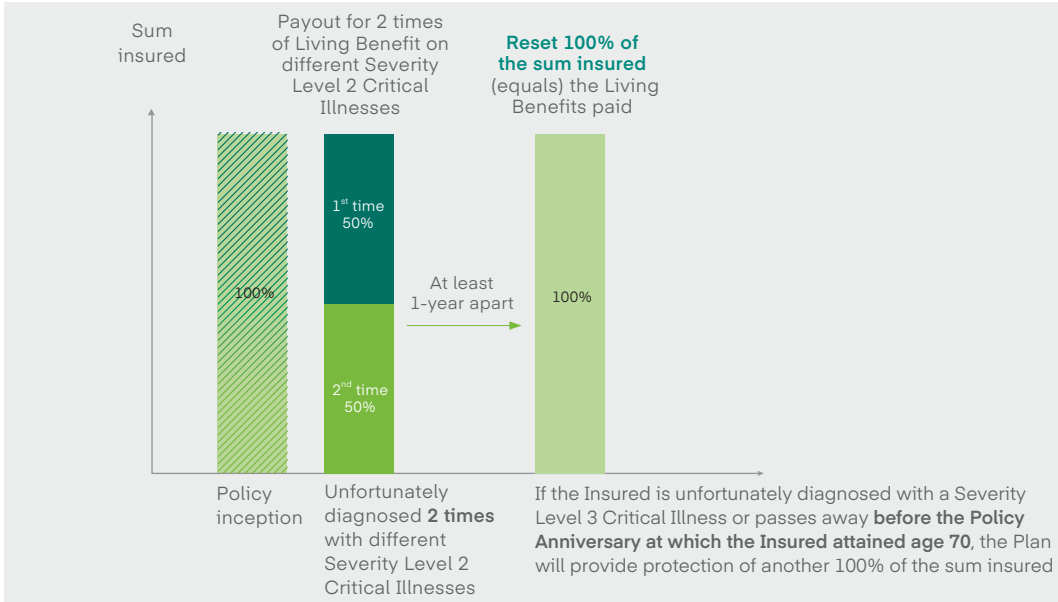
[^] Assuming that no Living Benefit has been paid on Severity Level 1, 2 and 3 Critical Illnesses and Juvenile Illnesses.

^{*} Included the Caregiving Support Benefit paid or payable due to the first Living Benefit and Additional Benefit on Preceding Severe Urban Diseases².

Reset to the maximum 100% of the sum insured after claims and get back up to 100% of the sum insured protection⁷

The Plan offers a Protection Reset Benefit to free you from concerns about the previous claims reducing your existing protection for Critical Illness. If Living Benefits claims for Severity Level 1 and 2 Critical Illness and / or Juvenile Illness have been paid or are payable, up to 100% of the sum insured is payable after 1 year when the Insured unfortunately passes away or is diagnosed with a Severity Level 3 Critical Illness before the Policy Anniversary at which the Insured attained age 70, with the protection reset by up to 100% of the sum insured⁷.

Example⁷



60% of the sum insured as an additional benefit^{6, 8} 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 Policy Years (issue age 20 or below) or the first 10 Policy Years (issue age 21 or above), 60% of the sum insured will be paid as an Additional Death Benefit or an Additional Living Benefit, to help relieve the Insured's medical burden, enable the Insured to receive treatment if appropriate with peace of mind and protect their family.

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 insured^{2, 4}

Convertibility Privilege¹⁵

The Owner can also enjoy the Convertibility Privilege¹⁵. Starting from the 19th Policy Anniversary (issue age 20 or below) or from the 9th Policy Anniversary (issue age 21 or above), the Owner can choose to convert the Additional Living Benefit and Additional Death Benefit to our designated whole life or whole life with critical illness protection insurance plan, without provision of further evidence of the Insured's insurability and subject to the then prevailing rules of the Company.

Coverage of up to 160% of the sum insured on Respiratory Diseases^{6, 8, 9}

Our society's rapid development is continually exposing urbanites to severe air pollution from the carbon monoxide and hydrogen sulphide emitted by factories, vehicles, power stations, and more. The novel coronavirus (COVID-19), which emerged in 2019, may leave a lasting impact on our respiratory systems and pose a considerable threat to long-term health. As such, the Plan offers specific coverage against various types of serious or long-term Respiratory Diseases. If the Insured is diagnosed with a covered Respiratory Disease before the Policy Anniversary at which the Insured attained age 70, an Additional Benefit on Respiratory Disease^{6, 8} of up to 60% of the sum insured will be paid.

Issue age	Additional Benefit on Respiratory Disease [#] (% of the Living Benefit listed in the "Overview of Covered Illness Benefits") ^{6, 8}
Age 20 or below	60% (within the first 20 Policy Years) 50% (after the 20 th Policy Year)
Age 21 to 59	60% (within the first 10 Policy Years) 50% (after the 10 th Policy Year)
Age 60 or above	60% (until the Insured is age 70)

[#] The Additional Benefit on Respiratory Disease will be terminated upon the Policy Anniversary at which the Insured attained age 70.

For details of the covered Respiratory Diseases, please refer to the "Additional Benefit on Respiratory Disease" section in the "Summary of coverage" under the "At-a-Glance Table".

Comprehensive coverage against Benign Conditions

- **Additional Benign Benefit^{6, 12}**

When a tumour is found in the body, the patient is likely to feel concerned about the possibility of suffering from cancer. If a Specialist considers that a tumour could potentially turn malignant and subsequently performs a complete surgical excision of the solid tumour, and such tumour in the specified organ is confirmed to be a non-cancerous benign tumour after examination, the Plan will provide an Additional Benign Benefit^{6, 12} of up to 40% of the sum insured (up to 2 times per Policy and payable once per organ). This additional benefit will not affect the future amount of the Living Benefit, therefore easing your financial burden and reassuring you with early detection of tumour conditions. For details about covered benign tumours and the scope of coverage, please refer to the "Additional Benign Benefit" section in the "At-a-Glance Table".

- **Critical Illness protection¹⁰ is also applicable to people with benign conditions**

Benign conditions are commonly found in various parts of the human body and may also evolve into Cancer. Benign conditions are not covered in some Critical Illness insurance plans currently, if benign conditions unfortunately turn malignant or become Cancer, it may lead to substantial medical burden. To cater for our customers' needs, the Plan extends comprehensive coverage¹⁰ to the Insured who are diagnosed with a designated benign condition at the time of enrolment, with additional premiums if the relevant underwriting requirements are fulfilled. If the designated benign condition does not relapse and deteriorate after a 2-year waiting period and meets the relevant underwriting requirements, we will offer exclusive protection for benign conditions and waive the future additional premium, to help you on the journey to better health. For details, please refer to the "Exclusive protection for benign conditions" section in the "At-a-Glance Table".

Death Benefit in a lump sum payment

In the unfortunate event of the death of the Insured, the Death Benefit¹⁶ of up to 100% of the sum insured plus the Additional Death Benefit⁹ (if any) will be also paid in a lump sum, to help the family cope with unexpected financial needs during an extremely stressful time.

Continued protection with the Waiver of Premiums¹¹

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 has been paid or is payable. The Insured can continue to enjoy the protection of the Plan until the Policy is terminated.

Protection and potential opportunities for wealth accumulation rolled into one

The Plan provides Guaranteed Cash Value, together with the Terminal Dividend (if any)¹⁷, giving you both protection and potential opportunities for wealth accumulation. The Plan can even achieve capital protection as early as the 20th Policy Anniversary (depending on the premium payment period).

The Plan is also flexible with your financial needs. You will receive a surrender value¹³ upon surrendering when you are in financial difficulty. For details, please refer to the "At-a-Glance Table".

Flexible premium payment period for your financial needs

The Plan offers a premium payment period of 10, 15, 20 and 25 years. For policies with a 10-year premium payment period, you may choose a premium prepayment of 1 year, 3 years or 5 years, paying up the Plan earlier at a lower cost and with interest (if any)¹⁸ earned on the prepaid premiums.

Free Worldwide Emergency Assistance Services¹⁹

When you enrol in the Plan, you can access Free 24-Hour Worldwide Emergency Assistance Services¹⁹ specially dedicated to our honourable customers wherever you are. The maximum benefit (per incident) reaches up to USD 1,000,000, which includes emergency medical evacuation / repatriation, delivery of mortal remains and other services to ensure immediate support for you.

For details of "HealthCare 168 Plus" Critical Illness Protector, please contact your financial consultant or call our Customer Service Hotline at 2866 8898 or Partnership Concierge Hotline at 3192 8333 (for FTLife Partnership enquiry only), or browse the company website at www.ftlife.com.hk.

At-a-Glance Table

Basic Information		
Issue age & premium payment period	Premium payment period	Issue age
	10 years (with 1-year, 3-year or 5-year prepayment option) ¹⁸	15 days – 65 years of age
	15 years	15 days – 60 years of age
	20 years	15 days – 55 years of age
	25 years	15 days – 50 years of age
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	
Coverage period	Up to 100 years of age	
Policy currency	US dollars	
Payment modes	Monthly, semi-annual or annual payment	
Minimum sum insured	USD 30,000 (count by each Policy)	

Summary of coverage	
Living Benefit^{6, 7, 12, 13}	<p>Juvenile Illnesses^{1, 6, 7, 11, 12} If the Insured is diagnosed with a covered Juvenile Illness before the Policy Anniversary at which the Insured attained age 18, 20% of the sum insured will be paid to the Owner, with maximum 1 claim per Juvenile Illness.</p>
	<p>Severity Level 1 Critical Illnesses^{1, 7, 11, 12, 20} If the Insured is diagnosed with a covered Severity Level 1 Critical Illness, 20% of the sum insured will be paid to the Owner. If the Critical Illness suffered is Carcinoma In Situ, Living Benefit is payable for Carcinoma In Situ in different organs with maximum 2 claims, while only 1 claim is allowed for other Severity Level 1 Critical Illnesses.</p>
	<p>Severity Level 2 Critical Illnesses^{7, 12} If the Insured is diagnosed with a covered Severity Level 2 Critical Illness, 50% of the sum insured will be paid to the Owner, with maximum 1 claim per Severity Level 2 Critical Illness.</p>
	<p>Severity Level 3 Critical Illnesses^{7, 12} If the Insured is first diagnosed with a covered Severity Level 3 Critical Illness, 100% of the sum insured and Terminal Dividend¹⁷ (if any) will be paid, after deducting the aggregate total amount of Living Benefit paid or payable (if any).</p>
Caregiving Support Benefit²	<p>If the Insured is diagnosed with Cancer, Stroke or Severe Heart Attack under Severity Level 3 Critical Illnesses and has made a claim for it, 1% of the sum insured will be paid to the Owner on each Policy Monthly Anniversary, for a period of up to 18 months after the diagnosis.</p>
	<p>If the Insured passes away within the payment period of Caregiving Support Benefit, the balance of Caregiving Support Benefit (i.e. 18% of the sum insured, deducting the Caregiving Support Benefit paid or payable for the diagnosis of last Cancer, Stroke or Severe Heart Attack under Severity Level 3 Critical Illnesses) will be paid together with the Death Benefit payable.</p>

Summary of coverage

Additional Benefit on Severe Urban Diseases^{5, 6, 14}

Subsequent to the Living Benefit of Severity Level 3 Critical Illness or Additional Benefit on Severe Urban Diseases paid or payable, 100% of the sum insured (deducting the Caregiving Support Benefit paid or payable immediately following the last Severe Urban Disease, if applicable) will be paid if the Insured is diagnosed with Cancer, Stroke or Severe Heart Attack under Severity Level 3 Critical Illnesses, with a total of up to 5 claims for Severe Urban Diseases (including the first Living Benefit).

The maximum aggregate benefit amount under Additional Benefit on Severe Urban Diseases and Caregiving Support Benefit is 400% of the sum insured.

Protection Reset Benefit⁷

After the claims for Living Benefit on Severity Level 1 and 2 Critical Illness and / or Juvenile Illness are paid or payable, protection can be reset up to 100% of the sum insured for diagnosis of Severity Level 3 Critical Illness or death of the Insured at least 1 year later and before the Policy Anniversary at which the Insured attained age 70, with another protection of up to 100% of the sum insured to be provided under the Plan.

Additional Death Benefit / Additional Living Benefit^{6, 8}

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.

If the Insured is diagnosed with a covered Respiratory Disease before the Policy Anniversary at which the Insured attained age 70, and the total claim amount of Living Benefit paid or payable is less than 100% of the sum insured, the Owner will be paid Additional Benefit on Respiratory Disease which is equivalent to the percentage of Living Benefit listed in the table below. Only 1 claim of Additional Benefit on Respiratory Disease is allowed per Respiratory Disease.

Additional Benefit on Respiratory Disease^{6, 8}

Issue Age	Additional Benefit on Respiratory Disease [#] (% of Living Benefit listed in the "Overview of Covered Illness Benefits") ^{6, 8}
Age 20 or below	60% (within the first 20 Policy Years) 50% (after the 20 th Policy Year)
Age 21 to 59	60% (within the first 10 Policy Years) 50% (after the 10 th Policy Year)
Age 60 or above	60% (till age 70 of the Insured)

[#] Additional Benefit on Respiratory Disease shall be terminated at the Policy Anniversary at which the Insured attained age 70.

Covered Respiratory Diseases include

1. Carcinoma In Situ of the Lung	7. Major Organ Transplant on Waiting List (Lung)
2. Chronic Lung Disease	8. Severe Asthma (coverage up to age 18)
3. Chronic Obstructive Lung Disease	9. Severe Bronchiectasis
4. End Stage Lung Disease	10. Severe Emphysema
5. Lung Cancer	11. Severe Pulmonary Fibrosis
6. Major Organ Transplant (Lung)	12. Surgical Removal of a Lung

Summary of coverage

Additional Benign Benefit^{6, 12}	<p>If a Specialist deems a tumour in a specified organ to be potentially malignant and advise a complete surgical excision of the Solid Tumour, benefit will be paid according to the table below if it is confirmed as a benign tumour subsequently. The maximum of Additional Benign Benefit is up to USD 50,000 per Insured, with maximum 2 claims (per Policy and payable once per organ). The aggregate total amount of the Living Benefit paid or payable shall be less than 100% of the sum insured prior to the claim of Additional Benign Benefit. For the specified organs covered and benefit amounts, please refer to the following table:</p>																							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Specified organs</th> <th style="width: 50%;">Maximum benefit of each organ (per Insured)</th> </tr> </thead> <tbody> <tr> <td>1. Heart</td> <td rowspan="6" style="text-align: center; vertical-align: middle;">The lower of 20% of the sum insured or USD 40,000</td> </tr> <tr> <td>2. Liver</td> </tr> <tr> <td>3. Lung</td> </tr> <tr> <td>4. Pancreas</td> </tr> <tr> <td>5. Pericardium</td> </tr> <tr> <td>6. Ureter</td> </tr> <tr> <td>7. Adrenal gland</td> <td rowspan="6" style="text-align: center; vertical-align: middle;">The lower of 10% of the sum insured or USD 20,000</td> </tr> <tr> <td>8. Bone</td> </tr> <tr> <td>9. Conjunctiva</td> </tr> <tr> <td>10. Kidney</td> </tr> <tr> <td>11. Nerve in cranium or spine</td> </tr> <tr> <td>12. Pituitary gland</td> </tr> <tr> <td>13. Small intestine</td> <td rowspan="6" style="text-align: center; vertical-align: middle;">The lower of 5% of the sum insured or USD 10,000</td> </tr> <tr> <td>14. Testis</td> </tr> <tr> <td>15. Breast</td> </tr> <tr> <td>16. Ovary</td> </tr> <tr> <td>17. Penis</td> </tr> <tr> <td>18. Uterus (covers only endometrial polyps)</td> </tr> </tbody> </table>	Specified organs	Maximum benefit of each organ (per Insured)	1. Heart	The lower of 20% of the sum insured or USD 40,000	2. Liver	3. Lung	4. Pancreas	5. Pericardium	6. Ureter	7. Adrenal gland	The lower of 10% of the sum insured or USD 20,000	8. Bone	9. Conjunctiva	10. Kidney	11. Nerve in cranium or spine	12. Pituitary gland	13. Small intestine	The lower of 5% of the sum insured or USD 10,000	14. Testis	15. Breast	16. Ovary	17. Penis	18. Uterus (covers only endometrial polyps)
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<p>For a specified organ with both left and right parts (including but not limited to breast, lung, ovary and testicle), the left and right parts shall be considered as one and the same organ.</p>																								
Exclusive protection for benign conditions¹⁰	<p>If the eligible Insured is diagnosed with a specified benign condition (Breast or Uterus) at policy enrolment with extra loading required, we will waive the future additional premium for the specified benign conditions in accordance with the Company's relevant underwriting requirement after a 2-year waiting period.</p>																							
Convertibility Privilege¹⁵	<p>Starting from the 19th Policy Anniversary (issue age 20 or below) or from the 9th Policy Anniversary (issue age 21 or above), you may choose to convert the Additional Living Benefit and Additional Death Benefit into our designated whole life or whole life with critical illness protection plan, without provision of further evidence of the Insured's insurability and subject to the then prevailing rules of the Company.</p>																							
Death Benefit^{7, 13}	<p>There is no Living Benefit paid or payable for Severity Level 3 Critical Illness prior to the death of the Insured 100% of the sum insured + Terminal Dividend (if any)¹⁷ – aggregate total amount of Living Benefit paid or payable (if any) – Indebtedness (if any)</p>																							
	<p>There is Living Benefit paid or payable for Severity Level 3 Critical Illness prior to the death of the Insured USD 1,000</p>																							

Summary of coverage

Waiver of Premium Benefit¹¹	After the Insured is diagnosed with Severity Level 2 or 3 Critical Illness and has made a claim for it, future premiums under the basic plan will be waived from the Policy Monthly Anniversary immediately following the diagnosis date.				
Surrender Benefit / Maturity Benefit¹³ (Applicable before the first Living Benefit is paid for Severity Level 3 Critical Illness)	<ul style="list-style-type: none"> Guaranteed Cash Value + Terminal Dividend¹⁷ (if any) – aggregate total amount of Living Benefit paid or payable (if any) – Indebtedness (if any) Guaranteed Cash Value: <ul style="list-style-type: none"> (a) 100% of the sum insured upon policy maturity (on the Policy Anniversary at which the Insured attained age 100); and (b) The lower of (i) 90% of the sum insured; and (ii) a specified percentage according to Total Premiums Paid listed in the table below before the Policy Anniversary at which the Insured attained age 100: 				
	Policy Anniversary	A % of Total Premiums Paid (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%			
	15 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%				
	<ul style="list-style-type: none"> Guaranteed Cash Value is only applicable before claims of Living Benefit on Severity Level 3 Critical Illness are paid, and will be provided upon surrender, partial surrender or the end date of the Plan. <p>Note: Total Premiums Paid means the total amount of premium(s) due and paid for the basic plan and assumes that premiums have been paid up to the last premium due date.</p>				
Policy loan / automatic premium loan	<p>You may consider applying for a policy loan while still keeping the Policy in force. The amount of the loan will be subject to the Company's discretion. The Policy may be subject to an automatic premium loan if there is any non-payment of premiums. Whenever the Policy meets the requirements of exercising the automatic premium loan, we will automatically advance the premium due as a loan.</p> <p>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.</p> <p>The Policy will automatically be terminated if the loan balance with interest payable equals or exceeds Guaranteed Cash Value 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.</p>				
Free Worldwide Emergency Assistance¹⁹	Emergency evacuation / repatriation, delivery of mortal remains, arrangement of compassionate visit and return of children to country of residence etc.				

“HealthCare 168 Plus” Critical Illness Protector: Overview of Covered Illness Benefits

Severity Level 3 Critical Illnesses^{7,12} – 100% of the sum insured

Group 1 – Cancer	
1. Cancer	
Group 2 – Illnesses Related to the Lungs and Functions	
2. Chronic Obstructive Lung Disease	5. Severe Emphysema
3. End Stage Lung Disease	6. Severe Pulmonary Fibrosis
4. Severe Bronchiectasis	
Group 3 – Illnesses Related to Major Organs and Functions	
7. Chronic Auto-immune Hepatitis	13. Medullary Cystic Disease
8. Chronic Relapsing Pancreatitis	14. Severe Crohn’s Disease
9. End Stage Kidney Failure	15. Severe Rheumatoid Arthritis
10. End Stage Liver Failure	16. Severe Ulcerative Colitis
11. Fulminant Viral Hepatitis	17. Systemic Lupus Erythematosus with Lupus Nephritis
12. Major Organ Transplant	18. Systemic Scleroderma
Group 4 – Illnesses Related to the Heart	
19. Coronary Artery Disease Requiring By-pass Surgery	24. Primary Pulmonary Hypertension
20. Eisenmenger’s Syndrome	25. Severe Cardiomyopathy
21. Heart Valve Surgery	26. Severe Heart Attack
22. Infective Endocarditis	27. Surgery to Aorta
23. Other Serious Coronary Artery Diseases	
Group 5 – Illnesses Related to the Nervous System	
28. Advanced Dementia	40. Severe Coma
29. Amyotrophic Lateral Sclerosis	41. Severe Encephalitis
30. Apallic Syndrome	42. Severe Head Trauma
31. Benign Brain Tumour	43. Severe Muscular Dystrophy
32. Creutzfeldt-Jakob Disease (Mad Cow Disease)	44. Severe Myasthenia Gravis
33. Hemiplegia	45. Severe Parkinson’s Disease
34. Multiple Sclerosis	46. Severe Progressive Bulbar Palsy
35. Paralysis of Two or More Limbs	47. Severe Progressive Muscular Atrophy
36. Poliomyelitis	48. Spinal Muscular Atrophy
37. Primary Lateral Sclerosis	49. Stroke
38. Progressive Supranuclear Palsy	50. Tuberculosis Meningitis
39. Severe Bacterial Meningitis	
Group 6 – Other Critical Illnesses	
51. Amputation of Feet due to Complication from Diabetes Mellitus	61. Medically Acquired HIV Infection
52. Aplastic Anaemia	62. Necrotising Fasciitis
53. Chronic Adrenal Insufficiency	63. Occupationally Acquired HIV Infection
54. Ebola	64. Pheochromocytoma
55. Elephantiasis	65. Severe Burns
56. HIV Infection through Blood Transfusion	66. Terminal Illness
57. Loss of Independent Existence (Coverage up to age 64)	67. Total and Permanent Disability (Coverage up to age 75)
58. Loss of One Limb and Sight of One Eye	68. Total Blindness
59. Loss of Speech	69. Total Deafness
60. Loss of Two or More Limbs	

Severity Level 2 Critical Illnesses^{7,12} – 50% of the sum insured

Group 1 – 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 By-pass	
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^{1, 7, 11, 12, 20} – 20% of the sum insured

Group 1 – Cancer	
1. Carcinoma In Situ ¹	2. Less Severe Malignancy ¹
Group 2 – Illnesses Related to the Lungs and Functions	
3. Chronic Lung Disease	4. Miliary Tuberculosis
Group 3 – Illnesses Related to Major Organs and Functions	
5. Biliary Tract Reconstruction Surgery	12. Less Severe Systemic Lupus Erythematosus
6. Endovascular Treatment of Mesenteric Artery Disease	13. Less Severe Ulcerative Colitis
7. Endovascular Treatment of Renal Artery Disease	14. Major Organ Transplant on Waiting List
8. Less Severe Crohn’s Disease	15. Partial Hepatectomy
9. Less Severe Renal Failure	16. Surgical Insertion of Vena-cava Filter
10. Less Severe Rheumatoid Arthritis	17. Surgical Removal of One Kidney
11. Less Severe Scleroderma	18. Tracheostomy
Group 4 – Illnesses Related to the Heart	
19. Angioplasty ²⁰	25. Less Severe Infective Endocarditis
20. Carotid Artery Surgery	26. Pericardiectomy
21. Endovascular Heart Valve Intervention	27. Permanent Insertion of Cardiac Defibrillator ²⁰
22. Endovascular Treatments of Aortic Disease or Aortic Aneurysm	28. Permanent Insertion of Cardiac Pacemaker ²⁰
23. Less Severe Cardiomyopathy	29. Secondary Pulmonary Hypertension
24. Less Severe Heart Attack ²⁰	

Group 5 – Illnesses Related to the Nervous System	
30. Cerebral Shunt Insertion	41. Less Severe Myasthenia Gravis
31. Early Stage Dementia including Early Stage Alzheimer's Disease	42. Less Severe Parkinson's Disease
32. Endovascular Treatment for Cerebral Aneurysm	43. Less Severe Poliomyelitis
33. Less Severe Amyotrophic Lateral Sclerosis	44. Less Severe Primary Lateral Sclerosis
34. Less Severe Bacterial Meningitis	45. Less Severe Progressive Bulbar Palsy
35. Less Severe Coma	46. Less Severe Progressive Muscular Atrophy
36. Less Severe Creutzfeldt-Jakob Disease (Mad Cow Disease)	47. Less Severe Progressive Supranuclear Palsy
37. Less Severe Encephalitis	48. Less Severe Spinal Muscular Atrophy
38. Less Severe Head Trauma	49. Pituitary Adenoma ¹
39. Less Severe Multiple Sclerosis	50. Surgery for Subdural Haematoma
40. Less Severe Muscular Dystrophy	51. Tuberculous Myelitis
Group 6 – Other Critical Illnesses	
52. Acute Aplastic Anaemia	61. Less Severe Burns
53. Acute Necrohemorrhagic Pancreatitis	62. Less Severe Elephantiasis
54. Adrenalectomy for Adrenal Adenoma	63. Loss of Functionality of Key Organs ¹ First-in-market³
55. Amputation of One Foot due to Complication from Diabetes Mellitus	64. Loss of Sight in One Eye
56. Cochlear Implant ²⁰	65. Loss of Speech due to Vocal Cord Paralysis
57. Diabetic Retinopathy	66. Osteoporosis with Fracture ¹ (Coverage up to age 70)
58. Facial Burns due to Accident	67. Severe Hearing Loss ²⁰ (Coverage from age 2)
59. Facial Reconstructive Surgery for Injury due to Accident	68. Skin Transplantation
60. Hemolysis Streptococcus Gangrene	

Juvenile Illnesses^{1, 6, 7, 11, 12} – 20% of the sum insured (Coverage up to Age 18)

1. Autism	10. Severe Asthma
2. Dengue Haemorrhagic Fever	11. Severe Epilepsy
3. Insulin Dependent Diabetes Mellitus	12. Severe Haemophilia A
4. Intellectual Impairment due to Sickness and/or Accidental Bodily Injury	13. Severe Haemophilia B
5. Juvenile Huntington Disease	14. Still's Disease
6. Kawasaki Disease	15. Type I Juvenile Spinal Amyotrophy
7. Marble Bone Disease (Osteopetrosis)	16. Type II Juvenile Spinal Amyotrophy
8. Osteogenesis Imperfecta – Type III	17. Wilson's Disease
9. Rheumatic Fever with Valvular Involvement	

Specified Respiratory Diseases^{6,8}

1. Carcinoma In Situ of the Lung	7. Major Organ Transplant on Waiting List (Lung)
2. Chronic Lung Disease	8. Severe Asthma (Coverage up to age 18)
3. Chronic Obstructive Lung Disease	9. Severe Bronchiectasis
4. End Stage Lung Disease	10. Severe Emphysema
5. Lung Cancer	11. Severe Pulmonary Fibrosis
6. Major Organ Transplant (Lung)	12. Surgical Removal of a Lung

Loss of Functionality of Key Organs¹ First-in-Market³

The Plan protects the Insured from the potential risk of the decline of functionality of specified key organs (heart, liver, lung and kidney) due to unfortunate events of sickness or accident.

Loss of Functionality of Key Organs means any of the following conditions which has persisted for at least 3 consecutive months:

Organ	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 consistently is over 10 kPa.
Kidney	Estimated Glomerular Filtration Rate is lower than or equal to 40mL/min/1.73 m ² .

For detailed definition of the Loss of Functionality of Key Organs, please refer to the Policy Provisions.

Additional Benign Benefit^{6,12}

Surgical Excision of Benign Tumour of Specified Organ	Additional Benign Benefit as % of the sum insured of the basic plan	Maximum Amount per Insured (USD)
Heart	20%	40,000
Liver	20%	40,000
Lung	20%	40,000
Pancreas	20%	40,000
Pericardium	20%	40,000
Ureter	20%	40,000
Adrenal Gland	10%	20,000
Bone	10%	20,000
Conjunctiva	10%	20,000
Kidney	10%	20,000
Nerve in cranium or spine	10%	20,000
Pituitary gland	10%	20,000
Small intestine	10%	20,000
Testis	10%	20,000
Breast	5%	10,000
Ovary	5%	10,000
Penis	5%	10,000
Uterus (Covers only endometrial polyps)	5%	10,000

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. The maximum total amount of Living Benefit payable for each of the Juvenile Illnesses and each of the following Critical Illnesses of (i) Carcinoma In Situ; (ii) Less Severe Malignancy; (iii) Osteoporosis with Fracture; (iv) Pituitary Adenoma; and (v) Loss of Functionality of Key Organs under all policies of the Insured in the Company is USD 50,000. This Plan covers Carcinoma In Situ in all organs (except Carcinoma In Situ of the skin).
2. 1% of the sum insured will be paid to the Owner until the end of the 18th Policy Month or until the next claim of Additional Benefit on Severe Urban Diseases, whichever is earlier, on each Policy Monthly Anniversary after the diagnosis of the Insured. We will only pay the Caregiving Support Benefit for up to 4 times upon Living Benefit or Additional Benefit on Severe Urban Diseases is paid or payable for the diagnosis of the first 4 Severity Level 3 Critical Illnesses of Cancer, Stroke or Severe Heart Attack (i.e. the aggregate total amount shall not exceed 72% of the sum insured). Caregiving Support Benefit would not be payable upon the 4th time of Additional Benefit on Severe Urban Diseases.
3. "First-in-market" item is concluded by comparing the same type of major Critical Illness protection products in the life insurance market in Hong Kong as of 9 November 2020. Caregiving Support Benefit covers Stroke and Severe Heart Attack in addition to Cancer, and is first-in-market to pay 1% of the sum insured on each Policy Monthly Anniversary for up to 18 months after the diagnosis, without submitting any proof of active treatment or end-of-life care.
4. Regarding the scope of illness coverage, please refer to the Overview of Covered Illness Benefits of "HealthCare 168 Plus" Critical Illness Protector.
5. Aggregate coverage of up to 500% of the sum insured for Cancer, Stroke or Severe Heart Attack under Severity Level 3 Critical Illnesses includes the first Living Benefit on Cancer, Stroke or Severe Heart Attack, 4 subsequent claims of Additional Benefit on Severe Urban Diseases and relevant Caregiving Support Benefit. For subsequent claims, the Insured must survive for at least 14 days from the date of each diagnosis of Cancer, Stroke or Severe Heart Attack and meet the waiting period requirement listed in the Policy Provisions. The coverage of Additional Benefit on Severe Urban Diseases shall be terminated upon the Policy Anniversary at which the Insured attained age 85. The Plan provides up to 5 claims of Cancer, Stroke and Severe Heart Attack under Severity Level 3 Critical Illness (including the first Living Benefit). The Plan will be terminated upon the first claim of the Living Benefit on Severity Level 3 Critical Illness and subsequent 4 claims of Additional Benefit on Severe Urban Diseases.
6. If the Insured is diagnosed with a covered Critical Illness or Juvenile Illness or has undergone a Surgical Excision of Benign Tumour, we will pay Living Benefit, Additional Living Benefit, Additional Benefit on Severe Urban Diseases, Additional Benefit on Respiratory Disease and Additional Benign Benefit provided that the Insured is alive when applying to us for the benefit claim.
7. 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 on 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 attained age 70, and shall be paid together with the Living Benefit or Death Benefit of Severity Level 3 Critical Illness 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.
8. The aggregate total amount paid or payable of all Additional Living Benefit, Additional Death Benefit and Additional Benefit on Respiratory Disease (coverage up to age 70) shall not exceed 60% of the sum insured within the first 20 Policy Years (issue age 20 or below) or the first 10 Policy Years (issue age 21 or above). Afterwards, the maximum total amount of Additional Benefit on Respiratory Disease (coverage up to age 70) shall be equal to 50% of the sum insured after the 20th Policy Year (issue age 20 or below) or the 10th Policy Year (issue age 21 or above), deducting the Additional Living Benefit (if any) and Additional Benefit on Respiratory Disease (if any) paid or payable. If the Additional Living Benefit becomes payable, we will not pay the Additional Benefit on Respiratory Disease (if applicable) for the same Severity Level 3 Critical Illness, and vice versa. The aggregate total amount of Living Benefit paid or payable shall be less than 100% of the sum insured before any claim of the Additional Benefit on Respiratory Disease. For Additional Living Benefit, Additional Death Benefit and Additional Benefit on Respiratory Disease, the issue age represents the attained age of the Insured when the Policy is issued.
9. If the date of diagnosis of the Respiratory Disease falls prior to the Policy Anniversary immediately following age 70 of the Insured, coverage of up to 160% of the sum insured on Respiratory Diseases will be provided, including 100% of the sum insured of Living Benefit on Severity Level 3 Critical Illness, and 60% of the sum insured of Additional Benefit on Respiratory Disease within the first 20 Policy Years (issue age 20 or below) or the first 10 Policy Years (issue age 21 or above). For Additional Benefit on Respiratory Disease, the issue age represents the attained age of the Insured when the Policy is issued.
10. The Plan also provides benefit to people with Benign Conditions. However, we will not pay any Additional Benign Benefit for the organ with pre-existing Benign Conditions.
11. Irrespective of any Living Benefit paid or payable for any Severity Level 1 Critical Illness(es) or Juvenile Illness(es), the full premiums will continue to be payable without any reduction.
12. In case more than one Critical Illness and/or Juvenile Illness are diagnosed and/or Surgical Excision of Benign Tumour has been undergone in the same accident/illness, we will only pay the benefit relating to one of those Critical Illness(es) or Juvenile Illness(es) or Surgical Excision of Benign Tumour for which the highest benefit amount is payable (or if the loss items are of an equal benefit amount, only one benefit is payable). Please refer to the Policy Provisions for details.
13. The aggregate total amount of all Living Benefits and (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 when 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 Benefits and 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 first Living Benefit claim of Severity Level 3 Critical Illness.
14. The waiting period of Additional Benefit on Severe Urban Diseases is as follows:
 - 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).
 - 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 all 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 both the Subsequent Cancer (diagnosed after age 70 of the Insured) and the Preceding Cancer 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.

15. Convertibility Privilege is only applicable to the Insured of issue age 55 or below. Upon conversion, the Additional Living Benefit and Additional Death Benefit shall be terminated immediately. The sum insured of the new converted plan must be equal to 60% of sum insured of the original Policy, deducting the total amount of Additional Living Benefit paid or payable (if any) and Additional Benefit on Respiratory Disease paid or payable (if any). Convertibility Privilege shall be terminated upon the 20th Policy Anniversary (issue age 20 or below) or the 10th Policy Anniversary (issue age 21 or above). The extra premium loading, the addition of exclusions and special terms and conditions imposed on the Plan will also be applicable to the designated whole life or whole life with critical illness protection insurance plan issued under this Convertibility Privilege. The Owner shall pay additional premium (if required) for the new converted plan. For Convertibility Privilege, the issue age represents the attained age of the Insured when the Policy is issued.
16. If no Living Benefit claim of Severity Level 3 Critical Illness is paid or payable prior to the death of the Insured, the Death Benefit is equal to 100% of the sum insured + Terminal Dividend (if any) – aggregate total amount of Living Benefit paid or payable (if any) – Indebtedness (if any). If the Living Benefit claim of Severity Level 3 Critical Illness is paid or payable prior to the death of the Insured, the Death Benefit is equal to USD 1,000.
17. Terminal Dividend is not guaranteed and will be payable after this Policy has been in force for a specified number of Policy Years. The Company will consider the total amount of Living Benefits paid or payable and the amount that exceeds the Guaranteed Cash Value of the Policy (if any) before 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 of the following: (i) death of the Insured; (ii) the Living Benefit of Severity Level 3 Critical Illness is paid or payable; (iii) Policy surrender; and (iv) Policy Maturity (the Policy Anniversary at which the Insured attained age 100). We will pay the Terminal Dividend on the basic plan in accordance with the provisions of this Plan, deducting any Indebtedness thereunder.
18. 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 prevailing interest rate offered at that time (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 Owner is required to make up the difference.
19. "Free Worldwide Emergency Assistance Services" are provided by International SOS (HK) Limited. 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.
20. Living Benefit will be payable only once and for only one of the following Critical Illnesses specified in the same list under this Plan, with no further Living Benefit for any of the remaining Critical Illnesses as follows:
 - (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.
21. If the Critical Illness or Juvenile Illness is diagnosed or Surgical Excision of Benign Tumour has been undergone in a hospital in the People's Republic of China (except Hong Kong and Macau), we will pay the benefit only if the Critical Illness or Juvenile Illness is diagnosed or the Surgical Excision of Benign Tumour takes place in a hospital classified as Grade 3A 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 (applicable to non-Hong Kong residents only).

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 Surgical Excision of Benign Tumour or any of the Critical Illnesses/Juvenile Illnesses:

1. any illnesses with signs or symptoms which first occurred or any conditions with medical advice recommended (i) before the later of the Policy Effective Date or reinstatement date; or (ii) 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. a self-inflicted Injury (including suicide or attempted suicide); or
5. any violation or attempted violation of the law.

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

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. 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 this 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, this 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.

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 "HealthCare 168 Plus" Critical Illness Protector, 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 this 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 this 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) Termination

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

- any premium under this Policy remains in default at the end of the Grace Period unless the automatic premium loan is applicable; or
- this Policy is fully surrendered; or
- the amount of Indebtedness equals or exceeds Guaranteed Cash Value net of all Living Benefit paid or payable; or
- aggregate total amount of Living Benefit paid or payable is equal to the sum insured of the basic plan of this Policy, with an aggregate 400% of the sum insured paid for Additional Benefit on Severe Urban Diseases (if any) and Caregiving Support Benefit (if any) at the same time; or
- aggregate total amount of Living Benefit paid or payable is equal to the sum insured of the basic plan of this Policy, and our liability regarding Additional Benefit on Severe Urban Diseases is terminated on the Policy Anniversary at which the Insured attained age 85; or
- the death of the Insured; or
- the Policy matures on the Policy Anniversary at which the Insured attained age 100.

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

iv) Policy Reinstatement

If this 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.

v) 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.

vi) Other Key Product Risks

- "HealthCare 168 Plus" Critical Illness Protector is 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 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 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.
- "HealthCare 168 Plus" Critical Illness Protector is an insurance policy issued by us. The insurance benefits are subject to our company's credit risks.

vii) 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 this Policy shall be limited to the refund of the premiums paid since (i) or (ii), whichever is later, and deduct any Indebtedness and any claims which have been paid by us since (i) or (ii), whichever is later.

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 this 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.

viii) Eligible "Medically Necessary" Claims

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

"Medically Necessary"

It 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.

ix) Surrender Provisions

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

x) Dividend Philosophy

- Premium income received from the Owner is invested in an investment portfolio to support the product groups determined by us according to the investment policy. The 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:
 - a) 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.
 - b) Surrender: include policy surrender, partial surrender and policy lapse experience; and the corresponding impact on investments relating to this product.
 - c) Claims: include the cost of providing the Death Benefit and other Insured benefits under the product.
 - d) Expense: include both expenses directly related to the Policy (e.g. commission, underwriting, issue and premium collection expense) 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 rate at least once per year. The declared dividend rate 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 rate against the illustration or should there be a change in the projected future dividend rates, such change will be reflected in the Policy Anniversary statement and the benefit summary.

xi) Investment Philosophy, Policy and Strategy

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

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

- Investment instruments include cash, deposits, investment grade and non-investment grade bonds, unrated bonds, real estate investment trusts, listed equities, exchange traded funds, unlisted private investments or other structured products. Investment assets are predominantly denominated in U.S. dollars. Derivatives and other hedging instruments may be used to manage investment risks at the Company's decision based on its long-term market view and asset-liability positions. Nonetheless, it should be noted that residual investment risk may still exist after hedging.
- The asset portfolio targets to provide diversification across different geographic regions (mainly in the U.S., Europe and Asia Pacific markets) and industries to the extent that the size of the portfolio can support. Currency exposure of the underlying policies is mitigated either through direct investments in assets in the same currency denomination or the use of currency hedging instruments. Furthermore, the asset portfolio is actively managed by investment professionals to 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 Owners for any material changes, rationale for the change and any impact to the Owners.

You may browse our website at <https://www.ftlife.com.hk/en/support/disclosures/fulfillment-ratios-dividends.html> 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.

FTLife scoops prestigious industry accolades

Bloomberg Businessweek/Chinese Edition "Financial Institution Awards 2020"



Outstanding Performance
Insurance - Medical Care

Medical Insurance Plan –
Outstanding Award



Outstanding Performance
Insurance - Integrated Marketing (Product)

Integrated Marketing (Product) –
Outstanding Award



Outstanding Performance
Insurance - Training and Development Achievement (Agency Force)

Training and Development Achievement
(Agency Force) – Outstanding Award

2020 "Benchmark" Wealth Management Awards



INTERMEDIARY SUPPORT
BEST-IN-CLASS

Intermediary Support –
Best in Class



WHOLE-LIFE INSURANCE
BEST-IN-CLASS

Whole-Life Insurance –
Best in Class



VOLUNTARY HEALTH INSURANCE SCHEME
OUTSTANDING ACHIEVER

Voluntary Health Insurance Scheme
(VHIS) – Outstanding Achiever

Metro Finance "GBA Insurance Awards 2019 – Hong Kong Region"



Outstanding Savings Product Award



Outstanding Marketing Strategies Award –
Integrated Marketing (Life Insurance)



Outstanding Online Platform Award –
(Life Insurance)

"Capital Weekly"
PROchoice Life Insurance Award



"Hong Kong Business"
Outstanding Enterprises Awards –
Life Insurance



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