FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) (the "Company")

Name of Insured Person:	Gopinathan Latika Aaliyah	Print Date:	03/09/2024
Age Next Birthday:	7	Sex:	Female
Plan:	vTheOne Medical Plan	Risk Class:	Preferred
		Policy Currency:	HKD

Benefit Description	Initial Sum Insured / Protection Amount	Initial Yearly Premium	Premium Payment Term	Benefit Term
vTheOne Medical Plan (Superior)^(HVS6) (with HKD 40,000 Deductible) Insured Person/Female/7		6,185.00	94 years	94 years

Total Initial Yearly Premium (1):	6,185.00
Insurance Levy (2):	6.19
Total (1) + (2):	6,191.19

^ The premium rates are not guaranteed. The Company reserves the right to review and adjust the premiums from time to time.

Notes:

1. The age referred to in this document is the age of the Insured Person on his or her next birthday while the age on the Terms and Benefits under the Policy provisions of vTheOne Medical Plan (this "Plan") is defined as the attained age of the Insured Person.
2. This Plan is a Flexi Plan certified by the Government under Voluntary Health Insurance Scheme (No. F00067-15-000-01), the vTheOne Medical Plan Coverage in part i, the no claims premium discount in part ii, change of Deductible in part iii and first-dollar coverage – Deductible waived for designated crises in part iv of this illustration are certified by the Government. Special benefit for infant, life enrichment program, wellness joy benefit, dementia support program and change of benefit level in part v of this illustration are not certified by the Government. They are optional and do not form part of the Terms and Benefits of vTheOne Medical Plan. You have the right to opt-out these benefits / services. Please inform the Company in writing if you do not want to receive these free additional benefits / services.
3. The costs of insurance and the related costs of the Policy are included in the premium paid under this Plan despite the product brochure / leaflet and / or the illustration documents of this Plan having no schedule / section of fees and charges or no additional charge noted other than the premium.
4. The Company will call the Policy Holder to verify the application if the Policy Holder is a vulnerable customer or any suitability mismatch is found.
5. Insurance levy in this document is calculated based on the above total initial premium. If premium is adjusted due to campaign, promotion and / or Premium Loading (if any), the insurance levy might be slightly different from the actual insurance levy payable. If the Company receives any excess amount, it will be used to settle the next premium due or be refunded to the Policy Holder upon request without any interest.
6. This insurance levy is compulsory and applies to all insurance policies where the Policy Effective Date is on or after 1 January 2018. The insurance levy is required to be paid by the Policy Holder at the same time as the premium is paid, however it does not form part of the premium and is not included in the calculations shown in this illustration.
7. Please refer to the product brochure / leaflet of this Plan and other insurance plan (if any) for the detailed key product risks, including but not limited to credit risk, exchange rate and currency risk, inflation risk, exclusions, premium adjustment, premium term and non-payment of premium and termination conditions, and the important notes on the tax deduction.
8. This Plan is underwritten by the Company. All benefits payable under this Plan are subject to the credit risk of the Company.
9. If the Insured Person is a non-smoker, Risk Class of this document is shown as Preferred, otherwise, it is shown as Standard. The actual risk class is subject to underwriting's final decision.
10. If the Policy Holder is a Hong Kong taxpayer, he / she is eligible for tax deduction of up to HKD8,000 per Insured Person per year of assessment for premium he / she paid for himself / herself and his / her specified relatives. Tax deduction is subject to the latest rules and regulation of Inland Revenue Department of Hong Kong Special Administrative Region. Please refer to the website of the Inland Revenue Department ("IRD") of Hong Kong Special Administrative Region (www.ird.gov.hk/eng/) and VHIS (www.vhis.gov.hk/en/) or to contact the IRD directly for any tax related enquiries. The Company and the intermediaries do not provide tax advice. The Policy Holder should always consult with a professional tax advisor if he / she has any doubts.
11. The benefit coverage, benefit amount and benefit limits, territorial scope of cover, choice of healthcare services provider, choice of ward class, Deductible (if any), Coinsurance (if any), the waiting period for unknown Pre-existing Conditions and the calculation of no claims premium discounts of this Plan will remain unchanged even if the Policy Year lasts for less than twelve (12) months.

The product information does not contain and is subject to the terms and benefits of the Policy. For the full terms, conditions, benefits and exclusions, please refer to the Policy provisions.

The Plan is a standalone medical insurance product. You can purchase this product without bundling with other insurance products.

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i. vTheOne Medical Plan Coverage

This Plan provides coverage for the following items, subject to the Deductible, the limit specified in each item and the Annual Benefit Limit:

Territorial scope of cover (Geographical limitation) <Note 1>	Except for psychiatric treatments, cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong and cash benefit for Confinement in Intensive Care Unit in Hong Kong – For non-Emergency Treatment: Worldwide excluding the United States of America ("USA") For Emergency Treatment: Worldwide
Annual Benefit Limit for benefit items (a) - (l) of I. Basic benefits, 1 - 13 of II. Enhanced benefits and 3 – 8 of III. Other benefits	HKD16,000,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) - (l) of I. Basic benefits, 1 - 14 of II. Enhanced benefits and 3 – 8 of III. Other benefits	Nil
Deductible for benefit items (a) – (l) of I. Basic benefits, 1 – 6, 7(a), 7(b) and 8 – 13 of II. Enhanced benefits and 3 of III. Other benefits <Note 2>	HKD40,000 per Policy Year
First-dollar coverage – Deductible waived for designated crises <Notes 3 and 4>	The remaining balance of Deductible (if any) shall be reduced to zero dollar ($0) for the Medical Services if the Insured Person – • suffers any of the designated crises as stated in the Supplement – First-dollar coverage – Deductible waived for designated crises of the Policy provisions; and • upon the recommendation of the attending Registered Medical Practitioner in writing, receives any Medical Services as a result of the designated crises for which benefits are payable under benefit items (a) to (l) of I. Basic benefits and / or 1 to 13 under II. Enhanced benefits.
Entitled ward class	Standard Private Room <Note 5>

Benefit Schedule

Benefit items <Note 6>	Benefit Limit **HKD**
I. Basic benefits	
(a) Room and board	Full cover <Note 7>
(b) Miscellaneous charges	Full cover <Note 7>
(c) Attending doctor's visit fee	Full cover <Note 7>
(d) Specialist's fee <Note 3>	Full cover <Note 7>
(e) Intensive care	Full cover <Note 7>
(f) Surgeon's fee	Full cover regardless of the surgical category <Note 7>
(g) Anaesthetist's fee	Full cover <Note 7>
(h) Operating theatre charges	Full cover <Note 7>
(i) Prescribed Diagnostic Imaging Tests <Notes 3 and 8>	Full cover <Note 7>
(j) Prescribed Non-surgical Cancer Treatments <Note 9>	Full cover <Note 7>
(k) Pre- and post-Confinement / Day Case Procedure outpatient care <Note 3> • All prior outpatient visits or Emergency consultations per Confinement / Day Case Procedure (within 31 days before admission or Day Case Procedure, subject to 1 visit per day) • One prior outpatient visit or Emergency consultation per Confinement / Day Case Procedure (more than 31 days before admission or Day Case Procedure) • All follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure, subject to 1 visit per day)	Full cover <Note 7>
(l) Psychiatric treatments <Note 10>	Full cover <Note 7>

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II. Enhanced benefits

1.	Reconstructive surgery benefit <Note 3>	200,000 per Accident / mastectomy
2.	Medical appliances benefit for reconstructive surgery	120,000 each item per Policy Year
3.	Donor's benefit (For transplantation of heart, kidney, liver, lung or bone marrow)	30% of total transplantation cost
4.	Emergency outpatient accidental treatment	Full cover <Note 7>
5.	Outpatient kidney dialysis <Note 3>	Full cover <Note 7>
6.	Rehabilitation treatment <Note 3>	120,000 per Policy Year
7.	Stroke rehabilitation treatment	
	(a) Home facility enhancement benefit <Note 3>	100,000 per Incident
	(b) Stroke ancillary benefit <Note 3> (Maximum 30 visits per Policy Year, subject to 1 visit per day)	1,200 per visit, up to 120,000 per Incident
	(c) Disability subsidy benefit (Maximum 24 months per Incident)	12,000 per month
8.	Hospice care	120,000 per Policy Year
9.	Private nurse's fee <Note 3> (Maximum 60 days per Policy Year, subject to services provided by 1 Registered Nurse per day)	Full cover <Note 7>
10.	Post-Confinement home nursing <Note 3> (Maximum 196 days per Policy Year, within 196 days after discharge from Hospital following surgery or admission to Intensive Care Unit, subject to services provided by 1 Registered Nurse per day)	Full cover <Note 7>
11.	Companion bed	Full cover <Note 7>
12.	Post-Confinement/Day Case Procedure Chinese medicine treatment • Maximum 15 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) • 1 follow-up outpatient visit per day	600 per visit
13.	Pregnancy complications <Note 11>	Full cover <Note 7>
14.	Additional benefit for Prescribed Non-surgical Cancer Treatments <Note 9>, kidney dialysis <Note 3> and organ or bone marrow transplantation • Eligible Expenses incurred in excess of the amounts payable under – (a) benefit item (j) of I. Basic benefits for Prescribed Non-surgical Cancer Treatments <Note 9>; (b) benefit item (b) of I. Basic benefits for kidney dialysis <Note 3> incurred during Confinement; (c) benefit item 5 of II. Enhanced benefits for outpatient kidney dialysis <Note 3>; or (d) benefit items (a) - (i) of I. Basic benefits for organ or bone marrow transplantation	1,500,000 per Policy Year

III. Other benefits

1.	Death benefit	80,000
2.	Accidental death benefit	80,000
3.	Emergency outpatient dental treatment <Note 12>	Full cover <Note 7>
4.	Cash benefit for Day Case Procedure (Maximum 1 Day Case Procedure per day)	1,600 per procedure
5.	Cash benefit for top-up subsidy (Maximum 60 days per Policy Year)	900 per day of Confinement

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6.	Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong <Note 13> (Maximum 30 days per Policy Year)	1,600 per day of Confinement
7.	Cash benefit for major and complex surgeries (Maximum 1 major or complex surgery per day)	Per surgery, subject to the categorisation of such surgery under the Schedule of Surgical Procedures – 10,000 per major surgery 20,000 per complex surgery
8.	Cash benefit for Confinement in Intensive Care Unit in Hong Kong • The Insured Person is Confined in a Hospital in Hong Kong during which he / she is admitted to Intensive Care Unit for at least 3 consecutive days and the Eligible Expenses incurred during such Confinement period are payable in accordance with the Terms and Benefits; and • This benefit is payable once only during the whole Confinement period.	20,000 per Confinement

For details, please refer to the Policy provisions of this Plan.

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Notes:

1. Eligible Expenses incurred for any non-Emergency Treatments performed in the USA shall be payable up to the benefit limits as stated in the benefit schedule attached to the Standard Plan Terms and Benefits.

   Psychiatric treatments, cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong and cash benefit for Confinement in Intensive Care Unit in Hong Kong shall only be payable for Confinement in Hong Kong. Please refer to Section 1 of Part 1 of the Supplement – Limitation of benefits of the Policy provisions for details, in particular the limitation on designated Hospital list in mainland China as specified in Section 2 of Part 1 of the Supplement – Limitation of benefits of the Policy provisions.
2. Deductible shall mean a fixed amount of Eligible Expenses or expenses that, in a Policy Year, the Policy Holder must pay before the Company shall reimburse the remaining Eligible Expenses or remaining expenses.
3. The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
4. Designated crises shall include Cardiac Impairment Caused By Cardiomyopathy, Cardiac Impairment Due To Primary Pulmonary Arterial Hypertension, Chronic Liver Disease, Coronary Artery Bypass Operation, End Stage Lung Disease, Fulminant Hepatitis, Heart Attack (Acute Myocardial Infarction), Kidney Failure, Major Organ Transplantation, Open Heart Valve Surgery, Parkinson's Disease, Severe Rheumatoid Arthritis, Specified Cancer, Stroke, Surgery to Aorta and Terminal Illness. For details of the benefit, including the definition of the designated crises, please refer to the Supplement – First-dollar coverage – Deductible waived for designated crises of the Policy provisions.
5. Standard Private Room shall mean a standard single occupancy room with an adjoining bathroom for the Insured Person's use during his or her Confinement, but does not include any Hospital room that has its own kitchen, dining or sitting room.
6. Unless otherwise specified, the Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above. Eligible Expenses and / or expenses incurred shall be subject to the restriction in the choice of ward class as specified in Section 3 of Part 1 of the Supplement – Limitation of benefits of the Policy provisions.
7. Full cover shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses and other expenses charged after deducting the remaining Deductible (if any) and is subject to the Annual Benefit Limit.
8. Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
9. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
10. This benefit shall be payable for the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist. The benefit shall be payable in lieu of other benefit items under (a) to (k) of I. Basic benefits in the Benefit Schedule. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatments, the expenses in entirety shall be payable under (a) to (k) of I. Basic benefits in the Benefit Schedule.
11. This benefit shall be payable for the Eligible Expenses incurred for the benefit items described in benefit items under (a) to (i) of I. Basic benefits in the Benefit Schedule where a surgical procedure is performed by a Surgeon during Confinement or in a setting for providing Medical Services to a Day Patient as a result of the following pregnancy related complications arising during antepartum stages of pregnancy or childbirth – (a) ectopic pregnancy; (b) molar pregnancy; (c) disseminated intravascular coagulopathy; (d) pre- eclampsia; (e) miscarriage; (f) threatened abortion; (g) medically prescribed induced abortion; (h) foetal death; (i) postpartum hemorrhage requiring hysterectomy; (j) eclampsia; (k) amniotic fluid embolism; or (l) pulmonary embolism of pregnancy. This benefit shall only be payable provided that the date of diagnosis of such pregnancy complication is at least twelve (12) months after the Policy Effective Date.
12. This benefit shall be payable for the Reasonable and Customary charges of Emergency Treatment to the Insured Person's sound natural teeth solely as a direct result of an Injury, if such treatment is provided within three (3) months of the Accident causing such Injury by a registered dentist in a legally registered dental clinic. The Company shall not pay any benefits for any restorative or remedial work (for the purpose other than Emergency Treatment), prostheses, the use of any precious metals or any kind of orthodontics, or other dental surgery performed in a legally registered dental clinic unless the dental surgery is medically necessary. For the purpose of this benefit, medically necessary shall mean the medical service, procedure or supply which are necessary and is (a) consistent with the diagnosis and customary dental treatment; (b) recommended by a Registered Medical Practitioner, Surgeon or registered dentist for such emergency dental treatment and must be widely accepted professionally in Hong Kong or the relevant jurisdictions outside Hong Kong where the medical service is provided to the Insured Person, as effective, appropriate and essential based upon recognised standards of the health care specialty involved; and (c) not furnished primarily for the personal comfort or convenience of the Insured Person or any medical service provider. Experimental, screening and preventive services or supplies shall not be considered as medically necessary for the purpose of this benefit.

13. This benefit shall be payable in the amount as specified in the Benefit Schedule for each day when the Insured Person is Confined in a room of a private Hospital in Hong Kong where the ward class is below the entitled ward class as specified in the Benefit Schedule during the whole Confinement period, provided that:

    (a) such Confinement is considered Medically Necessary upon the recommendation of the Insured Person's attending Registered Medical Practitioner; and

    (b) the Eligible Expenses incurred for such Confinement are payable under these Terms and Benefits.

ii. No claims premium discount

1. No claims premium discount

If:

(a) this Policy has been in force for two (2) or more consecutive Policy Years; and

(b) no claims have been incurred under this Policy during two (2) or more consecutive Policy Years immediately prior to the Policy's Renewal and no claims have been settled by the Company. For the purpose of this clause, a claim is considered as incurred on

(i) the first date of admission if the Insured Person is Confined in a Hospital, admitted to a Registered Rehabilitation Centre or a registered hospice; or

(ii) the date on which the Medical Service is performed on the Insured Person as a Day Patient;

then the Policy Holder shall be eligible for a no claims premium discount on the Renewal premium of this Policy at the following rate:

No claims period immediately prior to the Policy's Renewal	**No claims premium discount (Discount rate on Renewal premium)**
Two (2) consecutive Policy Years	10%
Three (3) consecutive Policy Years	10%
Four (4) consecutive Policy Years	10%
Five (5) or more consecutive Policy Years	15%

2. Extra no claims premium discount

On any Renewal Date, the Policy Holder shall be eligible for this extra no claims premium discount if the Policy Holder is eligible for the relevant no claims premium discount as stated in Section 1 above for (i) this Policy and (ii) other in-force "vTheOne Medical Plan policy" (policies) respectively.

In addition to the relevant no claims premium discount applicable on the Renewal premium specified in Section 1 above, the Policy Holder shall be eligible for an extra no claims premium discount on the Renewal premium of this Policy at the following rate:

Number of in-force policies (including this Policy) issued to the Policy Holder which are eligible for the no claims premium discount as stated in Section 1 on any Renewal Date	**Extra no claims premium discount under this Policy (Discount rate on Renewal premium)**
Two (2) or Three (3)	2.5%
Four (4)	5%
Five (5) or above	10%

3. For the avoidance of doubt, if a claim under this Policy is incurred prior to the Renewal Date but is not made or settled until after the Renewal Date, and the Policy Holder has already received the no claims premium discount, the Policy Holder shall upon demand immediately repay the Company the difference between the no claims premium discount amount already received and the eligible discount amount under this Policy as recalculated according to Sections 1 and 2 above.

For details, please refer to the Policy provisions of this Plan.

iii. Change of Deductible

1. General provisions

The Policy Holder may apply to the Company in writing at least thirty (30) days before the Renewal Date for a variation of the Deductible under the Terms and Benefits. If the Company approves the application for variation of Deductible, claims for expenses incurred after variation of the Deductible shall be subject to the varied Deductible from the relevant Renewal Date.

2. Increasing Deductible

The Company shall approve the application for increasing Deductible without any re-underwriting.

3. Reducing or removing Deductible

(a) Except for exercising the right under Section 3(b) below, all applications for reducing or removing Deductible are subject to re-underwriting of the Company. Approval shall be given subject to the prevailing underwriting guideline of the Company.

(b) The Policy Holder can exercise a one-off right to reduce or remove the Deductible without re-underwriting, provided that:

(i) the request is made not less than thirty (30) days prior to the Renewal Date on or immediately following the date that the Insured Person attains the attained age of fifty (50), fifty-five (55), sixty (60), sixty-five (65), seventy (70), seventy-five (75) or eighty (80);

(ii) such right to reduce or remove the Deductible without re-underwriting can only be exercised once during the lifetime of the Insured Person; and

(iii) the Insured Person has been covered under the Policy continuously for two (2) consecutive Policy Years.

The Policy Holder can choose whether or not to exercise such right and the attained age to exercise such right.

For details, please refer to the Policy provisions of this Plan.

iv. First-dollar coverage – Deductible waived for designated crises

The terms and conditions stated in the Supplement – First-dollar coverage – Deductible waived for designated crises under the Policy provisions of this Plan are not applicable to vTheOne Medical Plan with zero dollar ($0) Deductible option shown in the Benefit Schedule.

While this Policy is in force, under the circumstances where the Insured Person suffers the following (a) to (p) designated crises (as defined in Part 2 of the Supplement – First-dollar coverage – Deductible waived for designated crises under the Policy provisions of this Plan) and, upon the recommendation of the attending Registered Medical Practitioner in writing, receives any Medical Services as a direct result of the designated crises, in calculation of the final amount payable under the Terms and Benefits according to the formula as stated in Section 5 of Part 1 of the Supplement – Limitation of benefits under the Policy provisions of this Plan, the remaining balance of Deductible (if any and if applicable) for such Medical Services shall be reduced to zero (0). The Company shall pay the Eligible Expenses and / or other expenses charged on such Medical Services for designated crises before the entire Deductible is met.

In the event that the Deductible is waived for a claim of Eligible Expenses and / or other expenses incurred for one (1) of the designated crises in accordance with the terms of the Supplement – First-dollar coverage – Deductible waived for designated crises under the Policy provisions of this Plan (i.e. the Policy Holder is not required to pay the Deductible amount for such claim), such amount of Eligible Expenses and / or other expenses payable shall still be reduced from the remaining balance of Deductible in the relevant Policy Year, if any and if applicable.

For the avoidance of doubt, the "first-dollar coverage – Deductible waived for designated crises" under the Supplement – First-dollar coverage – Deductible waived for designated crises under the Policy provisions of this Plan shall only be applicable to the Medical Services arising from any designated crisis defined under Parts 1 and 2 of the Supplement – First-dollar coverage – Deductible waived for designated crises under the Policy provisions of this Plan. Where the Eligible Expenses and / or other expenses involve Medical Services for both designated crises and any Disabilities other than such designated crises, and apportionment of the expenses is not available, the expenses in entirety shall be regarded as Eligible Expenses and / or other expenses charged on Medical Services for designated crises.

The definition of the following designated crises is provided in Part 2 of the Supplement – First-dollar coverage – Deductible waived for designated crises under the Policy provisions of this Plan. The designated crises must be confirmed by the Insured Person's attending Registered Medical Practitioner in writing and supported by clinical, radiological, histological or laboratory evidence reasonably acceptable to the Company.

Designated crises shall include:
(a) Cardiac Impairment Caused By Cardiomyopathy;
(b) Cardiac Impairment Due To Primary Pulmonary Arterial Hypertension;
(c) Chronic Liver Disease;
(d) Coronary Artery Bypass Operation;
(e) End Stage Lung Disease;
(f) Fulminant Hepatitis;
(g) Heart Attack (Acute Myocardial Infarction);
(h) Kidney Failure;
(i) Major Organ Transplantation;
(j) Open Heart Valve Surgery;
(k) Parkinson's Disease;
(l) Severe Rheumatoid Arthritis;
(m) Specified Cancer;
(n) Stroke;
(o) Surgery to Aorta; and
(p) Terminal Illness.

The "first-dollar coverage – Deductible waived for designated crises" under the Supplement – First-dollar coverage – Deductible waived for designated crises under the Policy provisions of this Plan shall not be applicable to the Medical Services arising from any designated crisis that the Policy Holder or Insured Person is aware of, or shall be reasonably aware of within the first ninety (90) days from the Policy Effective Date of the Policy. The Policy Holder or Insured Person shall be reasonably aware of a designated crisis where –
(q) the designated crisis has been diagnosed;
(r) the designated crisis has manifested clear and distinct signs or symptoms; or
(s) medical advice or treatment has been sought, recommended or received for the designated crisis.

For the avoidance of doubt, the "first-dollar coverage – Deductible waived for designated crises" under the Supplement – First-dollar coverage – Deductible waived for designated crises under the Policy provisions of this Plan shall not be applicable to any Policies where the selected Deductible option is zero dollar ($0).

v. Others

1. Special benefit for infant

While this Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for two (2) consecutive Policy Years from the Policy Effective Date ("Covered Child"), a two (2) - year coverage by a designated medical insurance plan for the Covered Child shall be offered without further evidence of insurability and at no additional charge.

Once the coverage for the Covered Child is in effect and if the Covered Child suffers from Disability during the coverage period, the Company shall pay the benefits based on the terms and benefits of the designated medical insurance plan. The benefit amount shall not be deducted from this Policy and shall not affect the coverage available to the Insured Person under this Policy.

This benefit is subject to the following conditions:

(a) the Policy Holder shall inform the Company in writing of the birth of the Covered Child within one hundred and eighty (180) days of the birth and provide the birth certificate of the Covered Child issued by the relevant competent authority of a lawful jurisdiction; and

(b) the terms and conditions of the designated medical insurance plan and the Company's prevailing rules and regulations which are determined by the Company from time to time at its sole discretion shall apply.

For the avoidance of doubt, this benefit is not available to children of the Insured Person who were born during or before the two (2) Policy Year period mentioned above.

For details, please refer to the Endorsements - Special benefit for infant, life enrichment program, wellness joy benefit, dementia support program and change of benefit level under the Policy provisions of this Plan.

This benefit / service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan – vTheOne Medical Plan. You have the right to opt-out this benefit / service. Please inform the Company in writing if you do not want to receive this free additional benefit / service.

2. Life Enrichment Program

While this Policy is in place and the Insured Person is still alive, the life enrichment program will be offered to the Insured Person upon occurrence of any of the following events:

(a) when the rehabilitation treatment benefit for Specified Cancer, Heart Attack or Stroke under Section 6 of Part 1 of the Supplement – Enhanced benefits of the Policy provisions is payable; or
(b) when Stroke rehabilitation treatment benefit under Section 7 of Part 1 of the Supplement – Enhanced benefits of the Policy provisions is payable.

The life enrichment program is a rehabilitation program which will start within six (6) months from the payment date of the aforementioned benefit payable. This program is only available in Hong Kong.

If the Insured Person who has a history of a previous Specified Cancer, Heart Attack or Stroke is diagnosed with a subsequent Specified Cancer, Heart Attack or Stroke, and the Insured Person has already been entitled to this life enrichment program under this Policy from the previous Specified Cancer, Heart Attack or Stroke, subsequent claim for this life enrichment program can be made provided that the Specialist in the relevant specialty confirms the diagnosis of the new Specified Cancer, Heart Attack or Stroke at least one (1) year after the date of diagnosis of the immediately preceding claim of Specified Cancer, Heart Attack or Stroke for which a claim for the life enrichment program has been made and the diagnosis must be supported with new imaging evidence or relevant medical investigations consistent with diagnosis of a new Specified Cancer, Heart Attack or Stroke which is not a recurrence of the previous Specified Cancer, Heart Attack or Stroke.

Details of the life enrichment program will be determined at the Company's sole discretion at the time the program is provided, the program may be provided by third party service providers selected by the Company. The Company will not be responsible for any act or failure to act on the part of the service providers and their healthcare network teams (if any). The Company reserves the right to amend, suspend or terminate the life enrichment program and to amend the relevant terms and conditions at any time without prior notice.

For details, please refer to the Endorsements - Special benefit for infant, life enrichment program, wellness joy benefit, dementia support program and change of benefit level under the Policy provisions of this Plan.

This benefit / service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan – vTheOne Medical Plan. You have the right to opt-out this benefit / service. Please inform the Company in writing if you do not want to receive this free additional benefit / service.

3. Wellness Joy Benefit

If this Policy has been in force for two (2) consecutive Policy Years from the Policy Effective Date; and if the Insured Person undertakes any of the following activities ("Wellness Activity(ies)") in the next Policy Year following the two (2)-year period:

(a) travel;
(b) fitness or wellness course; or
(c) health check-up,

the Company shall, upon receiving satisfactory evidence of participation, reimburse the actual expenses for such Wellness Activity(ies) once and up to a maximum limit of HKD2,000.

This benefit shall be payable once every two (2) consecutive Policy Years only, and any unused benefit will be forfeited and cannot be carried forward or refunded by cash.

For details, please refer to the Endorsements - Special benefit for infant, life enrichment program, wellness joy benefit, dementia support program and change of benefit level under the Policy provisions of this Plan.

This benefit / service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan – vTheOne Medical Plan. You have the right to opt-out this benefit / service. Please inform the Company in writing if you do not want to receive this free additional benefit / service.

4. Dementia Support Program

While this Policy is in force and:

(a) When the Insured Person has the first confirmed diagnosis of Alzheimer's Disease as defined in Part 2 of the Endorsements - Special benefit for infant, life enrichment program, wellness joy benefit, dementia support program and change of benefit level under the Policy provisions of this Plan, the Company will provide a designated support program to the Insured Person and the fee will be waived once during the lifetime of the Insured Person.

(b) When a parent of the Insured Person has the first confirmed diagnosis of Alzheimer's Disease as defined in Part 2 of the Endorsements - Special benefit for infant, life enrichment program, wellness joy benefit, dementia support program and change of benefit level under the Policy provisions of this Plan, the Company will provide a referral service of designated support program once to each of the parents of the Insured Person. All other relevant fees and charges will be borne by the Insured Person or users of the service including the Insured Person's parents.

The dementia support program will start within six (6) months from the date of first confirmed diagnosis of Alzheimer's Disease. This program is only available in Hong Kong.

Details of the dementia support program will be determined at the Company's sole discretion at the time the service is provided, and the service may be provided by third party service providers designated by the Company. The Company will not be responsible for any act or failure to act on the part of the service providers and their healthcare network teams (if any). The Company reserves the right to amend, suspend or terminate the dementia support program and to amend the relevant terms and conditions at any time without prior notice.

For details, please refer to the Endorsements - Special benefit for infant, life enrichment program, wellness joy benefit, dementia support program and change of benefit level under the Policy provisions of this Plan.

This benefit / service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan – vTheOne Medical Plan. You have the right to opt-out this benefit / service. Please inform the Company in writing if you do not want to receive this free additional benefit / service.

5. Change of benefit level

(a) General provisions

The Policy Holder may apply to the Company in writing at least thirty (30) days before the Renewal Date for a variation of the benefit level under the Certified Plan. If the Company approves the application for variation of benefit level, claims for expenses incurred after variation of the benefit level shall be subject to the varied benefit level from the relevant Renewal Date.

The benefit levels are listed in the following descending order of benefit coverage:
(i) Premier benefit level;
(ii) Superior benefit level;
(iii) Standard Plus benefit level;
(iv) Standard benefit level.

(b) Downgrading benefit level

The Company shall approve the application for downgrading benefit level without any re-underwriting.

(c) Upgrading benefit level

(i) Except for exercising the right under this Section 5(c)(ii) below, all applications for upgrading benefit level are subject to re-underwriting of the Company. Approval shall be given subject to the prevailing underwriting guideline of the Company.
(ii) The Policy Holder can exercise a one-off right to upgrade the benefit level without re-underwriting, provided that:
  (1) the request is made not less than thirty (30) days prior to the Renewal Date on or immediately following the date that the Insured Person attains the attained age of fifty (50), fifty-five (55), sixty (60), sixty-five (65), seventy (70), seventy-five (75) or eighty (80);
  (2) such right to upgrade the benefit level without re-underwriting can only be exercised once during the lifetime of the Insured Person; and
  (3) the Insured Person has been covered under the Policy continuously for two (2) consecutive Policy Years.

The Policy Holder can choose whether or not to exercise such right and the attained age to exercise such right.

For details, please refer to the Endorsements - Special benefit for infant, life enrichment program, wellness joy benefit, dementia support program and change of benefit level under the Policy provisions of this Plan.

This benefit / service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan – vTheOne Medical Plan. You have the right to opt-out this benefit / service. Please inform the Company in writing if you do not want to receive this free additional benefit / service.

FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) (the "Company")

Name of Insured Person:	Gopinathan Latika Aaliyah	Print Date:	03/09/2024
Age Next Birthday:	7	Sex:	Female

Benefit Description	Premium Payment Term	Benefit Term
vTheOne Medical Plan (Superior) (HVS6) (with HKD 40,000 Deductible)	94 years	94 years

Notes:

1. The age referred to in this document is the age of the Insured Person on his or her next birthday while the age on the Terms and Benefits under the Policy provisions of this Plan is defined as the attained age of the Insured Person.
2. This Plan is a Flexi Plan certified by the Government under Voluntary Health Insurance Scheme (No. F00067-15-000-01), the vTheOne Medical Plan Coverage in part i, the no claims premium discount in part ii, change of Deductible in part iii and first-dollar coverage – Deductible waived for designated crises in part iv of this illustration are certified by the Government. Special benefit for infant, life enrichment program, wellness joy benefit, dementia support program and change of benefit level in part v of this illustration are not certified by the Government. They are optional and do not form part of the Terms and Benefits of vTheOne Medical Plan. You have the right to opt-out these benefits / services. Please inform the Company in writing if you do not want to receive these free additional benefits / services.
3. The costs of insurance and the related costs of the Policy are included in the premium paid under this Plan despite the product brochure / leaflet and / or the illustration documents of this Plan having no schedule / section of fees and charges or no additional charge noted other than the premium.
4. The Company will call the Policy Holder to verify the application if the Policy Holder is a vulnerable customer or any suitability mismatch is found.
5. Please refer to the product brochure / leaflet of this Plan and other insurance plan (if any) for the detailed key product risks, including but not limited to credit risk, exchange rate and currency risk, inflation risk, exclusions, premium adjustment, premium term and non-payment of premium and termination conditions, and the important notes on the tax deduction.
6. This Plan is underwritten by the Company. All benefits payable under this Plan are subject to the credit risk of the Company.
7. If the Insured Person is a non-smoker, Risk Class of this document is shown as Preferred, otherwise, it is shown as Standard. The actual risk class is subject to underwriting's final decision.
8. If the Policy Holder is a Hong Kong taxpayer, he / she is eligible for tax deduction of up to HKD8,000 per Insured Person per year of assessment for premium he / she paid for himself / herself and his / her specified relatives. Tax deduction is subject to the latest rules and regulation of Inland Revenue Department of Hong Kong Special Administrative Region. Please refer to the website of the Inland Revenue Department ("IRD") of Hong Kong Special Administrative Region (www.ird.gov.hk/eng/) and VHIS (www.vhis.gov.hk/en/) or to contact the IRD directly for any tax related enquiries. The Company and the intermediaries do not provide tax advice. The Policy Holder should always consult with a professional tax advisor if he / she has any doubts.
9. The benefit coverage, benefit amount and benefit limits, territorial scope of cover, choice of healthcare services provider, choice of ward class, Deductible (if any), Coinsurance (if any), the waiting period for unknown Pre-existing Conditions and the calculation of no claims premium discounts of this Plan will remain unchanged even if the Policy Year lasts for less than twelve (12) months.

The product information does not contain and is subject to the terms and benefits of the Policy. For the full terms, conditions, benefits and exclusions, please refer to the Policy provisions.

The Plan is a standalone medical insurance product. Policy Holder can purchase this product without bundling with other insurance products.

Declaration

I confirm having received, read and understood the information contained in this document, and product brochure / leaflet of this Plan and other insurance plan (if any).

Name of Applicant: Signature: Date:

S-S-0-NA

The above information shall only remain valid and accurate for thirty (30) days counting from the date of printing.