

FWD BIG 3

Critical Illness Insurance













This is your contract for your insurance policy.

Read it to understand all the benefits as well as the important terms and conditions that apply to your insurance cover. Don't worry, we've made it as easy to read as possible.

If you need help, call our hotline: **+632 8888 8388**



Quick reference

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About this policy

Thank you for choosing FWD. We're pleased to be protecting you, so you can focus on living life to the fullest.

Easy to read

We're here to change the way you feel about insurance—starting with this document. We've made it easy to read, so you can understand the benefits and what you are covered for.



We highlight important information like this. Read these carefully.

Words with special meaning

Some words in this policy have special meaning. We show those meanings on [page 13 Important words and phrases](#). Please refer to this section when you need to.

No-claim period
Benefit amount

Critical illness
Medical practitioner
Pre-existing condition

What makes up this policy

This insurance policy is made up of the documents listed below. We will provide them to you in electronic form. You may also request for a paper version to be provided to you.

- This policy document.
- The policy data page.
- The application form and any documents you provided with it.
- Any policy endorsement.
- The rewards terms and conditions.



A policy endorsement is the document we provide to tell you about any official change to this policy.

If you have questions

Please call our [Customer Connect Hotline at +632 8888 8388](#). We are here for you 24/7.

For and on behalf of FWD Life Insurance Philippines.

Antonio Manuel G. De Rosas

President and Chief Executive Officer



BIG 3 Critical Illness

This policy pays a lump sum if the insured person is diagnosed with cancer at any stage, stroke, or heart attack. You are covered only for one year, renewable until age 79. The amount you need to pay may increase depending on age.

* Your benefits at a glance



Heart Attack

Details on
page 4

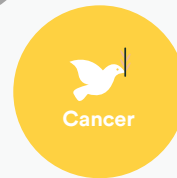
or



Stroke

Details on
page 4

or



Cancer

Details on
page 4

We pay 100% of the benefit amount if the insured person is diagnosed with any of the three:
heart attack, stroke or cancer

This policy ends upon payment of any of the benefit.

This is a simplified diagram. For more important details see page 5 What you're covered for.

This is a protection product

This **BIG 3 Critical Illness** policy is a protection product and does not contain any savings or investment components. This policy provides critical illness benefit.



What you're covered for

In this section, we explain what benefits you are covered for, and any conditions that apply to those benefits. General exclusions also apply – see page 4 **What we do not cover**.

You can claim the following benefits while this policy is active.

Critical illness

We pay 100% of the benefit amount if the insured person is diagnosed with cancer at any stage, stroke, or heart attack while the insured person is alive (see page 11 **Medical definitions for critical illness**). We will pay this benefit if the critical illness first occurs, is first diagnosed or symptoms leading to the diagnosis of the critical illness are first experienced by the insured person after the no-claim period. The policy will terminate upon payment of any critical illness benefit.

We won't pay

We do not pay any benefit if signs of a condition become apparent to the insured person within the no-claim period even if the condition is diagnosed on or after this period by a medical practitioner.

We do not pay any benefit if the claim arises from a pre-existing condition.

We do not pay any benefit if the diagnosis was made after the insured person's death.

FOR REFERENCE ONLY



Claiming this benefit

To claim for this benefit, we need to receive signed claim documents and any other information that we need. We will not be able to process your claim until we receive this information and your signed claim documents.

We are not responsible for any of the costs of filing any forms or getting any documents or reports needed for the claim.

What you need to do

You must make every effort to send your claim to us within 90 days of the insured person's death or diagnosis of a critical illness as it is difficult to assess claims after this period. Your claim will not be declined or reduced if there were good reasons why you could not send us your claim on time.

When the unexpected happens, we're here to help. Just call our Customer Connect Hotline on **+632 8888 8388** and we'll help you with your claim.

What we will do

We will assess your claim, and if it is valid, we will pay the benefits less any unpaid premiums.

Taking unpaid premiums from benefit payments

If there are any unpaid premiums, we will deduct these amounts from the benefit payment when we pay it.

Benefit limit

If the insured person suffers a critical illness as a direct result of participation in any dangerous sports or hobbies such as racing on wheels, glider flying, or sailing, the total amount payable from this policy and all other insurance policies that we issue for the insured person is subject to a limit of ₱2,000,000.

What we do not cover

This policy has certain exclusions, meaning situations where we will not pay the benefits. We list below the exclusions that apply.

Exclusions that apply to critical illness benefits

<p>No-claim period</p>	<p>We will not pay any critical illness benefit if any of the following happened within the no-claim period:</p> <ul style="list-style-type: none"> - the condition was diagnosed; - the signs or symptoms leading to diagnosis became apparent to the insured person; or - the signs or symptoms would have been apparent to a reasonable person in the insured person's place. <p>The no-claim period will run for 1) one year for Early Thyroid Cancer and 2) 90 days for all other critical illnesses.</p> <p>It will start from any of these, whichever is the most recent:</p> <ul style="list-style-type: none"> - the effective date or start of coverage; or - the date of your last reinstatement - the date when your benefit account increased if you increased your insurance coverage.
<p>Pre-existing condition</p>	<p>We will not pay any critical illness benefit if the claim arises from a pre-existing condition. We will only pay the benefit if you have declared the pre-existing condition in your application form and we have included the pre-existing condition in this policy.</p>

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When this policy starts and ends

When this policy starts

This policy starts on the effective date shown on the policy data page, unless we tell you that it will start on a different date. You can only claim for this policy after it has started.

Receiving this policy contract

We will provide you this policy contract in electronic form, and we will consider it delivered to you, 10 days after the effective date. A paper version of this policy is available at your own cost.

This policy can be accessed by downloading our supercharged 2-in-1 app, Omne by FWD, which allows you to easily manage your insurance policy anytime, anywhere. You can download Omne by FWD at Google Play Store or App Store.

Canceling this policy

You can cancel this policy by sending us a written request within 15 days after this policy has been delivered to you.

Upon cancellation, we will return all your paid premiums for this policy. No interest will be paid on the refunded amount. If a claim is payable for this policy, we will not refund the premiums.

When this policy ends

This policy ends on the earliest of the following dates:

- on the date of the insured person's death;
- on the date of diagnosis of a covered critical illness;
- on the date we approve your request to surrender or cancel this policy;
- on the expiry date of this policy as shown in the policy data page;
- on the premium due date, if you have not paid your premium for this policy after the 31-day grace period.



You can claim a benefit after this policy ends if the critical illness happened before this policy ended.

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Making changes to this policy

You can ask us to make a change to this policy at any time. Minor changes such as change of contact information can be made through our Customer Connect Hotline at +632 8888 8388. We are here for you 24/7.

Changes to your policy coverage such as adjustment to the sum assured, or payment frequency will require you to submit a policy change form.

We will provide a letter documenting the change when we approve the changes.

Reinstating this policy

If this policy ended because premiums weren't paid

You can apply to reinstate (restart) this policy within three years of it ending, if it ended because the premiums were not paid.

If we approve your reinstatement application, the policy benefits will be effective from the date we reinstate this policy.



This policy will restart from the date we reinstate it.

What you need to do

To apply to reinstate this policy, you need to do the following:

- Send us a written request to reinstate this policy using our standard form and provide any other document and information we will ask to CustomerConnect.ph@fwd.com, or call our 24/7 Customer Connect Hotline at +632 8888 8388.
- Pay us all premiums due for this policy, including any interest, at an interest rate we set upon our confirmation.

What happens next

We will review your request, and if we are satisfied that you have met our requirements, we will reinstate this policy.

FOR REFERENCE ONLY



The main people under your policy

We refer to the policy owner and insured person throughout this policy document. This section explains who they are, what rights they have, and how they are treated under your policy.

Policy owner (you)

You (the policy owner) own this policy, and your details are shown in the policy data page or endorsement. Only you can make changes to, or enforce any rights under your policy.

You receive all the benefits under this policy.

Insured person

This is the person you chose for us to protect under this policy. The policy insured can be the policy owner. We will pay the critical illness benefit if this person suffers a critical illness.

FOR REFERENCE ONLY



Premiums

You may renew your coverage until age 79 by paying your premiums regularly. We have the right to change the premium for this policy if approved by the Insurance Commission. If we do, we will notify you at least 45 days before your renewal date.

When you need to pay your premiums

When you apply for this policy, you will be told how much you need to pay and when the premiums are due (the premium due dates).

The frequency of your premiums for this policy (for example every quarter, semi-annual, or once a year) will be shown on the policy data page.

When you renew your policy, the amount you need to pay may change depending on your age. This plan is renewable only until age 79.

What happens when you do not pay your premiums

31-day grace period

We give you a 31-day grace period after the premium due date to pay the premium. This policy will continue if you pay the premium within the grace period. If we do not receive the premium within the grace period, your policy will end.

FOR REFERENCE ONLY



Keeping it legal

Contract and governing law

This policy is a legal contract of insurance between you and us, and is governed by Philippine law.

Under this policy, we agree to provide the policy benefits, and you agree to keep to the terms and conditions of your policy.

We rely on your information

We relied on the information you and the insured person gave us during the application process to provide you with this policy. It is important that you and the insured person had given us complete, correct, and true information, as this information helped us decide if you and the insured person were eligible for this policy, and what you needed to pay.

You must let us know immediately if the information you or the insured person gave us was not complete, correct, or true. If you don't let us know and don't provide complete, correct, or true information, your benefits under this policy will be affected and, in some cases, we may cancel this policy.

Incorrect age or sex

If we discover that we were given the incorrect age or sex for the insured person, we will adjust the benefit amount of this policy to reflect the correct age and sex.

If the insured person was not eligible for insurance coverage at their correct age or sex, we will treat this policy as having never existed, and we will refund all premiums you have paid for this policy.

Contestability

We can contest (dispute) the validity of any critical illness benefits claim (including any increase) anytime unless we are disallowed by law or jurisprudence.

If we contest (dispute) a claim, we will review the claim and decide if we have any reason to treat this policy as having never existed. If we do, we will not pay any benefit, and we will refund all premiums you have paid (to you or to your beneficiaries).

Time limit on legal action

No one can take legal action in connection with this policy after five years from the time the reason for the legal action arose. Legal actions done on this policy can be made anywhere within the legal jurisdiction of the Philippines.

Payments under your policy

All amounts paid to us, or by us, in connection with your policy will be paid in the currency shown in the policy data page.

We will only make payments in the Philippines.

Payments are not adjusted for inflation or deflation

Article 1250 of the Civil Code of the Philippines does not apply to any payments under your policy. Article 1250 says:

“In case an extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of establishment of the obligation shall be the basis of payment...”



No adjustments are made if there is an extraordinary rise or fall in the value of the currency you chose for your policy.



Medical definitions for critical illness

A critical illness means any of the conditions specified below. We can change these definitions from time to time to reflect changes in medical terminologies and practices subject to the approval of Insurance Commission. If we do change them, we will tell you in writing. All diagnosis must be confirmed by a medical practitioner defined in page **13 Important words and phrases**.

1. Cancer

Cancer may be defined as falling under any of the two below:

Late-stage cancer is a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The cancer must be confirmed by histological evidence of malignancy.

Early-stage cancer is any of the below conditions

- Early Bladder Cancer: Papillary carcinoma (Ta) of Bladder
- Early Chronic Lymphocytic Leukemia: Chronic Lymphocytic Leukemia (CLL) RAI Stage one or two
- Early Prostate Cancer: Prostate Cancer histologically described using the TNM Classification as T1a or T1b or Prostate cancers described using another equivalent classification
- Early Thyroid Cancer: Thyroid Cancer histologically described using the TNM Classification as T1N0M0 Papillary microcarcinoma of thyroid where the tumor is less than 1 centimeter in diameter
- Early Invasive Melanomas: Invasive melanomas of less than 1.5 mm Breslow thickness, or less than Clark Level 3. Non-melanoma skin cancer and all carcinoma in-situ of skin or earlier stages do not meet the definition of “Early Stage Cancer”, or
- Carcinoma in situ: Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. ‘Invasion’ means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The CIS diagnosis must be supported by both a histopathological report and microscopic examination of the fixed tissue and supported by a biopsy result.

In the case of the cervix uteri, pap smear results must be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS. Clinical diagnosis alone does not meet this definition of CIS.

Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (where there is severe dysplasia without CIS) does not meet the definition of CIS.



We will not pay for non-melanoma skin cancer and all carcinoma in-situ of skin or earlier stages that do not meet the definition of late-stage cancers or early-stage cancers.



2. Heart attack (Myocardial infarction)

Death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. This diagnosis must be supported by three or more of the following four criteria which are consistent with a new heart attack:

- New electrocardiogram (ECG) changes proving infarction
- History of typical chest pain for which the insured person is admitted to hospital
- Left ventricular ejection fraction less than 50% measured 3 months or more after the event
- Diagnostic elevation of cardiac enzyme CK-MB or diagnostic elevation of Troponin T > 1 mcg/L (1 ng/ml) or AccuTnl > 0.5ng/ml or equivalent threshold with other Troponin I methods.



We will not pay all other acute coronary syndromes, including, but not limited to, unstable angina, micro infarction and minimal myocardial damage that do not meet the definition of 'Heart Attack (Myocardial Infarction)'.

3. Stroke

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis, as evidenced by all of the following:

- There is evidence of permanent neurological damage confirmed by a neurologist at least six weeks after the event, and
- There are findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.



We will not pay the following that do not meet the definition of 'Stroke':

- Transient ischemic attacks
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease
- Vascular disease affecting the eye or optic nerve, and Ischemic disorders of the vestibular system.



Important words and phrases

The list below explains the meanings of certain words and phrases used in this document.

No-claim period	<p>The no-claim period will run for 1) one year for Early Thyroid Cancer and 2) 90 days for all other critical illnesses.</p> <p>It will start from any of these, whichever is the most recent:</p> <ul style="list-style-type: none">▪ the effective date or start of coverage; or▪ the date of your last reinstatement▪ the date when your benefit account increased if you increased your insurance coverage.
Benefit amount	<p>Refers to the benefit amount or sum assured of this policy as stated in the policy data page.</p>
Critical illness	<p>Critical illness is any of the conditions listed and defined in page 11 Medical definitions for critical illness. The insured person must be certified by a medical practitioner as suffering any of these covered conditions.</p>
Medical practitioner	<p>A medical practitioner is a person who is licensed and registered in the Philippines to practice medicine. Unless we agree in writing, a medical practitioner cannot be any of the following people:</p> <ul style="list-style-type: none">▪ you or the insured person;▪ your insurance agent, family member, business partner, employer, or employee; or▪ insured person's insurance agent, family member, business partner, employer, or employee.
Pre-existing condition	<p>Pre-existing condition means either:</p> <ul style="list-style-type: none">▪ A condition which presented signs or symptoms that started before the latest of the effective date, or the date of increase of benefit amount (for the added benefit amount) of this policy. The insured person may or may not know the presence of such condition.▪ A condition whose treatment, medication, advice, or diagnosis has been sought or received by the insured person before the latest of the effective date, or the date of increase of benefit amount (for the added benefit amount) of this policy.



Important notice: The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of enforcing all laws related to insurance and supervising insurance companies and intermediaries. They help the general public in matters relating to insurance.

For any questions or complaints, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila. Phone +632 8523 8461 to 70 or email

publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph