FWD insurance

Celebrate living
fwd.com.ph

Policy Document

KanMend

Quick Reference

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 your 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 22 (Important words and phrases). Please refer to this section when you need to.

90-day no-claim period
Accident
Activities of daily living
Benefit amount
Cancer-free for five years
Cash value
Critical illness
Effective date
Endorsement
Expiry date
Insurance Commission
Insured person
Medical practitioner
Policy
Policy data page
Policy owner
Pre-existing condition
Premium due date
We, us, our
You

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.**

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,

Lee Longa
Chief Financial Officer and Treasurer

KanMend

This policy pays a lump sum if the insured person suffers a covered critical illness.

Your benefits at a glance

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

Critical illness benefit

or

Surrender benefit

Details on Page 3

We pay 100% of the benefit amount to the policy owner if the insured person suffers a covered critical illness.

Details on Page 4

We pay the cash value (if any) if you request that we end this policy before its expiry date.

The amount of cash value is shown on **page 25 (Table of Cash Values and Reduced Paid-up Coverage)**

This is a simplified diagram of the benefits.
For more important details, see page 3 (What you are covered for).

This is a protection product

This **KanMend** policy is a protection product and does not contain any savings or investment components. This policy provides critical illness benefit or surrender benefit (if this policy has a cash value).

This product is non-participating

This policy does not share in any profit of FWD.

What you are 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 6 (What we do not cover).

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

Critical illness benefit

We pay 100% of the benefit amount, to the beneficiaries if all of the following conditions are met:

- the insured person is diagnosed with a critical illness shown in the table below (Critical illnesses covered); and
- 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 90-day no-claim period.

⚠ **We do not pay any critical illness benefit if signs of a condition become apparent to the insured person within the 90-day no-claim period even if the condition is diagnosed on or after this period by a medical practitioner.**

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

Critical illnesses covered

Group 1: Cancers	1. Late-stage cancers	
Group 2: Major organ failure	2. Aplastic anemia 3. Chronic liver disease 4. Chronic lung disease 5. Chronic recurrent pancreatitis 6. Crohn's disease 7. Fulminant viral hepatitis 8. Loss of hearing (deafness)	9. Loss of sight (blindness) 10. Major organ and bone marrow transplant 11. Medullary cystic disease 12. Progressive scleroderma 13. Renal failure 14. Terminal illness 15. Ulcerative colitis
Group 3: Heart and blood vessels	16. Cardiomyopathy 17. Coronary artery disease 18. Heart attack (myocardial infarction)	19. Heart valve surgery 20. Primary pulmonary arterial hypertension 21. Surgery to aorta

Group 4: Neuro-muscular related	22. Alzheimer's disease 23. Apallic syndrome 24. Benign brain tumor 25. Cerebral aneurism requiring surgery 26. Coma 27. Loss of independent existence	28. Motor neurone disease 29. Multiple sclerosis 30. Muscular dystrophy 31. Paralysis 32. Parkinson's disease 33. Stroke
Group 5: Others	34. Bacterial meningitis 35. Encephalitis 36. HIV/AIDS due to blood transfusion 37. Loss of limbs 38. Loss of speech	39. Major burns 40. Major head trauma with severe brain damage 41. Occupationally-acquired HIV/AIDS 42. Severe rheumatoid arthritis

Surrender benefit

We pay the cash value of this policy shown on page 25 (Table of Cash Values and Reduced Paid-up Coverage) to the policy owner, if the policy owner requests that we end this policy before its expiry date.

The policy owner cannot reinstate this policy after the surrender benefit is paid.

Making a claim

⚠ When the unexpected happens, call our 24/7 Customer Connect Hotline at +632 8888 8388. We will assign the claimant to a Claims Ambassador to assist in the process.

To make a claim for this policy, we need to receive signed claim forms and any other information that we need. We will not be able to process the claim until we receive this information and the signed claim documents.

We are not responsible for any of the costs of filling in any form or getting any documents or reports.

What you or the beneficiary needs to do

You or the beneficiary must make every effort to submit a claim to us within 90 days after the insured person's diagnosis of a critical illness as it is difficult to assess claims after the 90-day period. The claim will not be declined or reduced if there were good reasons for not submitting on time.

⚠ Claims may be delayed or even declined if we receive them after 90 days unless there were good reasons for not submitting on time. Don't risk it!

What we pay

We will assess the claim, and if it is valid, we will pay the benefits less any premiums due from this policy.

Benefit limit

We will pay a maximum of ₱100,000 only across all your KanMend policies. All premiums paid for any excess coverage will be refunded without interest earnings.

If the insured person suffers a covered 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 ₱10,000,000.

What we do not cover

This policy has certain exclusions. These are situations where we will not pay the benefit. See exclusions below that apply.

90-day no-claim period	We will not pay any critical illness benefit: – if the condition was diagnosed; – if the signs or symptoms leading to diagnosis became apparent to the insured person; or – if the signs or symptoms would have been apparent to a reasonable person in the insured person's place within 90 days after the latest of: » the start of coverage; or » the date of last reinstatement.
Drugs or alcohol	We will not pay any critical illness benefit if the claim arises from Alzheimer's disease, late-stage cancer, chronic liver disease, chronic recurrent pancreatitis, coma or Parkinson's disease, due to alcohol or drug abuse: – if the condition was diagnosed; or – if the signs or symptoms leading to diagnosis became apparent to the insured person; or within two years after coverage starts, or is reinstated.
HIV	We will not pay any critical illness benefit if the claim arises from diagnosis of cancer or encephalitis in the presence of human immunodeficiency virus (HIV) infection.
Loss of independent existence	We will not pay any critical illness benefit if the claim arises from loss of independent existence due to psychiatric related causes.
Pre-existing condition	We will not pay any critical illness benefit if the claim arises from a pre-existing condition.
Suicide or self-inflicted act	We will not pay any critical illness benefit if the claim arises from attempted suicide or a deliberate self-inflicted act by the insured person within two years after this policy's effective date or last reinstatement date.
Unlawful acts	We will not pay any critical illness benefit if the claim arises from you, or the insured person committing any illegal or unlawful act (including terrorist act).
War	We will not pay any critical illness benefit if the claim arises from war or any act of war (whether declared or not), or any civil or military uprising.

Starting, changing or ending this policy

This section explains when this policy starts and ends, how to make changes to this policy, and how to reinstate this policy.

When this policy starts

This policy and insurance coverage starts on the effective date shown on the policy data page.

If we need to count any period of time, such as a year or month, under this policy, we start from the effective date.

Receiving this policy

This policy is in electronic form and it is deemed received by you one day after its effective date. A paper version 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 electronically delivered to you.

Upon cancellation, we will return all paid premiums for this policy without interest earnings in 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:

- 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 shown on the policy data page; or
- on the premium due date, if you have not paid your premium for this policy within the 31-day grace period and the cash value is zero.

⚠ **The claimant can claim the benefit after this policy ends if the insured person's diagnosis of a critical illness happened before this policy ended.**

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 24/7 Customer Connect Hotline at **+632 8888 8388**.

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

Have assignees?

You will need written permission from all assignees if you are making a change that will reduce any benefit they can receive under this policy.

⚠ **This policy is not changed unless we give you a policy endorsement.**

Reinstating this policy

If this policy has changed to reduced paid-up coverage

If this policy has been changed to reduced paid-up coverage because your premiums were not paid and it is still active, you can apply to reinstate (restart) this policy within three years from the date your premiums were not paid.

If we approve your reinstatement application, this policy will no longer be reduced paid-up coverage, and the original benefit amount will apply.

If this policy ended because premiums weren't paid

You can apply to reinstate (restart) this policy within three years from the date this policy ended because the premiums were not paid. You cannot reinstate this policy if you surrendered this policy and received the policy cash value.

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

⚠ **The policy benefits will restart from the date we reinstate this policy.**

What you need to do

To reinstate this policy, do the following.

- Call our 24/7 Customer Connect Hotline at **+632 8888 8388**. Pay us all the missed premiums and any extra cash value we paid you if we converted this policy to a reduced paid-up coverage, including any interest that applies.

What we will do

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

The main people under this 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 this policy.

Policy owner (you)

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

You will receive all of the benefits under this policy.

⚠ **If you have any assignees, you will need their permission to make certain changes to this policy.**

Using this policy as collateral

You can choose to assign the benefits under this policy to someone else (assignee) as collateral for a loan. We will only recognize a policy assignment if we have made a record of it, and issued to you with a policy endorsement.

What you need to do to assign this policy

You need to provide us a signed and notarized collateral assignment form along with any additional information we need. Call our 24/7 Customer Connect Hotline at **+632 8888 8388** and they will guide you through the process.

What we will do

We will make a record of your assignment, and provide you with acknowledgment in writing.

We are not responsible for the effect, sufficiency or validity of any assignment.

Insured person

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

Premiums

This section explains your premiums and what happens when you miss a payment.

Premiums

You need to keep paying your premiums for this policy during the duration (years payable) shown on the policy data page.

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 anniversary 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). You need to keep paying your premiums until the date shown on the policy data page.

What happens if you do not pay your premiums

31-day grace period to pay

You have 31-day grace period after the premium due date to pay the premium. This policy will continue after the grace period if you pay the premium within the grace period. Otherwise, the policy will only continue until the end of the grace period.

Non-forfeiture options if you don't pay within the 31-day grace period

If we do not receive payment within the grace period, you can tell us to do one of the following non-forfeiture options.

- Continue this policy, but change it to reduced paid-up coverage (see details below); or
- Surrender (end) your policy, and receive the cash value, if any.

If you have not told us your choice, we will use the reduced paid-up coverage non-forfeiture option.

Reduced paid-up coverage

Under this option, we keep this policy active, but reduce the policy benefits. This means, the expiry date will remain the same, but the benefit amount will be lower.

We determine the new benefit amount based on the available cash value and the insured person's age on the date of the change.

While this policy is still active, you can apply to change this policy back from reduced paid up coverage within three years from the date you missed your premium. See page 8 (Reinstating this policy) for details.

Keeping it legal

In this section, we explain the important legal rights and obligations under this policy.

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 this policy.

Incontestability

We can contest (dispute) the validity of any critical illness benefit 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.

Incorrect age or gender

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

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

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 the policy

All amounts paid to us, or by us, in connection with this policy will be paid in the currency shown on 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 this 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 any extraordinary rise or fall in the value of the currency you chose for this policy.**

Medical definitions for covered 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 22 (Important words and phrases).

Group 1: Cancer

1. Late-stage cancers

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.

The following are not classified as Late-stage cancers:

- Early bladder cancer: papillary carcinoma (Ta) of bladder
- Early chronic lymphocytic leukemia: chronic lymphoctic 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 including papillary micro-carcinoma of thyroid where the tumor is less than one cm in diameter
- Early invasive melanomas: invasive melanomas of less than 1.5 mm breslow thickness or less than clark level three
- Carcinoma in situ: 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.

  Non-melanoma skin cancer and all carcinoma in-situ of skin or earlier stages do not meet the definition of Late-stage Cancers or Early-stage Cancers.

Group 2: Major organ failure

2. Aplastic anemia

Chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion
- Marrow stimulating agents
- Immunosuppressive agents, or
- Bone marrow transplantation.

3. Chronic liver disease

End-stage liver failure as evidenced by each of permanent jaundice, ascites and hepatic encephalopathy.

4. Chronic lung disease

End-stage lung disease, causing chronic respiratory failure, as evidenced by all of the following:

- FEV1 test results consistently less than one litre
- The requirement for permanent supplementary oxygen therapy for hypoxemia
- Arterial blood gas analyses with partial oxygen pressuresof 55mmHg or less (PaO2 < 55mmHg), and
- Dyspnea at rest.

5. Chronic recurrent pancreatitis

The Chronic Relapsing Pancreatitis as a result of progressive severe destruction with all of the following characteristics:

- Recurrent acute pancreatitis for a period of at least two years
- Generalize calcium deposits in pancreas from imaging study, and
- Chronic continuous pancreatic function impairment resulting in mal-absorption of intestine (high fat in stool) or diabetes.

6. Crohn's disease

A chronic, transmural inflammatory disorder of the bowel, as evidenced with continued inflammation in spite of optimal therapy, with all of the following having occurred:

- Stricture formation causing intestinal obstruction requiring admission to hospital
- Fistula formation between loops of bowel, and
- At least one bowel segment resection.

The diagnosis must be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

7. Fulminant viral hepatitis

A sub-massive to massive necrosis of the liver by the hepatitis virus, leading precipitously to liver failure. The diagnosis in respect of this illness must be evidenced by all of the following:

- A rapidly decreasing liver size
- Necrosis involving entire lobules, leaving onlya collapsed reticular framework
- Rapid deterioration of liver function tests
- Deepening jaundice, and
- Hepatic encephalopathy.

8. Loss of hearing (Deafness)	The irreversible loss of hearing at least 80 decibels in all frequencies in both ears as a result of illness or accident. The inability to hear must be established for a continuous period of six months and must (at the end of that period) be deemed permanent on the basis of audiometric and sound-threshold test results.
9. Loss of sight (Blindness)	Total and irreversible loss of sight in both eyes as a result of illness or accident.
10. Major organ and bone marrow transplant	The actual undergoing (as a recipient) of a transplant, solely as a result of irreversible end-stage failure, of either: – One of the following human organs: (a) heart, (b) lung, (c) liver, (d) kidney or (e) pancreas, or – Human bone marrow replaced by hematopoietic stem cells only and which is preceded by total bone marrow ablation.
11. Medullary cystic disease	A progressive hereditary disease of the kidneys characterized by the presence of cysts in the medulla in both kidneys, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium. The condition must present as the chronic irreversible failure of both kidneys to function, requiring regular renal dialysis. Diagnosis must be supported by renal biopsy.
12. Progressive Scleroderma	A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. An unequivocal diagnosis of this disease must be supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys such that two of the following criteria are met: – Pulmonary involvement showing carbon monoxide diffusing capacity (DLCO) < 70% of the predicted value, or forced expiratory volume in 1 sec (FEV1), forced vital capacity (FVC) or total lung capacity (TLC) < 75% of the predicted value – Renal involvement showing glomerular filtration rate (GFR) < 60 ml/min – Cardiac involvement showing evidence of either congestive heart failure, cardiac arrhythmia requiring medication, or pericarditis with moderate to large pericardial effusion.
13. Renal failure	Chronic irreversible failure of both kidneys, requiring either permanent renal dialysis or kidney transplantation.
14. Terminal illness	Means the conclusive diagnosis by a medical practitioner that the insured person is suffering an illness that is expected to result to his/her death within 12 months. The insured person must no longer be receiving active treatment other than that for pain relief.
15. Ulcerative colitis	Acute fulminant ulcerative colitis with life threatening electrolyte disturbances meeting the following criteria: – The entire colon is affected with severe bloody diarrhea, and – The necessary treatment is total colectomy. – as diagnosed based on histopathological features.

Group 3: Heart and blood vessel related

16. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, for at least six months based on the following classification criteria:

- Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.
- Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The diagnosis of Cardiomyopathy must be supported by echographic findings of compromised ventricular performance.

17. Coronary artery disease

Severe coronary artery disease in which at least three major coronary arteries are individually occluded by a minimum of 60%or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

For purposes of this definition, "major coronary artery" means any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

18. 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 AccuTnI > 0.5ng/ml or equivalent threshold with other Troponin I methods.

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

19. Heart valve surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary.

Repair via intra-vascular procedure, key-hole surgery or similar techniques do not meet the definition of 'Heart Valve Surgery'.

20. Primary pulmonary arterial hypertension	Primary pulmonary hypertension with substantial right ventricular enlargement, established by investigations including cardiac catheterization and resulting in permanent physical impairment to the degree of at least Class IV of the New York Heart Association classification of cardiac impairment. Class IV is defined as the inability to carry out any activity without discomfort. Symptoms of Congestive Cardiac Failure are present even at rest. With any increase in physical activity, discomfort will be experienced.
21. Surgery to aorta	The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The procedure must be considered medically necessary by a cardiologist. Surgery performed using only minimally invasive or intra-arterial techniques do not meet the definition of 'Surgery to Aorta'.

Group 4: Neuro-muscular related

22. Alzheimer's disease	Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in there being at least three of the activities of daily living. The diagnosis must be clinically confirmed by medical practitioner who specializes in Alzheimer's disease.
23. Apallic syndrome	Universal necrosis of the brain cortex with the brainstem intact. The definite diagnosis must be evidenced by specific findings in neuroradiological tests and medically documented for at least one month.
24. Benign brain tumor	A benign tumor in the brain as evidenced by all of the following: – the tumor is life threatening – it has caused damage to the brain, and – it has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit. The presence of the underlying tumor must be supported by findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. Cysts, granulomas, vascular malformation, hematomas and tumors of the pituitary gland or spine do not meet the definition of 'Benign Brain Tumor'.
25. Cerebral aneurysm requiring surgery	Actual undergoing of brain surgery with craniotomy to correct an abnormal dilation of cerebral arteries, involving all three layers of the walls of the cerebral arteries. The aneurism must be at least 10 millimeter in size or increasing by at least 0.95 millimeter per year and the need for surgery must be confirmed by a neuro-surgeon as evidenced by the results of cerebral angiography. Infection aneurysms, mycotic aneurysms, limited craniotomy and burr-hole procedures do not meet the definition of 'Cerebral Aneurysm Requiring Surgery.'

26. Coma

A coma that persists for a continuous period of at least 96 hours and evidenced by all of the following:

- There is no response to external stimuli for at least ninety-six 96 hours
- Life support measures are necessary to sustain life, and
- There is brain damage that results in a permanent neurological deficit.

The permanence of the neurological deficit must be assessed by a neurologist at least 30 days after the onset of the coma.

27. Loss of independent existence

Inability to perform without the continuous assistance of another person at least three of the activities of daily living for a continuous period of at least six months and leading to a permanent inability to perform the same.

The benefit for Loss of Independent Existence will automatically cease after the insured person attains age 65.

28. Motor neurone disease

Motor neurone disease of unknown etiology, as characterized by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis.

The condition must result in the insured person being unable to perform without the continuous assistance of another person at least three of the activities of daily living for a continuous period of at least three months and must (at the end of that period) be confirmed by a neurologist as progressive and resulting in permanent disability and neurological deficit.

29. Multiple sclerosis

The definite occurrence of multiple sclerosis, as evidenced by all of the following:

- Investigations unequivocally confirm the diagnosis to be multiple sclerosis
- Multiple neurological deficits have occurred over a continuous period of at least six months, solely and directly due to the diagnosis of multiple sclerosis, and
- There is a well-documented history of exacerbations and remissions of said symptoms or neurological deficits.

30. Muscular dystrophy

A group of hereditary degenerative diseases of muscle, characterized by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal.

The condition must result in the insured person being unable to perform without the continuous assistance of another person at least three of the activities of daily living for a continuous period of at least six months and must (at the end of that period) be deemed permanent by a consultant physician.

31. Paralysis	Total and irreversible loss of use of at least two entire limbs due to Injury or disease. This condition must have persisted for a continuous period of at least six months and must (at the end of that period) be deemed permanent by a consultant neurologist.
32. Parkinson's disease	The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist, as evidenced by all of the following: – Cannot be controlled with medication – Shows signs of progressive impairment, and – Results in the insured person being unable to perform without the continuous assistance of another person at least three of the activities of daily living. The disability must have persisted for a continuous period of at least six months and at the end of that period must be deemed permanent by a consultant neurologist.
33. Stroke	A cerebro-vascular 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. The following 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.

Group 5: Neuro-muscular related

34. Bacterial meningitis	Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit confirmed by a consultant neurologist. Confirmation of bacterial infection in cerebrospinal fluid by lumbar puncture is required and the neurological deficit must persist continuously for at least six weeks.
35. Encephalitis	Severe inflammation of brain substance, resulting in permanent neurological deficit which is documented for a minimum of 30 days

36. HIV/AIDS due to blood transfusion	Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, as evidenced by all of the following: – The infection was due to a blood transfusion that was medically necessary or given as part of a medical treatment – The blood transfusion was received in Philippines after the effective date or date of Reinstatement of this policy (whichever is later) – The source of the infection is established to be from the institution that provided the transfusion and the institution is able to trace the origin of the HIV tainted blood, and – The insured person does not suffer from thalassemia major or hemophilia. No payment will be made under this condition where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.
37. Loss of limbs	Severance of two limbs at or above wrist or ankle as a result of illness or Injury.
38. Loss of speech	Total and irrecoverable loss of the ability to speak solely to the insured person's vocal cords being permanently damaged from an injury or disease. The inability to speak must be established for a continuous period of twelve months and must (at the end of that period) be deemed permanent on the basis of medical evidence furnished by an Ear, Nose and Throat (ENT) Specialist.
39. Major burns	Third degree (full thickness of the skin) burns covering at least 20% of the surface of the insured person's body. Diagnosis must be evidenced by specific results using the Lund Browder Chart or equivalent burn area calculators.
40. Major head trauma with severe brain damage	Accidental head injury resulting in the insured person being unable to perform without the continuous assistance of another person at least three of the activities of daily living, see details on page 22 (Important words and phrases). The neurological deficit must have persisted continuously for at least six weeks and must (at the end of that period) be deemed permanent by a consultant neurologist, as supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. For the avoidance of doubt, head injuries due to any other cause and spinal cord injuries do not meet the above description.

41. Occupationally acquired HIV/AIDS

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the Effective Date or date of Reinstatement of this policy (whichever is later) and while the insured person was carrying out the normal professional duties of his/her occupation in Philippines. The following proofs must be submitted to Our satisfaction:

- The Accident giving rise to the infection must be reported to Us within 30 days of the Accident taking place;
- The Accident involved a definite source of the HIV infected fluids; and– The source of the infection is established tobe from the institution that provided the transfusion and the institution is able to trace the origin of the HIV tainted blood, and
- The sero-conversion from HIV negative to HIV positive occurring during the 180 days following the documented accident. This proof must include a negative HIV antibody test conducted within five days of the accident.

This benefit is only payable when the occupation of the insured person is a medical practitioner, medical student, state registered nurse, medical laboratory technician, dentist (surgeon or nurse) or paramedical worker, registered with the appropriate body and working in a licensed medical center or clinic (in the Philippines).

No payment will be made under this condition where a cure has become available prior to the infection. “Cure” means any treatment that renders the HIV inactive or non-infectious.

42. Severe rheumatoid arthritis

Severe rheumatoid arthritis, with the diagnosis confirmed by a consultant rheumatologist and as evidenced by all of the following:

- X-ray reveals typical rheumatoid change
- The joint deformity change persists continuously for at least six months, and
- At least three of the following groups of joints are involved and deformed: (a) finger joints, (b) wrist joints, (c) elbow joints, (d) knee joints, (e) hip joints, (f) ankle joints or (g) spine.

The condition must result in the insured person being unable to perform without the continuous assistance of another person at least three of the activities of daily living, see details on page 22 (Important words and phrases) for a continuous period of at least six months and must (at the end of that period) be deemed permanent by a consultant physician.

Important words and phrases

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

90-day no-claim period	90-day no-claim period means the 90-day after the latest of: – the start of coverage; – the last reinstatement date; or – the date of increase of the benefit amount (for the increased amount)
Accident	An accident is the abrupt, unexpected, and unwanted contact between the insured person and an external object or substance. The accident must be the sole and direct cause of death or the injury leading to death.
Activities of daily living	The activities of daily living refers to the following activities: – Washing : the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means. – Dressing : the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances. – Transferring : the ability to move from a bed to an upright chair or wheelchair and vice versa. – Mobility : the ability to move indoors from room to room on level surfaces. – Continence: the ability to control bowel and bladder function so as to maintain a satisfactory level of personal hygiene. – Feeding: the ability to feed oneself once food has been prepared
Benefit amount	Refers to the benefit amount or sum assured of this policy shown on the policy data page.
Cancer-free for five years	Cancer-free for five years means that the insured person has been cancer-free continuously in the last five years as confirmed by the insured person's medical practitioner and supported by clinical, radiological, histological and laboratory evidence. The cancer-free period shall start on the date of completion of treatment of cancer, which shall include any surgery, chemotherapy, radiation therapy, immunotherapy, monoclonal antibody therapy or other conventional cancer treatments that have vbeen used as prescribed by the insured person's medical practitioner.
Cash value	The amount shown on Page 25 (Table of Cash Values and Reduced Paid-up Coverage) that is used to determine: – the surrender benefit; and – the amount used to calculate your coverage if this policy is changed to the reduced paid-up status because the premiums aren't paid.

Critical illness	Critical illness is any of the conditions listed and defined on page 13 (Medical definitions for critical illness). The insured person must be certified by a medical practitioner as suffering any of these covered conditions.
Effective date	The day this policy and insurance coverage start.
Endorsement	The document we provide to record any official change to this policy when we issue it or throughout the life of the policy. An endorsement can only be issued by an authorized FWD employee.
Expiry date	The date shown on the policy data page, or the end of the reduced paid-up coverage if the non-forfeiture option is applied, when this policy and insurance coverage ends.
Insurance Commission	The Philippine government office in charge of enforcing all laws related to insurance and supervising insurance companies and intermediaries. For more information, see the 'Important notice' below.
Insured person	The person insured under this policy and shown under 'insured' on the policy data page.
Medical practitioner	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: – you or the insured person; – your insurance agent, family member, business partner, employer, or employee; or – the insured person's insurance agent, family member, business partner, employer, or employee.
Policy	All of the documents listed below. – 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.
Policy data page	The document that shows: – your name and details; – the effective date and expiry date of this policy; – the benefit amount; – the premium you have paid; and – the policy premium due dates.
Policy owner	You, the person who owns this policy. Your details are shown under 'owner' on the policy data page. We also use the term 'you', or 'your' in this policy document.

Pre-existing condition	Pre-Existing Condition means either: – A condition which presented signs or symptoms that started before the latest of the effective date, the date of the last reinstatement, or the date of increase of benefit amount (for the increased 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, the date of the last reinstatement, or the date of increase of benefit amount (for the increased amount) of this policy.
Premium due date	The date your premium is due to be paid, shown on your policy data page.
We, us, and our	FWD Life Insurance Corporation, the issuer of your policy.
You, and your	You, the person who owns this policy. Your details are shown under 'owner' on the policy data page.

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 **+632-85238461 to 70** or email **publicassistance@insurance.gov.ph**. The official website of the Insurance Commission is **www.insurance.gov.ph**

Table of Cash Values and Reduced Paid-up Coverage

Policy Year	Age	Guaranteed Cash Value	Reduced Paid-up Coverage
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

The values shown in this Table of Cash Values and Reduced Paid-up Coverage are for every PHP 1,000.00 of Sum Assured.These are guaranteed for the number of years indicated, as long as premiums are paid in full. You may request for the values applicable to the durations not shown in this table.