

# **CI** Insure

# **Policy Wording**

This insurance coverage applied for shall only take effect when the relevant POLICY and CERTIFICATE OF INSURANCE have been issued and the first PREMIUM duly paid by the INSURED PERSON during his or her lifetime and good health.

PART I DEFINITIONS

In this POLICY, unless the context otherwise requires:

- 1. **ANNIVERSARY DATE** shall refer to the same date each year as the Effective Date of Coverage as stated in the CERTIFICATE OF INSURANCE to INSURED PERSON, or the same date each year as the Policy Effective Date as stated in the Policy Schedule to MASTER POLICYHOLDER, whichever applies.
- ASSESSMENT PERIOD shall mean the period during which WE will assess a condition before deciding
  whether or not the condition qualifies as being PERMANENT. The ASSESSMENT PERIOD will be for the
  minimum period time frame stated in the relevant definition and will not be longer than twelve (12) months
  (provided all required evidence has been submitted).
- 3. **CERTIFICATE OF INSURANCE** shall mean the proof of coverage provided to INSURED PERSON under this POLICY which contains the INSURED PERSON's details, plan selected, sum insured and COVERAGE YEAR.
- CLOSE ASSOCIATE shall mean any individual closely connected to the ENTITY, either socially or professionally.
- COVERAGE YEAR shall refer to the twelve (12) months duration from the Effective Date of Coverage to the
  Expiry Date of Coverage as stated in the CERTIFICATE OF INSURANCE where the INSURED PERSON is
  given coverage.
- 6. **CRITICAL ILLNESS** shall mean illnesses the signs or symptoms of which commenced after the WAITING PERIOD and shall include the DIAGNOSIS of any of the following illnesses below, being:
  - (a) Cancer of specified severity and does not cover very early cancers

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- (i) All cancers which are histologically classified as any of the following:
  - Pre-malignant
  - Non-invasive
  - Carcinoma in situ
  - Having borderline malignancy
  - Having malignant potential
- (ii) All tumours of the prostrate histologically classified as T1N0M0 (TNM classification);
- (iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification);
- (iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification);
- (v) Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- (vi) All cancers in the presence of HIV;
- (vii) Any skin cancer other than malignant melanoma.





## (b) Heart Attack - of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- (i) A history of typical chest pain;
- (ii) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; and
- (iii) Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponin recorded at the following levels or higher:
  - Cardiac Troponin T or Cardiac Troponin I > / = 0.5 ng/ml

The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or PHYSICIAN.

For the above definition, the following are not covered:

- Occurrence of an acute coronary syndrome including but not limited to unstable angina.
- A rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.

# (c) Serious Coronary Artery Disease

The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of sixty percent (60%) in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered). A narrowing sixty percent (60%) or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.

# (d) Stroke – resulting in PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolisation from an extra cranial source resulting in PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS. The DIAGNOSIS must be based on changes seen in a CT scan or MRI and certified by a neurologist. A minimum ASSESSMENT PERIOD of three (3) months applies.

For the above definition, the following are not covered:

- (i) Transient ischemic attacks;
- (ii) Cerebral symptoms due to migraine;
- (iii) Traumatic injury to brain tissue or blood vessels;
- (iv) Vascular disease affecting the eye or optic nerve or vestibular functions.

#### (e) Kidney Failure – requiring dialysis or kidney transplant

End-stage kidney failure presenting as chronic IRREVERSIBLE failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.

7. DIAGNOSIS shall mean the definitive DIAGNOSIS made by a PHYSICIAN, as defined below, based upon such specific evidence, as referred to above in the definition of the particular CRITICAL ILLNESS concerned or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable by US. Such DIAGNOSIS must be supported by OUR medical doctor who may base his/her opinion on the medical evidence submitted by the INSURED PERSON and/or any additional evidence which the former may require.

In the event of any dispute or disagreement regarding the appropriateness or correctness of the DIAGNOSIS, WE shall have the right to call for an examination, of either the INSURED PERSON or the evidence used in



arriving at such DIAGNOSIS, by an independent acknowledged expert in the field of medicine concerned selected by US and the opinion of such expert as to such DIAGNOSIS shall be binding on both the INSURED PERSON and US.

- 8. **ENDORSEMENT** shall mean a written alteration to the terms, conditions and limitations of this POLICY or the CERTIFICATE OF INSURANCE, whichever applies.
- 9. ENTITY shall mean any individual, body, organisation, institution, establishment, operation that is:-
  - (a) sanctioned, prohibited or restricted under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America, or any of its states, and/or any other applicable economic or trade sanction laws or regulations ("Sanctioned Entity"); or
  - (b) employed, employs, trades, or conducts business with a Sanctioned Entity in any manner whatsoever.
- 10. **EXPIRY DATE** shall mean the Expiry Date of Coverage as shown in the CERTIFICATE OF INSURANCE, upon which the CERTIFICATE OF INSURANCE shall expire.
- 11. **INSURED PERSON** shall mean the person(s) covered as described in the CERTIFICATE OF INSURANCE who must meet the following eligibility and has/have successfully applied for this insurance:
  - (a) Age last birthday at the time of CERTIFICATE OF INSURANCE issuance is between eighteen (18) and fifty (50) years old, where the CERTIFICATE OF INSURANCE is renewable up to the age of seventy (70) years old; and
  - (b) Malaysian, permanent resident of Malaysia, work permit holder, pass holder or otherwise legally employed or legally residing in Malaysia; and
  - (c) MASTER POLICYHOLDER's registered and verified users, i.e., e-KYC users of MASTER POLICYHOLDER's platform.
- 12. **IRREVERSIBLE** shall mean cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.
- 13. **ISSUE DATE** is the date and time when the CERTIFICATE OF INSURANCE is issued to the INSURED PERSON, or is the date and time of issue of any ENDORSEMENT whenever the original terms and coverage of the POLICY or CERTIFICATE OF INSURANCE are changed subsequently, whichever applies. The ISSUE DATE is shown on the CERTIFICATE OF INSURANCE and/or ENDORSEMENT.
- 14. LICENSED NURSE or GRADUATE NURSE shall mean any person that upon successful completion of a recognised college or school of nursing, is legally authorised by the government of the geographical area of his/her practice to render nursing services, but excluding a LICENSED NURSE or GRADUATE NURSE who is the INSURED PERSON, an insurance agent, authorized insurance intermediary, business partner(s), employer/employee of the INSURED PERSON, or a member of the INSURED PERSON's immediate family or related in similar fashion to the INSURED PERSON's spouse.
- 15. **PERMANENT** shall mean expected to last throughout the lifetime of the INSURED PERSON.
- 16. **PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS** shall mean symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the INSURED PERSON. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
- 17. PHYSICIAN or REGISTERED MEDICAL PRACTITIONER shall mean any person qualified by degree in western medicine who has legally registered with the government of the geographical area of his/her practice to render medical or surgical services, but other than the INSURED PERSON, an insurance agent, authorized insurance intermediary, business partner(s), employer/employee of the INSURED PERSON, or a member of the INSURED PERSON's immediate family or related in similar fashion to the INSURED PERSON's spouse.



- 18. **POLICY** shall mean this legal contract, including any ENDORSEMENT which may be attached to it, between the MASTER POLICYHOLDER and US where WE agree to provide the INSURED PERSON with the benefits set out in this POLICY in consideration of the PREMIUMS paid by the INSURED PERSON to US, subject always to the terms and conditions of the POLICY.
- 19. PRE-EXISTING CONDITION with reference to an INSURED PERSON's insurance coverage of this POLICY shall mean any illnesses, disabilities or conditions prior to the ISSUE DATE or Effective Date of Reinstatement of the CERTIFICATE OF INSURANCE, whichever is later, and that the INSURED PERSON has reasonable knowledge of. An INSURED PERSON may be considered to have reasonable knowledge of a PRE-EXISTING CONDITION where the condition is one for which:
  - (a) the INSURED PERSON had received or is receiving treatment;
  - (b) medical advice, DIAGNOSIS, care or treatment has been recommended;
  - (c) clear and distinct symptoms are or were evident; or
  - (d) its existence would have been apparent to a reasonable person in the circumstances.

PRE-EXISTING CONDITION is referring to the condition(s) only when the INSURED PERSON is first covered and shall not be applicable after the first year of coverage. However, if there is a break in continuity of the insurance coverage after the first year of coverage, the PRE-EXISTING CONDITION shall apply again.

- 20. **PREMIUM** shall mean any amount that WE require the INSURED PERSON to pay under the CERTIFICATE OF INSURANCE and it is exclusive of any TAX.
- 21. **RELATIVE** shall mean spouse, partner, sibling, child, parent or parent of the spouse or partner of the ENTITY. Sibling, child, parent or parent of the spouse or partner includes both biological and non-biological relationship.
- 22. **TAX** is defined as any present or future, direct or indirect, TAX including sales tax, service tax, any other tax of similar nature, levy, impost, duty, charge, fee, deduction or withholding of any nature, and any interest or penalties in respect thereof imposed by the Government of Malaysia.
- 23. WAITING PERIOD shall mean
  - (a) the first thirty (30) days for Stroke and Kidney Failure as referred to above in the definition of CRITICAL ILLNESS; and
  - (b) the first sixty (60) days for Cancer, Heart Attack, and Serious Coronary Artery Disease as referred to above in the definition of CRITICAL ILLNESS;

following the ISSUE DATE or Effective Date of Reinstatement of the CERTIFICATE OF INSURANCE, whichever is later. WAITING PERIOD is applied only when the INSURED PERSON is first covered and shall not be applicable after the first year of coverage. However, if there is a break in continuity of the insurance coverage after the first year of coverage, the WAITING PERIOD shall apply again.

- 24. WE, OUR, US or COMPANY shall mean AIA General Berhad.
- 25. YOU, YOUR or MASTER POLICYHOLDER shall mean the person or the entity effecting this POLICY as indicated in the Policy Schedule.

Whenever the context requires, masculine form shall apply to feminine and singular term shall include the plural.





#### **PART II**

### **INSURING AMOUNT AND BENEFITS**

This is a critical illness insurance POLICY called CI Insure. While this POLICY is in force, the COMPANY shall provide the INSURED PERSON the benefits of Part II of this POLICY as shown in the Schedule of Benefits below according to the plan specified in the CERTIFICATE OF INSURANCE or any ENDORSEMENT attached to this POLICY, subject to the provisions, conditions and limitations of this POLICY.

#### **SCHEDULE OF BENEFITS**

No.	Benefits	Sum Insured (RM)						
	Deficits	Plan P50	Plan P100	Plan P200	Plan P300			
1	Advanced Stage Critical Illness Benefit	50,000	100,000	200,000	300,000			
2	Lifestyle Assistance Allowance Benefit (per month, up to 3 months)	5,000	5,000	5,000	5,000			

#### **DESCRIPTION OF BENEFITS**



## **BENEFIT 1: ADVANCED STAGE CRITICAL ILLNESS BENEFIT**

WE shall pay to the INSURED PERSON one hundred percent (100%) of the sum insured as stated in the Schedule of Benefits according to the plan specified in the CERTIFICATE OF INSURANCE, in a lump sum if the INSURED PERSON is diagnosed to be suffering from a CRITICAL ILLNESS as defined in this POLICY within the COVERAGE YEAR and survives for at least fifteen (15) days after the DIAGNOSIS of that CRITICAL ILLNESS. The lump sum payment is payable once only. Thereafter, the CERTIFICATE OF INSURANCE shall terminate.



## **BENEFIT 2: LIFESTYLE ASSISTANCE ALLOWANCE BENEFIT**

WE shall pay to the INSURED PERSON the sum insured as stated in the Schedule of Benefits according to the plan specified in the CERTIFICATE OF INSURANCE, for each month of care services engagement up to three (3) months, if the INSURED PERSON has engaged with HOME NURSING CARE, HOSPICE CARE, PALLIATIVE CARE and/or HOME CLEANING SERVICES upon the DIAGNOSIS of CRITICAL ILLNESS as defined in this POLICY within the COVERAGE YEAR and survives for at least fifteen (15) days after the DIAGNOSIS of that CRITICAL ILLNESS.

This Benefit will be allowed for three hundred and sixty five (365) days following the approval date ("Approval Date") of the claim of one hundred percent (100%) of the sum insured under the Advanced Stage Critical Illness Benefit of this POLICY.

Each month of care services engagement shall mean every thirty (30) days cycle starting from the date of first complete claim submission under this Benefit after the Approval Date. The Lifestyle Assistance Allowance Benefit payable is limited up to a maximum of three (3) consecutive months and is payable for one (1) CRITICAL ILLNESS DIAGNOSIS only. This Benefit shall automatically cease in the following month upon the death of the INSURED PERSON dies before the end of the three (3) consecutive months payout.

All engagement with HOME NURSING CARE, HOSPICE CARE, PALLIATIVE CARE and/or HOME CLEANING SERVICES shall be supported by receipts or other form of proof of engagement to such services each month.



# **DEFINITIONS – applicable to Lifestyle Assistance Allowance Benefit only**

- HOME NURSING CARE shall mean home-based nursing care provided to INSURED PERSON diagnosed with CRITICAL ILLNESS who requires professional support by LICENSED NURSES to enable recovery and rehabilitation at home.
- 2. **HOSPICE CARE** shall mean a specialised care by a REGISTERED MEDICAL PRACTITIONER, PHYSICIAN, or LICENSED NURSES that focuses on end-of-life care to INSURED PERSON diagnosed with CRITICAL ILLNESS.
- 3. **PALLIATIVE CARE** shall mean a specialised care by a REGISTERED MEDICAL PRACTITIONER, PHYSICIAN, or LICENSED NURSES that focuses on providing relief from pain and other distressing symptoms suffered by INSURED PERSON associated with the DIAGNOSIS of CRITICAL ILLNESS.
- 4. **HOME CLEANING SERVICE** shall mean cleaning services provided by a registered service provider to the place of residence of the INSURED PERSON diagnosed with CRITICAL ILLNESS.



#### PART III

### **GENERAL EXCLUSIONS**

This POLICY does not cover:

- 1. any illness or surgery other than a DIAGNOSIS of a CRITICAL ILLNESS as defined in this POLICY;
- 2. CRITICAL ILLNESS of which the signs and symptoms is manifested prior to or within the WAITING PERIOD;
- 3. any CRITICAL ILLNESS diagnosed due, directly or indirectly, to a congenital defect or disease which has manifested or was diagnosed before the INSURED PERSON attains seventeen (17) years of age last birthday;
- 4. any PRE-EXISTING CONDITION prior to the ISSUE DATE or Effective Date of Reinstatement of the CERTIFICATE OF INSURANCE, whichever is later;
- 5. the CRITICAL ILLNESS in the presence of any Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) infection. WE reserve the right to require the INSURED PERSON to undergo a blood test for HIV as a condition precedent to any acceptance of any claim. For the purpose of this POLICY:
  - (a) The definition of AIDS shall be that used by the World Health Organisation in 1987, or any subsequent revision by the World Health Organisation of that definition; and
  - (b) Infection shall be deemed to have occurred where blood or other relevant test(s) indicate in OUR opinion either the presence of any HIV or antibodies to such a virus.
- 6. any CRITICAL ILLNESS which is caused by a self-inflicted injury;
- 7. any CRITICAL ILLNESS resulting directly from alcohol or drug abuse; or
- 8. the INSURED PERSON did not survive for at least fifteen (15) days after the DIAGNOSIS of a CRITICAL ILLNESS.



#### PART IV

### PERSONAL MEDICAL CASE MANAGEMENT SERVICE

Personal Medical Case Management ("PMCM") is a value-added service programme, in collaboration with OUR SERVICE PROVIDER, offered to the INSURED PERSON under this POLICY.

While the POLICY and CERTIFICATE OF INSURANCE are still in force, the INSURED PERSON is eligible for the PMCM service provided that:

- (a) The DIAGNOSIS of the INSURED PERSON is a MEDICAL CONDITION that is covered by US; and
- (b) The INSURED PERSON has consulted with at least a SPECIALIST in a field related to the MEDICAL CONDITION.

The PMCM service offers comprehensive information, additional remote medical consultation and additional opinions from SPECIALISTS and PHYSICIANS, guidance, assistance in reaching the right DIAGNOSIS and support in the process of deciding upon the best medical treatment, and to coordinate quality medical care by leading medical experts in leading medical centers. The PMCM service does not prescribe any treatment but it will assist the INSURED PERSON to reach the right DIAGNOSIS and most appropriate treatment plan.

All expenses incurred for medical treatment recommended under this service shall not be covered.

### WAITING PERIOD FOR PMCM PROGRAMME

A waiting period of thirty (30) days is applicable starting from the ISSUE DATE or Effective Date of Reinstatement of the CERTIFICATE OF INSURANCE, whichever is later. During this waiting period, the INSURED PERSON shall not be eligible for the service in Part IV of this POLICY. The waiting period is applied only when the INSURED PERSON is first covered under the CERTIFICATE OF INSURANCE and shall not be applicable after the first year of coverage. However, if there is a break in continuity of the insurance coverage after the first year of coverage, the waiting period shall apply again.

#### **EXCEPTION CASE**

In the event the INSURED PERSON's DIAGNOSIS does not clearly show whether a certain MEDICAL CONDITION falls into the definition of a MEDICAL CASE, a committee, composed of one (1) representative of the COMPANY and one (1) representative of the SERVICE PROVIDER, shall determine whether or not such MEDICAL CONDITION should be covered, based on medical considerations.

#### **EXCLUSION**

The following conditions are excluded for coverage under the PMCM service:

- 1. Medical emergencies:
- 2. Accidents;
- 3. Urgent or life-threatening situations, such as Intensive Care Unit (ICU) admission;
- 4. Daily or common issues, such as colds, flu, fever, occasional rash etc.;
- 5. Long term chronic diseases management such as chronic hepatitis, diabetes, high blood pressure, high cholesterol etc. (however, any complications of chronic diseases shall be covered); or
- 6. Mental health conditions such as anorexia/bulimia, mental health-related sleeping disorder, anxiety, depression etc.

#### PROGRAMME REVISION AND WITHDRAWAL

The COMPANY reserves the right to withdraw or revise this programme at any time by giving thirty (30) days prior written notice to the MASTER POLICYHOLDER and INSURED PERSON.



# **TERMINATION**

This PMCM Service for INSURED PERSON shall be terminated upon the earliest occurrence of any of the following events:

- (i) upon the EXPIRY DATE of the CERTIFICATE OF INSURANCE; or
- (ii) if the CERTIFICATE OF INSURANCE becomes lapsed, becomes terminated or is cancelled; or
- (iii) the COMPANY withdraws the programme completely in accordance with the Programme Revision and Withdrawal clause above.

## **DEFINITIONS – applicable to Part IV of this POLICY only**

- 1. **DIAGNOSIS** shall refer to the final conclusion of a PHYSICIAN with respect to a specific MEDICAL CONDITION, such conclusion having been reached after taking an anamnesis, medical history, and, only if necessary, following medical examination and additional tests.
- 2. **MEDICAL CASE** shall mean a MEDICAL CONDITION which makes the INSURED PERSON eligible to receive the PMCM service as detailed herein.
- 3. **MEDICAL CONDITION** shall refer to the following conditions, which are covered under this service:
  - (1) Medical conditions without a DIAGNOSIS. The customer must have had previous medical inquiries and consultations with at least one specialist in a field related to the medical problem;
  - (2) Cancer;
  - (3) Neurological diseases;
  - (4) Ear, nose and throat (ENT) diseases;
  - (5) Ocular diseases/ophthalmology conditions;
  - (6) Cardiovascular diseases;
  - (7) Respiratory diseases;
  - (8) Gastroenterological diseases;
  - (9) Liver diseases;
  - (10) Kidney diseases;
  - (11) Urological conditions;
  - (12) Endocrine diseases;
  - (13) Orthopaedic conditions;
  - (14) Haematological diseases;
  - (15) Metabolic diseases;
  - (16) Rheumatology/ Immunological diseases:
  - (17) Infectious diseases, including Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS);
  - (18) Snoring surgery and sleep apnoea;
  - (19) Cosmetic/ Aesthetic surgery which are medically necessary;
  - (20) Fertility-related conditions or procedures;
  - (21) Obstetric conditions:
  - (22) Sexual diseases/ sexually transmitted diseases;
  - (23) Paediatrics conditions;
  - (24) Obesity;
  - (25) Recovery/ rehabilitation phase for stroke;
  - (26) Recovery/ rehabilitation phase for severe burns;
  - (27) Medical conditions in the fields of dentistry;
  - (28) Combined pathologies; and
  - (29) All medical conditions other than those listed in Exclusion.
- 4. **SERVICE PROVIDER** shall mean the third party that WE have engaged to provide the service under this POLICY.



5. SPECIALIST shall mean a medical practitioner registered and licensed to practice western medicine in the geographical area of his/her practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine, but excluding a SPECIALIST who is the INSURED PERSON himself/ herself, an insurance agent, authorized insurance intermediary, business partner(s), employer/employee of the INSURED PERSON, or a member of the INSURED PERSON's immediate family or related in similar fashion to the INSURED PERSON's spouse.



#### **PART V**

### **GENERAL PROVISIONS**

#### 1. THE POLICY CONTRACT

This POLICY is issued in consideration of the payment of PREMIUM by INSURED PERSON to US as specified in the CERTIFICATE OF INSURANCE and pursuant to:

- (i) the answers given by YOU and/or the INSURED PERSON in the application/ proposal form or any subsequent questionnaires given by US on any matters relating to the proposal and any disclosures made by YOU and/or the INSURED PERSON between the time of submission of the application/ proposal and the time this contract is entered into; and
- (ii) medical reports and any other reports and questionnaires;

(collectively referred to as 'the material information')

and such material information shall form part of this contract of insurance between US and YOU. However, in the event of any pre-contractual misrepresentation made in relation to such material information, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

If YOU and/or the INSURED PERSON are required by US, before the POLICY is renewed or varied, to answer any questions or if YOU and/or the INSURED PERSON are required to confirm or amend any matter previously disclosed by YOU and/or the INSURED PERSON to US in relation to this POLICY, it is YOUR and/or the INSURED PERSON's duty to take reasonable care not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.

YOU and/or the INSURED PERSON must inform US of any change to the information given to US in YOUR and/or the INSURED PERSON's answers or in respect of any matter previously disclosed to US in relation to the POLICY if such changes had taken place after YOU and/or the INSURED PERSON have submitted the application for renewal/variation but before the POLICY is renewed or varied.

### 2. DUTY OF DISCLOSURE BEFORE THIS INSURANCE IS GRANTED

Where YOU have applied for this insurance wholly for purposes unrelated to YOUR trade, business or profession, YOU have a duty to take reasonable care not to make a misrepresentation in answering the questions in the application/proposal form (or when YOU applied for this insurance) that is YOU should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions may result in avoidance of the contract of insurance, refusal or reduction of the claim(s), change of terms or termination of the contract of insurance in accordance with the remedies in Schedule 9 of the Financial Services Act 2013. YOU are also required to disclose any other matter that YOU know to be relevant to OUR decision in accepting the risks and determining the rates and terms to be applied.

YOU also have a duty to tell US immediately if at any time after the contract of insurance has been entered into, varied or renewed with US any of the information given in the application/proposal form (or when YOU applied for this insurance) is inaccurate or has changed.

### 3. DUTY OF DISCLOSURE DURING THIS INSURANCE

During this insurance, the INSURED PERSON is required to immediately inform US of any changes in his or her occupation, work duties, or any relevant information that may increase the risk. WE may require the INSURED PERSON to pay an additional PREMIUM for the increased risk. The INSURED PERSON will only be covered for any increased risk if agreed in writing by US.



### 4. A DUTY TO COMPLY WITH THE CONDITION

WE will only be liable to make any payment under this POLICY if YOU and/or the INSURED PERSON have at all times complied with the terms, provisions, conditions and ENDORSEMENT of this POLICY.

#### 5. MISREPRESENTATION / FRAUD

WE may void the INSURED PERSON's insurance coverage and refuse all claims made in any of the following cases:

- (a) If any claim made shall be fraudulent or exaggerated; or
- (b) If any false declaration or statement shall be made in support of any claim, however, if the misrepresentation was careless or innocent, WE may at OUR absolute discretion:
  - void the insurance coverage and refuse all claims, in which case WE shall return the PREMIUMS paid without interest. This payment shall be a complete and valid discharge of any liability under the insurance coverage; or
  - (ii) take any necessary remedies in accordance with the Financial Services Act 2013.

### 6. INDISPUTABILITY

WE may void the POLICY or CERTIFICATE OF INSURANCE and refuse all claims if any false declaration or statement shall be made in support of any claim. However, if the misrepresentation was careless or innocent, WE may at OUR absolute discretion;

- (a) void the insurance coverage and refuse all claims, in which case WE shall return the PREMIUMS paid without interest. This payment shall be a complete and valid discharge of any liability under the POLICY; or
- (b) take any necessary remedies in accordance with the Financial Services Act 2013.

# 7. MISSTATEMENT OF AGE AND/OR GENDER

- (i) The age stated on the CERTIFICATE OF INSURANCE is the age of the INSURED PERSON that is declared in the application. The said age is that of the INSURED PERSON's last birthday at ISSUE DATE.
- (ii) If there is misstatement of age and/or gender, the PREMIUM and/or benefits that would be payable shall be adjusted based on the correct age and/or gender of the INSURED PERSON. If the INSURED PERSON is not eligible for insurance at the correct age and/or gender, the CERTIFICATE Of INSURANCE shall be void.
- (iii) Payment of benefits under the CERTIFICATE Of INSURANCE will only be made, provided the age and/or gender of the INSURED PERSON is verified and confirmed. The INSURED PERSON's age and/or gender shall be verified and confirmed if due proof is submitted to US.

## 8. DATA REQUIRED

Clerical error in keeping the records shall not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated, but upon the discovery of such error, an equitable adjustment shall be made.

INSURED PERSON shall furnish US with all information and proof which WE may reasonably require with



regard to any matters pertaining to the POLICY. All documents furnished to MASTER POLICYHOLDER by any INSURED PERSON in connection with the insurance, and other records as may have a bearing on the insurance under this POLICY, shall be open for inspection by US at all reasonable times.

#### 9. LIMITATION OF TIME FOR BRINGING SUIT

No action at law or in equity shall be brought to recover on this POLICY prior to the expiration of sixty (60) days after proof of loss has been filed in accordance with the requirements of this POLICY. No such action shall be brought after the expiration of six (6) years after the time written proof of loss is required to be furnished.

### 10. GOVERNING LAW

This POLICY shall be governed by the laws of Malaysia and the Courts of Malaysia shall have the exclusive jurisdiction in respect of any claims arising out of or in relation to this POLICY.

## 11. CURRENCY AND PLACE OF PAYMENT

All amounts payable either to or by US will be paid in Malaysian Ringgit. All amounts due from US will be payable directly to the bank account submitted by INSURED PERSON to US.

#### 12. ALTERATION

WE reserve the right to amend the terms and provisions of this POLICY by giving thirty (30) days prior notice in writing by electronic mail to the MASTER POLICYHOLDER and INSURED PERSON's last known electronic mail address in OUR record, and such amendment will be applicable from the next ANNIVERSARY DATE of the CERTIFICATE OF INSURANCE. No alterations to this POLICY shall be valid unless authorized by US and such approval is endorsed on this POLICY.

# 13. TERMINATION OF POLICY

WE or YOU may cancel this POLICY at the next POLICY ANNIVERSARY DATE by serving at least thirty (30) days prior notice to YOU or US in writing.

#### 14. PORTFOLIO WITHDRAWAL CONDITION

WE reserve the right to cancel the portfolio as a whole if WE decide to discontinue underwriting this insurance product.

Cancellation of the portfolio as a whole shall be given in written notice to YOU and INSURED PERSON at least thirty (30) days before expiry of the period of cover and WE will run off the POLICY and all CERTIFICATE OF INSURANCE to the EXPIRY DATE of the CERTIFICATE OF INSURANCE within the portfolio.

#### 15. CLAIM PROCEDURES

# (a) Notice of Claim

Written notice of claim must be given to US within sixty (60) days after the DIAGNOSIS of CRITICAL ILLNESS, as the case may be. Such notice given to US with particulars sufficient to identify the INSURED PERSON shall be deemed to be notice to US. Failure to give notice within such time shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.



## (b) Proof of CRITICAL ILLNESS

WE, upon receipt of such notice, will provide to the claimant the appropriate forms for filing proof of CRITICAL ILLNESS. If the forms are not given within fifteen (15) days, the claimant by submitting written proof covering the occurrence and circumstances of the occurrence, the character and the degree of the CRITICAL ILLNESS for which the claim is made shall be deemed to have complied with the requirements of this provision.

# (c) Filing Proof of CRITICAL ILLNESS

Proof of CRITICAL ILLNESS must be submitted to US during the INSURED PERSON's lifetime. Such proof must be furnished within six (6) months after the DIAGNOSIS of such CRITICAL ILLNESS of the INSURED PERSON.

## (d) Claim Procedures for Lifestyle Assistance Allowance Benefit

The INSURED PERSON shall within thirty (30) days from the date of utilization of claimable care services under Lifestyle Assistance Allowance Benefit, give written notice to US stating full particulars of such event including receipts or other form of proof of engaging to such services. Failure to provide such notice within the time allowed shall not invalidate any claim if it is shown not to have been reasonably possible to provide such notice and that such notice was given as soon as was reasonably possible.

Claims are not deemed complete, and Lifestyle Assistance Allowance Benefit is not payable unless receipts or other form of proof of engaging to such services have been submitted and agreed upon by US.

#### 16. PAYMENT OF BENEFITS

All benefits are payable to INSURED PERSON. If INSURED PERSON dies before the settlement of the claim, the benefits shall be paid to INSURED PERSON's legal personal representatives. Such payment is deemed to be good discharge of moneys payable under the CERTIFICATE OF INSURANCE attached to this POLICY.

The benefits payable under the CERTIFICATE OF INSURANCE is not assignable.

WE reserve the absolute right to request further evidence, medical report or conduct medical history check before the benefits are payable to INSURED PERSON.

#### 17. SUBROGATION

If WE shall become liable for any payment under this POLICY, WE shall be subrogated to the extent of such payment to all the rights and remedies of the INSURED PERSON against any party and shall be entitled at OUR own expense to sue in the name of the INSURED PERSON. The INSURED PERSON shall give or cause to be given to US all such assistance in his/her power as WE shall require to secure the rights and remedies and at OUR request shall execute or cause to be executed all documents necessary to enable US to effectively to bring suit in the name of the INSURED PERSON.

## 18. CONDITION PRECEDENT TO LIABILITY

The due observance and the fulfillment of the terms, provisions and conditions of this POLICY by the INSURED PERSON and in so far as they relate to anything to be done or complied with by the INSURED PERSON shall be conditions precedent to any liability of the COMPANY.

## 19. FREE LOOK PERIOD

INSURED PERSON has the right to cancel the CERTIFICATE OF INSURANCE by giving US a written notice within fifteen (15) days after the INSURED PERSON received the CERTIFICATE OF INSURANCE. The PREMIUMS that the INSURED PERSON has paid will be refunded.



## 20. TERMINATION

INSURED PERSON'S CERTIFICATE OF INSURANCE shall automatically terminate upon the earliest occurrence of the following:

- (i) death of the INSURED PERSON; or
- (ii) the INSURED PERSON attains the coverage age limit specified; or
- (iii) hundred percent (100%) payment of Advanced Stage Critical Illness Benefit as stated in the CERTIFICATE OF INSURANCE; or
- (iv) the end of Grace Period when any PREMIUM remains unpaid; or
- (v) if the CERTIFICATE OF INSURANCE becomes expired, lapsed, cancelled or terminated; or
- (vi) On the next ANNIVERSARY DATE of the INSURED PERSON'S CERTIFICATE OF INSURANCE when WE or the MASTER POLICYHOLDER terminate this POLICY.

The payment or acceptance of any PREMIUM after the termination of the CERTIFICATE OF INSURANCE shall not create any liability on OUR part but WE shall refund any such PREMIUM without interest.

#### 21. NOTICES AND COMMUNICATION

Every notice or communication to US shall be in writing and sent to US. No alterations in the terms of this POLICY or CERTIFICATE OF INSURANCE or any ENDORSEMENT thereon, will be held valid unless the same is signed or initialed by an authorised representative of the COMPANY.

WE shall send or deliver personally any notice, request, instruction or correspondence to YOUR and/or INSURED PERSON's last known address or electronic mail address in OUR records. It is conclusively deemed to be received:

- (a) In the case of personal delivery: at the time of delivery;
- (b) In the case of post, whether registered or otherwise: seven (7) days after the date of posting, if posted locally, and fourteen (14) days, if posted to an overseas address; and
- (c) In the case of electronic mail: after twenty-four (24) hours from the date of the email.

# 22. SANCTION LIMITATION AND EXCLUSION CLAUSE

- (1) WE shall not provide cover for any risk and/or activity and shall not be liable to pay any claim or pay any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose US to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America, or any of its states, and/or any other applicable economic or trade sanction laws or regulations.
- (2) WE shall not provide cover for any risk and/or activity and shall not be liable to pay any claim or pay any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit is for and/or to any ENTITY, INSURED PERSON and/or RELATIVE/CLOSE ASSOCIATE of any ENTITY.
- (3) WE may terminate this POLICY and/or INSURED PERSON's CERTIFICATE OF INSURANCE with immediate effect and shall not thereafter be required to transact any business with YOU and/or INSURED PERSON in connection with this POLICY, including but not limited to, making or receiving any payments under the CERTIFICATE OF INSURANCE. WE shall inform YOU and the INSURED PERSON in writing for the reason of such termination.



## 23. REGULATORY IMPOSED TAX, CHARGES, FEES ETC.

The PREMIUM to be paid by INSURED PERSON to US under this POLICY is exclusive of any TAX. In the event WE are required by any applicable law to remit any TAX on the PREMIUM paid by INSURED PERSON, WE shall calculate and collect from INSURED PERSON any amount paid or payable under this POLICY on account of such TAX. Such amount as calculated by US, shall be paid by INSURED PERSON as additional to and without any deduction or set-off from the PREMIUM payable under this POLICY to US.

#### 24. OTHER PROVISIONS

- (i) Any illegality, invalidity or unenforceability of any clauses of these General Provisions under the Malaysian law shall not affect the legality, validity or enforceability of any other provisions in this POLICY.
- (ii) OUR books and/or accounts shall be conclusive evidence of the state of accounts between the parties in this POLICY. Any certificate by any of OUR officers as to the moneys or liabilities for the time being due and remaining or incurred to US by the INSURED PERSON shall be binding and conclusive evidence on the INSURED PERSON in all courts of law and elsewhere.
- (iii) If WE delay or fail to exercise any rights/remedies under this POLICY, it will not be deemed as a waiver. Any single/partial exercise of any right/remedy shall not prevent US from any other or further exercise of any other right/remedy. The rights and remedies provided in this POLICY are cumulative and not exclusive of any other rights/remedies (whether provided by law or otherwise).
- (iv) This POLICY shall continue to be valid and binding for all purposes whatsoever despite any change by amalgamation, change of name, reconstruction or otherwise which may be made in OUR constitution.
- (v) The terms and conditions stated in this POLICY and any ENDORSEMENT which may be attached to it constitute the entire terms and conditions of this POLICY. No prior inconsistent representation or statement made in relation to this POLICY whether orally or in writing shall form part of this POLICY.
- (vi) WE reserve the right to alter the terms of this POLICY in such a way as WE deem appropriate in the event of any change in the law or in the basis of taxation levy applicable to US or this POLICY.



# 25. CANCELLATION

INSURED PERSON may cancel the CERTIFICATE OF INSURANCE at any time by giving a written notice to US, and provided that no claims have been made during the current CERTIFICATE OF INSURANCE COVERAGE YEAR, the INSURED PERSON shall be entitled to a refund of the PREMIUM as follows:

Period from CERTIFICATE OF	Premium Pa	ayment Mode	
INSURANCE Effective Date of Coverage, Not Exceeding	Yearly	Monthly	
15 days*	90%		
1 month	80%		
2 months	70%		
3 months	60%		
4 months	50%		
5 months	40%		
6 months	30%	No refund	
7 months	25%		
8 months	20%		
9 months	15%		
10 months	10%		
11 months	5%		
Period exceeding 11 months	No refund		

(Note: \*not applicable to first COVERAGE YEAR)

#### 26. PERSONAL DATA PROTECT ACT 2010

By giving personal Information YOU give the COMPANY permission and YOU shall also obtain the INSURED PERSON's consent to give the COMPANY for its use as described below:-

- To process YOUR and INSURED PERSON's personal data with the intention of entering into the contract of insurance.
- II. YOU and INSURED PERSON consent and allow the COMPANY to retain the data and share the data with the COMPANY service provider namely:
  - a. Registered licensed adjuster,
  - b. Solicitors, and any other professional body(ies) for the purpose of fulfillment of the insurance contract,
  - c. Insurer and reinsurer,
  - d. ISM Insurance Services Malaysia Berhad.
- III. Data Subject (proposer) should be informed of his/her rights to obtain access to and to request correction of his/her personal data.

#### Notice

In accordance to the provision of the Personal Data Protection Act 2010, YOU and/or the INSURED PERSON may contact the COMPANY for the details of YOUR and INSURED PERSON's personal data. Such information will only be granted after verification. YOU and/or the INSURED PERSON may update/correct the data by providing in writing to the COMPANY the request for change.



**PART VI** 

#### PREMIUM PROVISIONS

#### **PAYMENT**

All PREMIUMS on the POLICY are to be paid by the INSURED PERSON upon application to US. All PREMIUMS are payable on or before their due dates to US by Touch 'n Go eWallet application where CI Insure is available. WE will not issue an official receipt for the payment, but an electronic mail confirmation will be sent to the INSURED PERSON's electronic mail address in OUR record upon successful charging of PREMIUM. The validated PREMIUM deduction shown in the transaction history in Touch 'n Go eWallet application shall be considered as proof of payment.

# **RENEWAL**

This POLICY is issued for the term of one year and is renewable on the POLICY ANNIVERSARY DATE at OUR option.

Should the POLICY be renewed, the CERTIFICATE OF INSURANCE may be renewed on the ANNIVERSARY DATE of the CERTIFICATE OF INSURANCE at OUR option, by payment of the PREMIUM in advance at the premium rate determined by US at the time of renewal, subject to the terms and conditions of this POLICY. The PREMIUM payable for the CERTIFICATE OF INSURANCE is not guaranteed and will vary based on the attained age of the INSURED PERSON on the next ANNIVERSARY DATE of the CERTIFICATE OF INSURANCE. WE reserve the right to revise or adjust it at the time of such renewal by giving the INSURED PERSON at least thirty (30) days prior notice in writing by electronic mail to the last known electronic mail address in OUR record. The revised PREMIUM will be applicable from the next renewal of the CERTIFICATE OF INSURANCE.

Any revision in PREMIUMS shall be applicable to all INSURED PERSON irrespective of their claim experience according to OUR risk assessment. In the event of any increase in PREMIUM of the CERTIFICATE OF INSURANCE, INSURED PERSON has to pay the revised PREMIUM. Application for change of benefits to a different plan can only be made on renewal and is subject to acceptance by US upon renewal.

### **CHANGE**

INSURED PERSON may change the frequency of PREMIUM payments by submitting a written request to US. PREMIUM may be paid on a yearly or monthly mode at the PREMIUM rates applicable on the ISSUE DATE.

#### **DEFAULT**

After payment of the first (1st) PREMIUM, failure to pay a subsequent PREMIUM on or before its due date will constitute a default in PREMIUM payment.

# **GRACE PERIOD**

A Grace Period of thirty-one (31) days from the due date will be allowed for payment of each subsequent PREMIUM. The CERTIFICATE OF INSURANCE will remain in force during the Grace Period. If any claim arises during the Grace Period, any unpaid balance of the PREMIUM due for the full COVERAGE YEAR in which the loss or the insured event occurs shall be deducted from the proceeds payable under the CERTIFICATE OF INSURANCE. If any PREMIUM remains unpaid at the end of its Grace Period, the CERTIFICATE OF INSURANCE shall lapse and be terminated.

#### REINSTATEMENT

If a PREMIUM is still in default after the stipulated Grace Period and if the CERTIFICATE OF INSURANCE has not been cancelled, the CERTIFICATE OF INSURANCE may be reinstated by US at OUR sole discretion within one hundred and eighty (180) days after the due date of the Premium in default and before the EXPIRY DATE of the CERTIFICATE OF INSURANCE, subject to the following:



- (i) A written application is made by the INSURED PERSON to have the CERTIFICATE OF INSURANCE reinstated;
- (ii) The INSURED PERSON is within the allowable age limits as determined by US at the time of reinstatement;
- (iii) The INSURED PERSON has to produce evidence of insurability that is satisfactory to US;
- (iv) Payment of all overdue PREMIUMS; and
- (v) Any other terms and conditions which WE may impose at the material time.

The reinstated CERTIFICATE OF INSURANCE shall only cover loss or the insured event which occurs after the reinstatement date.



#### **PART VII**

#### **POLICY INFORMATION STATEMENT**

INSURED PERSON may not have time to familiarize with all the POLICY provisions, but it is important that INSURED PERSON knows the unique benefits of this POLICY. This Policy Information Statement is specially prepared in plain language to give INSURED PERSON a better understanding of some of these benefits.

- 1. (a) The PREMIUM payment is made yearly or monthly, whichever suits the INSURED PERSON best.
  - (b) The INSURED PERSON may pay the PREMIUMS by Touch 'n Go eWallet application where CI Insure is available. We will send a prior notice that the PREMIUM is due through the INSURED PERSON's registered electronic mail address. No official receipt will be issued for the payment, however the validated PREMIUM deduction shown in the transaction history in Touch 'n Go eWallet application shall be considered as proof of payment.
- 2. If the INSURED PERSON's age has not been admitted, the INSURED PERSON is required to submit a copy of identity card or passport for proof of age upon request by US.
- 3. It is important that INSURED PERSON advise US of any change in address and electronic mail address.
- 4. INSURED PERSON has the right to cancel the CERTIFICATE OF INSURANCE within the Free Look Period by giving US a written notice. The PREMIUMS that the INSURED PERSON has paid will be refunded to the INSURED PERSON.
- 5. INSURED PERSON may cancel the CERTIFICATE OF INSURANCE, however, it would not be to the INSURED PERSON's advantage to cancel the CERTIFICATE OF INSURANCE.
- 6. In case of any dispute arising from this POLICY and/or CERTIFICATE OF INSURANCE, YOU and/or the INSURED PERSON may write to:

Customer Care Unit Menara AIA 99 Jalan Ampang 50450 Kuala Lumpur. P.O. Box 10140 50704 Kuala Lumpur. Careline: 1300 88 1899

Careline: 1300 88 1899 Tel: 03-2056 1111

Email: my.complaint@aia.com

Website: AIA.COM.MY

If there are disputes on OUR final decision relating to this POLICY involving amounts below RM250,000 and subject to the Financial Markets Ombudsman Service (FMOS) jurisdiction which is available at www.fmos.org.my, YOU and/or the INSURED PERSON may refer the dispute to FMOS at the address stated below to resolve the dispute within six (6) months from the date of OUR final decision.



Chief Executive Officer
Financial Markets Ombudsman Services [Reg. No: 200401025885]
(Formerly known as Ombudsman for Financial Services)
Level 14, Main Block, Menara Takaful Malaysia
No. 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur
Tel: 03-2272 2811

Website: www.fmos.org.my

If the dispute exceeds RM250,000 or if it does not come within FMOS's jurisdiction, YOU and/or the INSURED PERSON may refer to Bank Negara Malaysia for further enquiries at the following address:

BNMLINK Jabatan Komunikasi Korporat Bank Negara Malaysia P.O Box 10922 50929 Kuala Lumpur Tel: 1-300-88-5465

Fax: 03-2174 1515

Web Form: bnmlink.bnm.gov.my

7. If the INSURED PERSON has any enquiries pertaining to the CERTIFICATE OF INSURANCE or this POLICY, he or she may contact AIA Online Customer Service through WhatsApp at 019 629 9660 or email my.aiaonline@aia.com.

#### Note:

The above explanation is intended as an aid to INSURED PERSON's understanding of the POLICY terms and is not to be taken or interpreted as an alteration or amendment of the POLICY provisions.



#### PRODUCT DISCLOSURE SHEET

Please read this Product Disclosure Sheet before you decide to take up CI Insure. Be sure to also read the general terms and conditions.

#### **AIA General Berhad**

[CI Insure]

Date: 7 April 2025

## 1. What is this product about?

**CI Insure** is a non-guaranteed yearly renewable critical illness insurance product which provides coverage for 5 main Advanced Stage Critical Illnesses, Lifestyle Assistance Allowance, and Personal Medical Case Management Service upon diagnosis of covered critical illnesses.

This product is structured on a group policy basis, where TNG Digital Sdn. Bhd. (TNGD) is the Master Policyholder. Any TNGD's users who sign up for this product are the Insured Person(s).

## 2. What are the covers/benefits provided?

Schedule of Benefits:

No.	Benefits		Sum Inst	ured (RM)	
NO.	Delicitis	Plan P50	Plan P100	Plan P200	Plan P300
1	Advanced Stage Critical Illness Benefit 100% of the sum insured shall be payable in a lump sum for diagnosis of any of the 5 advanced stage critical illnesses below: (a) Cancer (b) Heart Attack (c) Serious Coronary Artery Disease (d) Stroke (e) Kidney Failure	50,000	100,000	200,000	300,000
2	Lifestyle Assistance Allowance Benefit Monthly cash allowance for home nursing care, hospice care, palliative care and home cleaning services in the event of inconveniences upon diagnosis of the covered critical illnesses. (per month, up to 3 months)	5,000	5,000	5,000	5,000
• A	onal Medical Case Management (PMCM) Service access to world's leading specialists Review and re-evaluate your medical condition Offer medical recommendation based on reviewed diagnosis Ongoing guidance and support	Included	Included	Included	Included

#### Note:

- This is a non-guaranteed yearly renewable plan, with one year (1) coverage period.
- Benefit No. 1 and 2 are limited to one (1) critical illness diagnosis per coverage year, and are only payable if you survive at least fifteen (15) days from the date of diagnosis of the covered critical illness.
- Lifestyle Assistance Allowance Benefit is payable up to a maximum of three (3) consecutive months. If the Insured Person dies before the end of the three (3) consecutive months payout, this benefit shall automatically cease.
- PMCM service is a value-added service programme that is administered by our appointed service provider, Teladoc Health, Inc. It offers comprehensive information, additional remote medical consultation and additional opinions from specialists and physicians, guidance, assistance in reaching the right diagnosis and support in the process of deciding upon the best medical treatment, and to coordinate quality medical care by leading medical experts in leading medical centers. The PMCM service does not prescribe any treatment but it will assist the Insured Person to reach the right diagnosis and most appropriate treatment plan. Refer to the following link for more details.
  - https://www.aia.com.my/en/total-health-solution-pmcm.html
- Please refer to the policy contract for more information on the benefits provided.

# 3. How much premium do I have to pay?

The total premium that you have to pay depends on the plan selected, your attained age (last birthday), gender and smoking status, and is subject to any fees/charges and the applicable tax imposed by the government of Malaysia at the prevailing rate.

Please note that the premium rate will increase depending on your attained age (last birthday) on the next anniversary of the certificate of insurance. Refer to "Appendix 1 – Premium Table for Cl Insure" at the end of this document for further information.

You should satisfy yourself that the premium payable under the certificate of insurance is an amount that you can afford. The premium is not guaranteed and may be increased in the future. We reserve the right to revise the premium rates by giving you at least 30 days prior written notice and the premium revision will be applicable from the next anniversary of your certificate of insurance.

## 4. What are the fees and charges that I have to pay in addition to the premium?

Туре	Amount
Distribution Cost paid to intermediary (included in the premium)	10% of the premium (refer to "Appendix 2 – Distribution Costs Table for Cl Insure")
Applicable Government Tax	The premiums amount payable is subject to the applicable tax imposed by the Government of Malaysia at the prevailing rate

Stamp Duty of RM10.00 on the policy has been paid by the Master Policyholder.

# 5. What are some of the key terms and conditions that I should be aware of?

• Importance of Disclosure – You must disclose all material facts such as your medical condition, and state your age, gender and smoking status correctly.

Where you have applied for this insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the application/proposal form (or when you applied for this insurance) that is you should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions may result in avoidance of the contract of insurance, refusal or reduction of the claim(s), change of terms or termination of the contract of insurance in accordance with the remedies in Schedule 9 of the Financial Services Act 2013. You are also required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied. This duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after the contract of insurance has been entered into, varied or renewed with us any of the information given in the application/proposal form (or when you applied for this insurance) is inaccurate or has changed.

- **Eligibility** The persons eligible for insurance under this policy are Insured Persons who meet the following eligibility:
  - o Age last birthday between 18 to 50 years old, renewable up to 70 years old; and
  - Malaysian, permanent resident of Malaysia, work permit holder, pass holder or otherwise legally employed and legally residing in Malaysia; and
  - o Touch 'n Go eWallet (TNG) E-KYC users, i.e. users who are registered and verified by TNG.

## Termination –

Insured Person's insurance coverage shall automatically terminate upon the earliest occurrence of the following:

- o Death of the Insured Person; or
- The Insured Person attains the coverage age limit specified; or
- Hundred percent (100%) payment of Advanced Stage Critical Illness Benefit; or
- The end of grace period when any premium remains unpaid; or
- o If the certificate of insurance becomes expired, lapsed, cancelled or terminated; or
- On the next anniversary date of the Insured Person's certificate of insurance when we or the Master Policyholder terminate this policy.

The PMCM service for Insured Person shall be terminated upon the earliest occurrence of any of the following events:

- Upon the expiry date of the certificate of insurance; or
- o If the certificate of insurance becomes lapsed, cancelled or terminated; or
- We withdraw the programme completely by giving thirty (30) days' prior written notice to the Master Policyholder and Insured Person.

- Free Look Period You may cancel your certificate of insurance by giving us a written notice within fifteen (15) days after you have received your certificate of insurance. The premiums that you have paid will be refunded.
- Grace Period A grace period of thirty-one (31) days from the due date will be allowed for payment of each
  subsequent premium. The certificate of insurance will remain in force during the grace period. If any claim arises
  during the grace period, any unpaid balance of the premium due for the full coverage year in which the loss or the
  insured event occurs shall be deducted from the proceeds payable under the certificate of insurance. If any
  premium remains unpaid at the end of its grace period, the certificate of insurance shall lapse and coverage shall
  be terminated.
- Waiting Period Eligibility for benefits and service will only start after a specific period from the issue date or the reinstatement date of the certificate of insurance, whichever is the later. Waiting period is applied only when the Insured Person is first covered and shall not be applicable after the first year of coverage. However, if there is a break in continuity of the insurance coverage after the first year of coverage, the waiting period shall apply again.

Description	Waiting Period
Advanced Stage Critical Illness Benefit and Lifestyle Assistance Allowance Benefit for:	60 days
Cancer, Heart Attack, Serious Coronary Artery Disease	
Advanced Stage Critical Illness Benefit and Lifestyle Assistance Allowance Benefit for:	30 days
Stroke, Kidney Failure	-
PMCM Service	30 days

- **Pre-Existing Condition** shall mean any illnesses, disabilities or conditions prior to the issue date or commencement date / reinstatement date of the certificate of insurance, whichever is later, and that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:
  - The Insured Person had received or is receiving treatment;
  - Medical advice, diagnosis, care or treatment has been recommended;
  - Clear and distinct symptoms are or were evident;
  - Its existence would have been apparent to a reasonable person in the circumstances.
- **Proof of payment** The validated premium deduction shown in the transaction history of your Touch 'n Go eWallet application shall be considered as proof of payment.
- How do I make a claim? You need to complete the Critical Illness Claim Form and Attending Physician's Statement and submit along with the supporting documents required within sixty (60) days from the date of diagnosis. You can obtain the claim forms from the email where you received your e-policy documents upon insurance coverage, or by contacting AIA Online Customer Service via WhatsApp at 019 629 9660 or email my.aiaonline@aia.com.

For PMCM service, you may submit your request through:

Portal: agmyap.teladochealthasia.com

Email: aiamy\_casemgt@teladochealthasia.com

Careline: 03 3099 7919

• Unless renewed, the coverage for the Insured Person shall cease on expiry date of the certificate of insurance, and we shall strictly not be liable for any events that take place after the expiry date.

#### Note:

- It may not be advantageous to switch from one insurance plan to another, as you may be subject to new underwriting requirements, full waiting period and any applicable period for the exclusion of specified illnesses or pre-existing conditions of the new policy.
- The list is non-exhaustive. Please refer to the policy contract for the full terms and conditions under this policy.

# 6. What are the major exclusions under this policy?

This policy does not cover:

- Any illness or surgery other than a diagnosis of a critical illness covered under the policy;
- Critical illness of which the signs and symptoms is manifested prior to or within the waiting period;
- Any critical illness diagnosed due, directly or indirectly, to a congenital defect or disease which has manifested or was diagnosed before the Insured Person attains seventeen (17) years of age last birthday;
- Any pre-existing conditions prior to the issue date or commencement date / reinstatement date of the certificate of insurance, whichever is later;
- Critical illness in the presence of any Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency
  Deficiency Virus (HIV). We reserve the right to require the Insured Person to undergo a blood test for HIV as a
  condition precedent to any acceptance of any claim. For the purpose of this policy:

- The definition of AIDS shall be that used by the World Health Organisation (WHO) in 1987, or any subsequent revision by WHO of that definition; and
- Infection shall be deemed to have occurred where blood or other relevant test(s) indicate in our opinion either the presence of any HIV or antibodies to such virus.
- Any of the covered critical illness which is caused by suicide or intentional self-injury;
- Any of the covered critical illness resulting directly from alcohol or drugs abuse;
- If the Insured Person did not survive for at least fifteen (15) days after the diagnosis of a covered critical illness.

The following conditions are excluded for coverage under the PMCM service:

- Medical emergencies:
- · Accidents:
- Urgent or life-threatening situations, such as Intensive Care Unit (ICU) admission;
- Daily or common issues, such as colds, flu, fever, occasional rash etc.;
- Long term chronic diseases management such as chronic hepatitis, diabetes, high blood pressure, high cholesterol etc. (however, any complications of chronic diseases shall be covered); or
- Mental health conditions such as anorexia/bulimia, mental health-related sleeping disorder, anxiety, depression etc.

Note: The list is non-exhaustive. Please refer to the policy contract for the full exclusions under this policy.

# 7. Can I cancel my policy?

The Insured Person may cancel the certificate of insurance at any time by giving a written notice to us, and provided that no claims have been made during the current certificate of insurance coverage year, the Insured Person shall be entitled to a refund of the premium as follows:

Period from certificate of insurance	Premium Pa	yment Mode
effective date of coverage, not exceeding	Yearly	Monthly
15 days*	90%	
1 month	80%	
2 months	70%	
3 months	60%	
4 months	50%	
5 months	40%	
6 months	30%	No refund
7 months	25%	
8 months	20%	
9 months	15%	
10 months	10%	
11 months	5%	
Period exceeding 11 months	No refund	

(\*not applicable to first coverage year)

Note: Please refer to the policy contract for more details.

# 8. Can the Master Policyholder cancel the policy which results in the cancellation of my certificate of insurance?

We or the Master Policyholder may cancel the policy at the next policy anniversary date by serving at least thirty (30) days prior written notice to the Master Policyholder or Us. Your certificate of insurance will be terminated at the expiry date of your certificate of insurance.

# 9. What do I need to do if there are changes to my contact/personal details?

It is important that you inform us of any change in your contact details such as phone number, email address or home address to ensure that all correspondences reach you in a timely manner.

# 10. Where can I get further information?

Should you require additional information about medical and health insurance, please refer to the *insuranceinfo* booklet on "Medical and Health Insurance", you can obtain a copy from www.insuranceinfo.com.my.

If you have any enquiries, please contact us at: **AIA General Berhad** 201001040438 (924363-W) Menara AIA, 99 Jalan Ampang, 50450 Kuala Lumpur.

WhatsApp : 019 629 9660

Email : my.aiaonline@aia.com

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#### 11. Other similar types of cover available

Please contact us for other similar types of plans that we offer.

#### IMPORTANT NOTE:

YOU SHOULD SATISFY THAT THE MEDICAL AND HEALTH INSURANCE POLICY CHOSEN WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE MEDICAL AND HEALTH INSURANCE POLICY AND CONTACT YOUR INTERMEDIARY OR AIA GENERAL BERHAD DIRECTLY FOR MORE INFORMATION.

THIS PRODUCT DISCLOSURE SHEET CONTAINS A SUMMARY OF THE PRODUCT AND IS NOT A CONTRACT OF INSURANCE. THE POLICY CONTRACT SHALL PREVAIL OVER THIS DOCUMENT.

The benefit(s) payable under eligible certificate/product is(are) protected by Perbadanan Insurans Deposit Malaysia ("PIDM") up to limits. Please refer to PIDM's Takaful and Insurance Benefits Protection System ("TIPS") Brochure or contact AIA General Berhad or PIDM (visit <a href="https://www.pidm.gov.my">www.pidm.gov.my</a>).

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The information provided in this disclosure sheet is valid as at 7 April 2025.

# Appendix 1 - Premium Table for CI Insure

Premiums stated below are subject to the fees/charges and the applicable tax imposed by the government of Malaysia at the prevailing rate.

Age		Ma	ale		Female			
(last	Sm	oker		Smoker	Smo	oker	Non-S	moker
birthday)	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
18	6.10	70.06	5.45	62.65	5.19	59.68	4.68	53.75
19	6.61	76.00	5.71	65.61	5.58	64.13	4.81	55.23
20	7.00	80.45	5.84	67.10	6.10	70.06	5.06	58.20
21	7.52	86.38	5.97	68.58	6.74	77.48	5.45	62.65
22	7.77	89.35	6.10	70.06	7.52	86.38	5.84	67.10
23	8.16	93.80	6.10	70.06	8.16	93.80	6.10	70.06
24	8.42	96.76	6.10	70.06	8.81	101.21	6.48	74.51
25	8.68	99.73	6.10	70.06	9.58	110.11	6.74	77.48
26	8.81	101.21	6.22	71.55	10.10	116.05	7.13	81.93
27	8.93	102.70	6.35	73.03	10.87	124.95	7.64	87.86
28	9.19	105.66	6.48	74.51	11.77	135.33	8.29	95.28
29	9.45	108.63	6.61	76.00	12.94	148.68	8.93	102.70
30	9.84	113.08	7.00	80.45	14.23	163.51	9.84	113.08
31	10.48	120.50	7.39	84.90	15.65	179.83	10.74	123.46
32	11.39	130.88	8.03	92.31	17.19	197.63	11.77	135.33
33	12.68	145.71	8.81	101.21	18.87	216.91	12.94	148.68
34	14.10	162.03	9.71	111.60	20.68	237.68	14.23	163.51
35	15.52	178.35	10.74	123.46	22.87	262.90	15.65	179.83
36	17.32	199.11	11.90	136.81	25.58	294.05	17.32	199.11
37	19.39	222.85	13.32	153.13	28.29	325.20	19.26	221.36
38	21.71	249.55	14.87	170.93	31.39	360.80	21.19	243.61
39	24.42	280.70	16.55	190.21	34.74	399.36	23.52	270.31
40	27.26	313.33	18.61	213.95	38.62	443.86	26.10	299.98
41	30.74	353.38	20.81	239.16	42.87	492.81	28.94	332.61
42	34.62	397.88	23.39	268.83	47.65	547.69	32.16	369.70
43	38.87	446.83	26.23	301.46	52.42	602.58	35.39	406.78
44	43.78	503.20	29.58	340.03	57.84	664.88	38.87	446.83
45	49.07	564.01	33.07	380.08	63.52	730.14	42.75	491.33
46	54.62	627.79	36.81	423.10	70.10	805.79	47.13	541.76
47	61.07	701.96	41.07	472.05	75.40	866.61	50.62	581.81
48	68.30	785.03	45.84	526.93	79.14	909.63	53.07	609.99
49	76.30	876.99	51.26	589.23	83.27	957.09	55.91	642.63
50	84.95	976.38	56.94	654.49	88.04	1,011.98	59.01	678.23
51*	94.24	1,083.18	63.26	727.18	93.08	1,069.83	62.49	718.28
52*	104.95	1,206.29	70.36	808.76	99.01	1,138.06	66.36	762.78
53*	117.72	1,353.14	78.88	906.66	105.59	1,213.71	70.75	813.21
54*	131.40	1,510.37	87.91	1,010.49	112.82	1,296.77	75.52	868.09
55*	147.02	1,689.86	98.37	1,130.64	120.56	1,385.77	80.82	928.91
56*	164.57	1,891.59	109.98	1,264.14	128.95	1,482.19	86.36	992.69
57*	180.83	2,078.49	120.95	1,390.22	136.69	1,571.19	91.53	1,052.03
58*	195.41	2,246.10	130.63	1,501.47	143.66	1,651.29	96.17	1,105.43
59*	211.16	2,427.07	141.08	1,621.62	151.02	1,735.84	101.08	1,161.79
60*	227.80	2,618.42	152.31	1,750.67	160.05	1,839.67	107.01	1,230.02
61*	244.84	2,814.22	163.54	1,879.72	169.99	1,953.89	113.59	1,305.67
62*	262.52	3,017.43	175.28	2,014.70	180.96	2,079.97	120.95	1,390.22
63*	281.36	3,234.00	187.93	2,160.07	193.35	2,222.37	129.34	1,486.64
64*	302.39	3,475.78	201.99	2,321.75	207.15	2,381.09	138.37	1,590.47
65*	301.62	3,466.88	201.35	2,314.34	196.44	2,257.97	131.40	1,510.37
66*	337.24	3,876.28	225.22	2,588.75	218.90	2,516.07	146.24	1,680.96
67*	360.85	4,147.73	240.97	2,769.72	236.06	2,713.35	157.73	1,812.97
68*	383.56	4,408.79	256.06	2,943.27	254.77	2,928.43	170.12	1,955.37
69*	408.60	4,696.56	272.71	3,134.62	273.10	3,139.07	182.38	2,096.29
70*	435.31	5,003.61	290.52	3,339.31	291.94	3,355.63	195.02	2,241.65

<sup>\*</sup>The premiums for age 51-70 are applicable for renewal only.

Age		Ma				Fen	nale	
(last	Smo			moker		oker		moker
birthday)	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
18	9.96	114.46	8.82	101.35	8.36	96.11	7.45	85.62
19	10.87	124.95	9.27	106.60	9.05	103.97	7.68	88.24
20	11.55	132.81	9.50	109.22	9.96	114.46	8.13	93.49
21	12.47	143.30	9.73	111.84	11.10	127.57	8.82	101.35
22	12.92	148.54	9.96	114.46	12.47	143.30	9.50	109.22
23	13.61	156.41	9.96	114.46	13.61	156.41	9.96	114.46
24	14.06	161.65	9.96	114.46	14.75	169.52	10.64	122.33
25	14.52	166.90	9.96	114.46	16.12	185.25	11.10	127.57
26	14.75	169.52	10.19	117.08	17.03	195.73	11.78	135.44
27	14.98	172.14	10.41	119.70	18.40	211.46	12.70	145.92
28	15.43	177.38	10.64	122.33	19.99	229.82	13.84	159.03
29	15.89	182.63	10.87	124.95	22.05	253.41	14.98	172.14
30	16.57	190.49	11.55	132.81	24.33	279.63	16.57	190.49
31	17.71	203.60	12.24	140.68	26.84	308.47	18.17	208.84
32	19.31	221.95	13.38	153.79	29.57	339.93	19.99	229.82
33	21.59	248.17	14.75	169.52	32.54	374.01	22.05	253.41
34	24.10	277.01	16.34	187.87	35.73	410.72	24.33	279.63
35	26.61	305.85	18.17	208.84	39.61	455.28	26.84	308.47
36	29.80	342.55	20.22	232.44	44.40	510.34	29.80	342.55
37	33.45	384.50	22.73	261.28	49.19	565.40	33.22	381.88
38	37.56	431.69	25.47	292.74	54.66	628.32	36.64	421.20
39	42.35	486.75	28.43	326.82	60.59	696.48	40.75	468.39
40	47.36	544.42	32.08	368.77	67.44	775.13	45.31	520.83
41	53.52	615.21	35.96	413.34	74.96	861.65	50.33	578.51
42	60.37	693.86	40.52	465.77	83.40	958.65	56.03	644.05
43	67.89	780.38	45.54	523.45	91.84	1,055.66	61.73	709.59
44	76.56	880.00	51.47	591.61	101.42	1,165.77	67.89	780.38
45	85.91 95.72	987.49	57.63	662.40 738.43	111.46	1,281.13	74.74	859.03
46 47	107.12	1,100.23 1,231.31	64.24 71.77	824.95	123.09 132.44	1,414.83 1,522.32	82.49 88.65	948.17 1,018.95
48	119.90	1,378.13	80.21	921.95	139.06	1,598.35	92.98	1,018.93
49	134.04	1,540.68	89.79	1,032.06	146.36	1,682.25	98.00	1,126.44
50	149.32	1,716.33	99.83	1,147.42	154.79	1,779.25	103.48	1,189.37
51*	165.74	1,905.10	111.00	1,275.88	163.69	1,881.50	109.63	1,260.15
52*	184.67	2,122.70	123.55	1,420.08	174.18	2,002.10	116.48	1,338.80
53*	207.26	2,382.25	138.60	1,593.11	185.82	2,135.81	124.23	1,427.94
54*	231.43	2,660.15	154.57	1,776.63	198.59	2,282.62	132.67	1,524.95
55*	259.03	2,977.38	173.04	1,988.99	212.27	2,439.93	142.02	1,632.44
56*	290.05	3,333.93	193.57	2,224.94	227.10	2,610.34	151.83	1,745.17
57*	318.79	3,664.27	212.96	2,447.79	240.78	2,767.64	160.95	1,850.04
58*	344.57	3,960.52	230.06	2,644.42	253.10	2,909.21	169.16	1,944.42
59*	372.39	4,280.37	248.54	2,856.78	266.10	3,058.65	177.83	2,044.05
60*	401.82	4,618.57	268.38	3,084.87	282.07	3,242.17	188.32	2,164.65
61*	431.92	4,964.64	288.23	3,312.96	299.63	3,444.04	199.96	2,298.35
62*	463.17	5,323.82	308.98	3,551.53	319.02	3,666.89	212.96	2,447.79
63*	496.47	5,706.59	331.34	3,808.46	340.92	3,918.58	227.78	2,618.20
64*	533.65	6,133.93	356.20	4,094.23	365.32	4,199.10	243.75	2,801.72
65*	532.28	6,118.20	355.06	4,081.12	346.39	3,981.50	231.43	2,660.15
66*	595.24	6,841.79	397.25	4,566.14	386.08	4,437.68	257.66	2,961.65
67*	636.98	7,321.57	425.08	4,885.99	416.41	4,786.36	277.96	3,194.98
68*	677.12	7,782.99	451.77	5,192.73	449.49	5,166.51	299.86	3,446.67
69*	721.37	8,291.60	481.19	5,530.93	481.88	5,538.80	321.53	3,695.73
70*	768.58	8,834.30	512.67	5,892.73	515.18	5,921.57	343.88	3,952.66

<sup>\*</sup>The premiums for age 51-70 are applicable for renewal only.



Age		Ma	ale			Fen	nale	
(last	Smo	oker	Non-S	moker	Smo	oker	Non-S	moker
birthday)	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
18	17.68	203.26	15.55	178.76	14.70	168.97	13.00	149.37
19	19.39	222.85	16.40	188.56	15.98	183.66	13.42	154.27
20	20.67	237.55	16.83	193.46	17.68	203.26	14.27	164.07
21	22.37	257.14	17.26	198.36	19.81	227.75	15.55	178.76
22	23.22	266.94	17.68	203.26	22.37	257.14	16.83	193.46
23	24.50	281.63	17.68	203.26	24.50	281.63	17.68	203.26
24	25.35	291.43	17.68	203.26	26.63	306.12	18.96	217.95
25	26.21	301.23	17.68	203.26	29.19	335.52	19.81	227.75
26	26.63	306.12	18.11	208.15	30.89	355.11	21.09	242.44
27	27.06	311.02	18.54	213.05	33.45	384.50	22.80	262.04
28	27.91	320.82	18.96	217.95	36.43	418.79	24.93	286.53
29	28.76	330.62	19.39	222.85	40.27	462.88	27.06	311.02
30	30.04	345.31	20.67	237.55	44.53	511.86	30.04	345.31
31	32.17	369.81	21.94	252.24	49.22	565.75	33.03	379.60
32	35.16	404.09	24.08	276.73	54.33	624.53	36.43	418.79
33	39.42	453.08	26.63	306.12	59.87	688.21	40.27	462.88
34	44.11	506.96	29.62	340.41	65.84	756.79	44.53	511.86
35	48.79	560.85	33.03	379.60	73.09	840.06	49.22	565.75
36	54.76	629.43	36.86	423.69	82.03	942.93	54.76	629.43
37	61.58	707.80	41.55	477.57	90.98	1,045.80	61.15	702.90
38	69.25	795.98	46.66	536.35	101.21	1,163.36	67.55	776.38
39	78.20	898.84	52.20	600.03	112.29	1,290.72	75.22	864.55
40	87.58	1,006.61	59.02	678.41	125.08	1,437.68	83.74	962.52
41	99.08	1,138.87	66.27	761.69	139.14	1,599.33	93.12	1,070.29
42	111.87	1,285.83	74.79	859.66	154.91	1,780.57	103.77	1,192.75
43	125.93	1,447.48	84.17	967.42	170.68	1,961.82	114.42	1,315.22
44	142.12	1,633.62	95.25	1,094.78	188.58	2,167.56	125.93	1,447.48
45	159.60	1,834.46	106.75	1,227.04	207.33	2,383.09	138.72	1,594.43
46	177.92	2,045.09	119.11	1,369.10	229.06	2,632.91	153.21	1,760.98
47	199.23	2,290.02	133.18	1,530.75	246.54	2,833.75	164.71	1,893.24
48	223.10	2,564.34	148.94	1,712.00	258.90	2,975.81	172.81	1,986.31
49	249.52	2,868.04	166.84	1,917.73	272.53	3,132.56	182.18	2,094.08
50	278.07	3,196.24	185.59	2,133.27	288.30	3,313.81	192.41	2,211.64
51*	308.76	3,548.93	206.48	2,373.29	304.92	3,504.85	203.92	2,343.90
52*	344.13	3,955.51	229.92	2,642.71	324.53	3,730.18	216.70	2,490.86
53*	386.32	4,440.46	258.04	2,966.01	346.26	3,980.00	231.19	2,657.41
54*	431.49	4,959.70	287.88	3,308.91	370.13	4,254.32	246.96	2,838.65
55*	483.06	5,552.42	322.40	3,705.69	395.70	4,548.23	264.44	3,039.49
56*	541.02	6,218.62	360.75	4,146.55	423.40	4,866.63	282.76	3,250.13
57*	594.72	6,835.83	396.97	4,562.92	448.97	5,160.54	299.81	3,446.07
58*	642.87	7,389.36	428.94	4,930.31	471.98	5,425.06	315.15	3,622.41
59*	694.87	7,986.98	463.46	5,327.09	496.27	5,704.28	331.34	3,808.56
60*	749.84	8,618.89	500.53	5,753.26	526.10	6,047.17	350.95	4,033.89
61*	806.10	9,265.49	537.61	6,179.43	558.92	6,424.36	372.68	4,283.71
62*	864.48	9,936.58	576.39	6,625.20	595.14	6,840.73	396.97	4,562.92
63*	926.70	10,651.77	618.16	7,105.25	636.06	7,310.99	424.68	4,881.33
64*	996.17	11,450.22	664.61	7,639.19	681.66	7,835.13	454.51	5,224.22
65*	993.61	11,420.83	662.48	7,614.69	646.28	7,428.55	431.49	4,959.70
66*	1,111.24	12,772.82	741.32	8,520.92	720.44	8,280.89	480.50	5,523.03
67*	1,189.22	13,669.24	793.31	9,118.53	777.12	8,932.39	518.43	5,959.00
68*	1,264.23	14,531.38	843.17	9,691.66	838.91	9,642.67	559.35	6,429.26
69*	1,346.91	15,481.69	898.15	10,323.57	899.43	10,338.26	599.83	6,894.61
70*	1,435.12	16,495.68	956.96	10,999.56	961.65	11,053.44	641.60	7,374.67

<sup>\*</sup>The premiums for age 51-70 are applicable for renewal only.

TNGD-AIA\_CI Insure\_PDS

Age		Ma	ale			Fen	nale	
(last	Sm	oker		moker	Smo	oker	Non-S	moker
birthday)	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
18	25.41	292.05	22.29	256.17	21.04	241.82	18.54	213.12
19	27.91	320.75	23.54	270.52	22.91	263.35	19.17	220.30
20	29.78	342.28	24.16	277.70	25.41	292.05	20.41	234.65
21	32.28	370.98	24.78	284.88	28.53	327.93	22.29	256.17
22	33.52	385.33	25.41	292.05	32.28	370.98	24.16	277.70
23	35.40	406.86	25.41	292.05	35.40	406.86	25.41	292.05
24	36.65	421.21	25.41	292.05	38.52	442.73	27.28	313.58
25	37.89	435.56	25.41	292.05	42.26	485.78	28.53	327.93
26	38.52	442.73	26.03	299.23	44.76	514.48	30.40	349.45
27	39.14	449.91	26.66	306.40	48.51	557.54	32.90	378.15
28	40.39	464.26	27.28	313.58	52.88	607.76	36.02	414.03
29	41.64	478.61	27.91	320.75	58.49	672.34	39.14	449.91
30	43.51	500.13	29.78	342.28	64.74	744.09	43.51	500.13
31	46.63	536.01	31.65	363.80	71.60	823.02	47.88	550.36
32	51.00	586.24	34.77	399.68	79.09	909.13	52.88	607.76
33	57.25	657.99	38.52	442.73	87.21	1,002.40	58.49	672.34
34	64.11	736.92	42.89	492.96	95.95	1,102.86	64.74	744.09
35	70.98	815.85	47.88	550.36	106.56	1,224.84	71.60	823.02
36	79.72	916.30	53.50	614.94	119.67	1,375.52	79.72	916.30
37	89.71	1,031.11	60.37	693.87	132.78	1,526.20	89.08	1,023.93
38	100.94	1,160.26	67.86	779.97	147.76	1,698.41	98.45	1,131.56
39	114.05	1,310.94	75.97	873.25	163.99	1,884.97	109.68	1,260.71
40	127.79	1,468.80	85.96	988.05	182.72	2,100.22	122.17	1,404.22
41	144.64	1,662.53	96.57	1,110.03	203.32	2,337.01	135.90	1,562.08
42	163.37	1,877.79	109.06	1,253.54	226.42	2,602.49	151.51	1,741.46
43	183.97	2,114.57	122.79	1,411.40	249.51	2,867.98	167.11	1,920.84
44	207.69	2,387.24	139.02	1,597.95	275.73	3,169.34	183.97	2,114.57
45	233.28	2,681.42	155.88	1,791.69	303.20	3,485.05	202.70	2,329.83
46	260.13	2,989.96	173.98	1,999.77	335.04	3,850.99	223.92	2,573.79
47	291.34	3,348.72	194.58	2,236.55	360.63	4,145.18	240.78	2,767.53
48	326.30	3,750.54	217.68	2,502.04	378.73	4,353.26	252.64	2,903.86
49	365.00	4,195.41	243.90	2,803.40	398.71	4,582.87	266.37	3,061.71
50	406.83	4,676.15	271.36	3,119.11	421.81	4,848.36	281.35	3,233.92
51*	451.77	5,192.77	301.95	3,470.70	446.15	5,128.20	298.21	3,427.65
52*	503.58	5,788.32	336.29	3,865.35	474.87	5,458.26	316.93	3,642.91
53*	565.39	6,498.68	377.49	4,338.91	506.71	5,824.20	338.16	3,886.87
54*	631.56	7,259.26	421.18	4,841.18	541.66	6,226.02	361.26	4,152.36
55*	707.09	8,127.47	471.75	5,422.38	579.12	6,656.53	386.85	4,446.54
56*	791.99	9,103.31	527.93	6,068.16	619.69	7,122.93	413.69	4,755.08
57*	870.64	10,007.39	580.99	6,678.06	657.15	7,553.44	438.66	5,042.09
58*	941.18	10,818.20	627.81	7,216.21	690.86	7,940.91	461.13	5,300.40
59*	1,017.34	11,693.59	678.37	7,797.40	726.44	8,349.90	484.86	5,573.06
60*	1,097.87	12,619.20	732.68	8,421.65	770.14	8,852.17	513.57	5,903.13
61*	1,180.27	13,566.34	786.99	9,045.90	818.21	9,404.67	545.41	6,269.07
62*	1,265.79	14,549.35	843.80	9,698.86	871.27	10,014.57	580.99	6,678.06
63*	1,356.93	15,596.94	904.98	10,402.03	931.20	10,703.40	621.57	7,144.45
64*	1,458.69	16,766.52	973.02	11,184.14	997.99	11,471.15	665.26	7,646.72
65*	1,454.94	16,723.47	969.90	11,148.26	946.18	10,875.60	631.56	7,259.26
66*	1,627.23	18,703.85	1,085.39	12,475.69	1,054.80	12,124.10	703.34	8,084.42
67*	1,741.47	20,016.92	1,161.54	13,351.08	1,137.82	13,078.42	758.90	8,723.02
68*	1,851.34	21,279.77	1,234.58	14,190.59	1,228.34	14,118.83	818.83	9,411.84
69*	1,972.44	22,671.78	1,315.11	15,116.20	1,316.98	15,137.73	878.13	10,093.50
70*	2,101.67	24,157.07	1,401.26	16,106.39	1,408.12	16,185.32	939.31	10,796.68

<sup>\*</sup>The premiums for age 51-70 are applicable for renewal only.

TNGD-AIA\_CI Insure\_PDS

# Appendix 2 - Distribution Costs Table for CI Insure

Distribution Costs paid to intermediary stated below are 10% of the premiums. This cost is included in the premium shown above.

Age		M	Male Female				Female			
(last	Sm	oker		Smoker	Smo	oker	Non-S	moker		
birthday)	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly		
18	0.61	7.01	0.55	6.27	0.52	5.97	0.47	5.38		
19	0.66	7.60	0.57	6.56	0.56	6.41	0.48	5.52		
20	0.70	8.05	0.58	6.71	0.61	7.01	0.51	5.82		
21	0.75	8.64	0.60	6.86	0.67	7.75	0.55	6.27		
22	0.78	8.94	0.61	7.01	0.75	8.64	0.58	6.71		
23	0.82	9.38	0.61	7.01	0.82	9.38	0.61	7.01		
24	0.84	9.68	0.61	7.01	0.88	10.12	0.65	7.45		
25	0.87	9.97	0.61	7.01	0.96	11.01	0.67	7.75		
26	0.88	10.12	0.62	7.16	1.01	11.61	0.71	8.19		
27	0.89	10.27	0.64	7.30	1.09	12.50	0.76	8.79		
28	0.92	10.57	0.65	7.45	1.18	13.53	0.83	9.53		
29	0.95	10.86	0.66	7.60	1.29	14.87	0.89	10.27		
30	0.98	11.31	0.70	8.05	1.42	16.35	0.98	11.31		
31	1.05	12.05	0.74	8.49	1.57	17.98	1.07	12.35		
32	1.14	13.09	0.80	9.23	1.72	19.76	1.18	13.53		
33	1.27	14.57	0.88	10.12	1.89	21.69	1.29	14.87		
34	1.41	16.20	0.97	11.16	2.07	23.77	1.42	16.35		
35	1.55	17.84	1.07	12.35	2.29	26.29	1.57	17.98		
36	1.73	19.91	1.19	13.68	2.56	29.41	1.73	19.91		
37	1.94	22.29	1.33	15.31	2.83	32.52	1.93	22.14		
38	2.17	24.96	1.49	17.09	3.14	36.08	2.12	24.36		
39	2.44	28.07	1.66	19.02	3.47	39.94	2.35	27.03		
40	2.73	31.33	1.86	21.40	3.86	44.39	2.61	30.00		
41	3.07	35.34	2.08	23.92	4.29	49.28	2.89	33.26		
42	3.46	39.79	2.34	26.88	4.77	54.77	3.22	36.97		
43	3.89	44.68	2.62	30.15	5.24	60.26	3.54	40.68		
44	4.38	50.32	2.96	34.00	5.78	66.49	3.89	44.68		
45	4.91	56.40	3.31	38.01	6.35	73.01	4.28	49.13		
46	5.46	62.78	3.68	42.31	7.01	80.58	4.71	54.18		
47	6.11	70.20	4.11	47.21	7.54	86.66	5.06	58.18		
48	6.83	78.50	4.58	52.69	7.91	90.96	5.31	61.00		
49	7.63	87.70	5.13	58.92	8.33	95.71	5.59	64.26		
50	8.50	97.64	5.69	65.45	8.80	101.20	5.90	67.82		
51*	9.42	108.32	6.33	72.72	9.31	106.98	6.25	71.83		
52*	10.50	120.63	7.04	80.88	9.90	113.81	6.64	76.28		
53*	11.77	135.31	7.89	90.67	10.56	121.37	7.08	81.32		
54*	13.14	151.04	8.79	101.05	11.28	129.68	7.55	86.81		
55*	14.70	168.99	9.84	113.06	12.06	138.58	8.08	92.89		
56*	16.46	189.16	11.00	126.41	12.90	148.22	8.64	99.27		
57*	18.08	207.85	12.10	139.02	13.67	157.12	9.15	105.20		
58*	19.54	224.61	13.06	150.15	14.37	165.13	9.62	110.54		
59*	21.12	242.71	14.11	162.16	15.10	173.58	10.11	116.18		
60*	22.78	261.84	15.23	175.07	16.01	183.97	10.70	123.00		
61*	24.48	281.42	16.35	187.97	17.00	195.39	11.36	130.57		
62*	26.25	301.74	17.53	201.47	18.10	208.00	12.10	139.02		
63*	28.14	323.40	18.79	216.01	19.34	222.24	12.93	148.66		
64*	30.24	347.58	20.20	232.18	20.72	238.11	13.84	159.05		
65*	30.16	346.69	20.14	231.43	19.64	225.80	13.14	151.04		
66*	33.72	387.63	22.52	258.88	21.89	251.61	14.62	168.10		
67*	36.09	414.77	24.10	276.97	23.61	271.34	15.77	181.30		
68*	38.36	440.88	25.61	294.33	25.48	292.84	17.01	195.54		
69*	40.86	469.66	27.27	313.46	27.31	313.91	18.24	209.63		
70*	43.53	500.36	29.05	333.93	29.19	335.56	19.50	224.17		

 $<sup>^{\</sup>star}$ The distribution costs for age 51-70 are applicable for renewal only.

Age		M	ale			Fer	nale	
(last	Smo	oker	Non-S	moker	Smo	oker	Non-S	moker
birthday)	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
18	1.00	11.45	0.88	10.14	0.84	9.61	0.75	8.56
19	1.09	12.50	0.93	10.66	0.91	10.40	0.77	8.82
20	1.16	13.28	0.95	10.92	1.00	11.45	0.81	9.35
21	1.25	14.33	0.97	11.18	1.11	12.76	0.88	10.14
22	1.29	14.85	1.00	11.45	1.25	14.33	0.95	10.92
23	1.36	15.64	1.00	11.45	1.36	15.64	1.00	11.45
24	1.41	16.17	1.00	11.45	1.48	16.95	1.06	12.23
25	1.45	16.69	1.00	11.45	1.61	18.53	1.11	12.76
26	1.48	16.95	1.02	11.71	1.70	19.57	1.18	13.54
27	1.50	17.21	1.04	11.97	1.84	21.15	1.27	14.59
28	1.54	17.74	1.06	12.23	2.00	22.98	1.38	15.90
29	1.59	18.26	1.09	12.50	2.21	25.34	1.50	17.21
30	1.66	19.05	1.16	13.28	2.43	27.96	1.66	19.05
31	1.77	20.36	1.22	14.07	2.68	30.85	1.82	20.88
32	1.93	22.20	1.34	15.38	2.96	33.99	2.00	22.98
33	2.16	24.82	1.48	16.95	3.25	37.40	2.21	25.34
34	2.41	27.70	1.63	18.79	3.57	41.07	2.43	27.96
35	2.66	30.59	1.82	20.88	3.96	45.53	2.68	30.85
36	2.98	34.26	2.02	23.24	4.44	51.03	2.98	34.26
37	3.35	38.45	2.27	26.13	4.92	56.54	3.32	38.19
38	3.76	43.17	2.55	29.27	5.47	62.83	3.66	42.12
39	4.24	48.68	2.84	32.68	6.06	69.65	4.08	46.84
40	4.74	54.44	3.21	36.88	6.74	77.51	4.53	52.08
41	5.35	61.52	3.60	41.33	7.50	86.17	5.03	57.85
42	6.04	69.39	4.05	46.58	8.34	95.87	5.60	64.41
43	6.79	78.04	4.55	52.35	9.18	105.57	6.17	70.96
44	7.66	88.00	5.15	59.16	10.14	116.58	6.79	78.04
45	8.59	98.75	5.76	66.24	11.15	128.11	7.47	85.90
46	9.57	110.02	6.42	73.84	12.31	141.48	8.25	94.82
47	10.71	123.13 137.81	7.18	82.50	13.24	152.23	8.87	101.90
48	11.99 13.40		8.02	92.20	13.91	159.84	9.30	106.88
49		154.07	8.98	103.21	14.64	168.23	9.80	112.64
50 51*	14.93	171.63	9.98	114.74	15.48	177.93	10.35	118.94
52*	16.57 18.47	190.51 212.27	11.10 12.36	127.59 142.01	16.37 17.42	188.15 200.21	10.96 11.65	126.02 133.88
52*	20.73	238.23	13.86	159.31	18.58	213.58	12.42	142.79
54*	23.14	266.02	15.46	177.66	19.86	228.26	13.27	152.50
55*	25.90	297.74	17.30	198.90	21.23	243.99	14.20	163.24
56*	29.01	333.39	19.36	222.49	22.71	261.03	15.18	174.52
57*	31.88	366.43	21.30	244.78	24.08	276.76	16.10	185.00
58*	34.46	396.05	23.01	264.44	25.31	290.92	16.10	194.44
59*	37.24	428.04	24.85	285.68	26.61	305.87	17.78	204.41
60*	40.18	461.86	26.84	308.49	28.21	324.22	18.83	216.47
61*	43.19	496.46	28.82	331.30	29.96	344.40	20.00	229.84
62*	46.32	532.38	30.90	355.15	31.90	366.69	21.30	244.78
63*	49.65	570.66	33.13	380.85	34.09	391.86	22.78	261.82
64*	53.37	613.39	35.62	409.42	36.53	419.91	24.38	280.17
65*	53.23	611.82	35.51	408.11	34.64	398.15	23.14	266.02
66*	59.52	684.18	39.73	456.61	38.61	443.77	25.77	296.17
67*	63.70	732.16	42.51	488.60	41.64	478.64	27.80	319.50
68*	67.71	778.30	45.18	519.27	44.95	516.65	29.99	344.67
69*	72.14	829.16	48.12	553.09	48.19	553.88	32.15	369.57
70*	76.86	883.43	51.27	589.27	51.52	592.16	34.39	395.27

<sup>\*</sup>The distribution costs for age 51-70 are applicable for renewal only.

Age		Ma	ale		Female				
(last	Smoker Non-Smoker				Smoker Non-Smoker				
birthday)	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	
18	1.77	20.33	1.56	17.88	1.47	16.90	1.30	14.94	
19	1.94	22.29	1.64	18.86	1.60	18.37	1.34	15.43	
20	2.07	23.76	1.68	19.35	1.77	20.33	1.43	16.41	
21	2.24	25.71	1.73	19.84	1.98	22.78	1.56	17.88	
22	2.32	26.69	1.77	20.33	2.24	25.71	1.68	19.35	
23	2.45	28.16	1.77	20.33	2.45	28.16	1.77	20.33	
24	2.54	29.14	1.77	20.33	2.66	30.61	1.90	21.80	
25	2.62	30.12	1.77	20.33	2.92	33.55	1.98	22.78	
26	2.66	30.61	1.81	20.82	3.09	35.51	2.11	24.24	
27	2.71	31.10	1.85	21.31	3.35	38.45	2.28	26.20	
28	2.79	32.08	1.90	21.80	3.64	41.88	2.49	28.65	
29	2.88	33.06	1.94	22.29	4.03	46.29	2.71	31.10	
30	3.00	34.53	2.07	23.76	4.45	51.19	3.00	34.53	
31	3.22	36.98	2.19	25.22	4.92	56.58	3.30	37.96	
32	3.52	40.41	2.41	27.67	5.43	62.45	3.64	41.88	
33	3.94	45.31	2.66	30.61	5.99	68.82	4.03	46.29	
34	4.41	50.70	2.96	34.04	6.58	75.68	4.45	51.19	
35	4.88	56.09	3.30	37.96	7.31	84.01	4.92	56.58	
36	5.48	62.94	3.69	42.37	8.20	94.29	5.48	62.94	
37	6.16	70.78	4.16	47.76	9.10	104.58	6.12	70.29	
38	6.93	79.60	4.67	53.64	10.12	116.34	6.76	77.64	
39	7.82	89.88	5.22	60.00	11.23	129.07	7.52	86.46	
40	8.76	100.66	5.90	67.84	12.51	143.77	8.37	96.25	
41	9.91	113.89	6.63	76.17	13.91	159.93	9.31	107.03	
42	11.19	128.58	7.48	85.97	15.49	178.06	10.38	119.28	
43	12.59	144.75	8.42	96.74	17.07	196.18	11.44	131.52	
44	14.21	163.36	9.53	109.48	18.86	216.76	12.59	144.75	
45	15.96	183.45	10.68	122.70	20.73	238.31	13.87	159.44	
46	17.79	204.51	11.91	136.91	22.91	263.29	15.32	176.10	
47	19.92	229.00	13.32	153.08	24.65	283.38	16.47	189.32	
48	22.31	256.43	14.89	171.20	25.89	297.58	17.28	198.63	
49	24.95	286.80	16.68	191.77	27.25	313.26	18.22	209.41	
50	27.81	319.62	18.56	213.33	28.83	331.38	19.24	221.16	
51*	30.88	354.89	20.65	237.33	30.49	350.49	20.39	234.39	
52*	34.41	395.55	22.99	264.27	32.45	373.02	21.67	249.09	
53*	38.63	444.05	25.80	296.60	34.63	398.00	23.12	265.74	
54*	43.15	495.97	28.79	330.89	37.01	425.43	24.70	283.87	
55*	48.31	555.24	32.24	370.57	39.57	454.82	26.44	303.95	
56*	54.10	621.86	36.08	414.66	42.34	486.66	28.28	325.01	
57*	59.47	683.58	39.70	456.29	44.90	516.05	29.98	344.61	
58*	64.29	738.94	42.89	493.03	47.20	542.51	31.52	362.24	
59*	69.49	798.70	46.35	532.71	49.63	570.43	33.13	380.86	
60*	74.98	861.89	50.05	575.33	52.61	604.72	35.10	403.39	
61*	80.61	926.55	53.76	617.94	55.89	642.44	37.27	428.37	
62*	86.45	993.66	57.64	662.52	59.51	684.07	39.70	456.29	
63*	92.67	1,065.18	61.82	710.53	63.61	731.10	42.47	488.13	
64*	99.62	1,145.02	66.46	763.92	68.17	783.51	45.45	522.42	
65*	99.36	1,142.08	66.25	761.47	64.63	742.86	43.15	495.97	
66*	111.12	1,277.28	74.13	852.09	72.04	828.09	48.05	552.30	
67*	118.92	1,366.92	79.33	911.85	77.71	893.24	51.84	595.90	
68*	126.42	1,453.14	84.32	969.17	83.89	964.27	55.94	642.93	
69*	134.69	1,548.17	89.82	1,032.36	89.94	1,033.83	59.98	689.46	
70*	143.51	1,649.57	95.70	1,099.96	96.17	1,105.34	64.16	737.47	

<sup>\*</sup>The distribution costs for age 51-70 are applicable for renewal only.

Age		Ma	ale		Female				
(last	Smoker Non-Smoker				Smoker Non-Smoker				
birthday)	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	
18	2.54	29.21	2.23	25.62	2.10	24.18	1.85	21.31	
19	2.79	32.08	2.35	27.05	2.29	26.34	1.92	22.03	
20	2.98	34.23	2.42	27.77	2.54	29.21	2.04	23.47	
21	3.23	37.10	2.48	28.49	2.85	32.79	2.23	25.62	
22	3.35	38.53	2.54	29.21	3.23	37.10	2.42	27.77	
23	3.54	40.69	2.54	29.21	3.54	40.69	2.54	29.21	
24	3.67	42.12	2.54	29.21	3.85	44.27	2.73	31.36	
25	3.79	43.56	2.54	29.21	4.23	48.58	2.85	32.79	
26	3.85	44.27	2.60	29.92	4.48	51.45	3.04	34.95	
27	3.91	44.99	2.67	30.64	4.85	55.75	3.29	37.82	
28	4.04	46.43	2.73	31.36	5.29	60.78	3.60	41.40	
29	4.16	47.86	2.79	32.08	5.85	67.23	3.91	44.99	
30	4.35	50.01	2.98	34.23	6.47	74.41	4.35	50.01	
31	4.66	53.60	3.17	36.38	7.16	82.30	4.79	55.04	
32	5.10	58.62	3.48	39.97	7.91	90.91	5.29	60.78	
33	5.73	65.80	3.85	44.27	8.72	100.24	5.85	67.23	
34	6.41	73.69	4.29	49.30	9.60	110.29	6.47	74.41	
35	7.10	81.59	4.79	55.04	10.66	122.48	7.16	82.30	
36	7.97	91.63	5.35	61.49	11.97	137.55	7.97	91.63	
37	8.97	103.11	6.04	69.39	13.28	152.62	8.91	102.39	
38	10.09	116.03	6.79	78.00	14.78	169.84	9.85	113.16	
39	11.41	131.09	7.60	87.33	16.40	188.50	10.97	126.07	
40	12.78	146.88	8.60	98.81	18.27	210.02	12.22	140.42	
41	14.46	166.25	9.66	111.00	20.33	233.70	13.59	156.21	
42	16.34	187.78	10.91	125.35	22.64	260.25	15.15	174.15	
43	18.40	211.46	12.28	141.14	24.95	286.80	16.71	192.08	
44	20.77	238.72	13.90	159.80	27.57	316.93	18.40	211.46	
45	23.33	268.14	15.59	179.17	30.32	348.51	20.27	232.98	
46	26.01	299.00	17.40	199.98	33.50	385.10	22.39	257.38	
47	29.13	334.87	19.46	223.66	36.06	414.52	24.08	276.75	
48	32.63	375.05	21.77	250.20	37.87	435.33	25.26	290.39	
49	36.50	419.54	24.39	280.34	39.87	458.29	26.64	306.17	
50	40.68	467.62	27.14	311.91	42.18	484.84	28.14	323.39	
51*	45.18	519.28	30.20	347.07	44.62	512.82	29.82	342.77	
52* 53*	50.36	578.83	33.63 37.75	386.54	47.49 50.67	545.83	31.69	364.29	
	56.54	649.87		433.89		582.42	33.82	388.69	
54* 55*	63.16	725.93	42.12	484.12	54.17	622.60	36.13 38.69	415.24	
	70.71	812.75	47.18 52.70	542.24	57.91 61.07	665.65		444.65	
56* 57*	79.20	910.33	52.79 58.10	606.82	61.97	712.29	41.37	475.51	
58*	87.06 94.12	1,000.74	58.10 62.78	667.81 721.62	65.72 69.09	755.34	43.87 46.11	504.21 530.04	
50*	101.73	1,081.82 1,169.36	67.84	779.74	72.64	794.09 834.99	48.49	557.31	
60*	101.73	1,169.36	73.27	842.17	77.01	885.22	51.36	590.31	
61*	118.03	1,356.63	78.70	904.59	81.82	940.47	54.54	626.91	
62*	126.58	1,454.94	84.38	969.89	87.13	1,001.46	58.10	667.81	
63*	135.69	1,559.69	90.50	1,040.20	93.12	1,070.34	62.16	714.45	
64*	145.87	1,676.65	97.30	1,118.41	99.80	1,147.12	66.53	764.67	
65*	145.49	1,672.35	96.99	1,114.83	94.62	1,087.56	63.16	725.93	
66*	162.72	1,870.39	108.54	1,247.57	105.48	1,212.41	70.33	808.44	
67*	174.15	2,001.69	116.15	1,335.11	113.78	1,307.84	75.89	872.30	
68*	185.13	2,127.98	123.46	1,419.06	122.83	1,411.88	81.88	941.18	
69*	197.24	2,267.18	131.51	1,511.62	131.70	1,513.77	87.81	1,009.35	
70*	210.17	2,415.71	140.13	1,610.64	140.81	1,618.53	93.93	1,079.67	

<sup>\*</sup>The distribution costs for age 51-70 are applicable for renewal only.