



# Med 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.
2. **ANY ONE DISABILITY** shall mean that if two (2) or more CONFINEMENTs are due to the same or related DISABILITY, or to any complications arising from it, such CONFINEMENTs shall be regarded as one (1) CONFINEMENT if each of them is not separated by more than ninety (90) days from the paid or payable CONFINEMENT which immediately occurred before this. This rule shall be observed in determining the limit of the benefits.
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, benefit limit and COVERAGE YEAR.
4. **CLOSE ASSOCIATE** shall mean any individual closely connected to the ENTITY, either socially or professionally.
5. **CONFINEMENT** shall mean COVERED DAY CARE PROCEDURE or overnight admission of the INSURED PERSON in a HOSPITAL as an IN-PATIENT upon the recommendation of a PHYSICIAN and continuously stays in the HOSPITAL prior to his discharge.
6. **COVERED DAY CARE PROCEDURE** shall mean a MEDICALLY NECESSARY surgical or medical procedure that allows the INSURED PERSON to be admitted to the HOSPITAL referred by a qualified PHYSICIAN. INSURED PERSON must admit and discharge from the HOSPITAL on the same day.
7. **COVERED INJURY** shall mean INJURY occurring after the Effective Date of Coverage as stated in the CERTIFICATE OF INSURANCE whereby the INSURED PERSON is given coverage.
8. **COVERED YEAR or POLICY 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.
9. **DOCTOR or PHYSICIAN or SURGEON** shall mean a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a DOCTOR, PHYSICIAN or SURGEON who is the INSURED PERSON himself.
10. **DISABILITY** shall mean a SICKNESS, DISEASE, ILLNESS or the entire COVERED INJURIES arising out of a single or continuous series of causes.
11. **ELIGIBLE EXPENSES** shall mean MEDICALLY NECESSARY expenses incurred due to a covered DISABILITY but not exceeding the limits in the Schedule of Benefits.



12. **EMERGENCY TREATMENT** shall mean treatment in the event whereby immediate medical attention for preservation of life or limb is required for **DISABILITY** which are sudden and severe, failing which will be life threatening or lead to serious deterioration of health.
- We have the right to determine if the condition is classified as emergency based on the opinion of OUR medical team.
13. **ENDORSEMENT** shall mean a written alteration to the terms, conditions and limitations of this **POLICY** or the **CERTIFICATE OF INSURANCE**, whichever applies.
14. **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.
15. **EXPIRY DATE** shall mean the Expiry Date of Coverage as shown in the **CERTIFICATE OF INSURANCE**, upon which the **CERTIFICATE OF INSURANCE** shall expire.
16. **GOVERNMENT HEALTHCARE FACILITY** shall mean any facility used or intended to be used for the provision of healthcare services established, maintained, operated or provided by the Malaysian Government but excludes privatised or corporatised Malaysian Government healthcare facilities.
17. **HOSPITAL** shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:
- (a) has facilities for diagnosis and major **SURGERY**,
  - (b) provides twenty-four (24) hour a day nursing services by **REGISTERED** and **GRADUATE NURSES**,
  - (c) is under the supervision of a **PHYSICIAN**, and
  - (d) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.
18. **HOSPITALISATION** shall mean admission to a **HOSPITAL** as a registered **IN-PATIENT** for **MEDICALLY NECESSARY** treatments for a covered **DISABILITY** upon recommendation of a **PHYSICIAN**. A patient shall not be considered as an **IN-PATIENT** if the patient does not physically stay in the **HOSPITAL** for the whole period of **CONFINEMENT**.
19. **INJURY** shall mean an abnormal bodily condition which occurs while the **CERTIFICATE OF INSURANCE** is in force, and is effected directly and independently of all other causes by violent, external, visible and accidental means only and independent of any other cause and is not due to any illness or disease.
20. **IN-PATIENT** shall mean an **INSURED PERSON** who undergoes **CONFINEMENT** for a **DISABILITY** as defined in this **POLICY**, as a registered resident bed-patient using and being charged for the room and board facilities of the **HOSPITAL**.
21. **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.
22. **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.

23. **MALAYSIAN GOVERNMENT HOSPITAL** shall mean a HOSPITAL which charges of services are subject to the Fee Act 1951 Fees (Medical) Order 1982 and/or its subsequent amendments if any.
24. **MAJOR ORGAN/BONE MARROW TRANSPLANT** shall mean the receipt of a transplant of:
- (a) human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or
  - (b) one of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

25. **MEDICALLY NECESSARY** shall mean a medical service which is:
- (a) consistent with the diagnosis and customary medical treatment for a covered DISABILITY; and
  - (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and proven medical benefits; and
  - (c) not for the convenience of the INSURED PERSON or the PHYSICIAN, and unable to be reasonably rendered out of HOSPITAL (if admitted as an IN-PATIENT); and
  - (d) not of an experimental, investigational or research nature, preventive or screening nature; and
  - (e) for which the charges are fair and considered REASONABLE AND CUSTOMARY CHARGES for the DISABILITY.
26. **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.
27. **PRIVATE HOSPITAL** shall mean any premises, other than a MALAYSIAN GOVERNMENT HOSPITAL or institution, used or intended to be used for the reception, lodging, treatment and care of persons who require medical treatment or suffer from any disease or who require dental treatment that requires hospitalisation.
28. **PRE-EXISTING CONDITION** with reference to an INSURED PERSON's insurance coverage of this POLICY shall mean any 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.

29. **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.
30. **REASONABLE AND CUSTOMARY CHARGES** shall mean charges for medical care which is MEDICALLY NECESSARY shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing within Malaysia according to 13<sup>th</sup> Schedule of the Private Healthcare Facilities and Services (Private Hospitals and Other Private Healthcare Facilities) (Amendment) Order 2013 and its subsequent amendments if any. Such charges when incurred, taking into consideration similar or comparable treatment, services or supplies to individual of the same gender and of



comparable age of similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the INSURED PERSON's medical condition.

31. **REGISTERED NURSE** or **GRADUATE NURSE** shall mean nurse qualified and licensed to practice nursing within the scope of her licensing and training in the geographical area of practice, but excluding a REGISTERED NURSE who is the INSURED PERSON herself.
32. **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.
33. **SICKNESS** or **DISEASE** or **ILLNESS** shall mean SICKNESS or DISEASE or ILLNESS occurring more than thirty (30) days after the ISSUE DATE or Effective Date of Reinstatement of the CERTIFICATE OF INSURANCE, whichever is later. For this purpose, a SICKNESS or DISEASE or ILLNESS has occurred when it has been investigated, diagnosed or treated or when its signs or symptoms have manifested which will cause an ordinary prudent person to seek diagnosis, care or treatment. If there is any conflict or discrepancy of opinions relating to the signs or symptoms of a SICKNESS or DISEASE or ILLNESS and their manifestation between a PHYSICIAN and the INSURED PERSON, WE will adopt and follow the PHYSICIAN's professional opinion.
34. **STANDARD SINGLE OR BASIC SINGLE ROOM** shall mean a room for single occupancy with single bed and adjoining bathroom in a HOSPITAL, which is not a suite, VIP, deluxe room or similarly classed room of a HOSPITAL.
35. **SPECIFIED ILLNESS** shall mean the following DISABILITIES and its related complications:
- (a) Hypertension, diabetes mellitus and Cardiovascular disease;
  - (b) All tumours, cysts, nodules, polyps in any part of the body systems;
  - (c) Stones of the urinary system and biliary system;
  - (d) Any disease of the ear, nose (including sinuses) and throat;
  - (e) Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
  - (f) Any disease of the reproductive system including endometriosis; or
  - (g) Any disorders of the spine (including a slipped disc) or any knee conditions.
36. **SURGERY** shall mean any of the following medical procedures:
- (a) To incise, excise or electrocauterize any organ or body part, except for dental services;
  - (b) To repair, revise, or reconstruct any organ or body part;
  - (c) To reduce by manipulation a fracture or dislocation; or
  - (d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.
37. **TAX** shall mean 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.
38. **WAITING PERIOD** shall mean
- (a) the first hundred and twenty (120) days for SPECIFIED ILLNESS; and
  - (b) the first thirty (30) days for any medical or physical conditions;

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.

WAITING PERIOD is not applicable to COVERED INJURY.

39. **WE, OUR, US** or **COMPANY** shall mean AIA General Berhad.



40. **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****BENEFITS**

This is a medical insurance POLICY called Med 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.

**BENEFITS**

WE will pay the following benefits if the INSURED PERSON undergoes CONFINEMENT and/or SURGERY due to a DISABILITY as an IN-PATIENT subject to the applicable benefit plan and the terms and conditions stated below:

**SCHEDULE OF BENEFITS**

<b>BENEFIT LIMITS / PLAN</b>	<b>P100 D500P</b>	<b>P100 D500</b>	<b>P100 D3000</b>	<b>P100 D20000</b>
<b>Annual Limit</b>	100,000	100,000	100,000	100,000
<b>Deductible Amount, per ANY ONE DISABILITY</b>	-	500	3,000	20,000
<b>Deductible Amount, per POLICY YEAR</b>	500	-	-	-
<b>In-Patient and Surgical Benefit</b>	As charged, for MEDICALLY NECESSARY charges. Subject to Annual Limit.			

Note: All figures shown in the Schedule of Benefits above are in Ringgit Malaysia (RM) unless stated otherwise.

**ANNUAL LIMIT**

Benefits payable in respect of expenses incurred for HOSPITALISATION, treatment, SURGERY and medical services provided to the INSURED PERSON during the period of insurance shall be limited to the Annual Limit as stated in the Schedule of Benefits for any one (1) COVERAGE YEAR irrespective of the type/types of DISABILITY. In the event the Annual Limit has been fully utilised, all coverage for the INSURED PERSON under this CERTIFICATE OF INSURANCE shall immediately cease to be payable for the remaining COVERAGE YEAR, and any balance of the premiums due for the full COVERAGE YEAR in which the DISABILITY occurs shall be deducted from the proceeds payable under the CERTIFICATE OF INSURANCE.

**DEDUCTIBLE AMOUNT (per ANY ONE DISABILITY)**

This is a fixed amount that the INSURED PERSON must first pay regardless of the total ELIGIBLE EXPENSES incurred for ANY ONE DISABILITY. WE will reimburse the ELIGIBLE EXPENSES in excess of the Deductible Amount as stated in the CERTIFICATE OF INSURANCE for ANY ONE DISABILITY.

The INSURED PERSON is not required to pay for the Deductible Amount as stated in the CERTIFICATE OF INSURANCE if the INSURED PERSON undergoes CONFINEMENT and/or SURGERY at a MALAYSIAN GOVERNMENT HOSPITAL, except if the INSURED PERSON opts for Full-Paying Patient Service at the MALAYSIAN GOVERNMENT HOSPITAL or if the INSURED PERSON undergoes CONFINEMENT and/or SURGERY at a PRIVATE HOSPITAL.

**DEDUCTIBLE AMOUNT (per POLICY YEAR)**

This is a fixed amount that the INSURED PERSON must first pay regardless of the total ELIGIBLE EXPENSES incurred per POLICY YEAR. WE will reimburse the ELIGIBLE EXPENSES in excess of the Deductible Amount as stated in the CERTIFICATE OF INSURANCE per POLICY YEAR.

The INSURED PERSON is not required to pay for the Deductible Amount as stated in the CERTIFICATE OF INSURANCE in certain circumstances including:

- a) EMERGENCY TREATMENT, including in accident cases; or





b) Treatment sought at a GOVERNMENT HEALTHCARE FACILITY.

## DESCRIPTION OF BENEFITS



### BENEFIT: IN-PATIENT AND SURGICAL BENEFIT

WE shall reimburse the INSURED PERSON the REASONABLE AND CUSTOMARY CHARGES incurred for all MEDICALLY NECESSARY HOSPITALISATION, treatment, SURGERY and medical services provided to the INSURED PERSON as an IN-PATIENT in a HOSPITAL. This Benefit shall be payable limited to the Annual Limit as stated in the Schedule of Benefits and CERTIFICATE OF INSURANCE for the COVERAGE YEAR.

For HOSPITAL Room and Board, the amount of benefit payable shall be equal to the actual charges made by the HOSPITAL during INSURED PERSON's CONFINEMENT and shall not be more than the rate of STANDARD SINGLE OR BASIC SINGLE ROOM of the HOSPITAL and Annual Limit as stated in the Schedule of Benefits and CERTIFICATE OF INSURANCE for the COVERAGE YEAR. Any HOSPITAL Room and Board charges which are in excess

of the rate of the STANDARD SINGLE OR BASIC SINGLE ROOM of the HOSPITAL shall be borne by the INSURED PERSON. For any CONFINEMENT in a HOSPITAL that is not listed as OUR panel hospital in Malaysia, the maximum amount of benefit payable for STANDARD SINGLE OR BASIC SINGLE ROOM shall not exceed Three Hundreds Ringgit Malaysia (RM 300) for any one day.

If, due to a DISABILITY, a MEDICALLY NECESSARY COVERED DAY CARE PROCEDURE is performed on the INSURED PERSON at HOSPITAL, WE shall pay the REASONABLE AND CUSTOMARY CHARGES incurred for the procedure. The benefit payable shall be limited to the Annual Limit as stated in the Schedule of Benefits and CERTIFICATE OF INSURANCE for the COVERAGE YEAR.

### LIMITATION OF BENEFIT

WE are not liable for any CONFINEMENT and/or SURGERY for which compensation or reimbursement is payable under any law, medical program, or insurance policy provided by any government, company or other insurer except to the extent that such charges are not reimbursed by such law, medical program or insurance policy.

### CONTRIBUTION

If the INSURED PERSON carries other insurance covering any DISABILITY insured by this POLICY, WE shall not be liable for a greater proportion of such DISABILITY than the amount applicable under this POLICY bears to the total amount of all valid insurance covering such DISABILITY.

### OVERSEAS TREATMENT

If the INSURED PERSON elects to or is referred to be treated outside Malaysia by the attending PHYSICIAN, benefits in respect of the treatment shall be limited to the REASONABLE AND CUSTOMARY AND MEDICALLY NECESSARY CHARGES for such equivalent local treatment in Malaysia and shall exclude the cost of transport to the place of treatment. All documents in a language other than English and Bahasa Malaysia must be submitted together with certified translations. The Consular or the translation agency shall certify the translation (English) to be a true and correct version of the originals.

WE reserve the right to determine whether the fee limit for any particular HOSPITAL/medical charge is a REASONABLE AND CUSTOMARY CHARGE with reference to Malaysian economic and market data. WE reserve the right to determine the amount payable by making reference to the COMPANY medical data.



## **RESIDENCE OVERSEAS**

No benefit whatsoever shall be payable for any medical treatment received by the INSURED PERSON outside Malaysia apart from Singapore and Brunei, if the INSURED PERSON resides or travels outside Malaysia for more than ninety (90) consecutive days.



**PART III****GENERAL EXCLUSIONS**

This POLICY does not cover any HOSPITALISATION, SURGERY or charges caused directly or indirectly, wholly or partly, by any of the following occurrences:

1. Any PRE-EXISTING CONDITION prior to the ISSUE DATE or Effective Date of Reinstatement of the CERTIFICATE OF INSURANCE, whichever is later;
2. Any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. They will include:
  - (a) hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the INSURED PERSON is continuously covered under this POLICY; and
  - (b) any congenital or hereditary conditions which has manifested or was diagnosed before the INSURED PERSON attains seventeen (17) years of age;
3. Any DISABILITY caused by self-destruction, intentional self-inflicted injuries, willful exposure to danger or any attempt of self-destruction while sane or insane;
4. Any DISABILITY caused by war, declared or undeclared, strikes, riots, civil war, revolution or any warlike operations;
5. Service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order;
6. Any violation or attempted violation of the law or resistance to arrest;
7. Pregnancy, miscarriage or childbirth;
8. Mental or nervous disorders, treatment of alcoholism, or drug abuse or any other complications arising from it or any drug accident not prescribed by a treating DOCTOR;
9. Elective/Plastic/Cosmetic SURGERY, circumcision (except circumcision due to infection), eye examination/elective SURGERY for visual impairments due to nearsightedness, farsightedness or astigmatism or radial keratotomy; all corrective glasses, contact lenses and intraocular lens (except monofocal intraocular lenses in cataract SURGERY) or the use or acquisition of external prosthetic appliances or devices and prescriptions;
10. Any form of dental care or SURGERY including the replacement of natural teeth, placement of denture and prosthetic services such as bridges and crowns or their replacement;
11. HOSPITALISATION primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered DISABILITY or any treatment which is not MEDICALLY NECESSARY and any preventive treatments, preventive medicines or examinations carried out by a PHYSICIAN, vitamins/food supplements and treatments specifically for weight reduction or gain;
12. Any treatment or investigation which is not MEDICALLY NECESSARY, or convalescence, custodial or rest care;
13. Any SPECIFIED ILLNESS, medical or physical conditions arising within the WAITING PERIOD except for COVERED INJURY;
14. Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapon material; or
15. Expenses incurred for donation of any body parts or organ by the INSURED PERSON and acquisition of the organ



including all costs incurred by the donor during organ transplant and its complications. WE will only reimburse the REASONABLE AND CUSTOMARY CHARGES incurred on MAJOR ORGAN/BONE MARROW TRANSPLANT SURGERY for the INSURED PERSON being the recipient, limited to once per lifetime.

## **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 proffercess 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 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 PHYSICIAN or SURGEON who is the INSURED PERSON himself.

## **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:
  - (i) 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. CERTIFICATION, INFORMATION AND EVIDENCE**

All certificates, information, medical report and evidence as required by US shall be submitted at the expense of the INSURED PERSON, and in such a form that WE may require. All notices which WE shall require the INSURED PERSON to give must be in writing and addressed to US. An INSURED PERSON shall, at OUR request and expense, submit to a medical examination whenever such is deemed necessary.





## 16. CLAIM PROCEDURES

- (a) The INSURED PERSON shall within thirty (30) days from the date of discharge that incurs claimable expenses, give written notice to US stating full particulars of such event, including all original bills and receipts, and a full PHYSICIAN's report stipulating the diagnosis of the condition treated and the date of the DISABILITY commenced in the PHYSICIAN's opinion and the PHYSICIAN's summary of the cost of treatment including medicines and services rendered. 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.
- (b) The INSURED PERSON shall immediately obtain and act on proper medical advice and WE shall not be held liable if a treatment or service becomes necessary due to failure of the INSURED PERSON to do so.

## 17. INCOMPLETE CLAIM

Claims are not deemed complete and eligible benefits are not payable unless all bills for such claims have been submitted and agreed upon by US. Any variation or waiver of this requirement shall be subject to OUR final decision.

## 18. OTHER CLAIMS CONSIDERATIONS

### Claims Flow Over COVERAGE YEAR

If a period of CONFINEMENT or any other related HOSPITALISATION expenses flow into the next COVERAGE YEAR, the benefits to be reimbursed will be apportioned on the basis of the actual itemized expenses incurred on a daily basis in the relevant COVERAGE YEAR.

If there is no itemization of the expenses by daily breakdown, such expenses shall be apportioned as a percentage of the actual days (including day of admission) of CONFINEMENT for each respective COVERAGE YEAR.

In no situations will the benefit limit exceed those as stipulated in the Schedule of Benefits of this POLICY and evidence of HOSPITALISATION is required.

## 19. PROOF OF TREATMENT AND HOSPITALISATION

Affirmative proof of HOSPITALISATION and/or SURGERY in such form as WE may prescribe must be furnished to US at the expense of the INSURED PERSON within thirty (30) days after the date of leaving the HOSPITAL together with the original statement of accounts and receipts.

## 20. 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.





## 21. 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.

## 22. 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.

## 23. FREEDOM FROM RESTRICTIONS

Unless otherwise specified, this POLICY is free from any restrictions upon the INSURED PERSON as to travel, residence or occupation.

## 24. 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.

## 25. 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) the end of Grace Period when any PREMIUM remains unpaid; or
- (iv) if the CERTIFICATE OF INSURANCE becomes expired, lapsed, cancelled or terminated; or
- (v) 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.

## 26. 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.



## 27. 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.

## 28. 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.

## 29. 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.

**30. 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 INSURANCE Effective Date of Coverage, Not Exceeding	Premium Payment Mode	
	Yearly	Monthly
15 days*	90%	No refund
1 month	80%	
2 months	70%	
3 months	60%	
4 months	50%	
5 months	40%	
6 months	30%	
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)

**31. 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:-

- I. 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 Med 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 (1<sup>st</sup>) 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 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 Med 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  
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](http://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](http://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](http://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](mailto: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 **Med Insure**. Be sure to also read the general terms and conditions.

AIA General Berhad

**[Med Insure]**

Date: 26 February 2025

**1. What is this product about?**

**Med Insure** is a non-guaranteed yearly renewable medical insurance product which provides coverage for all reasonable and customary charges incurred for your medically necessary confinement as an in-patient in a hospital.

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:

BENEFIT LIMITS / PLAN	P100 D500P	P100 D500	P100 D3000	P100 D20000
<b>Annual Limit</b>	100,000	100,000	100,000	100,000
<b>Deductible Amount, per ANY ONE DISABILITY</b>	-	500	3,000	20,000
<b>Deductible Amount, per POLICY YEAR</b>	500	-	-	-
<b>In-Patient and Surgical Benefit</b>	As charged, for medically necessary charges. Subject to Annual Limit.			
<b>Personal Medical Case Management (PMCM) Service</b> <ul style="list-style-type: none"><li>• Access to world's leading specialists</li><li>• Review and re-evaluate your medical condition</li><li>• Offer medical recommendation based on reviewed diagnosis</li><li>• Ongoing guidance and support</li></ul>	Included			

**Notes:**

- All amounts shown in the Schedule of Benefits above are in Ringgit Malaysia (RM) unless stated otherwise.
- We shall only reimburse reasonable and customary charges incurred for the eligible benefits in the Schedule of Benefits above.
- The benefits above have been summarized and are not exhaustive. Please refer to the policy contract for the full list of benefits, definitions, exclusions, terms and conditions.
- Any One Disability means that if 2 or more confinements are due to the same or related disability, or to any complications arising from it, such confinements shall be regarded as 1 confinement if each of them is not separated by more than 90 days from the paid or payable confinement which immediately occurred before this.
- Policy Year refers 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.
- For Deductible per Any One Disability, deductible is not applicable when the Insured Person undergoes confinement at Malaysian Government Hospital, except if the Insured Person opts for Full-Paying Patient Service at the Malaysian Government Hospital.
- For Deductible per Policy Year, deductible is not applicable when the Insured Person undergoes Emergency Treatment including in accident cases or treatment at Government Healthcare Facility.
- For hospital room and board, the amount of benefit payable shall not be more than the rate of standard single or basic single room of the hospital. For any confinement in a hospital that is not listed as AIA panel hospital in Malaysia, the maximum amount of benefit payable for standard single or basic single room shall not exceed RM300 for any one day.
- This is a non-guaranteed yearly renewable plan, with one year (1) coverage period.
- 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 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 Med 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?

Type	Amount
Distribution Cost paid to intermediary ( <i>included in the premium</i> )	10% of the premium (refer to “ <b>Appendix 2 – Distribution Costs Table for Med Insure</b> ”)
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 and gender 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:
  - 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
  - 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:
  - Death of the Insured Person; or
  - The Insured Person attains the coverage age limit specified; or
  - The end of grace period when any premium remains unpaid; or
  - 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
- 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 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 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
Specified illnesses which include the following sickness, disease, illness and its related complications: <ul style="list-style-type: none"> <li>○ Hypertension, diabetes mellitus and cardiovascular disease;</li> <li>○ All tumours, cysts, nodules, polyps in any part of the body systems;</li> <li>○ Stones of the urinary system and biliary system;</li> <li>○ Any disease of the ear, nose (including sinuses) and throat;</li> <li>○ Hernias, haemorrhoids, fistulae, hydrocele, varicocele;</li> <li>○ Any disease of the reproductive system including endometriosis; or</li> <li>○ Any disorders of the spine (including a slipped disc) or any knee conditions.</li> </ul>	120 days
Any medical or physical conditions	30 days
PMCM Service	30 days

Waiting period is not applicable to covered injury (accidental basis).

- **Pre-Existing Condition** – shall mean any sickness, disease, illness, covered injury or conditions prior to the issue date or 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 claim submission webpage and submit along with the supporting documents required within thirty (30) days from the date of discharge. You can obtain the link 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](mailto:my.aiaonline@aia.com).

For PMCM service, you may submit your request through:  
Portal: [agmyap.teladochealthasia.com](http://agmyap.teladochealthasia.com)  
Email: [aiaamy\\_casemgt@teladochealthasia.com](mailto:aiaamy_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 pre-existing condition prior to the issue date or the reinstatement date of the certificate of insurance, whichever is later;

- Any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth;
- Any disability caused by self-destruction, intentional self-inflicted injuries, willful exposure to danger or any attempt of self-destruction while sane or insane;
- Pregnancy, miscarriage or childbirth;
- Mental or nervous disorders, treatment of alcoholism, or drug abuse or any other complications arising from it or any drug accident not prescribed by a treating doctor;
- Any specified illness, medical or physical conditions arising within the waiting period except for covered injury;
- Overseas treatment if Insured Person resides or travels outside Malaysia (excluding Singapore and Brunei) for more than 90 consecutive days.

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 effective date of coverage, not exceeding	Premium Payment Mode	
	Yearly	Monthly
15 days*	90%	No refund
1 month	80%	
2 months	70%	
3 months	60%	
4 months	50%	
5 months	40%	
6 months	30%	
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](http://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](mailto:my.aiaonline@aia.com)

AIA General Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

## 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 [www.pidm.gov.my](http://www.pidm.gov.my)).

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The information provided in this disclosure sheet is valid as at 26 February 2025.

### Appendix 1 – Premium Table for Med Insure

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

#### For Plan P100 D500P

Age (last birthday)	Male		Female		Age (last birthday)	Male		Female	
	Monthly	Yearly	Monthly	Yearly		Monthly	Yearly	Monthly	Yearly
18	98.77	1,135.34	99.66	1,145.57	45	178.21	2,048.43	185.24	2,129.25
19	99.51	1,143.75	100.97	1,160.58	46	184.25	2,117.86	196.37	2,257.13
20	100.24	1,152.17	102.28	1,175.60	47	190.30	2,187.31	207.50	2,385.03
21	100.97	1,160.58	103.58	1,190.61	48	196.34	2,256.75	218.62	2,512.91
22	101.70	1,169.00	104.89	1,205.62	49	202.67	2,329.54	222.36	2,555.87
23	102.44	1,177.42	106.20	1,220.64	50	208.31	2,394.37	230.47	2,649.13
24	103.09	1,184.92	107.14	1,231.55	51*	244.53	2,810.73	239.38	2,751.49
25	103.74	1,192.43	108.09	1,242.47	52*	260.60	2,995.40	257.29	2,957.35
26	104.39	1,199.94	109.04	1,253.39	53*	276.66	3,180.05	281.93	3,240.55
27	105.05	1,207.44	109.99	1,264.31	54*	290.29	3,336.69	286.87	3,297.41
28	105.70	1,214.95	110.95	1,275.23	55*	303.92	3,493.35	304.39	3,498.72
29	108.63	1,248.61	111.74	1,284.33	56*	317.55	3,649.99	333.14	3,829.21
30	111.56	1,282.28	112.73	1,295.70	57*	331.18	3,806.64	350.21	4,025.42
31	114.49	1,315.95	122.05	1,402.84	58*	344.81	3,963.28	367.28	4,221.64
32	117.42	1,349.61	125.75	1,445.37	59*	368.51	4,235.72	389.39	4,475.69
33	120.35	1,383.28	129.45	1,487.91	60*	403.93	4,642.88	410.76	4,721.36
34	122.82	1,411.71	132.06	1,517.94	61*	504.25	5,795.95	493.52	5,672.69
35	125.29	1,440.14	134.67	1,547.96	62*	557.40	6,406.84	535.60	6,156.37
36	127.77	1,468.58	137.29	1,577.99	63*	610.54	7,017.72	577.68	6,640.04
37	130.24	1,497.01	139.90	1,608.01	64*	680.07	7,816.90	648.83	7,457.79
38	132.71	1,525.44	142.51	1,638.04	65*	749.60	8,616.06	719.97	8,275.53
39	134.10	1,541.37	146.61	1,685.12	66*	819.13	9,415.24	791.12	9,093.28
40	135.39	1,556.15	150.70	1,732.21	67*	888.65	10,214.41	862.26	9,911.02
41	152.76	1,755.90	154.80	1,779.30	68*	958.18	11,013.57	933.40	10,728.77
42	159.45	1,832.73	158.90	1,826.38	69*	994.38	11,429.64	967.44	11,120.04
43	166.13	1,909.55	162.99	1,873.47	70*	1,030.58	11,845.71	1,001.48	11,511.30
44	172.17	1,978.99	166.55	1,914.41					

#### For Plan P100 D500

Age (last birthday)	Male		Female		Age (last birthday)	Male		Female	
	Monthly	Yearly	Monthly	Yearly		Monthly	Yearly	Monthly	Yearly
18	81.58	937.65	82.32	946.20	45	147.93	1,700.34	153.80	1,767.85
19	82.19	944.68	83.41	958.74	46	152.98	1,758.34	163.10	1,874.67
20	82.80	951.71	84.50	971.28	47	158.02	1,816.35	172.39	1,981.50
21	83.41	958.74	85.59	983.82	48	163.07	1,874.35	181.68	2,088.32
22	84.02	965.77	86.68	996.36	49	168.36	1,935.15	184.81	2,124.20
23	84.63	972.80	87.77	1,008.90	50	173.07	1,989.30	191.58	2,202.10
24	85.18	979.07	88.57	1,018.02	51*	203.33	2,337.08	199.02	2,287.60
25	85.72	985.34	89.36	1,027.14	52*	216.75	2,491.33	213.98	2,459.55
26	86.27	991.61	90.15	1,036.26	53*	230.16	2,645.57	234.56	2,696.10
27	86.82	997.88	90.95	1,045.38	54*	241.55	2,776.41	238.69	2,743.60
28	87.36	1,004.15	91.74	1,054.50	55*	252.93	2,907.26	253.32	2,911.75
29	89.81	1,032.27	92.40	1,062.10	56*	264.31	3,038.10	277.34	3,187.80
30	92.25	1,060.39	93.23	1,071.60	57*	275.70	3,168.95	291.60	3,351.69
31	94.70	1,088.51	101.01	1,161.09	58*	287.08	3,299.79	305.86	3,515.59
32	97.15	1,116.63	104.11	1,196.62	59*	306.88	3,527.35	324.32	3,727.80
33	99.59	1,144.75	107.20	1,232.15	60*	336.47	3,867.45	342.17	3,933.00
34	101.66	1,168.50	109.38	1,257.23	61*	420.26	4,830.59	411.30	4,727.63
35	103.73	1,192.25	111.56	1,282.31	62*	464.65	5,340.86	446.45	5,131.64
36	105.79	1,216.00	113.74	1,307.39	63*	509.05	5,851.12	481.60	5,535.65
37	107.86	1,239.75	115.92	1,332.47	64*	567.12	6,518.66	541.03	6,218.70
38	109.92	1,263.50	118.11	1,357.55	65*	625.20	7,186.19	600.45	6,901.75
39	111.08	1,276.80	121.53	1,396.88	66*	683.27	7,853.73	659.88	7,584.80
40	112.16	1,289.15	124.95	1,436.21	67*	741.35	8,521.26	719.30	8,267.85
41	126.67	1,456.00	128.37	1,475.54	68*	799.42	9,188.79	778.73	8,950.90
42	132.25	1,520.17	131.79	1,514.87	69*	829.66	9,536.33	807.16	9,277.72
43	137.84	1,584.34	135.22	1,554.20	70*	859.90	9,883.86	835.59	9,604.54
44	142.88	1,642.34	138.19	1,588.40					



**For Plan P100 D3000**

Age (last birthday)	Male		Female		Age (last birthday)	Male		Female	
	Monthly	Yearly	Monthly	Yearly		Monthly	Yearly	Monthly	Yearly
18	56.55	650.00	56.55	650.00	45	107.22	1,232.36	106.13	1,219.84
19	56.99	655.00	56.99	655.00	46	112.46	1,292.59	113.40	1,303.46
20	57.42	660.00	57.42	660.00	47	117.70	1,352.82	120.68	1,387.08
21	57.86	665.00	57.86	665.00	48	122.94	1,413.05	127.95	1,470.70
22	58.29	670.00	58.29	670.00	49	130.95	1,505.12	135.64	1,559.09
23	58.73	675.00	58.73	675.00	50	138.95	1,597.18	143.33	1,647.49
24	59.16	680.00	59.16	680.00	51*	146.96	1,689.25	151.02	1,735.89
25	59.60	685.00	59.60	685.00	52*	154.97	1,781.32	158.71	1,824.29
26	60.03	690.00	60.03	690.00	53*	162.98	1,873.38	166.40	1,912.68
27	60.47	695.00	60.47	695.00	54*	171.73	1,973.95	177.25	2,037.38
28	60.90	700.00	60.90	700.00	55*	180.48	2,074.52	188.10	2,162.08
29	63.57	730.66	63.89	734.42	56*	189.23	2,175.09	198.95	2,286.77
30	66.23	761.32	66.89	768.84	57*	197.98	2,275.66	209.80	2,411.47
31	68.90	791.97	69.88	803.27	58*	206.73	2,376.23	220.65	2,536.17
32	71.57	822.63	72.88	837.69	59*	238.81	2,744.95	251.20	2,887.40
33	74.24	853.29	75.87	872.11	60*	270.89	3,113.67	281.76	3,238.63
34	75.24	864.86	77.44	890.16	61*	302.97	3,482.40	312.32	3,589.87
35	76.25	876.44	79.01	908.21	62*	335.05	3,851.12	342.88	3,941.10
36	77.26	888.01	80.58	926.26	63*	367.13	4,219.84	373.43	4,292.34
37	78.26	899.59	82.15	944.30	64*	409.25	4,704.00	401.90	4,619.57
38	79.27	911.16	83.72	962.35	65*	451.37	5,188.16	430.37	4,946.80
39	82.76	951.31	85.29	980.40	66*	493.49	5,672.32	458.84	5,274.03
40	86.26	991.45	86.87	998.45	67*	535.61	6,156.47	487.31	5,601.26
41	89.75	1,031.60	88.44	1,016.50	68*	577.73	6,640.63	515.78	5,928.49
42	93.24	1,071.75	90.01	1,034.55	69*	599.45	6,890.25	545.73	6,272.72
43	96.74	1,111.90	91.58	1,052.59	70*	621.17	7,139.86	575.68	6,616.96
44	101.98	1,172.13	98.85	1,136.21					

**For Plan P100 D20000**

Age (last birthday)	Male		Female		Age (last birthday)	Male		Female	
	Monthly	Yearly	Monthly	Yearly		Monthly	Yearly	Monthly	Yearly
18	29.58	340.00	29.58	340.00	45	70.05	805.13	61.59	707.91
19	30.02	345.00	30.02	345.00	46	73.44	844.14	63.35	728.15
20	30.45	350.00	30.45	350.00	47	76.83	883.15	65.11	748.38
21	30.89	355.00	30.89	355.00	48	80.23	922.16	66.87	768.61
22	31.32	360.00	31.32	360.00	49	82.45	947.73	70.35	808.64
23	31.76	365.00	31.76	365.00	50	84.68	973.30	73.84	848.68
24	32.19	370.00	32.19	370.00	51*	86.90	998.87	77.32	888.71
25	32.63	375.00	32.63	375.00	52*	89.13	1,024.43	80.80	928.75
26	33.06	380.00	33.06	380.00	53*	91.35	1,050.00	84.28	968.78
27	33.50	385.00	33.50	385.00	54*	102.76	1,181.20	92.88	1,067.61
28	33.93	390.00	33.93	390.00	55*	114.18	1,312.40	101.48	1,166.43
29	35.99	413.67	34.73	399.15	56*	125.59	1,443.59	110.08	1,265.25
30	38.05	437.35	35.52	408.31	57*	137.01	1,574.79	118.67	1,364.08
31	40.11	461.02	36.32	417.46	58*	148.42	1,705.99	127.27	1,462.90
32	42.17	484.69	37.12	426.62	59*	171.69	1,973.43	147.96	1,700.71
33	44.23	508.37	37.91	435.77	60*	194.96	2,240.88	168.65	1,938.52
34	46.69	536.69	38.71	444.93	61*	218.22	2,508.32	189.34	2,176.32
35	49.16	565.02	39.50	454.08	62*	241.49	2,775.76	210.03	2,414.13
36	51.62	593.35	40.30	463.23	63*	264.76	3,043.21	230.72	2,651.94
37	54.09	621.67	41.10	472.39	64*	284.89	3,274.57	239.90	2,757.43
38	56.55	650.00	41.89	481.54	65*	305.02	3,505.93	249.07	2,862.92
39	57.89	665.42	45.13	518.72	66*	325.14	3,737.28	258.25	2,968.41
40	59.23	680.84	48.36	555.91	67*	345.27	3,968.64	267.43	3,073.90
41	60.57	696.26	51.60	593.09	68*	365.40	4,200.00	276.61	3,179.39
42	61.92	711.69	54.83	630.27	69*	388.02	4,460.00	315.48	3,626.15
43	63.26	727.11	58.07	667.45	70*	410.64	4,720.00	354.34	4,072.91
44	66.65	766.12	59.83	687.68					

\*The premiums for age 51-70 are applicable for renewal only.



**Appendix 2 – Distribution Costs Table for Med Insure**

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

**For Plan P100 D500P**

Age (last birthday)	Male		Female		Age (last birthday)	Male		Female	
	Monthly	Yearly	Monthly	Yearly		Monthly	Yearly	Monthly	Yearly
18	9.88	113.53	9.97	114.56	45	17.82	204.84	18.52	212.93
19	9.95	114.38	10.10	116.06	46	18.43	211.79	19.64	225.71
20	10.02	115.22	10.23	117.56	47	19.03	218.73	20.75	238.50
21	10.10	116.06	10.36	119.06	48	19.63	225.68	21.86	251.29
22	10.17	116.90	10.49	120.56	49	20.27	232.95	22.24	255.59
23	10.24	117.74	10.62	122.06	50	20.83	239.44	23.05	264.91
24	10.31	118.49	10.71	123.16	51*	24.45	281.07	23.94	275.15
25	10.37	119.24	10.81	124.25	52*	26.06	299.54	25.73	295.74
26	10.44	119.99	10.90	125.34	53*	27.67	318.01	28.19	324.06
27	10.51	120.74	11.00	126.43	54*	29.03	333.67	28.69	329.74
28	10.57	121.50	11.10	127.52	55*	30.39	349.34	30.44	349.87
29	10.86	124.86	11.17	128.43	56*	31.76	365.00	33.31	382.92
30	11.16	128.23	11.27	129.57	57*	33.12	380.66	35.02	402.54
31	11.45	131.60	12.21	140.28	58*	34.48	396.33	36.73	422.16
32	11.74	134.96	12.58	144.54	59*	36.85	423.57	38.94	447.57
33	12.04	138.33	12.95	148.79	60*	40.39	464.29	41.08	472.14
34	12.28	141.17	13.21	151.79	61*	50.43	579.60	49.35	567.27
35	12.53	144.01	13.47	154.80	62*	55.74	640.68	53.56	615.64
36	12.78	146.86	13.73	157.80	63*	61.05	701.77	57.77	664.00
37	13.02	149.70	13.99	160.80	64*	68.01	781.69	64.88	745.78
38	13.27	152.54	14.25	163.80	65*	74.96	861.61	72.00	827.55
39	13.41	154.14	14.66	168.51	66*	81.91	941.52	79.11	909.33
40	13.54	155.62	15.07	173.22	67*	88.87	1,021.44	86.23	991.10
41	15.28	175.59	15.48	177.93	68*	95.82	1,101.36	93.34	1,072.88
42	15.95	183.27	15.89	182.64	69*	99.44	1,142.96	96.74	1,112.00
43	16.61	190.96	16.30	187.35	70*	103.06	1,184.57	100.15	1,151.13
44	17.22	197.90	16.66	191.44					

**For Plan P100 D500**

Age (last birthday)	Male		Female		Age (last birthday)	Male		Female	
	Monthly	Yearly	Monthly	Yearly		Monthly	Yearly	Monthly	Yearly
18	8.16	93.77	8.23	94.62	45	14.79	170.03	15.38	176.79
19	8.22	94.47	8.34	95.87	46	15.30	175.83	16.31	187.47
20	8.28	95.17	8.45	97.13	47	15.80	181.64	17.24	198.15
21	8.34	95.87	8.56	98.38	48	16.31	187.44	18.17	208.83
22	8.40	96.58	8.67	99.64	49	16.84	193.52	18.48	212.42
23	8.46	97.28	8.78	100.89	50	17.31	198.93	19.16	220.21
24	8.52	97.91	8.86	101.80	51*	20.33	233.71	19.90	228.76
25	8.57	98.53	8.94	102.71	52*	21.68	249.13	21.40	245.96
26	8.63	99.16	9.02	103.63	53*	23.02	264.56	23.46	269.61
27	8.68	99.79	9.10	104.54	54*	24.16	277.64	23.87	274.36
28	8.74	100.42	9.17	105.45	55*	25.29	290.73	25.33	291.18
29	8.98	103.23	9.24	106.21	56*	26.43	303.81	27.73	318.78
30	9.23	106.04	9.32	107.16	57*	27.57	316.90	29.16	335.17
31	9.47	108.85	10.10	116.11	58*	28.71	329.98	30.59	351.56
32	9.72	111.66	10.41	119.66	59*	30.69	352.74	32.43	372.78
33	9.96	114.48	10.72	123.22	60*	33.65	386.75	34.22	393.30
34	10.17	116.85	10.94	125.72	61*	42.03	483.06	41.13	472.76
35	10.37	119.23	11.16	128.23	62*	46.47	534.09	44.65	513.16
36	10.58	121.60	11.37	130.74	63*	50.91	585.11	48.16	553.57
37	10.79	123.98	11.59	133.25	64*	56.71	651.87	54.10	621.87
38	10.99	126.35	11.81	135.76	65*	62.52	718.62	60.05	690.18
39	11.11	127.68	12.15	139.69	66*	68.33	785.37	65.99	758.48
40	11.22	128.92	12.50	143.62	67*	74.14	852.13	71.93	826.79
41	12.67	145.60	12.84	147.55	68*	79.94	918.88	77.87	895.09
42	13.23	152.02	13.18	151.49	69*	82.97	953.63	80.72	927.77
43	13.78	158.43	13.52	155.42	70*	85.99	988.39	83.56	960.45
44	14.29	164.23	13.82	158.84					

**For Plan P100 D3000**

Age (last birthday)	Male		Female		Age (last birthday)	Male		Female	
	Monthly	Yearly	Monthly	Yearly		Monthly	Yearly	Monthly	Yearly
18	5.66	65.00	5.66	65.00	45	10.72	123.24	10.61	121.98
19	5.70	65.50	5.70	65.50	46	11.25	129.26	11.34	130.35
20	5.74	66.00	5.74	66.00	47	11.77	135.28	12.07	138.71
21	5.79	66.50	5.79	66.50	48	12.29	141.31	12.80	147.07
22	5.83	67.00	5.83	67.00	49	13.10	150.51	13.56	155.91
23	5.87	67.50	5.87	67.50	50	13.90	159.72	14.33	164.75
24	5.92	68.00	5.92	68.00	51*	14.70	168.93	15.10	173.59
25	5.96	68.50	5.96	68.50	52*	15.50	178.13	15.87	182.43
26	6.00	69.00	6.00	69.00	53*	16.30	187.34	16.64	191.27
27	6.05	69.50	6.05	69.50	54*	17.17	197.40	17.73	203.74
28	6.09	70.00	6.09	70.00	55*	18.05	207.45	18.81	216.21
29	6.36	73.07	6.39	73.44	56*	18.92	217.51	19.90	228.68
30	6.62	76.13	6.69	76.88	57*	19.80	227.57	20.98	241.15
31	6.89	79.20	6.99	80.33	58*	20.67	237.62	22.07	253.62
32	7.16	82.26	7.29	83.77	59*	23.88	274.50	25.12	288.74
33	7.42	85.33	7.59	87.21	60*	27.09	311.37	28.18	323.86
34	7.52	86.49	7.74	89.02	61*	30.30	348.24	31.23	358.99
35	7.63	87.64	7.90	90.82	62*	33.51	385.11	34.29	394.11
36	7.73	88.80	8.06	92.63	63*	36.71	421.98	37.34	429.23
37	7.83	89.96	8.22	94.43	64*	40.93	470.40	40.19	461.96
38	7.93	91.12	8.37	96.24	65*	45.14	518.82	43.04	494.68
39	8.28	95.13	8.53	98.04	66*	49.35	567.23	45.88	527.40
40	8.63	99.15	8.69	99.85	67*	53.56	615.65	48.73	560.13
41	8.98	103.16	8.84	101.65	68*	57.77	664.06	51.58	592.85
42	9.32	107.18	9.00	103.46	69*	59.95	689.03	54.57	627.27
43	9.67	111.19	9.16	105.26	70*	62.12	713.99	57.57	661.70
44	10.20	117.21	9.89	113.62					

**For Plan P100 D20000**

Age (last birthday)	Male		Female		Age (last birthday)	Male		Female	
	Monthly	Yearly	Monthly	Yearly		Monthly	Yearly	Monthly	Yearly
18	2.96	34.00	2.96	34.00	45	7.01	80.51	6.16	70.79
19	3.00	34.50	3.00	34.50	46	7.34	84.41	6.34	72.82
20	3.05	35.00	3.05	35.00	47	7.68	88.32	6.51	74.84
21	3.09	35.50	3.09	35.50	48	8.02	92.22	6.69	76.86
22	3.13	36.00	3.13	36.00	49	8.25	94.77	7.04	80.86
23	3.18	36.50	3.18	36.50	50	8.47	97.33	7.38	84.87
24	3.22	37.00	3.22	37.00	51*	8.69	99.89	7.73	88.87
25	3.26	37.50	3.26	37.50	52*	8.91	102.44	8.08	92.88
26	3.31	38.00	3.31	38.00	53*	9.14	105.00	8.43	96.88
27	3.35	38.50	3.35	38.50	54*	10.28	118.12	9.29	106.76
28	3.39	39.00	3.39	39.00	55*	11.42	131.24	10.15	116.64
29	3.60	41.37	3.47	39.92	56*	12.56	144.36	11.01	126.53
30	3.81	43.74	3.55	40.83	57*	13.70	157.48	11.87	136.41
31	4.01	46.10	3.63	41.75	58*	14.84	170.60	12.73	146.29
32	4.22	48.47	3.71	42.66	59*	17.17	197.34	14.80	170.07
33	4.42	50.84	3.79	43.58	60*	19.50	224.09	16.87	193.85
34	4.67	53.67	3.87	44.49	61*	21.82	250.83	18.93	217.63
35	4.92	56.50	3.95	45.41	62*	24.15	277.58	21.00	241.41
36	5.16	59.34	4.03	46.32	63*	26.48	304.32	23.07	265.19
37	5.41	62.17	4.11	47.24	64*	28.49	327.46	23.99	275.74
38	5.66	65.00	4.19	48.15	65*	30.50	350.59	24.91	286.29
39	5.79	66.54	4.51	51.87	66*	32.51	373.73	25.83	296.84
40	5.92	68.08	4.84	55.59	67*	34.53	396.86	26.74	307.39
41	6.06	69.63	5.16	59.31	68*	36.54	420.00	27.66	317.94
42	6.19	71.17	5.48	63.03	69*	38.80	446.00	31.55	362.62
43	6.33	72.71	5.81	66.75	70*	41.06	472.00	35.43	407.29
44	6.67	76.61	5.98	68.77					

\*The distribution costs for age 51-70 are applicable for renewal only.