

GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD (93745-A)

GROUP MULTIPLE BENEFITS INSURANCE SCHEME

FOR:

**KONGRESS KESATUAN PEKERJA-PEKERJA DI DALAM
PERKHIDMATAN AWAM (CUEPACS)**

GS NO: 118

**FOR FURTHER ENQUIRIES PLEASE CALL:
YOUR SERVICING AGENT**

OR

**GROUP ADMINISTRATION
AT 03-4813 3818**



**Great
Eastern**

GREAT EASTERN LIFE ASSURANCE MALAYSIA BERHAD (93745-A)

Head Office:
Menara Great Eastern
Level 8, 303 Jalan Ampang
50450 Kuala Lumpur
MALAYSIA

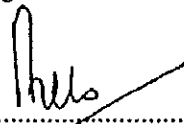
**GROUP MULTIPLE BENEFIT INSURANCE SCHEME POLICY
(WITHOUT PARTICIPATION IN PROFITS)**

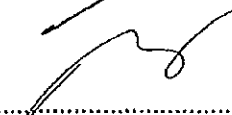
GROUP POLICY NO : GS118
DATE OF ISSUE : 18th January 2012
POLICY COMMENCEMENT DATE : 1st August 2010
POLICY ANNIVERSARIES : 1st August 2011 and the same date on each
succeeding year
POLICYHOLDER : KONGRESS KESATUAN PEKERJA-PEKERJA DI DALAM
PERKHIDMATAN AWAM
POLICYHOLDER'S ADDRESS : Wisma Cuepacs
34A Jalan Gajah off Jalan Yew
Pudu
55100 Kuala Lumpur, Malaysia
APPLICATION DATE : 1st August 2010
THE COMPANY : Great Eastern Life Assurance (Malaysia) Berhad (93745-A)

WHEREAS


The Policyholder have by a written application dated as above which application shall be deemed to be incorporated in and to form part of this Policy requested the Company to grant the benefits hereinafter referred to. The Company hereby agree to pay to the Policyholder the benefits subject to all the terms, conditions and provisions of this Policy. This Policy is issued in consideration of the Policyholder's application (a copy of which is attached hereto) and payment of the necessary premiums and shall take effect on the Policy Commencement Date. The terms, conditions and provisions in this and the subsequent pages, including the Schedule or Schedules of Insurance attached hereto, any amendments or endorsements or riders included at issue or added thereafter, shall be deemed to form part of this Policy.

IN WITNESS WHEREOF, the Company has caused this Policy to be signed as on the Date of Issue.


..... Director


..... Director


..... Authorised Officer

Examined by 
GMB/SILP/V04/04-2010 (GS118)

GID/ENDR (E)/V0001/062008



**Great
Eastern**

PRIVILEGES AND CONDITIONS

1. GENERAL DEFINITIONS AND INTERPRETATION

- 1.1 In this Policy, where the context so admits, the masculine shall include the feminine, and likewise, the singular word shall include the plural and vice versa, and the following words and expressions shall have the following meanings unless otherwise stated:-

"Accident" means an incident which results in injury to the Assured Life caused solely and directly by accidental, violent, external and visible means and independently of all other causes of which (except in the cases of drowning or of internal injury revealed by an autopsy) there is as evidence a visible contusion or wound on the exterior of the body.

"Activities of Daily Living" means all of the following:

- (a) **Transfer**
Getting in and out of a chair without requiring physical assistance.
- (b) **Mobility**
The ability to move from room to room without requiring any physical assistance.
- (c) **Continence**
The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
- (d) **Dressing**
Putting on and taking off all necessary items of clothing without requiring assistance of another person.
- (e) **Bathing/Washing**
The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
- (f) **Eating**
All tasks of getting food into the body once it has been prepared.

"Assurance" means collectively Assurance A, Assurance B, Assurance C and such other insurance cover as may be extended to an Assured Life as stated in the Certificate of Assurance.

"Assurance A" means term assurance coverage attached with Covered Event benefit as described in Clause 5.1.1 below.

"Assurance B" means personal accident benefit as described in Clause 5.1.2 below.

"Assurance C" means the Total Investment Value payable as described in Clause 5.1.3 below.

"Assured Child" means any of the unmarried children of the Member in respect of whom an Assurance under this Policy has been effected pursuant to a Certificate of Assurance.

"Assured Life" means an Assured Member, Assured Spouse or Assured Child.

"Assured Member" means a Member in respect of whom an Assurance under this Policy has been effected pursuant to a Certificate of Assurance.

"Assured Spouse" means a legally married spouse of the Member in respect of whom an Assurance under this Policy has been effected pursuant to a Certificate of Assurance.

"Certificate Anniversary" means the anniversary of the Risk Commencement Date.

"Consultant Neurologist" means a Medical Practitioner who is board certified in neurology and a Fellow of the Neurological Society in either the United Kingdom, the United States of America, Canada or Australia.

"Covered Event" means any of the 36 covered events specified and defined in Clause 5.1.1.3 below.

"Diagnosis" means the definitive diagnosis made by a Medical Practitioner or Consultant Neurologist, based upon such specific evidence, referred to in the definition of the particular Covered Event concerned or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to the Company. Such diagnosis must be supported by the Company's appointed Medical Practitioner who may base his opinion on the medical evidence submitted by the claimant and/or any additional evidence he may require.

"Maturity Date" in respect of an Assured Life refers to a date as stated in the Certificate of Assurance, on which the Assured Life may be entitled to receive the maturity benefits of the Assurance effected under this Policy, subject to the terms and conditions of this Policy.

"Injury" means bodily injury caused solely by Accident.

"Loss" means any Loss stated in the Schedule of Compensation of this Policy.

"Medical Practitioner" means a surgeon or physician qualified by degree in western medicine, who is legally licensed and duly qualified to practise medicine and surgery authorised in the geographical area of his practice, and who also possesses a current Annual Practising Certificate issued by the Malaysian Medical Council.

"Member" means a person who is introduced by the Policyholder to the Company and who is eligible to participate under this Policy.

"Net Asset Value" refers to the value of a Unit of a Fund as determined by the Company on a business day.

"Policy" means this policy and includes the Certificate of Assurance, any supplementary contract, endorsement or schedule herein, or as may be issued by the Company from time to time, any amendment as may be made, approved and signed by the Company at its sole and absolute discretion from time to time without notice thereof to the Policyholder and/or to the Assured Life, the application/proposal form submitted to the Company by the Policyholder and/or the Assured Life and any other documents furnished to the Company in connection with the application of Assurance, which shall collectively constitute and form the entire contract of assurance contained herein. This Policy has been effected to cover a group of Assured Life where the size of the group shall be determined by the Company at its sole and absolute discretion.

"Policy Anniversary" means the anniversary of the Policy Commencement Date.

"Risk Commencement Date" in respect of an Assured Life refers to a date as stated in the Certificate of Assurance, from which the Assurance of the Assured Life under this Policy has become effective.

"Service Fee" means the fee payable to the Policyholder at such rate to be determined by the Company at its sole and absolute discretion based on the premium actually received by the Company in respect of this Policy.

"Sum Assured" in respect of any Assured Life means the amount of Assurance under this Policy as stated in the Certificate of Assurance.

"Termination Date" in respect of a Certificate of Assurance means the Maturity Date or the earliest date when any of the following events takes place:-

- (a) if Total Investment Value of the Certificate of Assurance is less than or equal to zero; or
- (b) upon death of the Assured Life; or
- (c) when the Assured Life suffers Total and Permanent Disability; or
- (d) when the Assured Life is diagnosed of having any one of the Covered Event; or
- (e) when the Assured Life opts to withdraw / surrender from this Policy; or
- (f) when this Policy or the Certificate of Assurance is terminated in accordance with the terms and conditions of this Policy.

- "Total and Permanent Disability" or "TPD"** is defined as a state of incapacity which:
- (a) becomes total and permanent where at all times on or after occurrence of such condition, there is not any work, occupation or profession that the Assured Life can ever sufficiently do or follow to earn or obtain any wages, compensation or profit; or
 - (b) is caused by any of the following:
 - (1) total and irrecoverable loss of sight of both eyes, or
 - (2) total and irrecoverable loss of use of two limbs at or above the wrist or ankle; or
 - (3) total and irrecoverable loss of sight of one eye and loss of use of one limb at or above the wrist or ankle; or
 - (c) renders the Assured Life disabled to such an extent as to be totally and permanently unable to perform at least three (3) of the listed Activities of Daily Living even with the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

For the purpose of this benefit, the word "permanent" means beyond the hope of recovery with current medical knowledge and technology. The resultant permanent functional impairment is to be verified by a Medical Practitioner and duly concurred by the Company's medical officer.

"Total Investment Value" refers to the total values based on the Net Asset Value at the Next Valuation Date, of all the Units allocated to an Assurance under this Policy, aggregated over the fund established by the Company.

"Unit Allotment" means the portion of premium allotted to purchase Units, which is equal to the gross premium received less the Service Fee, if any, and the payment of commission to intermediary, if any, as determined by the Company at its sole and absolute discretion.

"Valuation Date" refers to a date which is a business day, on which the Company carries out a valuation to determine the Net Asset Value of a Unit; and "Next Valuation Date" in relation to a given transaction refers to the Valuation Date immediately following the date of transaction.

"Waiting Period" means the initial sixty (60) days from the Risk Commencement Date. Whenever a Certificate of Assurance is reinstated after it has lapsed, a fresh Waiting Period of sixty (60) days shall be imposed from the date of reinstatement of the Certificate of Assurance.

1.2 If not specifically provided, the following interpretations will apply to this Policy:

- 1.2.1 Any reference to a "business day" is to a day (not being a Saturday, Sunday or a Public Holiday in Kuala Lumpur, Malaysia) on which the Head Office of the Company is open for business in Malaysia and any reference to a "day", "week", "month" or "year" is to that day, week, month or year in accordance with the Gregorian calendar.
- 1.2.2 All schedules attached to this Policy form part of this Policy, but if there is any conflict or discrepancy between the schedules and any of the provisions of this Policy, the terms and conditions in Privileges and Conditions of this Policy will prevail.

2. GENERAL PROVISIONS

- 2.1 Prior to any Risk Commencement Date, the Policyholder shall furnish to the Company all information and proof which the Company may at its sole and absolute discretion require with regard to any matter pertaining to the application of an Assurance. All documents furnished to the Policyholder by any Assured Life in connection with the application of Assurance, and all records and documentation as may have a bearing on this Policy and the Certificate of

Assurance, shall at all times be made available by the Policyholder for inspection by the Company.

- 2.2 The Member and the Policyholder shall furnish the Company with all statements and information as may be required by the Company. All such statements and information, applications by the Policyholder and/or the Assured Life, individual proposal form, medical reports, supplementary questionnaires together with all statements contained in such documents, and all other statements or information already furnished and to be furnished to the Policyholder by the Assured Life from time to time giving any variations to their particulars, statement, or information (to the extent that such variations have any bearing on the Assurance), shall be the basis of the Policy.
- 2.3 All premiums due and payable under this Policy shall be paid in Malaysian Ringgit by the Policyholder and/or the Assured Life, as the case may be, directly to the Company.
- 2.4 The Assured Life shall pay premiums to the Company by way of bank deduction, salary deduction or such other mode of payment as determined by the Company at its sole and absolute discretion. If an Assured Member is no longer a Member, all premiums due and payable for the Assurance of that Assured Member and the Assurance of his/her Assured Spouse and/or Assured Child, if any, under this Policy, must be paid to the Company by way of bank deduction or such other mode of payment as determined by the Company at its sole and absolute discretion. The Company reserves the right to terminate the Assurance of an Assured Life if the mode of payment as stated in this Clause 2.4 or as determined by the Company from time to time, is not adhered to by the Assured Life.
- 2.5 If the Policyholder opt to pay the premiums by cheque, the cheque must be made payable in the name of the Company and the group policy number must be explicitly stated on the reverse side of the cheque.
- 2.6 The Assurance effected under this Policy shall be expressed in Malaysian Ringgit. A discharge and/or receipt given to the Company by:
 - 2.6.1 the Policyholder; or
 - 2.6.2 the Assured Life; or
 - 2.6.3 any person duly authorised in writing by the Policyholder and/or Assured Life to act on their behalf; or
 - 2.6.4 any person which the Company deems, pursuant to the provisions of the Insurance Act 1996 (Act 553), to be entitled to any payment due under this Policy;shall be a good, valid and sufficient discharge to the Company in respect of any payment made by the Company under this Policy. A list of the Policyholder's authorized signatories shall, if necessary, be furnished to the Company and be updated when required.
- 2.7 No agent or broker is authorised to make or to modify this Policy, to extend the time for payment of premiums, to waive any lapse or forfeiture, to waive any of the Company's rights or requirements, or to bind the Company by making any promise or by accepting any representation or information in respect of this Policy. This Policy cannot be varied except in writing by the Chief Executive Officer or some other person(s) duly appointed by the Board of Directors of the Company for the purpose.

3. GENERAL CONDITIONS

3.1 Policy Documentation

The Policyholder shall deliver the original Policy to the Company upon its request to do so, whether the same is necessary for, inter alia, making any endorsements, stamping, reference purpose or otherwise.

3.2 Eligible Entry Age

- 3.2.1 The Assurance may be offered to Assured Member and Assured Spouse aged between nineteen (19) years next birthday and fifty-five (55) years next birthday, and to Assured Child aged above thirty (30) days old but under nineteen (19) years next birthday. For children who are still on full-time higher education and are not gainfully employed, the maximum eligibility age shall be twenty-three (23) years next birthday.
- 3.2.2 Member must be first insured under this Policy before any Assurance can be offered to Assured Spouse or Assured Child.
- 3.2.3 In case the Assured Life is an Assured Child, the Assured Child shall be eligible to be insured under this Policy only if the Assured Spouse and all the younger siblings of the Assured Child who are eligible, are also insured under this Policy. Any variation or waiver of the foregoing shall be at the Company's sole and absolute discretion.

3.3 Evidentiary Requirements

- 3.3.1 Documentary evidence of age of the Assured Life and such other evidence satisfactory to the Company shall be required before any benefit in respect of his Assurance is payable under this Policy. In the absence of a birth certificate, an identity card shall be an acceptable evidence.
- 3.3.2 If the Assured Life's true entry age falls outside the age range as stated in Clause 3.2 above, no Assurance shall be provided under this Policy and the premium paid in respect of the Assured Life shall be refunded without interest.

3.4 Assurance Benefit Level

- 3.4.1 Every eligible Assured Life shall be entitled to select the sum assured of Assurance for which he is to be insured under the Certificate of Assurance, subject to production of evidence of insurability in the form and manner prescribed by and satisfactory to the Company at its sole and absolute discretion, and subject to the terms and conditions of this Policy.
- 3.4.2 If the evidence of insurability submitted in respect of the Assured Life is not satisfactory or if the Assured Life involves special risk or hazard of a medical or other nature, the Company shall modify the terms of acceptance of the Assurance or allot to the Assured Life a smaller sum assured than requested by him. The Assured Life's consent to the Company's modification of the terms of acceptance or allotment of such smaller sum assured to him is a condition for coverage under the Assurance.
- 3.4.3 If such satisfactory evidence of insurability is not furnished or if the Assured Life is deemed by the Company, at its sole and absolute discretion, to be uninsurable, his Assurance shall not be effected under this Policy.

3.5 Maximum Benefits of Assured Spouse and Assured Child

The Assured Spouse and Assured Child shall not be eligible for Assurance with a higher sum assured than that of the Assured Member.

3.6 When an Assurance Becomes Effective

The Assurance in respect of each Assured Life shall become effective only when the following requirements are met:-

- 3.6.1 The acceptance by the Company in writing of his proposal for assurance; and
- 3.6.2 The Company has received the first premium for his Assurance under this Policy.

3.7 When an Assurance Becomes Payable

Any benefit payable under this Policy shall only be paid if the Assured Life's Assurance is valid and in force at the time of the occurrence of the event giving rise to the claim and subject to the terms and conditions of this Policy and the Certificate of Assurance.

3.8 Discontinuance of an Assurance

Assurance in respect of an Assured Life shall be terminated on the Termination Date as defined in Clause 1.1 above.

3.9 Withdrawal / Surrender of Assured Member's Assurance

Upon withdrawal / surrender of an Assured Member's Assurance under this Policy, the Assurance for the Assured Spouse and the Assured Child of that Assured Member shall be terminated automatically.

3.10 Grace Period

- 3.10.1 The Assured Life is allowed up to ninety (90) days ("the Grace Period") from each of the premium due dates to pay the subsequent premiums under his Certificate of Assurance.
- 3.10.2 If any claim occurs during the Grace Period before the premium is paid, the Certificate of Assurance will be as valid and effective as though the premium had been paid. However, any amount of indebtedness under the Certificate of Assurance will be deducted from the claim proceeds payable.
- 3.10.3 After the expiry of the Grace Period, the Certificate of Assurance shall lapse as a result of non-payment of the premium following which the Total Investment Value is less than or equal to zero.

3.11 Reinstatement of Assurance

If a Certificate of Assurance is terminated as a result of the Total Investment Value is less than or equal to zero, such Assurance may, upon the Assured Life's application and at the Company's sole and absolute discretion, be reinstated in writing within one (1) year from the date of termination, subject to the following terms and conditions:-

- 3.11.1 the Company is furnished with evidence of insurability satisfactory to the Company and if any medical report or test is required by the Company, the Assured Life shall bear the costs of the medical reports and tests; and
 - 3.11.2 the Assured Life must inform the Company of any change in health of the Assured Life or any circumstance that may affect the health of the Assured Life up to the date of reinstatement, if any; and
 - 3.11.3 the Company is in receipt of all unpaid premiums up to the date of reinstatement, if any; and
 - 3.11.4 any others conditions that the Company may impose at the material time.
- No terminated Certificate of Assurance shall be considered as reinstated unless the Company has approved the reinstatement in writing, if any, at its sole and absolute discretion.

3.12 Nomination

An Assured Life who is eligible, in accordance with the Law, may nominate a natural person to receive the policy moneys upon his death. If Assured Life is a non-Muslim, his nomination will create a trust in favour of the nominee of the policy moneys payable upon his death, provided:

- 3.12.1 the nominee is Assured Life's spouse or child; or
- 3.12.2 where there is no spouse or child living at the time of nomination, the nominee is Assured Life's parent.

If Assured Life is a Muslim, the nominee will receive the policy moneys payable upon his death as an executor and not solely as a beneficiary and shall distribute the policy moneys in accordance with Islamic Law.

3.13 Free-Look Period

- 3.13.1 The Certificate of Assurance may be cancelled by returning it to the Company by hand or registered post within fifteen (15) days after receipt of the same by the Assured Life, in which case, the Company shall refund all of the following:
 - (a) any amount of premiums that have not been allocated to purchase Units; and
 - (b) Total Investment Values of the Certificate of Assurance, if any; and
 - (c) total values of the Units deducted for Insurance Charges and Policy Fees based on the Net Asset Value on the Next Valuation Date.
- 3.13.2 The Company shall be entitled to deduct all medical fees incurred in assessing the risk under the Assurance before making such refund to the Assured Life.
- 3.13.3 For the purpose of determining the period of fifteen (15) days, the Certificate of Assurance shall be deemed to have been returned to the Company on the date it is delivered by hand or the date of posting if it is sent by registered post.

3.14 Suicide

If the Assured Life, whether sane or insane, commits suicide within one (1) year from the Risk Commencement Date or date of any reinstatement of a Certificate of Assurance, whichever is the later, the Certificate of Assurance in respect of that Assured Life shall be rendered void. Under such circumstance, the Company's liability shall be limited to the refund of the following:

- 3.14.1 any amount of premiums that have not been allocated to purchase Units; and
- 3.14.2 Total Investment Value of the Certificate of Assurance, if any; and
- 3.14.3 total values of the Units deducted for Insurance Charges and Policy Fees based on the Net Asset Value on the Next Valuation Date.

3.15 Indisputability

- 3.15.1 The Company will not dispute the validity of the Certificate of Assurance during the lifetime of the Assured Life after one (1) year from the Risk Commencement Date or date of any reinstatement of a Certificate of Assurance, whichever is the later, unless there is fraud.
- 3.15.2 In the event that the Certificate of Assurance is invalidated or void for any reason (except for Clause 3.14 above), the Company's liability shall be limited to the refund of Total Investment Value of the Certificate of Assurance, if any, less expenses which may have been incurred for the medical examination of the Assured Life.

3.16 Definition of Total and Permanent Disability for Assured Child before the age of eighteen (18) years next birthday

The definition of TPD as stated in Clause 1.1 above shall not apply to Assured Child below the age of eighteen (18) years next birthday. For Assured Child below the age of eighteen (18) years next birthday, the following definition of TPD shall apply:-

"Total and Permanent Disability is defined as a state of incapacity which:

- (a) is total and permanent and which shall require the Assured Child, for the remainder of his natural life, to be subject to constant medical care and attention and to be confined to a home, to a hospital or to a similar institution; or
- (b) is deemed to be caused by any of the following:
 - (1) total and irrecoverable loss of sight of both eyes; or
 - (2) total and irrecoverable loss of use of two limbs at or above the wrist or ankle; or
 - (3) total and irrecoverable loss of sight of one eye and loss of use of one limb at or above the wrist or ankle; or
- (c) renders the Assured Child disabled to such an extent as to be totally and permanently unable to perform at least three (3) of the listed Activities of Daily Living even with the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

For the purpose of this benefit, the word "permanent" means beyond the hope of recovery with the current medical knowledge and technology. The resultant permanent functional impairment is to be verified by a Medical Practitioner and duly concurred by the Company's medical officer."

3.17 Refund of Service Fee

3.17.1 All Service Fee received by the Policyholder in respect of premiums refunded or to be refunded by the Company for any reason, shall be refunded by the Policyholder to the Company within fourteen (14) days of request from the Company.

3.17.2 The Company reserves the right to set-off such Service Fee or any part against any amount payable by the Company to the Policyholder, if such Service Fee is not received by the Company within the above stated period. This shall not affect the Company's rights or remedies under this Policy or Certificate of Assurance or in law.

3.18 Alteration of Policy Conditions

3.18.1 The terms and conditions of this Policy may be amended or changed at any time by the Company after giving three (3) months advance written notice to the Policyholder and/or the Assured Life, as the case may be.

3.18.2 Upon expiry of the said three (3) months advance written notice, any such amendment shall be binding on the Policyholder and all Assured Life whether assured under this Policy prior to or on or after the effective date of such amendment.

3.19 Termination Notice

3.19.1 The Company shall be entitled, at its sole and absolute discretion, to terminate this Policy at any time by giving one (1) month advance written notice to the Policyholder and/or the Assured Life, as the case may be, in any of the following events:-

- 3.19.1.1 if there is any breach by the Policyholder, of any terms and conditions of this Policy; or



- 3.19.1.2 if any information or documents furnished by the Policyholder to the Company under Clause 2.2 above is found to be inaccurate or untrue.
- 3.19.2 However, if the number of Assured Life under this Policy is less than one hundred (100) Assured Life at any time, the Company shall be entitled to terminate this Policy at its sole and absolute discretion by giving three (3) months advance written notice to the Policyholder and/or the Assured Life, as the case may be.
- 3.19.3 In any circumstance where breach of terms and conditions of this Policy or provision of inaccurate or untrue information involved or has been committed by any Assured Life, the Company shall be entitled to terminate the Certificate of Assurance in respect of the Assured Life by giving immediate written notice to the Policyholder and/or the Assured Life, as the case may be.
- 3.19.4 Upon termination of this Policy and/or Certificate of Assurance, the Company shall pay the Total Investment Value, if any, of each Certificate of Assurance under this Policy to the respective Assured Life.

3.20 Acceptance of Instructions

The Company will only accept instructions, requests or notices when such forms, documents, information and consents as required by the Company, are received.

3.21 Residence, Occupation and Travel

Assurance under this Policy is free from restrictions as regards to residence, occupation and travel.

3.22 Notices and Correspondence

- 3.22.1 Any notice, request, instruction or correspondence issued by the Company under the name of the Policyholder or under the name of the Assured Life, shall be made in writing and sent to the Policyholder or the Assured Life, as the case may be, at the address specified in the proposal for assurance or to such other address as may be notified in writing by the Policyholder or the Assured Life, respectively, and the same shall be deemed a good, valid and sufficient notice.
- 3.22.2 Any notice, request, instruction or correspondence given by the Company may be sent by ordinary post, pre-paid registered post or delivered personally to the Policyholder or the Assured Life, as the case may be, and shall be conclusively deemed to have been received:
- 3.22.2.1 in the case of personal delivery, on the day of delivery; and
- 3.22.2.2 in the case of ordinary post, or in the case of pre-paid registered post, seven (7) days after the date of posting, if posted locally, and fourteen (14) days, if posted overseas.
- 3.22.3 If any notice, request, instruction or correspondence is undelivered to the Policyholder or the Assured Life, as the case may be, and is returned to the Company after the Company has made three or more consecutive attempts at delivery, the Company may, at its sole and absolute discretion, and at the Policyholder's and/or the Assured Life's own risk, withhold all subsequent notice, request, instruction or correspondence until the Company has been notified by the Policyholder or the Assured Life, as the case may be, of its new address.

3.23 Suspension of Trading

With the exception of payment of the death benefit, the Company reserves the right to defer cancellation or purchase of Units in the Fund for a period not exceeding six (6) months if it is necessary for any purpose, under circumstance it considers exceptional, which shall include but not limited to all of the following circumstances:

- 3.23.1 any period on which any asset forming part of the Fund for the time being is listed or dealt in is closed (other than for ordinary holidays) or during which trading is restricted or suspended; or
- 3.23.2 the existence of any state of affairs which, in the opinion of the Company might seriously prejudice the interests of the Policyholder and/or the Assured Life; or
- 3.23.3 any breakdown in the means of communication normally employed in determining the price of a Unit of the Fund or when for any reason the prices of any such Units in the Fund cannot be promptly and accurately ascertained; or
- 3.23.4 any period when trading of Units in the Funds is suspended pursuant to any order or direction of the relevant authorities; or
- 3.23.5 any period when the business operations of the Company in relation to the operation of the Fund are substantially interrupted or closed as a result of or arising from pestilence, acts of war, terrorism, insurrection, revolution, civil unrest, riots, strikes or acts of God.

3.24 Arbitration

All differences arising out of this Policy or incidental thereto or to the Assurance hereby effected shall be referred to arbitration in Malaysia by a single arbitrator to be appointed in writing by the parties, or if they cannot agree upon a single arbitrator, to two arbitrators, one to be appointed in writing by each party and such arbitrators shall before commencing their investigations elect an umpire. In all other respects the arbitration shall be subject to the statutory provisions for the time being in force in Malaysia relating to arbitration. Unless and until an award has been made, no action or other legal proceedings shall be commenced in respect of any claim or by virtue of this Policy. However, nothing in this Policy shall preclude either party from seeking urgent interlocutory or injunctive relief from the Courts of Malaysia. After the expiration of two (2) years from the date of any event giving rise to a claim under this Policy, the Company shall not be liable in respect thereof unless the Company shall have admitted liability in respect of such claim or the claim shall in the meantime have been referred to arbitration.

3.25 Governing Law

- 3.25.1 This Policy shall be governed by the Laws of Malaysia and the Courts of Malaysia shall have exclusive jurisdiction for any dispute arising out of or in relation to this Policy.
- 3.25.2 The Company shall have the right at any time, by giving advance written notice to the Policyholder or the Assured Life, as the case may be, in accordance with the 'Notices and Correspondence' clause of this Privileges and Conditions, to amend the terms and conditions of this Policy (except for Clause 3.18 above) in compliance with any legislative changes, statutory modifications or amendments which may be enacted from time to time.

3.26 Closure of Policy

The Company reserves the right, at its sole and absolute discretion, to treat this Policy as closed for future applications at any time by giving three (3) months advance written notice to the Policyholder. No application received by the Company upon expiry of the said three (3) months advance written notice will be processed or accepted by the Company.

4. FUND RELATED PROVISIONS

FUND INFORMATION (Clauses 4.1 - 4.6)

4.1 Type of Funds

- 4.1.1 In order to ascertain the benefits payable under this Policy, the Company has established the following funds ("Fund" or "Funds", as the case may be) together with their respective objective:

4.1.1.1 Lion Progressive Fund

A fund which invests in a mixture of equities (ranging from 50% to 90%) and fixed income securities. This fund seeks to provide medium to long-term capital appreciation, with a moderate-to-high level of volatility.

4.1.1.2 Lion Balanced Fund

A fund which invests in a mixture of equities (ranging from 40% to 60%) and fixed income securities. This fund seeks to provide medium to long-term capital appreciation, with a moderate level of volatility.

4.1.1.3 Lion Fixed Income Fund

A fund which invests in fixed income securities like government and corporate bonds (ranging from 40% to 95%) with the balance invested in cash and cash equivalents. This fund seeks to provide consistent return at low levels of volatility.

4.1.1.4 Lion Strategic Fund

A fund which invests in a mixture of equities, fixed income securities and money market instruments. There is flexibility in asset allocation as this fund may invest solely in fixed income securities or equities. This fund seeks to provide medium to long-term capital appreciation, with a moderate level of volatility.

4.1.1.5 Dana Gemilang

A fund where 80% to 100% of the investments are in equities, which may be volatile in the short term. This fund seeks to achieve medium to long-term capital appreciation. Although the fund invests mainly in Malaysia (50% to 100%), it may also partially invest in Singapore (up to 25%) and Hong Kong (up to 25%), if and when necessary, to enhance the fund's returns. The fund only invests in Shariah-approved securities.

- 4.1.2 Each Fund is denominated in Units ("Unit" or "Units", as the case may be) of equal value. The value of each Unit will fluctuate from time to time.

- 4.1.3 The Company may establish additional Funds from time to time at its sole and absolute discretion. Under such circumstance, the provisions of this Policy shall apply (unless inappropriate) to the additional Funds.

4.2 Management of the Funds

- 4.2.1 The Company may invest the assets of the Funds at its sole and absolute discretion.
- 4.2.2 Income from the assets of the Funds will be credited to the respective Funds.
- 4.2.3 The Company may at any time and from time to time issue new Units or cancel Units in any or all of the Funds.
- 4.2.4 The Company reserves the right to withdraw or close any of the Funds as listed in the sub-clause 4.1.1 above (subject to the approval of the relevant authorities, if applicable). Under such circumstance, the Assured Life who has Units in that particular Fund may choose either to redeem those Units or to direct the Company to switch those Units to Units of any other Funds offered by the Company at that time. If the Company does not receive any instruction in writing from the Policyholder within the time period stipulated by the Company prior to the withdrawal or closure of the Fund, the Company reserves the right to switch the remaining Units in that particular Fund of this Policy to any other Funds offered by the Company at that time.
- 4.2.5 The Company reserves the right to rename any of the Funds if it deems necessary and appropriate.
- 4.2.6 The Company may undertake an exercise to consolidate and/or to split the Units of any one or more of the Funds to bring about an increase (in the case of an exercise to consolidate the said Units) or a reduction (in the case of an exercise to split the said Units) in the prices of each of the affected Funds if it deems necessary and appropriate. The exercise shall be carried out in the manners and conditions as determined by the Company, at its absolute discretion provided that the monetary value of the investment under this Policy will not be affected in any manner as a result of such exercise.
- 4.2.7 The Company may delegate the management of the Funds to any person or fund management organization on such terms as the Company may determine.
- 4.2.8 Any change made to the management of Funds such as but not limited to the Fund's objectives, strategies, asset allocation and risk management strategy will be notified to the Policyholder or Assured Life, as the case may be, by giving at least three (3) months advance written notice in accordance with 'Notices and Correspondence' clause of this Privileges and Conditions.

4.3 Unit Price

- 4.3.1 Each Unit of a Fund will have a Net Asset Value as determined by the Company that shall be final and conclusive and be binding on the Assured Life.
- 4.3.2 The Company will value each Unit of the Fund daily, which is also a business day, to determine the Net Asset Value.
- 4.3.3 The Company will determine the Net Asset Value which shall not be lower than the value of the given Fund (as described under Clause 4.4 below), divided by the number of Units of the given Fund in issue on the business day before the Valuation Date. The result will be rounded down to the nearest tenth of a sen.
- 4.3.4 The Company will publish the latest available Net Asset Value daily in any newspaper circulating in Malaysia and in such format and with such details and information as it will decide.

4.4 Valuation of Funds

- 4.4.1 The values of the Fund will be calculated as being the sum of:
- 4.4.1.1 the values of the assets (as described in sub-clause 4.4.2 below) making up the Fund;
 - 4.4.1.2 cash held uninvested in the Fund on the business day before the Valuation Date;
 - 4.4.1.3 income accrued or attributable to the Fund on the business day before the Valuation Date; and
- less deductions (as stated in Clause 4.5.1 below), on the business day before the Valuation Date.
- 4.4.2 The values of the asset must not be less than the market price for which the asset may be sold on the business day before the Valuation Date, less any charge, tax, duty and other expenses which would be incurred in its disposal.
- 4.4.3 The number of Units allocated to any one Assured Life under the Certificate of Assurance shall be rounded off to the nearest five (5) decimal places.

4.5 Fund Deductions

- 4.5.1 The Company shall deduct a sum from the Fund to pay for:
- 4.5.1.1 the Fund Management Charge; and
 - 4.5.1.2 all expenses, taxes, duties and other incidental charges incurred in the purchase, sale, valuation and maintenance of the investments of the Fund; and
 - 4.5.1.3 any tax on the income of the Fund or any capital gain on the assets of the Fund or provisions for such tax due but not yet paid, including provisions for tax on unrealised capital gains where such a tax would be payable if the gains had been realised on the date the asset was valued.
- 4.5.2 The amount of the Fund Management Charge to be deducted at each Valuation Date shall be determined as below:

$$\frac{\text{number of days}}{250} \times (k\% \times \text{Value of Fund})$$

where:

“number of days” refers to the number of business days from the day immediately after the preceding Valuation Date up to and inclusive of the current Valuation Date; and

“k%” refers to the percentage charge for the appropriate Fund as specified in Schedule A of this Policy;

“Value of Fund” refers to the value determined by the Company (as determined under Clause 4.4 above) of the Fund before the deduction of the Fund Management Charge.

- 4.5.3 The Fund Management Charge is specified in Schedule A of this Policy. The Company may vary the Fund Management Charge (subject to the prior approval of the relevant authorities, if applicable) by giving at least six (6) months advance written notice to the Policyholder in accordance with ‘Notices and Correspondence’ clause of this Privileges and Conditions.

4.6 Unit Purchase

For determining the Unit Purchase, the Unit Allotment shall be adjusted by multiplying 1.00 and the result is rounded to the nearest five (5) decimal points. Thereafter, the Unit Purchase shall be determined by reference to the Net Asset Value on the Next Valuation Date where the calculated Units shall be rounded off to the nearest two (2) decimal places.

PREMIUM AND CHARGES (Clauses 4.7 - 4.10)

4.7 Premium

- 4.7.1 Monthly Premium as shown in the attached Schedules of Benefits is due and payable beginning from the Risk Commencement Date and thereafter on the first day of each month up to and including the due date immediately prior to the Termination Date. The total premiums due under this Policy in each month shall be the aggregate sum of all the applicable Monthly Premium due inclusive of all arrears (if any) for all the Assured Life.
- 4.7.2 Any amount of the premium received by the Company that does not corresponding to the actual sum assured applied for by the Assured Life and approved by the Company, shall be refunded without interest in which case no Assurance in respect of the Assured Life shall be effected. Any failure to refund or any delay in refunding such premium by the Company shall not be construed an acceptance of application of Assurance by the company.
- 4.7.3 If for any reason premium is paid for a lapsed or terminated Assurance, the receipt by the Company of the same shall not constitute an acceptance of the premium by the Company nor a continuation of the Assurance but the premium so paid shall be refunded without interest, and the Company shall be under no liability in respect of such Assurance. However, any failure to refund or any delay in refunding such premium by the Company shall not operate as a waiver, and the same shall not constitute an acceptance of the premium by the Company nor a continuation of the Assurance.

4.8 Policy Fee

- 4.8.1 The Company will deduct a monthly Policy Fee beginning from the Risk Commencement Date, from the Total Investment Value of each Certificate of Assurance by cancelling Units valued at the Net Asset Value on the Next Valuation Date following each due date of the Policy Fee.
- 4.8.2 The Policy Fee is specified in Schedule A of this Policy.

4.9 Insurance Charge

- 4.9.1 The Company will deduct a monthly Insurance Charge beginning from the Risk Commencement Date, from the Total Investment Value of each Certificate of Assurance by cancelling Units valued at the Net Asset Value on the Next Valuation Date following each due date of the Insurance Charge.
- 4.9.2 The Insurance Charge in respect of the Sum Assured on Assurance A and Assurance B shall depend on the claim experience and the average age profile of the Assured Life as at a Policy Anniversary.
- 4.9.3 The standard Insurance Charge rates per annum are stated in the Schedule of Insurance Charge of this Policy.

4.10 Allowances to Vary the Premium Rates and Charges

The premium rates, Policy Fee and Insurance Charge are not guaranteed. The Company may vary these rates and/or charges by giving at least three (3) months advance written notice to the Policyholder and/or the Assured Life and in accordance with 'Notices and Correspondence' clause of this Privileges and Conditions. Any upward revision of the rates and/or charges shall take effect on the Policy Anniversary immediately following the expiry of the three (3) months advance written notice. However, for any downward revision of the rates and/or charges, the Company reserves the right to implement it immediately without giving any notice to the Assured Life and the Policyholder.

POLICY OPTIONS (Clauses 4.11 – 4.13)

4.11 Sum Assured Increase/Reduction

An Assured Life may request the Company to increase or reduce the Sum Assured, subject to the following conditions and other conditions that the Company may impose, if any:

- 4.11.1 Any request for change in Sum Assured will take effect from next premium due date; and
- 4.11.2 the Sum Assured must be within the Sum Assured limits as determined by the Company.

4.12 Withdrawal

An Assured Life whose Assurance has been in force for at least twelve (12) months and who intends to remain as an Assured Life under this Policy may request the Company to cancel some of the Units allocated to his Certificate of Assurance, subject to the following conditions and other conditions that the Company may impose, if any:

- 4.12.1 a processing fee of RM10.00 will be imposed for each transaction for cancellation; and
- 4.12.2 the Company may decide not to cancel Units if:
 - (a) the value of the Units being cancelled; or
 - (b) the value of the remaining Units allocated to the Fund under the Certificate of Assurance, is less than the minimum allowed by the Company at that time; and
- 4.12.3 the amount payable upon cancellation of the Units will be equal to the value of the cancelled Units at the Net Asset Value on the Next Valuation Date after the Company has received the Assured Life's request on the Company's prescribed form on a business day.

4.13 Surrender

An Assured Life who does not wish to remain as an Assured Life under this Policy, may request the Company to cancel all Units allocated to his Certificate of Assurance subject to the following conditions and other conditions that the Company may impose, if any:

- 4.13.1 the amount payable upon cancellation of the Units will be equal to the value of the cancelled Units at the Net Asset Value on the Next Valuation Date, if any, after the Company has received the Assured Life's request on the Company's prescribed form on a business day; and



- 4.13.2 upon payment of the amount payable under sub-clause 4.13.1, the Assurance in respect of the Assured Life will be terminated and all benefits and rights under it shall cease.

5. BENEFITS PROVISIONS

5.1 Benefits

5.1.1 Assurance A

5.1.1.1 Death Benefit

While this Policy is in force and subject always to its terms and conditions, upon receipt and approval of proof of age and/or other evidence satisfactory to the Company that the Assured Life died while insured under this Policy, the Company shall pay the sum assured of Assurance A (as referred to "Sum Assured A") and the Funeral Expenses as specified in the Certificate of Assurance, in one lump sum. However, if an Assured Child dies before the Certificate Anniversary on which he attains the age of five (5) years next birthday, the amount of the Sum Assured A payable shall be revised in accordance with the table below:

<u>Age Next Birthday of the Assured Child on Certificate Anniversary Preceding Death</u>	<u>Revised Amount of the Sum Assured A</u>
1	20% of the Sum Assured A
2	40% of the Sum Assured A
3	60% of the Sum Assured A
4	80% of the Sum Assured A

In addition, if death of the Assured Child occurs prior to the first Certificate Anniversary, the age next birthday of the Assured Child on the Risk Commencement Date shall be used to determine the Revised Amount of Sum Assured A.

Provided that:

- 5.1.1.1.1 Notification of death must be accompanied by documentary evidence of death.
- 5.1.1.1.2 Any debt on the Certificate of Assurance due to the Company as well as any withdrawal made between the date of death and date of notification of death shall be deducted from the claim proceeds payable.
- 5.1.1.1.3 The number of Units cancelled to pay for Insurance Charges and Policy Fees due after the date of death shall be reinstated and the Total Investment Value shall include the value of these Units.
- 5.1.1.1.4 A Certificate of Assurance shall be terminated upon death and all benefits and rights under it shall cease.

5.1.1.2 Total and Permanent Disability Benefit

While this Policy is in force and subject always to its terms and conditions, upon receipt and approval of proof of age and/or other evidence satisfactory to the Company that the Assured Life suffers Total and

Permanent Disability prior to the Certificate Anniversary on which he attains the age of sixty five (65) years next birthday while insured under this Policy, the Company shall advance the Sum Assured A on the admission of the disability. However, if an Assured Child suffers Total and Permanent Disability before the Certificate Anniversary on which he attains the age of five (5) years next birthday, the amount of the Sum Assured A payable shall be revised in accordance with the table below:

Age Next Birthday of the Assured Child

<u>on Certificate Anniversary preceding occurrence of TPD</u>	<u>Revised Amount of the Sum Assured A</u>
1	20% of the Sum Assured A
2	40% of the Sum Assured A
3	60% of the Sum Assured A
4	80% of the Sum Assured A

Provided that the aggregate amount of sum assured payable by the Company for Total and Permanent Disability benefit must not exceed RM500,000 under this Policy and all other policies (including supplementary contract, annexures and endorsements, if any) issued by the Company by any name or description which provide for Total and Permanent Disability benefit on the same Assured Child.

In addition, if Assured Child suffers Total and Permanent Disability prior to the first Certificate Anniversary, the age next birthday of the Assured Child on the Risk Commencement Date shall be used to determine the Revised Amount of the Sum Assured A.

Provided that:

- 5.1.1.2.1 TPD in respect of any Assured Life must be certified by a Medical Practitioner appointed by the Company, to have continued for at least six (6) consecutive months from the date of disability. Satisfactory documentary proof must also be provided to the Company evidencing such continuing disability at the time of the first annual advance payment and on each subsequent annual advance payment.
- 5.1.1.2.2 If the Assured Life ceases to be Total and Permanent Disability, the Company shall discontinue further annual advance payments and all the Assurance on the same Assured Life shall be automatically cancelled.
- 5.1.1.2.3 The payment of the Sum Assured A shall be made in the following manner:
- (i) one lump sum not exceeding RM500,000 under this Policy and all group policies (including supplementary contract and endorsements, if any) issued by the Company insuring the same Assured Life; and
 - (ii) any sum exceeding RM500,000, but not exceeding RM1,000,000 under this Policy and all group policies (including supplementary contract and endorsements, if any) issued by the Company insuring the same Assured Life, in two equal annual installment payments, the first of which shall be paid one year after the date of payment of the lump sum stated in Clause 5.1.1.2.3(i) above.



For the avoidance of doubt, the aggregate amount of sum assured payable by the Company for Total and Permanent Disability benefit must not exceed:

- (a) RM1,000,000 under this Policy and all group policies (including supplementary contract and endorsements, if any) issued by the Company by any name or description which provide for Total and Permanent Disability benefit on the same Assured Life; and
 - (b) RM3,500,000 under this Policy and all other policies (including supplementary contract, annexure and endorsements, if any) issued by the Company by any name or description which provide for Total and Permanent Disability benefit on the same Assured Life.
- 5.1.1.2.4 In the event of death of the Assured Life before the last annual installment payment as stipulated in Clause 5.1.1.2.3 above is made, the Company shall pay the balance of the annual installment payments (if any) still remaining unpaid in one lump sum.
- 5.1.1.2.5 During the period when an Assured Life suffers Total and Permanent Disability, all future premiums corresponding to the Sum Assured A for which the advance payments are to be made by the Company shall be waived as from the next Certificate Anniversary following the disability.
- 5.1.1.2.6 Upon payment of each annual payment of the Sum Assured as provided in Clause 5.1.1.2.3 above, the Sum Assured A will be reduced accordingly.
- 5.1.1.2.7 When the Assured Life suffers TPD, his Assurance B shall be automatically terminated.

5.1.1.3 Covered Event Benefit

While this Policy is in force and subject always to its terms and conditions, upon receipt and approval of proof of age and/or other evidence satisfactory to the Company that the Assured Life is diagnosed with a Covered Event after the Waiting Period while insured under this Policy, the Company shall pay Sum Assured A, in one lump sum. However, if the Assured Life is diagnosed with a Covered Event before the Certificate Anniversary on which he attains the age of five (5) years next birthday, the amount of the Sum Assured A payable shall be revised in accordance with the table below:

Age Next Birthday of the Assured Child
on Certificate Anniversary preceding
occurrence of Covered Event

1
2
3
4

Revised Amount of
the Sum Assured A

20% of the Sum Assured A
 40% of the Sum Assured A
 60% of the Sum Assured A
 80% of the Sum Assured A

In addition, if Covered Event of the Assured Child occurs prior to the first Certificate Anniversary, the age next birthday of the Assured Child on the Risk Commencement Date shall be used to determine the Revised Amount of the Sum Assured A.



Provided that:

- 5.1.1.3.1 No benefits are payable for any Covered Event for which:
- 5.1.1.3.1.1 any condition existed or was diagnosed:
- (i) during the Waiting Period; or
 - (ii) after the expiry of the Waiting Period but which is related to a condition which existed or diagnosed during the Waiting Period; or
- 5.1.1.3.1.2 any sign or symptom existed before or during the Waiting Period which would prompt a reasonable person to seek medical care or attention, though the resulting diagnosis may occur before or after the expiry of the Waiting Period.
- 5.1.1.3.2 A claim for a Covered Event described in Clause 5.1.1.3.1.1 and/or 5.1.1.3.1.2 above shall not be admissible merely because notification of the said claim was given to the Company after the expiry of the Waiting Period.
- 5.1.1.3.3 The Covered Event benefit shall only be payable once regardless of the fact that the Assured Life may be contracting multiple Covered Event.
- 5.1.1.3.4 The aggregate amount of sum assured payable by the Company for Covered Event benefit must not exceed RM1,000,000 under this Policy and all other group policies (including supplementary contract and endorsements, if any) issued by the Company by any name or description which provide Covered Event benefit or similar benefits on the same Assured Life.

Definitions of Covered Event

- (1) "Heart Attack" : The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply and being evidenced by:-
- (a) A history of typical prolonged chest pain; and
 - (b) New electrocardiographic changes resulting from this occurrence; and
 - (c) Elevation of the cardiac enzyme (CPK-MB) above the generally accepted laboratory levels of normal.
- Diagnosis based on the elevation of Troponin T test alone shall not be considered diagnostic of a heart attack. Angina is specifically excluded.
- (2) "Stroke" : Defined as a cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted not less than six months. Infarction of brain tissue, hemorrhage and embolisation from an extra-cranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a Consultant Neurologist.



Specifically excluded are cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, vertebrobasilar ischaemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve or vestibular functions.

- (3) "Coronary Artery Disease Requiring Surgery" : Refers to the actual undergoing of coronary artery by-pass surgery by way of thoracotomy to correct or treat coronary artery disease but not including angioplasty, other intra-arterial, keyhole or laser procedures.
- (4) "Cancer" : Cancer is defined as the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary. The cancer must be confirmed by histological evidence of malignancy.
The following conditions are excluded:-
(a) Carcinoma in situ including of the cervix
(b) Ductal Carcinoma in situ of the breast
(c) Papillary Carcinoma of the bladder and Stage 1 Prostate Cancer
(d) All skin cancers except malignant melanoma
(e) Stage I Hodgkin's disease
(f) Tumours manifesting as complications of Acquired Immune Deficiency Syndrome.
- (5) "Kidney Failure" : End stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.
- (6) "Fulminant Viral Hepatitis" : This is defined as a sub massive to massive necrosis of the liver caused by any virus leading precipitously to liver failure.
The diagnostic criteria to be met are:
(a) A rapidly decreasing liver size as confirmed by abdominal ultrasound; and
(b) Necrosis involving entire lobules, leaving only a collapsed reticular framework; and
(c) Rapidly deteriorating liver functions tests; and
(d) Deepening jaundice.
Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.



- (7) "Major Transplant" Organ : The actual undergoing of a transplant as a recipient of one of the following human organs:
(a) Kidney
(b) Lung(s)
(c) Liver
(d) Heart
(e) Bone marrow
- (8) "Paralysis Paraplegia" / : The complete and permanent loss of use of both arms or both legs, or one arm and one leg, through paralysis caused by illness or injury persisting for at least six (6) months from the date of trauma or illness.
- (9) "Multiple Sclerosis" : Unequivocal diagnosis by a Consultant Neurologist confirming the following combination, which has persisted for at least a continuous period of six (6) months:
(a) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits; and
(b) A multiplicity or discrete lesions; and
(c) A well-documented history of exacerbation and remissions of said symptoms / neurological deficits.
- (10) "Primary Pulmonary Arterial Hypertension" : Means primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association Classification of cardiac impairment, and resulting in the Assured Life being unable to perform his/her usual occupation.
- (11) "Blindness" : The total, permanent and irrecoverable loss of the sight of both eyes. Certification by an ophthalmologist is necessary.
- (12) "Heart Valve Replacement" Valve : The actual undergoing of open-chest surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities that have occurred after the date of issue or date of reinstatement of this contract.
Repair, via valvotomy, intra-arterial procedure, key-hole surgery or similar techniques are specifically excluded.



- (13) "Loss Of Hearing / Deafness" : Total, permanent and irreversible loss of hearing in both ears as a result of disease or accident. Medical evidence in the form of an audiometry and sound-threshold test must be provided.
- (14) "Surgery To Aorta" : The actual undergoing of surgery via a thoracotomy or laprotomy to repair or correct an aortic aneurysm, an obstruction of the aorta or a coarctation of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.
- (15) "Loss of Speech" : Total and irrecoverable loss of the ability to speak for a continuous period of 12 months. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an appropriate (Ear, Nose, Throat) specialist. All psychiatric related causes are excluded.
- (16) "Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders" : Deterioration or loss of intellectual capacity or abnormal behavior as evidenced by the clinical state and accepted standardized questionnaires or tests arising from Alzheimer's Disease or irreversible organic degenerative brain disorders excluding neurosis, psychiatric illness, and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Assured Life. The diagnosis must be clinically confirmed by an appropriate consultant.
- (17) "Major Burns" : Third degree burns covering at least twenty percent (20%) of the Assured Life's body surface area as measured by "The Rule of 9" of the Lund & Browder Body Surface Chart.
- (18) "Coma" : A state of unconsciousness with no reaction or response to external stimuli or internal needs, persisting continuously for at least 96 hours, requiring the use of life support systems and resulting in a neurological deficit, lasting more than 30 days. Confirmation by a Consultant Neurologist must be present. Coma resulting directly from self-inflicted injury, alcohol or drug misuse is excluded.
- (19) "Terminal Illness" : The Assured Life must be suffering from a condition, which in the opinion of an appropriate Medical Practitioner is highly likely to lead to death within 12 months. The Assured Life must no longer be receiving active treatment other than that for pain relief.

- (20) "Motor Disease" Neurone : Motor neurone disease of unknown aetiology is characterized by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. Diagnosis must be confirmed by a Consultant Neurologist.
- (21) "AIDS Due To Blood Transfusion" : The Assured Life being infected by HIV virus or AIDS provided that:
(a) the infection is due to blood transfusion received in Malaysia or Singapore after the commencement of this Policy; and
(b) the Assured Life is not a haemophiliac; and
(c) the Assured Life is not a member of any high risk groups such as but not limited to homosexuals, intravenous drug users or sex workers.
Notification and proof of incident shall be required via a statement from a statutory Health Authority that the infection is medically acquired.
- (22) "Parkinson's Disease" : Unequivocal diagnosis of Parkinson's Disease by a Consultant Neurologist where the condition:
(a) Cannot be controlled with medication; and
(b) Shows signs of progressive impairment; and
(c) Activities of Daily Living assessment confirm the inability of the Assured Life to perform without assistance three (3) or more of the Activities of Daily Living.
Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are excluded.
- (23) "Chronic Disease" Liver : End stage liver failure evidenced by permanent jaundice, ascites, encephalopathy and portal hypertension.
Wernicke's encephalopathy and liver failure secondary to alcohol or drug misuse is excluded.
- (24) "Chronic Disease" Lung : End stage respiratory failure including chronic interstitial lung disease.
The following criteria must be met:
(a) Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one liter.
(Forced Expiratory Volume during the first second of a forced exhalation); and
(b) Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less; and
(c) Dyspnoea at rest.



- (25) "Major Trauma" Head : Physical head injury causing significant permanent functional impairment lasting for a minimum period of three (3) months from the date of the trauma or injury. The resultant permanent functional impairment is to be verified by a Consultant Neurologist and duly concurred by the Company's Medical Officer and must result in an inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.
- (26) "Aplastic Anaemia" : Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least one of the following:
(a) Regular blood product transfusion
(b) Marrow stimulating agents
(c) Immunosuppressive agents
(d) Bone marrow transplantation
- (27) "Muscular Dystrophy" : The diagnosis of muscular dystrophy shall require a confirmation by a Consultant Neurologist of the combination of 3 out of 4 of the following conditions:
(a) Family history of other affected individuals
(b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction
(c) Characteristic electromyogram
(d) Clinical suspicion confirmed by muscle biopsy
No benefit shall be payable under this Covered Event before the Assured Life had reached the age of 12 years next birthday.
- (28) "Benign Tumour" Brain : A life-threatening, non-cancerous tumour in the brain giving rise to characteristic signs of increased intra-cranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI.
Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, tumours in the pituitary gland or spine and tumours of the acoustic nerve are excluded.



- (29) "Encephalitis" : Defined as severe inflammation of brain substance, resulting in permanent neurological deficit lasting for a minimum period of 30 days and certified by a Consultant Neurologist. The permanent deficit must result in an inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology. Encephalitis as a result of HIV infection is excluded.
- (30) "Poliomyelitis" : Unequivocal diagnosis by a Consultant Neurologist of infection with the Poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases not involving paralysis shall not be eligible for this benefit. Other causes of paralysis (such as Guillain-Barre syndrome) are specifically excluded.
- (31) "Brain Surgery" : The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed. Bur Hole and brain surgery as a result of an accident is excluded.
- (32) "Bacterial Meningitis" : Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days and resulting in a permanent inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.
- (33) "Other Serious Coronary Artery Disease" : The narrowing of the lumen of at least three major arteries i.e. Circumflex, Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD), by a minimum of 60 percent or more as proven by coronary arteriography. This benefit is payable regardless of whether or not any form of coronary artery surgery has been performed.



- (34) "Apallic Syndrome" : Universal necrosis of the brain cortex, with the brainstem remaining intact. Diagnosis must be confirmed by a Consultant Neurologist and condition must be documented for at least one month.
- (35) "AIDS Cover of Medical Staff" : Infection by any Human Immunodeficiency Virus (HIV) only if the Assured Life is a Medical Staff as defined below, and that such infection was considered by the medical authorities involved to be caused by a needlestick/sharp instrument injury or by exposure to blood or bloodstained body fluid which occurred after the commencement of this Policy. The accident must have occurred whilst the Assured Life was following his normal occupational duties and reported in accordance with the established occupational procedures for such accidents. The Assured Life must, within 5 days of the accident have undergone a blood test indicating the absence of HIV or its antibodies but a further blood test performed within 6 months of the accident must indicate the presence of HIV or its antibodies after the commencement of this Policy.
- However, the benefit payable shall not apply if any medical cure is found for Acquired Immune Deficiency Syndrome or the effects of the HIV virus or a medical treatment is developed which results in the prevention of the occurrence of AIDS.
- "Medical Staff" is defined as Doctors (General Physicians and Specialists), nurses, laboratory technicians, dentists (surgeons and nurses), ambulance workers who are working in the medical centre or hospital or dental clinics/polyclinics in Malaysia.
- (36) "Full Blown AIDS" : The clinical manifestation of AIDS (Acquired Immune-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immunodeficiency Virus) antibody test and a confirmatory Western Blot test. In addition, the Assured Life must have a CD4 cell count of less than two hundred (200) and one or more of the following criteria are met:
- (a) Weight loss of more than 10% of body weight over a period of six (6) months or less (wasting syndrome)
 - (b) Kaposi Sarcoma
 - (c) Pneumocystic Carinii Pneumonia
 - (d) Progressive multifocal leukoencephalopathy
 - (e) Active Tuberculosis



(f) Less than one-thousand (1000) lymphocytes
Malignant Lymphoma

5.1.1.4 Benefits Coverage Limitation

An Assured Life can claim under one of the three benefits stated in Clause 5.1.1.1, 5.1.1.2 and 5.1.1.3 above and only one claim may be payable in his lifetime while insured under this Policy.

5.1.2 Assurance B

While this Policy is in force and subject always to its terms and conditions, upon receipt and approval of proof of age and/or other evidence satisfactory to the Company that the Assured Life suffers any Loss resulted from an Injury while insured under this Policy, the Company shall pay benefits which shall not exceed the amount arrived at by multiplying the applicable percentages shown in the attached Schedule of Compensation with the sum assured for Assurance B (as referred to "Sum Assured B"). However, in the event of occurrence of any event stated in Section A or Section B of the attached Schedule of Compensation before the Certificate Anniversary on which an Assured Child attains the age of five (5) years next birthday, the amount of the Sum Assured B payable shall be revised in accordance with the table below:

Age Next Birthday of the Assured Child
on Certificate Anniversary preceding
occurrence of Claim Event

Revised Amount of
the Sum Assured B

1	20% of the Sum Assured B
2	40% of the Sum Assured B
3	60% of the Sum Assured B
4	80% of the Sum Assured B

However, if such an event occurs prior to the first Certificate Anniversary, the age next birthday of the Assured Child on the Risk Commencement Date shall be used to determine the Revised Amount of the Sum Assured B.

Provided that:

- 5.1.2.1 Upon payment of any benefits payable under Sections A, B and C of the attached Schedule of Compensation, the Sum Assured B shall be reduced accordingly.
- 5.1.2.2 The aggregate amount of benefits payable taken together under Assurance B shall not exceed a total of one hundred percent (100%) of the Sum Assured B under Sections A, B and C of the attached Schedule of Compensation for any one Assured Life regardless of the number of Accident.
- 5.1.2.3 An Assured Life can claim for the compensation under one of the three sections (Section A, Section B or Section C) in the attached Schedule of Compensation in respect of any one Accident. In addition, only one loss in Section A, B or C of the attached Schedule of Compensation is claimable in any one Accident.
- 5.1.2.4 When the aggregate amount of claims payable have reached one hundred percent (100%) of the Sum Assured B, the Assurance B shall be automatically terminated.

5.1.3 Assurance C

- 5.1.3.1 The benefit under Assurance C is equal to the Total Investment Value, if any, of the Certificate of Assurance.
- 5.1.3.2 The Company shall pay the Total Investment Value, if any, in respect of any Certificate of Assurance upon occurrence of the earliest of the following:-
 - 5.1.3.2.1 survival of the Assured Life to the Maturity Date; or
 - 5.1.3.2.2 termination of the Certificate of Assurance on the Termination Date.

6. EXCLUSIONS

6.1 Assurance A

- 6.1.1 No benefit shall be payable in the event of suicide within one (1) year from the Risk Commencement Date or from the date of any reinstatement of a Certificate of Assurance, whichever is the later.
- 6.1.2 Advance payment as provided in Clause 5.1.1.2 above shall not be made for Total and Permanent Disability of the Assured Life which:
 - 6.1.2.1 has existed prior to or on the Risk Commencement Date or on the date of any reinstatement of his Certificate of Assurance, whichever is the later; or
 - 6.1.2.2 is resulted from the Assured Life committing, attempting or provoking an assault or a felony or from any violation of the law by the Assured Life; or
 - 6.1.2.3 is caused directly or indirectly by self-inflicted injuries (except in an attempt to save human life), while sane or insane; or
 - 6.1.2.4 is caused by bodily injury sustained as a result of parachuting or sky-diving, or engaging in aerial flights other than as a crew member or as a fare-paying passenger of a licensed commercial airline operating on a regular scheduled route; or
 - 6.1.2.5 is resulted from war, whether declared or undeclared.
- 6.1.3 The Company shall not, be liable for any Covered Event diagnosed to the Assured Life which:
 - 6.1.3.1 has existed prior to or on the Risk Commencement Date or on the date of any reinstatement of his Certificate of Assurance, whichever is the later; or
 - 6.1.3.2 is caused directly or indirectly by self-inflicted injuries (except in an attempt to save human life), while sane or insane; or
 - 6.1.3.3 is resulted from the Assured Life committing, attempting or provoking an assault or a felony or from any violation of the law by the Assured Life; or
 - 6.1.3.4 resulted from war, whether declared or undeclared.

In addition, the Company shall also not be liable for any Covered Event stated under List A in Table 1 below if the Assured Life has previously been diagnosed with or has undergone surgery for a Covered Event specified under List B.

Table 1

ITEM	LIST A	LIST B
1	Any of the following: (i) Heart Attack; (ii) Stroke; (iii) Coronary Artery Disease Requiring Surgery; (iv) Cancer; (v) Kidney Failure; (vi) Fulminant Viral Hepatitis; or (vii) Major Organ Transplant	The corresponding Covered Event
2	Coronary Artery Disease Requiring Surgery	Heart Attack
3	Heart Attack	Coronary Artery Disease Requiring Surgery
4	Coronary Artery Disease Requiring Surgery or Heart Attack	Heart Transplant
5	Heart Transplant	Coronary Artery Disease Requiring Surgery or Heart Attack
6	Fulminant Viral Hepatitis	Liver Transplant
7	Chronic Liver Disease	Liver Transplant

6.2 Assurance B

The Company shall not be liable for any Injury resulting in Loss suffered, as a result of, including of any of the following whether directly or indirectly:

- 6.2.1 suicide, attempted suicide or self-inflicted injuries, while sane or insane;
- 6.2.2 bodily infirmity, or mental or functional disorder, or illness or disease of any kind, or any infections, other than infections occurring simultaneously with and in consequence of an accidental cut or wound;
- 6.2.3 war or any act of war, declared or undeclared, criminal activities, active duty in any armed forces, direct participation in strike, riots and civil commotion or insurrection;
- 6.2.4 from the action of any armed forces, or from Accident or violence arising by reason of the existence of a state of armed conflict;
- 6.2.5 engaging in aerial flights other than as a crew member or as a fare-paying passenger of a licensed commercial airline operating on a regular scheduled route;
- 6.2.6 as a result of the Assured Life committing, attempting or provoking an assault or a felony, or from any violation or attempted violation of law by the Assured Life or resistance to arrest;
- 6.2.7 while under the influence of alcohol or drugs unless taken as prescribed by a physician;

- 6.2.8 Injury arising from racing of any kind (except for foot racing), hazardous sports or activities that involve speed, height, high level of physical exertion, highly specialized gear or spectacular stunts such as but not limited to bungee jumping, parachuting, scuba diving, sky-diving, water skiing, underwater activities requiring breathing apparatus, winter sports, Professional Sports and illegal activities. For the avoidance of doubt, "Professional Sports" means engaging in any physical activity in a professional capacity or where the Assured Life would or could earn income or remuneration from engaging in such activity;
- 6.2.9 from childbirth, pregnancy and/or any complications thereof;
- 6.2.10 ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material; or
- 6.2.11 from the Assured Life engaging in commando or bomb disposal duties/training.

7. CONDITIONS OF PAYMENT OF CLAIMS

- 7.1 The due observance and fulfillment of the terms and conditions of this Policy by the parties concerned shall be a condition precedent to any liability of the Company to make any payment under this Policy.
- 7.2 Any benefit payable under this Policy shall be paid to the affected Assured Life or to any person entitled through him, provided that:
 - 7.2.1 there has been no breach of any of the terms and conditions of this Policy; and
 - 7.2.2 this Policy and/or the Certificate of Assurance have not been terminated for any reason.

All payments made by the Company in the manner stated in this Clause 7.2 shall provide the Company with a good and valid discharge of the same.

- 7.3 Prior to payment of any claims payable under the Assurance, the amount of any indebtedness on the Assurance shall first be deducted from the benefits payable.
- 7.4 The Policyholder and/or an Assured Life shall give immediate written notice to the Company of any change in the Assured Life's occupation, habits, pursuits, country or residence, and shall pay any additional premium that may be required by the Company.
- 7.5 Written notice shall be sent to the Head Office of the Company or to any of its branch offices within ninety (90) days from the date on which a claim event occurs.
- 7.6 All certificates, information and evidence required by the Company in connection with any claim under any Assurance shall be furnished at the expense of the Assured Life and shall be in such form and of such nature as the Company may prescribe.
- 7.7 The TPD or Covered Event for which the claim is made must be diagnosed by a Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company; all such medical evidence must be furnished by the claimant at own expense, and in such form that the Company may require.
- 7.8 If required by the Company, the Assured Life must undergo medical examination(s) by a Medical Practitioner appointed by the Company in connection with the TPD or Covered Event for which the claim is made.
- 7.9 Unless prohibited by law, the Company may examine the body and conduct an autopsy before making any payment under this Policy.

GREAT EASTERN LIFE ASSURANCE MALAYSIA BERHAD (93745-A)

ASSURANCE B

TO BE ATTACHED TO AND READ AS PART OF THE
GROUP POLICY NO: 118

SCHEDULE OF COMPENSATION

<u>Loss</u>	<u>Benefit - % Sum Assured B</u>
<u>Section A</u>	
(1) Death	100%
<u>Section B</u>	
(1) Loss of both hands	100%
(2) Loss of both feet	100%
(3) Complete and irrecoverable loss of sight in both eyes	100%
(4) Loss of one hand and one foot	100%
(5) Injuries resulting in permanently being bedridden	100%
(6) Any other injuries resulting in permanent total disablement	100%
(7) Complete and incurable paralysis	100%
<u>Section C</u>	
(1) Loss of arm at shoulder	100%
(2) Loss of arm between shoulder and elbow	100%
(3) Loss of arm at elbow	100%
(4) Loss of arm between elbow and wrist	100%
(5) Loss of hand at wrist	100%
(6) Loss of leg at hip	100%
(7) Loss of leg between knee and hip	100%
(8) Loss of leg below knee	100%
(9) Loss of eye – whole	100%
(10) Loss of eye – sight of	100%
(11) Complete and irrecoverable loss of sight in one eye except for perception of light	50%
(12) Loss of lens of eye	50%
(13) Loss of hearing	75%
- both ears	15%
- one ear	50%
(14) Total loss of speech	50%
(15) Loss of four fingers and thumb of one hand	50%
(16) Loss of four fingers	40%
(17) Loss of thumb	25%
- both phalanges	10%
- one phalanx	10%
(18) Loss of index finger	8%
- three phalanges	4%
- two phalanges	
- one phalanx	

GREAT EASTERN LIFE ASSURANCE MALAYSIA BERHAD (93745-A)

SCHEDULE OF COMPENSATION

(19)	Loss of middle finger	- three phalanges	6%
		- two phalanges	4%
		- one phalanx	2%
(20)	Loss of ring finger	- three phalanges	5%
		- two phalanges	4%
		- one phalanx	2%
(21)	Loss of little finger	- three phalanges	4%
		- two phalanges	3%
		- one phalanx	2%
(22)	Loss of metacarpals	- first or second (additional)	3%
		- third, fourth or fifth (additional)	2%
		- all	15%
(23)	Loss of toes	- great both phalanges	5%
		- great one phalanx	2%
		- other than great, if more than one toe lost each	1%

Any other form of permanent disability shall be assessed by the Company at its sole and absolute discretion, and any proportion of the Sum Assured B payable shall be in accordance with such rates of compensation as opined by the Company's Medical Practitioner to be consistent with the applicable rates of compensation as contained in this Schedule of Compensation.

 Authorised Signatory

Dated: 18th January 2012

GMBSILP/V04/04-2010 (GS118)

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GREAT EASTERN LIFE ASSURANCE MALAYSIA BERHAD (93745-A)

SCHEDULE A

TO BE ATTACHED TO AND READ AS PART OF THE
GROUP POLICY NO: 118

FUND TYPES AVAILABLE

FUND MANAGEMENT CHARGE


DANA RESTU

1.45%

THE FUND MANAGEMENT CHARGE MAY BE VARIED BY THE COMPANY.

POLICY FEE

Policy Size (No. of Lives)	Monthly Policy Fee (RM)
« 300	5.00
301 - 500	3.00
501 - 1000	2.00
1001 - 5000	1.00
5001 - 10000	0.50
> 10000	0.30



Authorised Signatory

Dated: 18th January 2012

GMBSILP/V04/04-2010 (GS118)

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GREAT EASTERN LIFE ASSURANCE MALAYSIA BERHAD (93745-A)

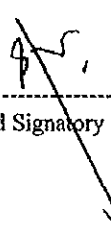
SCHEDULE OF BENEFITS

TO BE ATTACHED TO AND READ AS PART OF THE
GROUP POLICY NO: 118

Monthly Premium RM	Sum Assured A of Assurance A RM	Sum Assured B of Assurance B RM	Funeral Expenses RM
30	30,000	30,000	2,000
40	40,000	40,000	2,000
50	50,000	50,000	2,000
60	60,000	60,000	2,000
80	80,000	80,000	2,000
100	100,000	100,000	2,000
120	120,000	120,000	2,000
150	150,000	150,000	2,000
200	200,000	200,000	2,000
250	250,000	250,000	2,000

Note:

The Company reserves the absolute right at its sole and absolute discretion to vary the Monthly Premium in accordance with Clause 4.10 of this Privileges and Conditions.



 Authorised Signatory

Dated: 18th January 2012



GREAT EASTERN LIFE ASSURANCE MALAYSIA BERHAD (93745-A)

SCHEDULE OF INSURANCE CHARGE

TO BE ATTACHED TO AND READ AS PART OF THE
GROUP POLICY NO: 118

INSURANCE CHARGE PER RM1000 SUM ASSURED					
Age Next Birthday	Assurance A		Assurance B		
	Male	Female	Occupation Class 1	Occupation Class 2	Occupation Class 3
16	1.62	1.63	0.69	1.00	1.34
17	1.62	1.63	0.69	1.00	1.34
18	1.62	1.63	0.69	1.00	1.34
19	1.62	1.63	0.69	1.00	1.34
20	1.62	1.63	0.69	1.00	1.34
21	1.63	1.64	0.69	1.00	1.34
22	1.65	1.65	0.69	1.00	1.34
23	1.65	1.65	0.69	1.00	1.34
24	1.67	1.68	0.69	1.00	1.34
25	1.70	1.70	0.69	1.00	1.34
26	1.73	1.74	0.69	1.00	1.34
27	1.75	1.75	0.69	1.00	1.34
28	1.76	1.77	0.69	1.00	1.34
29	1.80	1.80	0.69	1.00	1.34
30	1.83	1.84	0.69	1.00	1.34
31	1.87	1.88	0.69	1.00	1.34
32	1.91	1.92	0.69	1.00	1.34
33	1.96	1.97	0.69	1.00	1.34
34	1.98	1.99	0.69	1.00	1.34
35	2.05	2.05	0.69	1.00	1.34
36	2.29	2.13	0.69	1.00	1.34
37	2.48	2.22	0.69	1.00	1.34
38	2.72	2.34	0.69	1.00	1.34
39	3.02	2.52	0.69	1.00	1.34
40	3.34	2.86	0.69	1.00	1.34
41	3.77	3.21	0.69	1.00	1.34
42	4.24	3.56	0.69	1.00	1.34
43	4.82	4.00	0.69	1.00	1.34
44	5.46	4.47	0.69	1.00	1.34
45	6.18	5.03	0.69	1.00	1.34
46	6.97	5.65	0.69	1.00	1.34
47	7.88	6.39	0.69	1.00	1.34
48	8.81	7.18	0.69	1.00	1.34
49	9.79	8.02	0.69	1.00	1.34
50	10.84	8.90	0.69	1.00	1.34
51	12.05	9.87	0.69	1.00	1.34
52	13.37	10.89	0.69	1.00	1.34
53	14.81	11.99	0.69	1.00	1.34
54	16.40	13.20	0.69	1.00	1.34
55	18.17	14.63	0.69	1.00	1.34

Note:

The Company reserves the absolute right at its sole and absolute discretion to vary the above charges in accordance with Clause 4.10 of this Privileges and Conditions.

Authorised Signatory

Dated: 18th January 2012

GMBSILP/V04/04-2010 (GS118)

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GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD (93745-A)

SUPPLEMENTARY GROUP HOSPITAL BENEFITS CONTRACT

This Supplementary Contract is issued in conjunction with Group Policy No GS118 (the Basic Policy) to which it is attached. In consideration of the application dated 1st August 2010 and the payment of the initial premiums, this Supplementary Contract shall take effect on 1st August 2010 and thereafter on each succeeding Policy Anniversary subject to the consent of the Company and payment of the renewal premiums.

The coverage under this Supplementary Contract will automatically cease on the date of termination of the Basic Policy.

SECTION 1 - GENERAL DEFINITION

Unless defined otherwise in the context, the following definitions are used for the purposes of this Supplementary Contract.

"Hospital" means a lawfully operating institution, which has twenty four (24) hours a day nursing services by registered graduate nurses, one or more physicians available at all times and organised facilities for diagnosis and major surgery. In no event, however, shall such word include any institution or part thereof which is used principally as a place for drug addicts, a place of alcoholics, a place for rest or custodial care, a place for the aged, as a nursing home or as a convalescent home

SECTION II - GENERAL PROVISIONS

1. Participation

The coverage on an Assured Life this Supplementary Contract shall commence on his Effective Date.

2. Termination

The benefits under this Supplementary Contract shall terminate when the Assured Life's benefits under the Basic Policy terminate.

The Policyholder and the Company are allowed to terminate this Supplementary Contract at any time by giving three (3) months' notice in writing to the other party.

3. Discontinuance of Insurance

An Assured Life's insurance under this Supplementary Contract shall terminate and the premium therefor will cease to be payable when and if:

- a) The total amount of hospitalisation benefit attains the overall limit of 500 times the daily rate of compensation as stipulated in the Schedule of Benefits attached or in the endorsement or the Assured Life attains the age of sixty five (65) years whichever occurs first.
- b) The insurance lapses or becomes void or is otherwise terminated pursuant to the provisions of this Supplementary Contract or any endorsement of endorsements thereon.
- c) The assurance under the Basic Policy ceases.

4. Premium Refund

If for any reason a premium or premiums be paid for an insurance after it shall have been terminated as above, the receipt by the Company of the same shall not constitute a continuation of this insurance but any premium or premiums so paid shall be refunded and the Company shall be under no liability in respect of this insurance.

Where premiums have been received by the Company in excess of an Assured Life's eligibility under the terms and conditions of this Supplementary Contract, the excess premiums shall be refunded.

SECTION III - BENEFITS

Subject to the exceptions, conditions and the right to discontinue the benefits herein contained, the Company will pay upon receipt of due proof that the Assured Life is confined to a Hospital (excluding Mental Hospitals) in Malaysia, Singapore or Brunei because of illness or injury, hospitalisation benefit (hereinafter referred to as "benefits") as stipulated in the Table of Benefits.

The benefits consist of Hospitalisation Benefit which is payable to the Assured Life for the duration of this confinement to a Hospital, subject to the other Clauses in this Supplementary Contract.

SECTION IV - EXCEPTIONS

Notwithstanding anything contained in this Supplementary Contract, the benefits will not apply if the hospitalisation of the Assured Life should result, either directly or indirectly, from:

1. Self-inflicted injuries or attempted suicide, while sane or insane.

2. Any injury received:
 - (a) While on duty in any navy, army, air force or police organisation.
 - (b) As a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power, riot, civil commotion, attack by bandits or terrorists, whether or not the Insured Life was actually participating therein.
 - (c) From engaging in aerial flights including parachuting and sky diving other than as a crew member or as a fare-paying passenger of an International Airline operating on a regular schedule route.
 - (d) As a results of the Assured Life committing, attempting or provoking an assault or felony or from any violation of the law by the Assured Life.
 - (e) While under the influence of alcohol or drugs.
 - (f) From engaging in racing on horse or wheels.
 - (g) From engaging in any underwater activity.
3. Alcoholism, drugs addiction, depression, mental or functional disorder, venereal disease, pregnancy, miscarriage, childbirth or their sequelae.

SECTION V - CONDITIONS

1. The Company shall not be liable to pay any claim for benefits under this provision if the Assured Life has effected further insurance to provide hospital benefits since the date of the proposal without the written consent of the Company.
2. No benefits will be payable in respect of hospitalisation:
 - (a) Due to illness or injury occurring before the payment of the initial premium, or whilst the insurance is in a state of lapse.
 - (b) During the first 6 weeks of this insurance or the first 6 weeks after revival of the insurance at any time, except for injuries received in an accident.
3. The benefits are not payable in respect of hospitalisation which commences after the Assured Life's 65th birthday.

The Assured Life shall give immediate written notice to the Company of any change in his occupation, habits, pursuits or country or residence and shall pay any additional premium that may be required by the Company.

4. Written notice shall be given to the Principal Officer of the Company or to any of its branch offices within 28 days of the hospitalisation in respect of which a claim is made.
5. All certificates, information and evidence required by the Company in connection with any claim under any insurance shall be furnished at the expense of the Assured Life or the Assured Life's personal representative and shall be in such form and of such nature as the Company may prescribe.
6. The due observance and fulfilment of the terms, conditions, provision and endorsements contained herein by the parties concerned shall be condition precedent to any liability of the Company to make any payment under this Supplementary Contract.

SECTION VI - CLAIMS

1. An Assured Life under this Supplementary Contract shall be insured for the same number of units that he purchases under the Basic Policy.
2. The Company reserves the right to vary from time to time rates, terms and provision of this Supplementary Contract including the General Conditions and the General Provisions upon giving to the Policyholder 3 months' prior notice in writing expiring on a Policy Anniversary of its intention to do so.
3. The benefits under this policy shall be governed by the terms, conditions and provisions governing the Group Multiple Benefits Insurance Scheme issued to the Policyholder insofar as they do not contradict the other Clauses in this Supplementary Contract.
4. This benefit provides payment of a fixed amount for each day (up to a maximum of 500 days) of confinement in a hospital. In the event of hospitalisation due to any cause, except for injuries received in an accident before the attainment of age 3 next birthday, the amount of daily benefit payable is:

Age next Birthday	Basic Sum Assured after Lien
1	50% of the daily hospitalisation benefit
2	75% of the daily hospitalisation benefit
3 & above	100% of the daily hospitalisation benefit

*HB Rider for child starts from minimum age of 1 month.

Maximum benefit will be 15% of the annual net contribution (net of annual premium from all riders) subject to the maximum limit of RM 100 per day.



GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD (93745-A)**ENDORSEMENT**

TO BE ATTACHED TO AND READ AS PART OF
GROUP POLICY NO: 118

**BENEFIT: SUPPLEMENTARY DAILY HOSPITALISATION BENEFIT UNDER
GROUP MULTIPLE BENEFIT SCHEME**

SCHEDULE OF BENEFITS AND PREMIUM RATES

UNIT	MONTHLY CONTRIBUTION ON BASIC POLICY	ENTITLEMENT	
		H.B MONTHLY	HOSPITALIZATION
6	RM30	RM3.00	RM30
8	RM40	RM4.00	RM40
12	RM60	RM6.00	RM60
16	RM80	RM8.00	RM80
20	RM100	RM10.00	RM100
24	RM120	RM12.00	RM120
30	RM150	RM15.00	RM150
40	RM200	RM20.00	RM200
50	RM250	RM25.00	RM250

NOTE: This table is applicable only if member of this Scheme is paying their H.B rider premium on top of the basic premium contribution.

Authorised Signatory

Dated: 18th January 2012

GHB/V00/06-2003



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GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD (93745-A)

ENDORSEMENT NO. 006 (PROM)

**TO BE ATTACHED TO AND READ AS PART OF
GROUP POLICY NO: 118**

Effective date of this Endorsement: 1st August 2010

The following shall apply to the Policy:-

1. DEFINITIONS

"Pre-existing Illness" means disabilities that the Assured Life has reasonable knowledge of, prior to the Risk Commencement Date. An Assured Life may be considered to have reasonable knowledge of a Pre-existing Illness where the condition is one for which:-

- (a) the Assured Life had received or is receiving treatment; or
- (b) medical advice, diagnosis, care or treatment has been recommended; or
- (c) clear and distinct symptoms are or were evident; or
- (d) its existence would have been apparent to a reasonable person in the circumstances.

"Special Promotion Period" means a specific period for enrolment of Assurance under the Policy, as determined by the Company at its sole and absolute discretion.

2. CONDITIONS

2.1 Eligibility

All eligible Assured Member and their respective spouse and children who are eligible, shall be entitled to purchase the Assurance under the Policy during the Special Promotion Period only from 01/08/2010 to 30/09/2010 (both dates inclusive) or any other subsequent period as determined and notified by the Company, subject to the terms and conditions of the Policy.

2.2 Acceptance of Application

The application for Assurance in respect of any Assured Life during the Special Promotion Period shall be automatically accepted subject to the following requirements:-

- 2.2.1 the Assured Life shall fully disclose all information and submit all necessary documents required by the Company in connection with the application of the Assurance;
- 2.2.2 in case the Assured Life is an Assured Child, the Assured Child shall be eligible to enroll only if the Assured Spouse and all the younger siblings of the Assured Child who are eligible to enroll in the Policy during the Special Promotion Period, are also insured under the Policy. Any variation or waiver of the foregoing shall be at the Company's sole discretion; and
- 2.2.3 The respective sum assured of Assurance A and Assurance B for each Assured Life is fixed, as specified in Section 2.3.1 below, during the Special Promotion Period.



2.3 Assurance Benefit Level

- 2.3.1 The respective sum assured of Assurance A and Assurance B for each Assured Life during the Special Promotion Period is either RM30,000 with a monthly premium of RM30.00 or RM60,000 with a monthly premium of RM60.00, as approved by the Company.
- 2.3.2 Subject always to the terms and conditions of the Policy, upon expiry of the Special Promotion Period,
- 2.3.2.1 every eligible Assured Member shall be entitled to select the sum assured of his Assurance, provided that:-
- (a) the respective minimum sum assured of Assurance A and Assurance B under the Policy shall be at least RM30,000; and
 - (b) the aggregate sum assured of Assurance A and Assurance B shall not exceed the maximum of RM250,000 per life.
- 2.3.2.2 every eligible Assured Spouse and Assured Child of the Assured Member shall be entitled to select the sum assured of his Assurance, provided that :-
- (a) the respective minimum sum assured of Assurance A and Assurance B under the Policy shall be at least RM30,000.00; and
 - (b) the aggregate sum assured of Assurance A and Assurance B shall not exceed the aggregate sum assured purchased by that Assured Member.

2.4 Lien on Assurance

Where the death or Total and Permanent Disability of an Assured Life occurred within the first two (2) years from the Risk Commencement Date due to any Pre-existing Illness, the benefit payable under Assurance A shall be limited to fifty percent (50%) of the sum assured of Assurance A provided that the Pre-existing Illness was specifically disclosed in the application/proposal form.

All other terms and conditions of the Policy shall remain unaltered.

Authorised Signatory

