

## **SCHEDULE J**

### **Standard Insurance Charge Rates Per Annum for SmartMedic Million Extender (SMME) Male Lives**

Attained Age Next Birthday *		Insurance Charge Rate Per Annum with respect to the Life Assured's occupation classification of either 1 or 2	Insurance Charge Rate Per Annum with respect to the Life Assured's occupation classification of 3	Insurance Charge Rate Per Annum with respect to the Life Assured's occupation classification of 4
From	To			
0	5	16	20	24
6	10	12	15	18
11	15	12	15	18
16	20	18	23	27
21	25	19	24	29
26	30	19	24	29
31	35	20	25	30
36	40	21	27	32
41	45	25	31	37
46	50	30	38	45
51	55	50	63	75
56	60	61	76	91
61	65	85	106	128
66	70	121	151	181
71	75	184	229	275
76	80	277	347	416
81	85	358	448	537
86	90	463	579	695
91	95	585	732	878
96	99	727	909	1,091

\* On Date Of Insurance Charge Deduction

Notes:

- 1) Insurance Charge For Policy Month  
= Insurance Charge Rate Per Annum / 12
- 2) Life Assured's occupation classification under this Policy is 1

## **SCHEDULE J**

### **Standard Insurance Charge Rates Per Annum for SmartMedic Million Extender (SMME) Female Lives**

Attained Age Next Birthday *		Insurance Charge Rate Per Annum with respect to the Life Assured's occupation classification of either 1 or 2	Insurance Charge Rate Per Annum with respect to the Life Assured's occupation classification of 3	Insurance Charge Rate Per Annum with respect to the Life Assured's occupation classification of 4
From	To			
0	5	15	18	22
6	10	11	14	17
11	15	11	14	17
16	20	14	17	21
21	25	17	21	26
26	30	17	21	26
31	35	18	23	28
36	40	21	26	32
41	45	26	32	38
46	50	31	38	46
51	55	38	48	58
56	60	45	56	68
61	65	66	82	98
66	70	94	118	142
71	75	144	180	216
76	80	218	273	327
81	85	298	373	447
86	90	398	497	597
91	95	518	648	777
96	99	655	819	983

\* On Date Of Insurance Charge Deduction

Notes:

- 1) Insurance Charge For Policy Month  
= Insurance Charge Rate Per Annum / 12
- 2) Life Assured's occupation classification under this Policy is 1

# Great Eastern

## SMARTMEDIC MILLION EXTENDER (SMME)

### ANNEXURE U196

This SmartMedic Million Extender (“this Annexure”) does not give any right to share in the surplus of the Company’s life insurance fund and does not have any surrender value.

#### 1. DEFINITIONS

For the purpose of this Annexure, the following words or expressions, wherever mentioned in this Annexure, shall have the following meanings unless otherwise stated. Any word or expression not specifically defined in this Annexure shall have the same meaning as ascribed to it in this Policy or SmartMedic Million:-

“**Attained Age Next Birthday**” means the age next birthday of the Life Assured on preceding (or coincident) Policy Anniversary.

“**Clinic**” means an establishment duly constituted and registered as a clinic, which is operated for the treatment of injured or ill patients and provides facilities for diagnosis, minor surgery and dispensing facilities. Such establishment must be operated by a Physician who is legally registered with Malaysian Medical Council.

“**Deductible**” refers to the amount payable by You for Any One Disability in respect of the applicable Insured Benefits, which is stated in the Schedule of Benefits of SmartMedic Million.

“**Disability**” means a Sickness, Disease, Illness or the entire Injury arising out of a single or continuous series of causes.

“**Doctor**” or “**Physician**” or “**Surgeon**” means a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering his service, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Life Assured himself, or You yourself.

“**Eligible Expenses**” means Reasonable and Customary Charges incurred due to a covered Disability but not exceeding the limits stated in the Schedule of Benefits of SmartMedic Million.

“**Expiry Date**” means the expiry date for this Annexure specified in the Table of Supplementary Benefits in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be, on which the coverage of the Life Assured under this Annexure has ceased accordingly.

“**Hospital**” means an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:-

- (a) has facilities for diagnosis and major surgery,
- (b) provides twenty-four (24) hour a day nursing services by registered and graduate nurses,
- (c) is under the supervision of a Physician, and
- (d) is not primarily a Clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

“**Illness**” or “**Sickness**” or “**Disease**” means a physical condition marked by a pathological deviation from the normal healthy state.

“**Injury**” means bodily injury caused solely by Accident.

“**Life Assured**” means the person whose life is covered under this Policy as named in Schedule A of this Policy.

“**Medically Necessary**” means a medical service which is:-

- (a) consistent with the diagnosis and customary medical treatment for a covered Disability, and
- (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
- (c) not for the convenience of the Life Assured or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an Inpatient), and
- (d) not of an experimental, investigational or research nature, preventive or screening nature, and
- (e) for which the charges are fair, reasonable and customary for the Disability.

**“Policy”** means the basic policy to which this Annexure is attached.

**“Policy Year”** refers to the one-year period which starts on the SMM Risk Effective Date or any SMM Policy Anniversary and ends on the day before the first SMM Policy Anniversary or the following SMM Policy Anniversary, as the case may be; and **“Adjusted First Policy Year”** refers to the period which starts from the Risk Effective Date to the next SMM Policy Anniversary immediately following the Risk Effective Date if this Annexure has been subsequently included to this Policy on a date which is not a SMM Policy Anniversary.

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

- (a) the Life Assured 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.

**“Reasonable and Customary Charges”** means Medically Necessary charges for medical care which is considered reasonable and usual to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar Illness, Sickness, Disease or Injury and in accordance with accepted medical standards and practice which could not have been omitted without adversely affecting the Life Assured’s medical condition.

**“Risk Commencement Date”** refers to the Risk Commencement Date shown in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be, on which the coverage of the Life Assured under this Policy has become effective.

**“Risk Effective Date”** refers to the SMM Risk Effective Date or date of inclusion of this Annexure if it has been subsequently included to this Policy or date of any reinstatement, whichever is the later, on which the coverage of the Life Assured under this Annexure has become effective.

**“SMM Risk Effective Date”** refers to the Risk Commencement Date or date of inclusion of SmartMedic Million if it has been subsequently included to this Policy or date of any reinstatement, whichever is the later, on which the coverage of the Life Assured under SmartMedic Million has become effective.

**“SMM Policy Anniversary”** means the anniversary of the SMM Risk Effective Date.

**“Specified Illnesses”** means the following disabilities and its related complications, occurring within the first 120 days from the Risk Effective Date. However, if there is a break in coverage prior to the expiry of the said 120 days, a fresh period of 120 days shall apply again from the date of reinstatement:

- (a) Hypertension, diabetes mellitus and Cardiovascular disease;
- (b) All tumours, cancers, cysts, nodules, polyps;
- (c) Stones of the urinary system and biliary system;
- (d) All ear, nose (including sinuses) and throat conditions;
- (e) Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
- (f) Diseases of the Reproduction system including endometriosis;
- (g) Vertebro-spinal disorders (including disc) and knee conditions.

**“Waiting Period”** means the first thirty (30) days between the beginning of a Life Assured’s Disability and the Risk Effective Date. This shall not be applicable after the first year of cover. However, if there is a break in coverage in any Policy Year, the Waiting Period shall apply again.

## 2. INSURANCE CHARGE

- 2.1 The Company will deduct a monthly Insurance Charge beginning from the Risk Effective Date up to and including the due date immediately prior to the Expiry Date, from the Total Investment Value by canceling Units valued at their respective Net Asset Value or Bid Price, as the case may be, on the Next Valuation Date following each due date of the Insurance Charge.
- 2.2 If the Life Assured is an unborn child at the Commencement Date, the deduction of Insurance Charge will begin on the Risk Commencement Date, and thereafter will be made on the corresponding date for each subsequent month. Regardless of any subsequent endorsement issued by the Company, the due date of the Insurance Charge shall be based on the original Risk Commencement Date.
- 2.3 The Insurance Charge will be calculated at the Company’s rates based on the Attained Age Next Birthday on each due date of Insurance Charge.

- 2.4 The standard Insurance Charge rates per annum for the Life Assured's gender are given in Schedule J of this Policy. The Company may vary the Insurance Charge rates to any age group at each Policy Anniversary by giving at least three (3) months advance written notice to You in accordance with the 'Notices and Correspondence' clause of the Privileges and Conditions. Any revision of the Insurance Charge rates shall take effect on Policy Anniversary immediately following the expiry of the three (3) months advance written notice.

### 3. BENEFITS

While this Annexure is in force and subject to its terms and conditions, upon receipt and approval of due proof such as original bills, receipts and/or other evidence satisfactory to the Company that the Life Assured is confined to a Hospital for Medically Necessary services and/or treatments due to Illness or Injury or is receiving Medically Necessary services and/or treatments in relation to any Insured Benefits as described in Clause 5.3 in the Annexure of SmartMedic Million, the Company shall, after applying the appropriate limit for each Insured Benefit, the Overall Annual Limit of SmartMedic Million and any Coordination of Benefits as specified in Clause 6.9 in the Annexure of SmartMedic Million, pay the balance of the Eligible Expenses in excess of the Deductible, if any, as provided under the Annexure of SmartMedic Million for:

- (a) Illness which existed or diagnosed after the Waiting Period; or
- (b) Injury which occurred on or after the Risk Effective Date.

For the avoidance of doubt, no benefits shall be payable for:

- 3.1 any condition which existed or diagnosed:
  - 3.1.1 during the Waiting Period; or
  - 3.1.2 after the expiry of the Waiting Period but which is related to a condition which existed or diagnosed during the Waiting Period; or
- 3.2 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.

In addition, a claim as described in Clauses 3.1 or 3.2 above will not be admissible only because notification of the said claim was given to the Company after the expiry of the Waiting Period.

### 4. DESCRIPTION OF BENEFIT

#### Overall Annual Limit

While this Annexure is in force and subject to its terms and conditions, benefits payable in respect of Eligible Expenses in excess of any Deductible incurred for Medically Necessary services and/or treatments provided to the Life Assured during any Policy Year or Adjusted First Policy Year, as the case may be, shall be limited to the Overall Annual Limit as stated in Table 1 below irrespective of the type/types of Disability after the Overall Annual Limit of the SmartMedic Million has been exceeded.

If the Overall Annual Limit for a particular Policy Year or Adjusted First Policy Year, as the case may be, have been fully exhausted, all coverage on the Life Assured shall immediately cease to be payable for that remaining Policy Year or Adjusted First Policy Year, as the case may be.

**Table 1:**

Item	Insured Benefits	Maximum Benefits
(1)	Overall Annual Limit	Extend the Overall Annual Limit of SmartMedic Million by an additional RM 2,000,000.

### 5. CONDITIONS

This Annexure is valid only if this Policy and SmartMedic Million are valid, and this Annexure is subject to the terms and conditions of the basic Policy and SmartMedic Million unless stated otherwise in this Annexure.

### **5.1 Assignee**

An Assignee under this Policy shall not be entitled to any benefit under this Annexure.

### **5.2 Continuation of Hospitalisation into the following Policy Year**

Where a period of Hospitalisation, Outpatient treatment, pre-hospitalisation or post-hospitalisation continues to the following Policy Year, the Eligible Expenses in excess of any Deductible incurred shall be apportioned accordingly based on the actual itemised expenses incurred for a Policy Year or Adjusted First Policy Year or based on the actual days of Hospitalisation, Outpatient treatment, pre-hospitalisation or post-hospitalisation occurred in that Policy Year or Adjusted First Policy Year, as the case may be.

### **5.3 Renewability Privilege**

This Annexure is renewable at Your option on each SMM Policy Anniversary provided that at the time of renewal, this Annexure has not been terminated in accordance with the provisions under Clause 7 below.

### **5.4 Alterations**

The terms and conditions of this Annexure may be varied by the Company pursuant to any legislative changes, statutory modifications or amendments (including requirement, directive, or guideline issued by any regulatory authority) or the Company's policies in response to prevailing market standards and changes in business strategies, or due to any advancement in technology, or to rectify any errors, if it deems necessary, by giving thirty (30) days advance written notice in accordance with 'Notices and Correspondence' clause of the Privileges and Conditions, and such amendment shall be applicable from the next SMM Policy Anniversary immediately following the expiry of the thirty (30) days advance written notice. No alteration to this Annexure shall be valid unless authorized by the Company and such approval is endorsed thereon.

## **6. EXCLUSIONS**

6.1 The Company will not pay the Insured Benefits as stated in Clause 4 under this Annexure as a result of, including any of the following whether directly or indirectly:

- 6.1.1 Pre-existing Illness as defined in Clause 1 above;
- 6.1.2 Specified Illnesses as defined in Clause 1 above;
- 6.1.3 any medical or physical conditions arising within the Waiting Period except for Injury;
- 6.1.4 plastic/cosmetic Surgery, circumcision, eye examination, glasses, and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof;
- 6.1.5 dental conditions including dental treatment or oral Surgery, except as necessitated by Injury to sound natural teeth occurring in any Policy Year and performed by Dentist;
- 6.1.6 private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal Disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related Diseases, and any communicable Diseases required quarantine by law;
- 6.1.7 any treatment or surgical operation for Congenital Conditions or deformities including hereditary conditions;
- 6.1.8 pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility, Erectile dysfunction and tests or treatment related to impotence or sterilisation;
- 6.1.9 Hospitalisation primarily for investigatory purposes, diagnosis, x-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain;
- 6.1.10 suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane;
- 6.1.11 war or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection;

- 6.1.12 ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
- 6.1.13 expenses incurred for donation of any body organ by the Life Assured, and the cost of acquisition of any body organ donated to the Life Assured including all costs incurred by the donor during organ transplant and its complications;
- 6.1.14 investigation and treatment of sleep and snoring disorders, hormone replacement therapy, and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatment;
- 6.1.15 care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Life Assured and disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract;
- 6.1.16 psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
- 6.1.17 costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack, any government tax that may be imposed by the Hospital and other ineligible non-medical items;
- 6.1.18 Sickness or Injury arising from racing of any kind (except for foot racing), hazardous sports such as but not limited to sky-diving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;
- 6.1.19 private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
- 6.1.20 expenses incurred for sex change;
- 6.1.21 any Outpatient treatment not related to Inpatient treatment, except as provided under this Annexure; or
- 6.1.22 charges which are not Reasonable and Customary Charges, or any Surgery or treatment which is not Medically Necessary, or charges in excess of Reasonable and Customary Charges, or charges which are incurred for Hospitalisation, pre-hospitalisation and/or post-hospitalisation after the Expiry Date.

## **7. TERMINATION**

- 7.1 This Annexure shall automatically be terminated on the earliest of the following dates:
  - 7.1.1 on the Policy Anniversary on which the Life Assured's age is one hundred (100) years next birthday; or
  - 7.1.2 upon death of the Life Assured; or
  - 7.1.3 when SmartMedic Million is terminated; or
  - 7.1.4 when the Company receives Your request for termination in writing; or
  - 7.1.5 on the Expiry Date; or
  - 7.1.6 when this Policy lapses, is surrendered or terminated in any other manner.
- 7.2 The Company shall be entitled to terminate this Annexure immediately when a change in risk as stated in Clause 6.2 of the Annexure for SmartMedic Million has, in the sole opinion of the Company, rendered the Life Assured no longer insurable by the Company.
- 7.3 Any Units cancelled for Insurance Charges on this Annexure after its termination shall be reinstated and the Total Investment Value shall include the value of these Units.

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