

POLICY INFORMATION STATEMENT

Dear Policyowner

Thank you for purchasing this policy. This is a financial security product that has been customised according to your current requirements as stated on the reverse of this page.

You would find the following information helpful to you in future. This reflects, where applicable, the provisions of the Financial Services Act 2013. All statements and representations (if any) made by the Company in this Policy Information Statement are in good faith based on the reasonable knowledge of the Company as at this date and the Company accepts and undertakes no liability whatsoever for the accuracy of the same and/or any and all subsequent changes or amendments to any law, regulation or practice relating to and affecting the validity or accuracy of the same. You should at all times seek independent advice from an advocate or solicitor and/or tax consultant in order to ascertain your rights and entitlements under or relating to this policy before making any decision. If there is any discrepancy between the English and Bahasa Malaysia versions of this Policy, the English version shall prevail.

PROOF OF AGE

Please remember that proof of age is needed before any benefit can be paid. Just produce one of the following original documents at any of our offices as listed in the Company's website.

- NRIC
- Birth Certificate
- International Passport
- Citizenship Certificate

NOMINATION

If you are 16 years and above, and you are the policyowner as well as the life assured, you may nominate an individual to receive the policy moneys upon your death. If you are a non-Muslim, your nomination will create a trust in favour of the nominee of the policy moneys payable upon your death, provided:

- (a) the nominee is your spouse or child; or
- (b) where there is no spouse or child living at the time of nomination, the nominee is your parent.

If you are a Muslim, the nominee will receive the policy moneys payable upon your death as an executor and not solely as a beneficiary and shall distribute the policy moneys in accordance with Islamic Law. The nomination form is available upon request from our Customer Service Department.

POLICY LOANS AND CASH VALUES

Life assurance is financial security. Once you have it, please do not give it up! Because a change of health or circumstances may mean one of two things to you or your family:

- You may not be able to buy life assurance protection
- or • You may have to pay substantially more for the same protection.

So, be regular and prompt with your premium payments. Your policy is an asset. For a single premium life policy, cash values are available from inception. For an annual premium policy, if you stop paying premiums, this policy may terminate without any surrender value being payable to you. Subsequently, if you surrender this policy in the early years, you may get back less than the amount you paid in. You can, if necessary take cash loans for a substantial % of the cash value at an interest rate to be determined by the Company from time to time, or you may surrender this policy for its cash value. Please enquire on the applicable interest rate and consider carefully first whether a cash loan on this policy alone is the best choice.

CHANGE OF ADDRESS/ PHONE NUMBER

It is important that you inform us immediately in writing of any change in your mailing address, electronic mail (email) address (if applicable) and phone number to ensure that you receive letters or notices, etc. from us. Any change in your nominees' addresses should also be notified to the Company to facilitate payment of claim.

COMPLAINT HANDLING UNIT

You may refer your complaint pertaining to any insurance related matters to our Complaint Handling Unit for an amicable resolution before referring to the Ombudsman for Financial Services or BNMLINK / BNMTELELINK, Bank Negara Malaysia. The contact details of our Complaint Handling Unit: -

Complaint Handling Unit, Menara Great Eastern

303 Jalan Ampang, 50450 Kuala Lumpur.

Telephone No.: 03-4813-3738

E-mail: Feedback@greateasternlife.com

OMBUDSMAN FOR FINANCIAL SERVICES OR BANK NEGARA MALAYSIA

If you are not satisfied with the response or the decision of our Complaint Handling Unit, you may submit your complaint either to the Ombudsman for Financial Services (OFS) (664393P) (Formerly known as Financial Mediation Bureau) within 6 months from the date of our Complaint Handling Unit's final decision, or to BNMLINK/BNMTELELINK, Bank Negara Malaysia (BNM). Kindly check with our Complaint Handling Unit on the proper avenue for dealing with your complaint. The following are the contact details of OFS or BNM: -

OFS: Level 14, Main Block, Menara Takaful Malaysia, No. 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
Telephone No.: 03-2272-2811; Fax No.: 03-2272-1577
Email: enquiry@ofs.org.my
Website: www.ofs.org.my

BNM: Laman Informasi Nasihat dan Khidmat (BNMLINK)
(Walk-in Customer Service Centre)
Ground Floor, D Block, Jalan Dato' Onn, 50480 Kuala Lumpur.
Contact Centre (BNMTELELINK)
Corporate Communication Department, Bank Negara Malaysia
P.O. Box 10922, 50929 Kuala Lumpur.
Telephone No.: 1-300-88-5465; (Overseas: 603-2174-1717); Fax No.: 03-2174-1515
Email: bnmtelelink@bnm.gov.my

FREE LOOK PERIOD

Within 15 days after this policy has been received by you, you may return this policy to the Company. We shall then immediately refund any premium that had been paid for this policy and cancel this policy subject only to the deduction of expenses incurred for the medical examination of the life assured.

Please note that this policy will be deemed to be returned to the Company on the date we have received it or the date that it has been posted to us by registered post or on the date of transmission if it is electronically transmitted.

ENQUIRIES ON YOUR POLICY

To ensure prompt reply, kindly contact any of our offices, as listed in the Company's website or our Customer Service Careline at 1300-1300 88. Please quote your policy number and our reference, if any.

Alternatively, you may register as an e-Connect user via our website at www.greatasteernlife.com to check your policy information from the convenience of your home or office. You may view, download and print your policy statements including annual statement (if applicable) and Life Insurance Premium Certificate from e-Connect.

HEAD OFFICE

Kuala Lumpur: Menara Great Eastern, 303, Jalan Ampang, 50450 Kuala Lumpur.
Tel: 603-4259 8888 Fax: 603-4259 8000 Email: wecare-my@greatasteernlife.com
Website: www.greatasteernlife.com

PAYMENT OF PREMIUMS

For the latest update on our premium payment channels, you may visit our corporate website at www.greatasteernlife.com/my.

PREMIUM PAYABLE

At your request, the premium payment for your policy and any attaching supplementary benefits will be on a YEARLY mode; for easy reference, the total instalment premium of RM2,775.00, arrived at as below is payable YEARLY from the Date of Commencement and will be for the same terms and conditions as stated in The Schedule of this Policy. If you wish to change the mode of premium payment, you may notify the Company in writing prior to the premium due date and you will be advised accordingly.

<u>Type of Plan/Supplementary Benefits</u>	<u>Sum Assured</u> <u>RM</u>	<u>YEARLY</u> <u>Premium</u> <u>RM</u>
45 YEARS GREAT GENERATION CARE	100,000	1,755.00
45 YEARS PARENT PROTECT RIDER	20,000	1,020.00
TOTAL AMOUNT		----- 2,775.00 =====

SAMPLE

POLICY NO : 123456789-0

You, the policyowner named in The Schedule of this policy, have entered into this contract of insurance (“this Policy”) with Great Eastern Life Assurance (Malaysia) Berhad (“the Company”).

This Policy is made up of:

- 1. this Policy document;**
- 2. the proposal and/or application and statements made by You and the Life Assured;**
- 3. any endorsement made at the issue or subsequent to the issue of this Policy document; and**
- 4. any provision applicable to the additional benefits described in the Table of Supplementary Benefits of The Schedule of this Policy, made at the issue or subsequent to the issue of this Policy document, unless stated to be otherwise.**

The Company will, subject to the provisions and receipt of premium(s) under this Policy, pay the sum assured stated in The Schedule to You or entitled person(s) for claims payment if satisfactory proof of happening of the event and the title of the person(s) claiming payment has been received by the Company.

This Policy is signed on the date of issue.

Director

Director

THE SCHEDULE

TYPE OF PLAN: NON-PARTICIPATING POLICY WITH SURRENDER VALUE AFTER THE PAYMENT OF TWO (2) YEARS' PREMIUMS
45 YEARS GREAT GENERATION CARE

BASIC SUM ASSURED	CURRENCY	AGE NEXT BIRTHDAY	DATE OF COMMENCEMENT
RM 100,000	RINGGIT MALAYSIA	35 NOT ADMITTED	16/01/2020

BASIC PREMIUM

RM1,755.00 PAYABLE YEARLY FROM THE DATE OF COMMENCEMENT FOR 45 YEAR(S) INCLUSIVE OF THE LAST PREMIUM DUE ON 16/01/2064 OR UNTIL THE TERMINATION OF THIS POLICY IN ACCORDANCE WITH THE TERMS AND CONDITIONS STATED IN THIS POLICY, IF EARLIER.

DATE OF ISSUE OF POLICY	RISK COMMENCEMENT DATE
16/01/2020	16/01/2020

OFFICE OF CO. FOR PAYMENT OF PREMIUMS AND BENEFITS
MALAYSIA

EVENT WHEN THE BASIC SUM ASSURED WILL BECOME PAYABLE/MATURITY OR EXPIRY DATE
PLEASE REFER TO THE TERMS AND CONDITIONS STATED IN THIS POLICY FOR DETAILS OF WHEN PAYMENT WILL BE MADE UNDER THIS POLICY. THE MATURITY DATE OF THIS POLICY IS 16/01/2065.

POLICY NO: 123456789-0

PROPOSAL NO: KUL/0010/05

POLICYOWNER & LIFE ASSURED:
MR GREAT EASTERN

850606-01-1250

POLICYOWNER'S: 32 JALAN 2/1D
ADDRESS 52100 KUALA LUMPUR

TABLE OF SUPPLEMENTARY BENEFITS

SUPPLEMENTARY BENEFITS	LAST PREMIUM DUE DATE	EXPIRY DATE	AMOUNT OF BENEFITS	PREMIUM	ANNEXURE
PPR	16/01/2064	16/01/2065	RM20,000	RM1,020.00	U175

SPECIAL PROVISIONS / ENDORSEMENTS

615 (FTPD) 616 (FCI) 617 (FCIDEF) 618 (FCP) 623 (FMB)

PRIVILEGES AND CONDITIONS

GLOSSARY (Clause 1)

1. DEFINITIONS

“Basic Sum Assured” means the Basic Sum Assured stated in The Schedule of this Policy or in a subsequent endorsement issued by the Company, as the case may be.

“Commencement Date” refers to the Date of Commencement shown in The Schedule of this Policy.

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

“Policy Anniversary” refers to the anniversary of the Commencement Date.

“Policy Year” refers to a period which starts on the Commencement Date or any Policy Anniversary and ends on the day before the following Policy Anniversary.

“Risk Commencement Date” refers to the Risk Commencement Date shown in The Schedule of this Policy, on which the coverage of the Life Assured under this Policy has become effective.

“You” or **“Your”** means the policyowner named in The Schedule of this Policy.

BASIS OF CONTRACT (Clause 2)

2. CONTRACT OF INSURANCE

2.1 This Policy is issued in consideration of the payment of premiums as specified in The Schedule of this Policy and pursuant to:

2.1.1 The answers given by You and/or the Life Assured in Your application or proposal form or any subsequent questionnaires given by the Company on any matters relating to Your proposal and any disclosures made by You between the time of submission of Your application or proposal and the time this contract of insurance is entered into; and

2.1.2 Medical reports and any other reports and questionnaires;
(collectively referred to as “the Material Information”)

and such Material Information shall form part of this contract of insurance between the Company and You. However, in the event of any pre-contractual misrepresentation made in relation to such Material Information, the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

If You are required by the Company, before this Policy is renewed or varied, to answer any questions or if You are required to confirm or amend any matter previously disclosed by You to the Company in relation to this Policy, it is Your duty to take reasonable care not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.

You must inform the Company of any change to the information given to the Company in Your answers or in respect of any matter previously disclosed to the Company in relation to this Policy if such changes had taken place after You have submitted the application for renewal or variation but before this Policy is renewed or varied.

2.2 The terms and conditions of this Policy 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. The Company may determine the manner in which this Policy is varied by way of special provision/endorsement to this Policy. Any subsequent special provisions/endorsements made by the Company will take effect from the date of the special provisions/endorsements and be deemed part of this Policy.

PREMIUM (Clause 3)

3. PREMIUMS

- 3.1 All premiums due under this Policy are to be paid to the Company on or before each premium due date.
- 3.2 This Policy will continue in force as long as the premiums are paid annually in advance during the premium payment term. The Company will allow the premiums to be paid by half yearly, quarterly or monthly installments.
- 3.3 If the premium payment is not made on yearly mode, the Company shall deduct any future instalment needed to complete one full year premium from the claim proceeds payable, if any.
- 3.4 The premium rates of this Policy are not guaranteed. The Company may vary these rates by giving at least three (3) months advance written notice to You in accordance with Clause 18 below. Any upward revision of the rates shall take effect on the Policy Anniversary immediately following the expiry of the three (3) months advance written notice and it will be based on the age next birthday of the Life Assured on the Commencement Date of this Policy. However, for any downward revision of the rates, the Company reserves the right to implement it immediately without giving any notice to You.

LAPSE AND REINSTATEMENT (Clauses 4 – 5)

4. GRACE PERIOD

- 4.1 You are allowed up to thirty (30) days (“the Grace Period”) from each of the premium due dates to pay Your subsequent premiums under this Policy.
- 4.2 If any claim occurs during the Grace Period before the premium is paid, this Policy shall continue to be valid and effective as though the premium had been paid. However, the Company shall deduct the unpaid premiums needed to complete one full year premium and any amount of indebtedness under this Policy from the claim proceeds payable.
- 4.3 After the expiry of the Grace Period, this Policy will lapse unless this Policy has acquired cash values in which case Clause 7.2 below shall apply.

5. REINSTATEMENT

- 5.1 If this Policy lapses as a result of non-payment of premium or in accordance with this Policy, You may request to reinstate it within six (6) months from the date of lapse, subject to the following conditions:
 - 5.1.1 Your written application for reinstatement is received by the Company; and
 - 5.1.2 The Life Assured is within the allowable age limit as determined by the Company at the time of reinstatement; and
 - 5.1.3 Evidence of assurability satisfactory to the Company is received by the Company and if any medical report and/or test is required by the Company, all costs in relation to these medical reports and/or tests are to be borne by You; and
 - 5.1.4 You must inform the Company of any change in the health of the Life Assured or any circumstances that may affect the health of the Life Assured up to the date of reinstatement; and
 - 5.1.5 You must pay all unpaid premiums and any interest charged by the Company which has accumulated up to the date of reinstatement; and
 - 5.1.6 You have to make full repayment of any outstanding loans with accumulated interest charged by the Company.

The Company will either approve, reject or impose additional conditions in writing that it deems fit on Your application for the reinstatement.

- 5.2 In the event of any misrepresentation made in relation to Your application for reinstatement or You fail to inform the Company of any change in accordance with Clause 5.1.4 above, and this Policy has been in effect for one (1) year or less from the Risk Commencement Date of this Policy,

- 5.2.1 The Company may avoid this Policy in the event of any misrepresentation made by You in relation to Your application for reinstatement:
- 5.2.1.1 is a deliberate or reckless misrepresentation; or
 - 5.2.1.2 is a careless or innocent misrepresentation, and but for the misrepresentation, the Company would not have reinstated this Policy.

In the event that this Policy is invalidated or is avoided pursuant to Clause 5.2.1 above, the Company's liability shall be limited to the refund of premiums paid from the reinstatement date without interest less expenses which may have been incurred for the medical examination of the Life Assured as well as any indebtedness to the Company under this Policy. Where Clause 5.2.1.1 applies, You shall also be liable for any costs and expenses incurred by the Company in the issuance and administration of this Policy, including any commissions paid.

- 5.2.2 In the event of any misrepresentation made by You in relation to Your application of reinstatement is a careless or innocent misrepresentation, and but for the misrepresentation, the Company would have reinstated this Policy but on different terms and conditions, the Company may:
- 5.2.2.1 vary any of the terms and conditions of this Policy and treat this Policy as if it had been reinstated on the varied terms and conditions; and
 - 5.2.2.2 in addition to Clause 5.2.2.1, reduce proportionately the amount to be paid on a claim in accordance with the Company's relevant policy at the material time.

- 5.3 In the event of any misrepresentation made in relation to Your application for reinstatement or You fail to inform the Company of any change in accordance with Clause 5.1.4 above, and this Policy has been in effect for more than one (1) year from the Risk Commencement Date of this Policy, the Company may avoid this Policy in the event of any misrepresentation made by You in relation to Your application for reinstatement is a deliberate misrepresentation and but for the misrepresentation, the Company would not have reinstated this Policy.

In the event that this Policy is invalidated or is avoided pursuant to this Clause 5.3, the Company's liability shall be limited to the refund of premiums paid from the reinstatement date without interest, less expenses which may have been incurred for the medical examination of the Life Assured as well as any indebtedness to the Company under this Policy.

You shall also be liable for any costs and expenses incurred by the Company in the issuance and administration of this Policy, including any commissions paid.

NON-FORFEITURE OPTIONS (Clause 6)

6. NON-FORFEITURE OPTIONS

If this Policy has acquired cash value, You may choose any of the following non-forfeiture options:

6.1 Surrender

If You surrender this Policy, the Company will pay You the cash value after deducting any indebtedness due under this Policy. This Policy is terminated upon surrender and all benefits and rights under it shall cease.

6.2 Non-participating Paid-Up Assurance

- 6.2.1 You may apply to the Company for a paid-up assurance with a reduced sum assured, without the need for You to pay any more premiums.
- 6.2.2 Any indebtedness due under this Policy shall first be deducted from the cash value before the conversion of this Policy into a paid-up assurance.
- 6.2.3 If the cash value after the deduction of any indebtedness due under this Policy is more than the amount required to convert this Policy into the paid-up assurance, the excess amount will be refunded to You after the effective date of such conversion.

6.3 Non-participating Extended Term Assurance

- 6.3.1 You may apply to the Company for an extended term assurance for the full sum assured, without the need for You to pay any more premiums.
- 6.3.2 The extended term assurance will be for such period as the cash value less any indebtedness due under this Policy will purchase at the age of the Life Assured on the effective date of such application.
- 6.3.3 If the cash value after the deduction of any indebtedness due under this Policy is more than the amount required to continue the extended term assurance to the expiry date, the excess amount will be refunded to You after the effective date of such conversion.

The Company may defer the payment of cash value up to a period of six (6) months under circumstances that the Company considers to be exceptional and the deferment in payment is necessary for any purpose.

LOANS (Clause 7)

7. LOANS

The Company will provide the following types of loans:

7.1 Cash Loan

If this Policy is in force and has acquired cash value, the Company may grant a cash loan of an amount determined by the Company on Your application.

7.2 Automatic Premium Loan

If this Policy has acquired cash value and You have failed to pay any premium within the Grace Period, this Policy will not lapse but -

- 7.2.1 The Company will automatically grant an automatic premium loan ("APL") equal to the premiums payable under this Policy including premiums payable for all riders ("unpaid premium") provided at the due date of the unpaid premium, the cash value less any indebtedness due under this Policy ("net cash value") must be more than or equal to the unpaid premium. This Policy will then continue until the next premium due date; or
- 7.2.2 The Company will automatically grant an APL equal to the net cash value if it is less than the unpaid premium. This Policy will continue for a pro-rated period in proportion to the APL granted. This Policy will lapse at the end of the pro-rated period.

The Company shall charge interest on the above loans at interest rates to be determined by the Company from time to time, as published on the Company's official website. Any unpaid interest shall form part of the corresponding loan so long as the net cash value of this Policy allows. This Policy will lapse if the total loans amount owed is more than the net cash value of this Policy.

Any loan or part of the loans may be repaid while this Policy is in force. If there is no indication as to how the repayment amount is to be applied, the Company is authorised to first apply that amount in payment of any APL and then to be followed by the payment of any unpaid premium and lastly, any repayment of the cash loan.

Any outstanding loan under this Policy will constitute a first charge of this Policy in favour of the Company until it is fully repaid.

If there is a claim under this Policy, any indebtedness due under this Policy shall be deducted from the claim proceeds before payment is made.

BENEFITS (Clauses 8 - 9)

8. DEATH BENEFIT

- 8.1 While this Policy is in force and subject to its terms and conditions, if death of the Life Assured occurs, the Company shall pay a lump sum amount equal to the higher of:
- 8.1.1 100% of the Basic Sum Assured; or
 - 8.1.2 total premiums paid (excluding riders) without interest.
- 8.2 Notification of death must be accompanied by satisfactory documentary evidence of death.
- 8.3 The amount of any indebtedness due under this Policy as well as any withdrawal made between the date of death and date of notification of death will be deducted from the claim proceeds payable.
- 8.4 This Policy will terminate upon death and all benefits and rights (except the amount payable under sub-clause 8.1 above and under other provisions for payment of benefits, if any, under this Policy) under it shall cease.

9. SUPPLEMENTARY BENEFITS

The Company shall deduct any future instalments needed to complete one full year premiums of the supplementary benefits stated in the Table of Supplementary Benefits of The Schedule of this Policy or in a subsequent endorsement issued by the Company, as the case may be, from any claims proceeds payable for supplementary benefits, if the premiums of the supplementary benefits are not made on yearly mode.

OTHER PROVISIONS (Clauses 10 – 20)

10. CONFIRMATION OF AGE

- 10.1 You must prove the date of birth of the Life Assured to the Company before the Company is required to pay any benefit under this Policy unless this information has been previously verified and confirmed by the Company to be correct.
- 10.2 If the Life Assured's age is understated, the Company will pay the sum assured that the premium paid would have purchased according to the rate at the true age, and not the sum assured stated in The Schedule of this Policy or in a subsequent endorsement issued by the Company, as the case may be. If the Life Assured's age is overstated, the Company will refund any excess of premium paid without interest.
- 10.3 If the true age the Life Assured is not insurable under this Policy according to the Company's underwriting rules, the Company will refund all premiums paid without interest.

11. SUICIDE

If the Life Assured, whether sane or insane, commits suicide within one (1) year from the Risk Commencement Date or from the date of any reinstatement of this Policy, whichever is the later, the Company's liability shall be limited to the refund of premiums paid without interest, from the Risk Commencement Date or from the date of any reinstatement of this Policy, whichever is the later. This Policy shall then terminate.

12. INDISPUTABILITY

- 12.1 The Company will not dispute the validity of this Policy during the lifetime of the Life Assured after one (1) year from the Risk Commencement Date of this Policy, unless there is fraud.
- 12.2 In the event that this Policy is invalidated or becomes void pursuant to Clause 12.1, the Company's liability shall be limited to the refund of premiums paid without interest less expenses which may have been incurred for the medical examination of the Life Assured as well as any indebtedness to the Company under this Policy.

13. REMEDIES FOR MISREPRESENTATION

- 13.1 This Clause shall only apply if the duration of this Policy is one (1) year or less from the Risk Commencement Date.
- 13.2 The Company may avoid this Policy in the event of any pre-contractual misrepresentation made by You in relation to the Material Information:-
- 13.2.1 is a deliberate or reckless misrepresentation; or
 - 13.2.2 is a careless or innocent misrepresentation, and but for the misrepresentation, the Company would not have issued or renewed this Policy.
- 13.3 In the event that this Policy is invalidated or is avoided pursuant to Clause 13.2, the Company's liability shall be limited to the refund of premiums paid without interest less expenses which may have been incurred for the medical examination of the Life Assured as well as any indebtedness to the Company under this Policy. Where Clause 13.2.1 applies, You shall also be liable for any costs and expenses incurred by the Company in the issuance and administration of this Policy, including any commissions paid.
- 13.4 In the event of any pre-contractual misrepresentation made by You in relation to the Material Information is a careless or innocent misrepresentation, and but for the misrepresentation, the Company would have issued or renewed this Policy but on different terms and conditions, the Company may:-
- 13.4.1 vary any of the terms and conditions of this Policy and treat this Policy as if it had been issued or renewed on the varied terms and conditions; and
 - 13.4.2 in addition to Clause 13.4.1, reduce proportionately the amount to be paid on a claim in accordance with the Company's relevant policy at the material time.

14. NOTICE OF ASSIGNMENTS

A written notice of assignment or charge on this Policy is deemed notified to the Company, if it is delivered to the Company at the Company's offices and acknowledged by the Company in writing. However, the Company shall not be responsible for or deemed to be admitting the validity of any assignment or charge by just acknowledging the notice.

15. CHANGE OF NOMINEES

You may substitute new nominee(s) in place of the nominee(s) named ("Named Nominee") in this Policy by informing the Company in writing. However, if You are the Life Assured, not a Muslim and the Named Nominee is either:

- 15.1 Your spouse or Your child; or
 - 15.2 any one of Your parents where at the time of nomination, You do not have living spouse or child,
- the trustee of this Policy who has legal capacity must consent before You can substitute the new nominee(s) in place of the Named Nominee. The substitution will take effect from the date the Company received the notice in writing from You.

16. 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 by the Company.

17. RESIDENCE, OCCUPATION AND TRAVEL

This Policy is free from restrictions as regards residence, occupation and travel.

18. NOTICES AND CORRESPONDENCE

- 18.1 Any notice, request, instruction or correspondence required or permitted to be given under this Policy whether to the Company or to You shall be in writing. Your mailing address, electronic mail (email) address (if any) and handphone number (if any) are that stated in the proposal for assurance and if there is any change, they will be the last mailing address or electronic mail (email) address or handphone number that You have notified the Company.
- 18.2 Any notice, request, instruction or correspondence given by the Company may be sent by ordinary post or pre-paid registered post or email or short message service (SMS) or delivered personally to You or may be posted electronically on the Company's official website or other website disclosed to You or may be published in a local daily newspaper and shall be conclusively deemed to have been received:
- 18.2.1 in the case of personal delivery, on the day of delivery; or
 - 18.2.2 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 to an address in Malaysia, and fourteen (14) days, if posted to an address outside Malaysia; or
 - 18.2.3 in the case of delivery via email or SMS, on the day of delivery; or
 - 18.2.4 in the case of publishing in a local daily newspaper, on the day of publishing; or
 - 18.2.5 in the case of electronic posting on the Company's official website or other website, the later of the day of electronic posting or the day of delivery of a separate notification to You of such electronic posting via any effective means provided under the above clauses 18.2.1, 18.2.2, 18.2.3 or 18.2.4 respectively, as determined by the Company from time to time.
- 18.3 With the conditions as stated in clauses 18.2.1, 18.2.2, 18.2.3 and 18.2.5 above, in the case that any notice, request, instruction or correspondence is returned to the Company undelivered to You after the Company has made at least three (3) consecutive attempts at delivery, the Company may withhold all subsequent notice, request, instruction or correspondence until the Company has been notified by You of Your new mailing address or email address or handphone number.

19. GOVERNING LAW

- 19.1 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.
- 19.2 The Company shall have the right at any time, by giving advance written notice to You in accordance with the 'Notices and Correspondence' clause of this Privileges and Conditions, to amend the terms and conditions of this Policy in compliance with any legislative changes, statutory modifications or amendments which may be enacted from time to time.

20. SANCTION LIMITATION AND EXCLUSION

The Company shall not be deemed to provide cover and shall not receive any payment(s) under this Policy; or be liable to pay any sums (including payment of claims, refund of premiums, surrender or cancellation payments); or provide any benefit under this Policy; to the extent that the provision of such cover, payment of such sum or provision of such benefit would expose the Company to any sanction, prohibition or restriction under any laws and/or regulations, administered by any governmental, regulatory or competent authority, or any law enforcement in any country.

****END OF PAGE****

Great Eastern

ENDORSEMENT

ENDORSEMENT NO. 615 (FTPD)

1. DEFINITIONS

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

“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.

“Basic Premium” means the amount of premium stated in The Schedule of this Policy or in a subsequent endorsement issued by the Company, as the case may be.

“Claim Event Date” refers to the date of the occurrence of Total and Permanent Disability (TPD).

“Maturity Date” means the maturity date of this Policy as specified in The Schedule, on which the coverage of the Life Assured under this Policy has ceased accordingly.

“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, but excluding a surgeon or physician who is the Life Assured himself.

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

“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 Life Assured 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 Life Assured 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 medical knowledge and technology at the time of the admission of claim. The resultant permanent functional impairment is to be verified by a Medical Practitioner and duly concurred by the Company’s medical officer. For the Life Assured who attains the age of sixty-five (65) years next birthday and above, the condition (a) under the above definition of “Total and Permanent Disability” shall not apply.

2. TOTAL AND PERMANENT DISABILITY BENEFIT

While this Policy is in force and subject to its terms and conditions, if the Life Assured suffers Total and Permanent Disability prior to the Policy Anniversary on which the Life Assured attains the age of seventy (70) years next birthday, the Company will pay the higher of 100% of the Basic Sum Assured or total premiums paid (excluding riders) without interest ("TPD benefit") in accordance with the terms and conditions of Clause 2 below upon admission of the claim.

Provided that:

- 2.1 Total and Permanent Disability of the Life Assured 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 for at least six (6) consecutive months at the time of the first lump sum payment and on each subsequent annual payment.
 - 2.2 The Basic Premium falling due after confirmation of continuing disability for at least six (6) consecutive months, subject to Clause 2.3 below, will be waived if the Life Assured remains in Total and Permanent Disability. The Company will only waive future Basic Premium for the Total and Permanent Disability benefit paid.
 - 2.3 If the Life Assured ceases to suffer Total and Permanent Disability, the Company shall discontinue payments as stated in Clause 2.4 below and this Policy shall continue under such terms and conditions as the Company may decide.
 - 2.4 The payment of the TPD benefit under this Policy shall be made in the following manner:
 - 2.4.1 one lump sum payment not exceeding RM2,000,000 under this Policy and all policies (including endorsement, annexures and supplementary contracts, if any but excluding group policies) issued by the Company by any name or description which provide for Total and Permanent Disability benefit on the same Life Assured; and
 - 2.4.2 the balance of any TPD benefit exceeding RM2,000,000 but not exceeding RM10,000,000 under this Policy and all policies (including endorsement, annexures and supplementary contracts, if any but excluding group policies) issued by the Company by any name or description which provide for Total and Permanent Disability benefit on the same Life Assured, will be made in two equal annual payments, the first of which will be made one year after the date of the lump sum payment stated in sub-clause 2.4.1 above.
- In addition, the aggregate amount of TPD benefit and other sums payable by the Company for Total and Permanent Disability benefit on any one life shall not exceed RM10,000,000 under this Policy and all policies (including endorsements, annexures and supplementary contracts; if any but excluding group policies) by any name or description which provide for Total and Permanent Disability benefit issued by the Company on the same Life Assured.
- For avoidance of doubt, the above limits shall not include an amount payable under accident coverage issued by the Company which provide for Total and Permanent Disability benefit on the same Life Assured.
- 2.5 Upon partial payment of the TPD benefit, the Basic Sum Assured will be reduced by the partial payment of the TPD benefit and premiums shall continue to be payable thereon.
 - 2.6 On the Maturity Date or if death of the Life Assured occurs after the Total and Permanent Disability claim has been admitted but before any of the payments as provided under sub-clause 2.4 above has been fully made, the Company will pay the balance of the payments (if any) still remaining unpaid in one lump sum and all payments made under this Clause 2 shall be deducted from any benefits payable on the Maturity Date or upon death.
 - 2.7 Prior to payment of benefit payable under this Clause 2, the amount of any indebtedness on this Policy as well as any withdrawal made from the date of disability shall first be deducted from the benefits payable.

3. CONDITIONS

In addition to the terms and conditions of this Policy, the Company will pay TPD benefit as provided in Clause 2 above only if all of the following conditions are met:

- 3.1 The due observance and fulfilment of the terms and conditions of this Policy by the Life Assured and You, and in so far as they relate to anything to be done or complied with by the Life Assured and You shall be conditions precedent to any liability of the Company.
- 3.2 You must notify the Company in writing of any claim as soon as it is practicable. In any case, You must produce satisfactory proof of TPD of the Life Assured on forms furnished by the Company within one-hundred eighty (180) days from the date of commencement of TPD of the Life Assured.
- 3.3 The TPD of the Life Assured 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 before each annual payment, and in such form that the Company may require.
- 3.4 If required by the Company, the Life Assured must undergo medical examination(s) by a Medical Practitioner appointed by the Company in connection with the TPD for which the claim is made.
- 3.5 At the time of each annual payment, You must submit this Policy to the Company to have the payment endorsed.
- 3.6 Any rights, options, values and benefits under this Policy, including any benefits payable on survival of the Life Assured, shall be reduced by the amount of Basic Sum Assured paid in relation to TPD.
- 3.7 This Policy shall terminate as soon as the full TPD benefit has been paid.

4. EXCLUSIONS

The Company will not be liable to pay any benefit under this Policy if TPD of the Life Assured:

- 4.1 has existed prior to the Risk Commencement Date or the date of any reinstatement, whichever is later; or
- 4.2 is caused directly or indirectly by self-inflicted injuries, while sane or insane; or
- 4.3 is caused by bodily injury sustained as a result of parachuting or skydiving, 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
- 4.4 is resulted from the Life Assured committing, attempting or provoking an assault or a felony or from any violation of law by Life Assured; or
- 4.5 is resulted from war, whether declared or undeclared.

5. DISCONTINUANCE

This Endorsement shall automatically be cancelled on the earliest of the following dates:

- 5.1 on the Claim Event Date on which a claim under Clause 2 above is admitted; or
- 5.2 on the Policy Anniversary on which the Life Assured attains the age of seventy (70) years next birthday; or
- 5.3 upon a claim being admitted for a Covered Event (except for Angioplasty and other invasive treatments for coronary artery disease) under the Endorsement No. 616 (FCI) attached to this Policy; or
- 5.4 upon death of the Life Assured; or
- 5.5 on the Maturity Date of this Policy; or
- 5.6 when this Policy is converted into a non-participating paid-up assurance or into a non-participating extended term assurance; or
- 5.7 when this Policy is surrendered; or
- 5.8 when this Policy lapses, becomes void or is terminated in any other manner.

****END OF PAGE****

Great Eastern

ENDORSEMENT

ENDORSEMENT NO. 616 (FCI)

1. DEFINITIONS

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

“**Covered Event**” has the same meaning as specified and defined in the Endorsement No. 617 (FCIDEF) attached to this Policy.

“**Critical Illness Annexures or Endorsements**” refers to the category of annexures or endorsements including any future annexure or endorsement by any number or description issued and assigned under this category by the Company which provide living assurance benefits or critical illness benefits for the Covered Event.

“**Diagnosis**” or “**Diagnosed**” has the same meaning as specified and defined in the Endorsement No. 617 (FCIDEF) attached to this Policy.

“**Maturity Date**” means the maturity date of this Policy as specified in The Schedule, on which the coverage of the Life Assured under this Policy has ceased accordingly.

“**Medical Practitioner**” has the same meaning as specified and defined in the Endorsement No. 617 (FCIDEF) attached to this Policy.

“**Policy**” means the basic policy on which this Endorsement is attached.

“**Type I Waiting Period**” which is only applicable to Category I Covered Events means the first sixty (60) days from the Risk Commencement Date or date of reinstatement, whichever is the later.

“**Type II Waiting Period**” which is only applicable to Category II Covered Events means the first thirty (30) days from the Risk Commencement Date or date of reinstatement, whichever is the later.

“**Waiting Period**” for any Covered Event refers to Type I Waiting Period or Type II Waiting Period.

2. COVERED EVENT BENEFIT

2.1 While this Policy is in force and subject to its terms and conditions, the Company shall pay the following benefits:

2.1.1 Covered Event except Angioplasty and other invasive treatments for coronary artery disease

2.1.1.1 If a Covered Event except Angioplasty and other invasive treatments for coronary artery disease occurred to the Life Assured, the Company shall pay a lump sum amount equal to the higher of 100% of Basic Sum Assured or total premiums paid (excluding riders) without interest.

2.1.1.2 Thereafter, this Policy will be terminated and all benefits and rights under it shall cease.

2.1.2 Angioplasty and other invasive treatments for coronary artery disease

2.1.2.1 If Angioplasty and other invasive treatments for coronary artery disease occurred to the Life Assured, the Company shall pay 10% of the Basic Sum Assured, subject to a maximum of RM25,000 under this Policy and all policies attached with Critical Illness Annexures or Endorsements issued by the Company, which provide living assurance benefits or critical illness benefits for Angioplasty and other invasive treatments for coronary artery disease on the same Life Assured.

2.1.2.2 Upon the payment of Angioplasty and other invasive treatments for coronary artery disease:

- (a) the Basic Premium of this Policy as specified in The Schedule of this Policy or in a subsequent endorsement issued by the Company, as the case may be, shall remain unchanged.
- (b) the total benefit on the Life Assured that is payable subsequently under this Policy will be reduced by the amount paid under Clause 2.1.2.1 above.
- (c) any subsequent claim on Angioplasty and other invasive treatments for coronary artery disease for the Life Assured under this Policy will not be payable.

2.1.2.3 If You surrender this Policy, the Company will pay You the cash value after deducting any indebtedness due under this Policy and the cash value will be further reduced proportionately in accordance with the payment under Clause 2.1.2.1. Thereafter, this Policy will be terminated and all benefits and rights under it shall cease.

3. EMOTIONAL SUPPORT BENEFIT

While this Policy is in force and subject to its terms and conditions, upon a claim being paid on Child Protect Benefit under Endorsement No. 618 (FCP) or Parent Protect Rider under the Annexure U175 attached to this Policy (if any), the Company shall pay a lump sum amount equal to 1% of the Basic Sum Assured, subject to a maximum aggregate amount of RM10,000 on the same Life Assured.

4. CONDITIONS

In addition to the terms and conditions of this Policy, the Company will pay Covered Event Benefit as provided in Clause 2 of this Endorsement only if the following conditions are met:

- 4.1 The due observance and fulfilment of the terms and conditions of this Policy by the Life Assured and in so far as they relate to anything to be done or complied with by the Life Assured shall be conditions precedent to any liability of the Company.
- 4.2 Prior to payment of any benefit payable under Clause 2 above, the amount of any indebtedness on this Policy shall first be deducted from the benefits payable.
- 4.3 You must notify the Company in writing of any occurrence of a Covered Event as soon as it is practicable; otherwise, the Company will not be liable for the Covered Event.
- 4.4 The Covered Event occurred to the Life Assured 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 You or the claimant at own expense, and in such form that the Company may require.
- 4.5 If required by the Company, the Life Assured must undergo medical examination(s) by a Medical Practitioner appointed by the Company in connection with the Covered Event occurred to the Life Assured for which a claim is made.
- 4.6 The payment of the aggregate sum assured to be made shall be limited to RM4,000,000 under this Policy and all other policies (including endorsements and annexures, if any) issued by the Company (except group policies issued by the Company and the policies distributed solely by the Company's bank partners for and on behalf of the Company) by any name or description which provide Covered Event Benefit or provisions for illnesses similar to the Covered Event on the same Life Assured.

5. EXCLUSIONS

The Company will not be liable for any Covered Event Benefit, if the conditions or signs and symptoms associated with the Covered Event:

- 5.1 has existed prior to the Risk Commencement Date or the date of any reinstatement, whichever is later; or

- 5.2 has existed or was Diagnosed during the Waiting Period; or
- 5.3 has 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; or
- 5.4 is caused directly or indirectly by self-inflicted injuries, while sane or insane; or
- 5.5 is resulted from the Life Assured committing, attempting or provoking an assault or a felony or from any violation of the law by the Life Assured; or
- 5.6 is caused directly or indirectly by the existence of Acquired Immune Deficiency Syndrome (AIDS) or by the presence of any Human Immuno-deficiency Virus (HIV) infection. The Company reserves the right to require the Life Assured to undergo a blood test for HIV as a condition precedent to acceptance of any claim. The exceptions to this Clause 5.6 are HIV Infection Due To Blood Transfusion, Full-blown AIDS and Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection as defined in this Policy. For the purpose of this Policy, infection shall be deemed to have occurred where blood or other relevant test(s) indicate in the Company's opinion either the presence of any Human Immunodeficiency Virus or Antibodies to such a Virus; or
- 5.7 is resulted directly from alcohol or drug abuse; or
- 5.8 is resulted from war, whether declared or undeclared.

6. DISCONTINUANCE

This Endorsement shall automatically be cancelled on the earliest of the following dates:

- 6.1 upon a claim (except for Angioplasty and other invasive treatments for coronary artery disease) under this Policy is admitted; or
- 6.2 upon a claim being admitted for Total and Permanent Disability under the Endorsement No. 615 (FTPD) attached to this Policy and the full Total and Permanent Disability Benefit has been paid; or
- 6.3 upon the death of the Life Assured; or
- 6.4 on the Maturity Date of this Policy; or
- 6.5 when this Policy is converted into a non-participating paid-up assurance or into a non-participating extended term assurance; or
- 6.6 when this Policy is surrendered; or
- 6.7 when this Policy lapses, becomes void, or is terminated in any other manner.

****END OF PAGE****

Great Eastern

ENDORSEMENT

ENDORSEMENT NO. 617 (FCIDEF)

1. DEFINITIONS

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

“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.

“Assessment Period” means the period during which the Company will assess a condition before deciding whether or not the condition qualifies as being permanent. The assessment period will be for the minimum period time frame stated in the relevant definition and will not be longer than twelve (12) months, provided all required evidence has been submitted.

“Category I Covered Events” means the events named as Heart Attack - *of specified severity*, Coronary Artery By-Pass Surgery, Cancer - *of specified severity and does not cover very early cancers*, Angioplasty and other invasive treatments for coronary artery disease, Serious Coronary Artery Disease specified and defined in Clause 2 below.

“Category II Covered Events” means the events specified and defined in Clause 2 below other than those events classified under Category I Covered Events.

“Child” has the same meaning as specified and defined in the Endorsement No. 618 (FCP) attached to this Policy.

“Covered Event” means any of the events specified and defined in Clause 2 below.

“Diagnosis” or “Diagnosed” means the definitive diagnosis made by a Medical Practitioner or neurologist, based upon such specific evidence, referred to below 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 / her opinion on the medical evidence submitted by the claimant and / or any additional evidence he / she may require.

“Irreversible” means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.

“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, but excluding a surgeon or physician who is the Life Assured himself.

“Permanent” means expected to last throughout the lifetime of the Life Assured.

“Permanent neurological deficit with persisting clinical symptoms” means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

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

2. DEFINITIONS OF COVERED EVENTS

- (1) **“Heart Attack - of specified severity”** : Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- (a) A history of typical chest pain;
- (b) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block and
- (c) Elevation of the cardiac biomarkers , inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher:

- Cardiac Troponin T or Cardiac Troponin I \geq 0.5 ng/ml

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

For the above definition, the following are not covered:

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

- (2) **“Stroke - resulting in Permanent neurological deficit with persisting clinical symptoms”** : Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in Permanent neurological deficit with persisting clinical symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. A minimum Assessment Period of three (3) months applies.

For the above definition, the following are not covered:

- (a) Transient ischemic attacks;
- (b) Cerebral symptoms due to migraine;
- (c) Traumatic injury to brain tissue or blood vessels;
- (d) Vascular disease affecting the eye or optic nerve or vestibular functions.

- (3) **“Coronary Artery By-Pass Surgery”** : Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.

For the above definition, the following are not covered:

- (a) angioplasty;
- (b) other intra-arterial or catheter based techniques;
- (c) keyhole procedures;
- (d) laser procedures.

- (4) “Cancer - of specified severity and does not cover very early cancers” : Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- (a) All cancers which are histologically classified as any of the following:
- pre-malignant;
 - non-invasive;
 - carcinoma in situ;
 - having borderline malignancy;
 - having malignant potential.
- (b) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- (c) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- (d) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- (e) Chronic Lymphocytic Leukemia less than RAI Stage 3
- (f) All cancers in the presence of HIV
- (g) Any skin cancer other than malignant melanoma.
- (5) “Kidney Failure - requiring dialysis or kidney transplant” : End-stage kidney failure presenting as chronic Irreversible failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.

- (6) “Fulminant Viral Hepatitis” : A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all of the following diagnostic criteria:
- (a) A rapidly decreasing liver size as confirmed by abdominal ultrasound;
 - (b) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
 - (c) Rapidly deteriorating liver functions tests; and
 - (d) Deepening jaundice.

Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis B and Hepatitis C) without the above diagnostic criteria is not covered.

- (7) “Major Organ / Bone Marrow Transplant” : The receipt of a transplant of:
- (a) Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or
 - (b) One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from Irreversible end-stage failure of the relevant organ.

Other stem cell transplants are not covered.

- (8) “Paralysis of limbs” : Total, Permanent and Irreversible loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury. A minimum Assessment Period of six (6) months applies.

- (9) “Multiple Sclerosis” : A definite diagnosis of multiple sclerosis by a neurologist. The diagnosis must be supported by all of the following:
- (a) Investigations which confirm the diagnosis to be Multiple Sclerosis;
 - (b) Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least six (6) months; and
 - (c) Well documented history of exacerbations and remissions of said symptoms or neurological deficits.
- (10) “Primary Pulmonary Arterial Hypertension - of specified severity” : A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in Permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.
- Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.
The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:
- Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- (11) “Blindness - Permanent and Irreversible” : Permanent and Irreversible loss of sight as a result of accident or illness to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test and the result must be certified by an ophthalmologist.
- (12) “Heart Valve Surgery” : The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.
- For the above definition, the following are not covered:
- (a) Repair via intra-arterial procedure;
 - (b) Repair via key-hole surgery or any other similar techniques.
- (13) “Deafness - Permanent and Irreversible ” : Permanent and Irreversible loss of hearing as a result of accident or illness to the extent that the loss is greater than eighty (80) decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.
- (14) “Surgery To Aorta” : The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta. For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.
- For the above definition, the following are not covered:
- (a) angioplasty;
 - (b) other intra-arterial or catheter based techniques;
 - (c) other keyhole procedures;
 - (d) laser procedures

- (15) “Loss of Speech” : Total, Permanent and Irreversible loss of the ability to speak as a result of injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.
- All psychiatric related causes are not covered.
- (16) “Alzheimer’s Disease / Severe Dementia” : Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer’s Disease or Severe Dementia as a result of Irreversible organic brain disorders. The Covered Event must result in significant reduction in mental and social functioning requiring continuous supervision of the Life Assured. The diagnosis must be clinically confirmed by a neurologist.
- From the above definition, the following are not covered:
- (a) Non organic brain disorders such as neurosis;
 - (b) Psychiatric illnesses;
 - (c) Drug or alcohol related brain damage.
- (17) “Third Degree Burns – of specified severity” : Third degree (i.e. full thickness) skin burns covering at least twenty percent (20%) of the total body surface area.
- (18) “Coma - resulting in Permanent neurological deficit with persisting clinical symptoms” : A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety six (96) hours, requiring the use of life support systems and resulting in a Permanent neurological deficit with persisting clinical symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a neurologist must be present.
- The following is not covered:
- (a) Coma resulting directly from alcohol or drug abuse.
- (19) “Cardiomyopathy - of specified severity” : A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in Permanent physical impairment of at least Class III of the New York Heart Association’s classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.
- The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:
- Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
 - Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- Cardiomyopathy directly related to alcohol or drug abuse is not covered.
- (20) “Motor Neuron Disease - Permanent neurological deficit with persisting clinical symptoms” : A definite diagnosis of motor neuron disease by a neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be Permanent neurological deficit with persisting clinical symptoms.

- (21) “HIV Infection Due To Blood Transfusion” : Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
- (a) The blood transfusion was medically necessary or given as part of a medical treatment;
 - (b) The blood transfusion was received in Malaysia or Singapore after the commencement of the policy;
 - (c) The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;
 - (d) The Life Assured does not suffer from hemophilia; and
 - (e) The Life Assured is not a member of any high risk groups including but not limited to intravenous drug users.
- (22) “Parkinson’s Disease - *resulting in Permanent inability to perform Activities of Daily Living*” : A definite diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:
- (a) Cannot be controlled with medication;
 - (b) Shows signs of progressive impairment; and
 - (c) Confirmation of the Permanent inability of the Life Assured 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 not covered.
- (23) “End-Stage Liver Failure” : End-stage liver failure as evidenced by all of the following:
- (a) Permanent jaundice;
 - (b) Ascites (excessive fluid in peritoneal cavity); and,
 - (c) Hepatic encephalopathy.
- Liver failure secondary to alcohol or drug abuse is not covered.
- (24) “End-Stage Lung Disease” : End-stage lung disease causing chronic respiratory failure. All of the following criteria must be met:
- (a) The need for regular oxygen treatment on a Permanent basis;
 - (b) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than one (1) liter during the first second;
 - (c) Shortness of breath at rest; and
 - (d) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less.
- (25) “Major Head Trauma - *resulting in Permanent inability to perform Activities of Daily Living*” : Physical head injury resulting in Permanent functional impairment verified by a neurologist. The Permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living.
A minimum Assessment Period of three (3) months applies.
- (26) “Chronic Aplastic Anemia - *resulting in Permanent Bone Marrow Failure*” : Irreversible Permanent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring at least two (2) of the following treatments:
- (a) Regular blood product transfusion;
 - (b) Marrow stimulating agents;
 - (c) Immunosuppressive agents; or
 - (d) Bone marrow transplantation.
- The diagnosis must be confirmed by a bone marrow biopsy.

- (27) “Muscular Dystrophy” : The definite diagnosis of a Muscular Dystrophy by a neurologist which must be supported by all of the following:
- (a) Clinical presentation of progressive muscle weakness;
 - (b) No central/peripheral nerve involvement as evidenced by absence of sensory disturbance;
 - (c) Characteristic electromyogram and muscle biopsy findings.
- No benefit will be payable for the Life Assured’s Child under this Covered Event before the Child has reached the age of twelve (12) years next birthday.
- (28) “Benign Brain Tumor - of specified severity” : A benign tumour in the brain or meninges within the skull, where all of the following conditions are met:
- (a) It is life threatening.
 - (b) It has caused damage to the brain.
 - (c) It has undergone surgical removal or has caused Permanent neurological deficit with persisting clinical symptoms; and
 - (d) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.
- The following are not covered:
- (a) Cysts;
 - (b) Granulomas;
 - (c) Malformations in or of the arteries or veins of the brain;
 - (d) Hematomas;
 - (e) Tumours in the pituitary gland;
 - (f) Tumours in the spine;
 - (g) Tumours of the acoustic nerve.
- (29) “Encephalitis - resulting in Permanent inability to perform Activities of Daily Living” : Severe inflammation of brain substance, resulting in Permanent functional impairment. The Permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The Covered Event must be certified by a neurologist.
- Encephalitis in the presence of HIV infection is not covered.
- (30) “Angioplasty and other invasive treatments for coronary artery disease” : The actual undergoing for the first time of Coronary Artery Balloon Angioplasty, arterectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one or more coronary arteries as shown by angiographic evidence.
- Intra-arterial investigative procedures are not covered. Payment under this clause is limited to ten percent (10%) of the Covered Event coverage under the relevant endorsement or annexure, subject to a maximum of RM25,000. This Covered Event is payable once only and shall be deducted from the amount of the relevant endorsement or annexure, thereby reducing the amount of the lump sum payment which may be payable.
- (31) “Brain Surgery” : The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy (surgical opening of skull) is performed.
- For the above definition, the following are not covered:
- (a) Burr hole procedures;
 - (b) Transphenoidal procedures;
 - (c) Endoscopic assisted procedures or any other minimally invasive procedures;
 - (d) Brain surgery as a result of an accident.

- (32) “Bacterial Meningitis - resulting in Permanent inability to perform Activities of Daily Living” : Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in Permanent functional impairment. The Permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies.
- The diagnosis must be confirmed by:
- (a) an appropriate specialist; and
 - (b) the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture.
- For the above definition, other forms of meningitis, including viral meningitis are not covered.
- (33) “Serious Coronary Artery Disease” : The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of sixty percent (60%) in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered). A narrowing of sixty percent (60%) or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This Covered Event is payable regardless of whether or not any form of coronary artery surgery has been performed.
- (34) “Loss of Independent Existence” : Confirmation by an appropriate specialist of the loss of independent existence and resulting in a Permanent inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of six (6) months applies.
- (35) “Systemic Lupus Erythematosus With Severe Kidney Complications” : A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist.
- For this definition , the Covered Event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered.
- WHO Lupus Classification:
 Type III - Focal Segmental glomerulonephritis
 Type IV - Diffuse glomerulonephritis
 Type V - Membranous glomerulonephritis
- (36) “Full-blown AIDS” : The clinical manifestation of AIDS (Acquired Immuno-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, the Life Assured must have a CD4 cell count of less than two hundred (200)/ μ L and one or more of the following criteria are met:
- (a) Weight loss of more than ten percent (10%) of body weight over a period of six (6) months or less (wasting syndrome);
 - (b) Kaposi Sarcoma;
 - (c) Pneumocystis Carinii Pneumonia;
 - (d) Progressive multifocal leukoencephalopathy;
 - (e) Active Tuberculosis;
 - (f) Less than one-thousand (1000) Lymphocytes/ μ L;
 - (g) Malignant Lymphoma.

- (37) “Medullary Cystic Disease” : A progressive hereditary disease of the kidney characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic kidney failure. Diagnosis must be supported by a renal biopsy.
- (38) “Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection” : Infection with the Human Immunodeficiency Virus (only if the Life Assured is a Medical Staff as defined below), where it was acquired as a result of an accident occurring during the course of carrying out normal occupational duties with seroconversion to HIV infection occurring within six (6) months of the accident. Any accident giving rise to a potential claim must be reported to the Company within thirty (30) days of the accident taking place supported by a negative HIV test taken within seven (7) days of the accident.
- “Medical Staff” is defined as “doctors (General Physicians and Specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentists, dental nurses, ambulance workers who are working in a medical centre or hospital or dental clinic/polyclinic in Malaysia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health of Malaysia”.
- (39) “Terminal Illness” : The conclusive diagnosis of a condition that is expected to result in death of the Life Assured within twelve (12) months. The Life Assured must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from an appropriate specialist and confirmed by the Company’s appointed doctor.
- (40) “Apallic syndrome (i.e. Persistent Vegetative State (PVS))” : Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one (1) month.
- (41) “Poliomyelitis” : The occurrence of Poliomyelitis where the following conditions are met:
 (a) Poliovirus is identified as the cause,
 (b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months.
- (42) “Progressive scleroderma” : A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
- The following are excluded:
 (a) Localised scleroderma (linear scleroderma or morphea);
 (b) Eosinophilic fasciitis; and
 (c) CREST syndrome.
- (43) “Chronic Relapsing Pancreatitis” : More than three (3) attacks of pancreatitis resulting in permanent pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP).

Chronic Relapsing Pancreatitis caused by alcohol or drug use is excluded.

- (44) "Elephantiasis" : Elephantiasis is the result and complication of filariasis, characterized by massive swelling in the tissues of the body as a result of permanent obstructed circulation in lymphatic vessels, resulting in permanent inability of the Life Assured to perform at least three (3) of the listed Activities of Daily Living.

Unequivocal "Diagnosis" of Elephantiasis must be clinically confirmed by a "Specialist" in infectious disease or "Specialist" in the relevant field, including laboratory confirmation of microfilariae.

Lymphoedema caused by infection with a sexually transmitted disease, trauma, postoperative scarring, congestive heart failure, or congenital lymphatic system abnormalities are excluded.

- (45) "Creutzfeldt-Jakob Disease (Mad Cow Disease)" : The occurrence of Creutzfeldt-Jacob Disease or Variant Creutzfeldt-Jacob Disease where there is an associated neurological deficit, which is solely responsible for the life insured's permanent inability to perform at least three (3) of the listed Activities of Daily Living. These conditions have to be medically documented for at least six (6) months and confirmed by a consultant neurologist with appropriate testing such as conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computerized Tomography (CT) scan and Magnetic Resonance Imaging (MRI).

"Sickness" caused by human growth hormone treatment is excluded.

3. TERMINATION

This Endorsement shall automatically be cancelled on the earliest of the following dates:

- 3.1 upon a claim (except for Angioplasty and other invasive treatments for coronary artery disease) under this Policy is admitted; or
- 3.2 upon a claim being admitted for Total and Permanent Disability under the Endorsement No. 615 (FTPD) attached to this Policy and the full Total and Permanent Disability Benefit has been paid; or
- 3.3 upon the death of the Life Assured; or
- 3.4 on the Maturity Date of this Policy; or
- 3.5 when the Policy is converted into a non-participating paid-up assurance or into a non-participating extended term assurance; or
- 3.6 when the Policy is surrendered; or
- 3.7 when the Policy lapses, becomes void or is terminated in any other manner.

****END OF PAGE****

Great Eastern

ENDORSEMENT

ENDORSEMENT NO. 618 (FCP)

1. DEFINITIONS

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

“**Child**” refers to the Life Assured’s biological child or legally adopted child (in accordance with the laws of Malaysia) or legal ward (appointed by will or by an order of a competent court in accordance with the laws of Malaysia), including any future child which falls within this specified definition.

“**Child Illness**” has the same meaning as specified and defined in Clause 2 below.

“**Covered Event**” has the same meaning as specified and defined in the Endorsement No. 617 (FCIDEF) attached to this Policy.

“**Critical Illness Annexures or Endorsements**” refers to the category of annexures or endorsements including any future annexure or endorsement by any number or description issued and assigned under this category by the Company which provide living assurance benefits or critical illness benefits for the Covered Event.

“**Diagnosis**” or “**Diagnosed**” has the same meaning as specified and defined in the Endorsement No. 617 (FCIDEF) attached to this Policy.

“**Maturity Date**” means the maturity date of this Policy as specified in The Schedule, on which the coverage of the Life Assured under this Policy has ceased accordingly.

“**Medical Practitioner**” has the same meaning as specified and defined in the Endorsement No. 617 (FCIDEF) attached to this Policy.

“**Policy**” means the basic policy on which this Endorsement is attached.

“**Policy Issue Date**” refers to the Date of Issue of Policy shown in The Schedule of this Policy.

“**Type I Waiting Period**” which is only applicable to Category I Covered Events means the first sixty (60) days from the Risk Commencement Date or date of reinstatement, whichever is the later.

“**Type II Waiting Period**” which is only applicable to Category II Covered Events means the first thirty (30) days from the Risk Commencement Date or date of reinstatement, whichever is the later.

“**Type III Waiting Period**” which is only applicable to Child Illnesses means the first sixty (60) days from the Risk Commencement Date or date of reinstatement, whichever is the later.

“**Waiting Period**” for any Covered Event or Child Illnesses refers to Type I Waiting Period, Type II Waiting Period or Type III Waiting Period.

2. DEFINITIONS OF CHILD ILLNESSES

(1) “Severe Haemophilia” : The Child must be suffering from severe haemophilia A (VIII deficiency) or haemophilia B (IX deficiency) with factor VIII or factor IX activity levels less than one percent (1%). Diagnosis must be confirmed by a qualified haematologist acceptable to the Company.

(2) “Insulin-Dependent Diabetes Mellitus (*Type 1 Diabetes Mellitus*)” : Insulin-dependent Diabetes Mellitus means diabetes characterised by the continuous dependence on exogenous insulin for the preservation of life as diagnosed by a consultant endocrinologist. Evidence of dependence for a minimum of six (6) months will be required before a claim is considered.

- (3) “Kawasaki Disease with Heart Complications” : Kawasaki Disease with Heart Complications means the diagnosis of Kawasaki disease by a consultant paediatrician or cardiologist. There must be echocardiographic evidence of cardiac involvement manifested by dilation or aneurysm formation in the coronary arteries present for at least six (6) months after the initial acute episode.
- (4) “Rheumatic Fever with Valvular Impairment” : Rheumatic Fever with Valvular Impairment means a confirmed diagnosis by a qualified paediatrician acceptable to the Company of acute rheumatic fever according to the revised Jones criteria for its diagnosis. There must be involvement of one or more heart valves and at least mild valve incompetence or stenosis attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a qualified cardiologist acceptable to the Company.
- (5) “Severe Asthma” : Evidence of an acute attack of Severe Asthma with persistent status asthmaticus that requires hospitalization in an intensive care unit and ventilation with a mechanical ventilator requiring endotracheal intubation for a continuous period of at least four (4) hours on the advice of a specialist in the relevant field.
- (6) “Severe Epilepsy” : Severe Epilepsy means the Child suffers from Epilepsy as diagnosed by a consultant neurologist or paediatrician confirmed by electroencephalography (EEG) and has:
- (a) experienced at least six (6) attacks of unprovoked Tonic-Clonic or Grand Mal seizures due to a disorder of the brain in the last six (6) months; OR
 - (b) undergone neurosurgery for treatment of epileptic seizures. Febrile or Absence (Petit Mal) seizures alone do not satisfy the requirements of this definition.
- Before a claim will be paid, the Child must have been taking prescribed anti-epileptic (anti-convulsant) medication for at least six (6) months on the recommendation of a consultant neurologist or paediatrician.
- (7) “Severe Juvenile Rheumatoid Arthritis” : Severe Juvenile Rheumatoid Arthritis means Child suffers from Rheumatoid Arthritis as diagnosed by a consultant rheumatologist, with widespread joint destruction and major clinical deformity of at least three (3) or more of the following joints area: Hands; Wrists; Elbows; Knees; Hips; Ankle; Cervical spine; OR Metatarsophalangeal joints in the feet. The symptoms of arthritis should have persisted for at least one (1) year.
- (8) Persistent Intellectual Impairment Due to Illnesses or Accident” : An unequivocal Diagnosis by a registered Medical Practitioner who is a paediatric psychiatrist of intellectual impairment directly resulting from a sickness or injury and independently of any other cause(s), where all of the following conditions are met:
- (a) The Child suffers from sub-average general intellectual functioning, mental handicap, or learning disorder, as determined by a Paediatric Neuro-psychological assessment, and the Child’s treating paediatric psychiatrist certifies that such condition is caused by the said sickness or injury;

- (b) An IQ below 50, as established with either of the standardized IQ tests - “Raven's Progressive Matrices” or “Wechsler Intelligence Scale for Children”;
- (c) The Child is age four (4) or above at the time of Diagnosis and the condition has continued without interruption for a period of at least six (6) consecutive months after the Diagnosis; and
- (d) There is documented proof of hospitalization of the Child due to sickness or injury resulting in said intellectual impairment. For the avoidance of doubt, intellectual impairment resulting from congenital illness or any substance abuse is excluded.

(9) “Glomerulonephritis with Nephrotic Syndrome” : Glomerulonephritis with Nephrotic Syndrome means a confirmed diagnosis of glomerulonephritis with nephrotic syndrome by a qualified pediatrician acceptable to the Company and who should confirm that a treatment regimen appropriate to the clinical presentation has been followed throughout the period to which syndrome relates. The syndrome must have continued for a period of at least six (6) months with or without intervening periods of remission.

(10) “Generalized Tetanus” : The diagnosis of generalised tetanus due to tetanus toxin must be confirmed by a Consultant physician or registered Medical Practitioner.

Only cases with all the following criteria will qualify for this benefit. All of the following criteria must be met:

- (a) Constant mechanical ventilation is instituted for at least three (3) days as a medically necessary treatment for Generalised Tetanus due to tetanus toxin; and
- (b) Tetanus immune Globulin is administered.

(11) “Adolescent Morbid Obesity (Requiring Surgery)” : Adolescent Morbid Obesity is defined as a Body Mass Index (BMI) of more than 99th percentile for the age of the Child. This diagnosis must be certified by a consultant physician. Only that has undergone a medically necessary bariatric surgical procedure (either laparoscopic gastric banding or gastroplasty) to treat the morbid obesity will be eligible for this benefit.

3. CHILD PROTECT BENEFIT

3.1 While this Policy is in force and subject to its terms and conditions, the Company shall pay the following benefits:

3.1.1 Covered Event (except Angioplasty and other invasive treatments for coronary artery disease) or Child Illness

3.1.1.1 If a Covered Event (except Angioplasty and other invasive treatments for coronary artery disease) or Child Illness occurred to the Child, the Company shall pay a lump sum amount equal to a percentage of the Basic Sum Assured, subject to a maximum amount per Child per Life Assured (“Eligible Payout”) as shown below:

Policy Year	Eligible Payout (Percentage (%) of the Basic Sum Assured)
1	5%, up to a maximum of RM12,500
2	10%, up to a maximum of RM25,000
3 and Thereafter	20%, up to a maximum of RM50,000

- 3.1.2 Angioplasty and other invasive treatments for coronary artery disease
- 3.1.2.1 If Angioplasty and other invasive treatments for coronary artery disease occurred to the Child, the Company shall pay 10% of the Eligible Payout, subject to a maximum of RM25,000 under this Policy and all policies attached with Critical Illness Annexures or Endorsements issued by the Company, which provide living assurance benefits or critical illness benefits for Angioplasty and other invasive treatments for coronary artery disease on the same Child.
- 3.1.2.2 Upon the payment of Angioplasty and other invasive treatments for coronary artery disease:
- (a) the Basic Premium of this Policy as specified in The Schedule of this Policy or in a subsequent endorsement issued by the Company, as the case may be, shall remain unchanged.
 - (b) the total benefit on the Child that is payable subsequently under this Policy will be reduced by the amount paid under Clause 3.1.2.1 above.
 - (c) any subsequent claim on Angioplasty and other invasive treatments for coronary artery disease for the Child under this Policy will not be payable.

4. CONDITIONS

In addition to the terms and conditions of this Policy, the Company will pay Child Protect Benefit as provided in Clause 3 of this Endorsement only if the following conditions are met:

- 4.1 The due observance and fulfilment of the terms and conditions of this Policy by the Child and in so far as they relate to anything to be done or complied with by the Child shall be conditions precedent to any liability of the Company.
- 4.2 Prior to payment of any benefit payable under this Endorsement, the amount of any indebtedness on this Policy shall first be deducted from the benefits payable.
- 4.3 You must notify the Company in writing of any occurrence of a Covered Event or Child Illness as soon as it is practicable; otherwise, the Company will not be liable for the Covered Event or Child Illness.
- 4.4 You or the claimant must provide the following documents of the Child:
 - 4.4.1 The proof of identification of the Child;
 - 4.4.2 The proof of relationship of the Child with the Life Assured; and
 - 4.4.3 Any other documents that may be requested by the Company, including but not limited to complete declaration and authorisation form for a claim on the Child and confirmatory result from medical investigations at the time of processing any claim or payment of any benefit under this Policy.
- 4.5 The Child's age next birthday must be seventeen (17) or lower at the time of Policy Issue Date.
- 4.6 The Child's age next birthday must be eighteen (18) or lower upon the occurrence of the Covered Event or Child Illness.
- 4.7 The Covered Event or Child Illness occurred to the Child for which the claim is made must be Diagnosed by a registered Medical Practitioner in Malaysia, Singapore, Brunei, Hong Kong, Australia, New Zealand, United Kingdom, United States of America, Canada, Taiwan or China. The Diagnosis of the Covered Event or Child Illness must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company; all such medical evidence must be furnished by You or the claimant at own expense, and in such form that the Company may require.
- 4.8 If required by the Company, the Child must undergo medical examination(s) by a Medical Practitioner appointed by the Company in connection with the Covered Event or Child Illness occurred to the Child for which a claim is made.
- 4.9 There is no limit on the number of claims can be made under Child Protect Benefit. However, the Company shall only pay the Child Protect Benefit once for each Child under this Policy, unless the first claim for the Child is on Angioplasty and other invasive treatments for coronary artery disease.
- 4.10 The payment of the aggregate amount to be made for Child Protect Benefit under this Policy and all other policies shall be limited to RM100,000 on the same Child.

5. EXCLUSIONS

The Company will not be liable for any Child Protect Benefit if:

- 5.1 The conditions or signs and symptoms associated with the Covered Event or Child Illness:
 - 5.1.1 has existed prior to the Risk Commencement Date or the date of any reinstatement, whichever is later; or
 - 5.1.2 has existed or was Diagnosed during the Waiting Period; or
 - 5.1.3 has 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; or
 - 5.1.4 is caused directly or indirectly by self-inflicted injuries, while sane or insane; or
 - 5.1.5 is resulted from the Child committing, attempting or provoking an assault or a felony or from any violation of the law by the Child; or
 - 5.1.6 is caused directly or indirectly by the existence of Acquired Immune Deficiency Syndrome (AIDS) or by the presence of any Human Immuno-deficiency Virus (HIV) infection. The Company reserves the right to require the Child to undergo a blood test for HIV as a condition precedent to acceptance of any claim. The exceptions to this Clause 5.1.6 are HIV Infection Due To Blood Transfusion, Full-blown AIDS and Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection as defined in this Policy. For the purpose of this Policy, infection shall be deemed to have occurred where blood or other relevant test(s) indicate in the Company's opinion either the presence of any Human Immunodeficiency Virus or Antibodies to such a Virus; or
 - 5.1.7 is Diagnosed due to, directly or indirectly, a congenital defect or disease, which was manifested or was Diagnosed before the Child attains the age of one (1) year or less; or
 - 5.1.8 is resulted directly from alcohol or drug abuse; or
 - 5.1.9 is resulted from war, whether declared or undeclared.
- 5.2 The Child:
 - 5.2.1 is above age seventeen (17) next birthday at the time of Policy Issue Date; or
 - 5.2.2 is above age eighteen (18) next birthday upon the occurrence of the Covered Event or Child Illness; or
 - 5.2.3 did not survive for at least fourteen (14) days after the occurrence of a Covered Event or Child Illness.

6. DISCONTINUANCE

This Endorsement shall automatically be cancelled on the earliest of the following dates:

- 6.1 upon a claim being admitted for a Covered Event (except for Angioplasty and other invasive treatments for coronary artery disease) under the Endorsement No. 616 (FCI) attached to this Policy; or
- 6.2 upon a claim being admitted for Total and Permanent Disability under the Endorsement No. 615 (FTPD) attached to this Policy and the full Total and Permanent Disability Benefit has been paid; or
- 6.3 upon the death of the Life Assured; or
- 6.4 on the Maturity Date of this Policy; or
- 6.5 when this Policy is converted into a non-participating paid-up assurance or into a non-participating extended term assurance; or
- 6.6 when this Policy is surrendered; or
- 6.7 when this Policy lapses, becomes void, or is terminated in any other manner.

****END OF PAGE****

Great Eastern

ENDORSEMENT

ENDORSEMENT NO. 623 (FMB)

1. DEFINITIONS

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

“Maturity Date” means the maturity date of this Policy as specified in The Schedule, on which the coverage of the Life Assured under this Policy has ceased accordingly.

“Policy” means the basic policy on which this Endorsement is attached.

2. MATURITY BENEFIT

2.1 While this Policy is in force and subject to its terms and conditions, upon survival of the Life Assured to the Maturity Date, the Company shall pay an amount equal to the higher of:

- (a) 100% of the Basic Sum Assured; or
- (b) total premiums paid (excluding riders) without interest, less any indebtedness on this Policy.

2.2 This Policy is terminated on the Maturity Date.

3. DISCONTINUANCE

This Endorsement shall automatically be cancelled on the earliest of the following dates:

- 3.1 upon a claim being admitted for a Covered Event (except for Angioplasty and other invasive treatments for coronary artery disease) under the Endorsement No. 616 (FCI) attached to this Policy; or
- 3.2 upon a claim being admitted for Total and Permanent Disability under the Endorsement No. 615 (FTPD) attached to this Policy and the full Total and Permanent Disability Benefit has been paid; or
- 3.3 upon the death of the Life Assured; or
- 3.4 on the Maturity Date of this Policy; or
- 3.5 when this Policy is converted into a non-participating extended term assurance; or
- 3.6 when this Policy is surrendered; or
- 3.7 when this Policy lapses, becomes void, or is terminated in any other manner.

**END OF PAGE*

Great Eastern

PARENT PROTECT RIDER (PPR)

ANNEXURE U175

This Parent Protect Rider (“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, whenever mentioned in this Annexure, shall have the following meanings unless otherwise stated. Any words or expressions not specifically defined in this Annexure shall have the same meaning as ascribed to it in this Policy:-

“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.

“Covered Event” has the same meaning as specified and defined in Clause 2 below.

“Critical Illness Annexures or Endorsements” refers to the category of annexures or endorsements including any future annexure or endorsement by any number or description issued and assigned under this category by the Company which provide living assurance benefits or critical illness benefits for the Covered Event.

“Diagnosis” or **“Diagnosed”** means the definitive diagnosis made by a Medical Practitioner or neurologist, based upon such specific evidence, referred to below 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 / her opinion on the medical evidence submitted by the claimant and / or any additional evidence he / she may require.

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

“Irreversible” means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.

“Maturity Date” means the maturity date of this Policy as specified in The Schedule, on which the coverage of the Life Assured under this Policy has ceased accordingly.

“Medical Practitioner” means a surgeon or physician qualified by degree in western medicine, who is legally licensed and duly qualified to practice 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, but excluding a surgeon or physician who is the Parent or Life Assured himself.

“Parent” refers to the Life Assured’s biological parent or legally adoptive parent (in accordance with the laws of Malaysia).

“Permanent” means expected to last throughout the lifetime of the Parent.

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

“Policy Issue Date” refers to the Date of Issue of Policy shown in The Schedule of this Policy.

“Risk Effective Date” refers to the Risk Commencement 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 Parent under this Annexure has become effective.

“Sum Assured” refers to the Basic Sum Assured shown in The Schedule of this Policy or in a subsequent endorsement issued by the Company, as the case may be.

“TPD Endorsements” refers to a category of endorsements which pays benefits upon occurrence of Total and Permanent Disability, which are determined by the Company.

“Waiting Period” refers to the first sixty (60) days from the Risk Effective Date for Cancer – *of specified severity and does not cover very early cancers* and first thirty (30) days from the Risk Effective Date for Alzheimer’s Disease/Severe Dementia and Parkinson’s Disease – *resulting in Permanent inability to perform Activities of Daily Living*.

2. DEFINITIONS OF COVERED EVENTS

- (1) “Alzheimer’s Disease / Severe Dementia” : Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of Irreversible organic brain disorders. The Covered Event must result in significant reduction in mental and social functioning requiring continuous supervision of the Parent. The diagnosis must be clinically confirmed by a neurologist.

From the above definition, the following are not covered:

- (a) Non organic brain disorders such as neurosis;
- (b) Psychiatric illnesses;
- (c) Drug or alcohol related brain damage.

- (2) “Cancer - *of specified severity and does not cover very early cancers*” : Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- (a) All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - carcinoma in situ;
 - having borderline malignancy;
 - having malignant potential.
- (b) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- (c) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- (d) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- (e) Chronic Lymphocytic Leukemia less than RAI Stage 3
- (f) All cancers in the presence of HIV
- (g) Any skin cancer other than malignant melanoma.

- (3) “Parkinson’s Disease - resulting in Permanent inability to perform Activities of Daily Living” : A definite diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:
- (a) Cannot be controlled with medication;
 - (b) Shows signs of progressive impairment; and
 - (c) Confirmation of the Permanent inability of the Parent 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 not covered.

3. PREMIUM

- 3.1 Subject to the terms and conditions of this Annexure, this Annexure is issued in consideration of the payment of the additional premium specified in The Schedule of this Policy or in a subsequent endorsement issued by the Company, as the case may be, on each premium due date. The last premium payable is due immediately before the Expiry Date.
- 3.2 The premium rates of this Annexure are not guaranteed. The Company may vary these rates by giving at least three (3) months advance written notice to You in accordance with ‘Notices and Correspondence’ clause of the Privileges and Conditions of this Policy. Any upward revision of the rates shall take effect on the Policy Anniversary immediately following the expiry of the three (3) months advance written notice and it will be based on the age next birthday of the Life Assured on the Commencement Date of this Policy. However, for any downward revision of the rates, the Company reserves the right to implement it immediately without giving any notice to You.

4. COVERED EVENT BENEFITS

- 4.1 While this Annexure is in force and subject to its terms and conditions, if a Covered Event occurred to the Parent, the Company shall pay a lump sum amount, subject to a maximum amount per Parent per Life Assured as shown below:

Policy Year	Covered Event Benefit
1	Refund of total premiums paid of this Annexure, without interest
2	10% of the Sum Assured, up to a maximum of RM25,000
3 and Thereafter	20% of the Sum Assured, up to a maximum of RM50,000

- 4.2 Upon the first claim of Covered Event Benefit, the premium of this Annexure as specified in The Schedule of this Policy or in a subsequent endorsement issued by the Company, as the case may be, shall remain unchanged.

5. CONDITIONS

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

- 5.1 The due observance and fulfilment of the terms and conditions of this Annexure by the Parent and in so far as they relate to anything to be done or complied with by the Parent shall be conditions precedent to any liability of the Company.
- 5.2 Prior to payment of any benefit payable under this Annexure, the amount of any indebtedness on this Policy shall first be deducted from the benefits payable.
- 5.3 You must notify the Company in writing of any occurrence of a Covered Event as soon as it is practicable; otherwise, the Company will not be liable for the Covered Event.
- 5.4 You or the claimant must provide the following documents of the Parent:
- 5.4.1 The proof of identification of the Parent;
 - 5.4.2 The proof of relationship of the Parent with the Life Assured; and

- 5.4.3 Any other documents that may be requested by the Company, including but not limited to complete declaration and authorisation form for a claim on the Parent and confirmatory result from medical investigations at the time of processing any claim or payment of any benefit under this Annexure.
- 5.5 The Parent's age next birthday must be eighty (80) or lower at the time of Policy Issue Date or Risk Effective Date, whichever is later.
- 5.6 The Parent's age next birthday must be one hundred (100) or lower upon the occurrence of the Covered Event.
- 5.7 The Covered Event occurred to the Parent for which the claim is made must be Diagnosed by a registered Medical Practitioner in Malaysia, Singapore, Brunei, Hong Kong, Australia, New Zealand, United Kingdom, United States of America, Canada, Taiwan or China. The Diagnosis of the Covered Event must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company; all such medical evidence must be furnished by You or the claimant at own expense, and in such form that the Company may require.
- 5.8 If required by the Company, the Parent must undergo medical examination(s) by a Medical Practitioner appointed by the Company in connection with the Covered Event occurred to the Parent for which a claim is made.
- 5.9 The Covered Event Benefit can be claimed up to two (2) times. However, the Company shall only pay the Covered Event Benefit once for each Parent under this Annexure.
- 5.10 The payment of the aggregate amount to be made for Parent Protect Rider attached under this Policy and all other policies shall be limited to RM100,000 on the same Parent.

6. EXCLUSIONS

The Company will not be liable for any Covered Event Benefit if:

- 6.1 The conditions or signs and symptoms associated with the Covered Event:
 - 6.1.1 has existed prior to the Risk Effective Date; or
 - 6.1.2 has existed or was Diagnosed during the Waiting Period; or
 - 6.1.3 has 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; or
 - 6.1.4 is caused directly or indirectly by self-inflicted injuries, while sane or insane; or
 - 6.1.5 is resulted from the Parent committing, attempting or provoking an assault or a felony or from any violation of the law by the Parent; or
 - 6.1.6 is caused directly or indirectly by the existence of Acquired Immune Deficiency Syndrome (AIDS) or by the presence of any Human Immuno-deficiency Virus (HIV) infection. The Company reserves the right to require the Parent to undergo a blood test for HIV as a condition precedent to acceptance of any claim. For the purpose of this Policy, infection shall be deemed to have occurred where blood or other relevant test(s) indicate in the Company's opinion either the presence of any Human Immunodeficiency Virus or Antibodies to such a Virus; or
 - 6.1.7 is resulted directly from alcohol or drug abuse; or
 - 6.1.8 is resulted from war, whether declared or undeclared.
- 6.2 The Parent:
 - 6.2.1 is above age eighty (80) next birthday at the time of Policy Issue Date or Risk Effective Date, whichever is later; or
 - 6.2.2 is above age one hundred (100) next birthday upon the occurrence of the Covered Event; or
 - 6.2.3 did not survive for at least fourteen (14) days after the occurrence of a Covered Event.

7. TERMINATION

This Annexure shall automatically be terminated on the earliest of the following dates:

- 7.1 upon the second claim being admitted for the Covered Event under this Annexure; or
- 7.2 upon payment of the Sum Assured in full as provided under the TPD Endorsements; or
- 7.3 upon a claim being admitted (except for Angioplasty and other invasive treatments for coronary artery disease) under Critical Illness Annexures or Endorsements; or
- 7.4 upon the death of the Life Assured; or
- 7.5 on the Expiry Date; or
- 7.6 on the Maturity Date of this Policy; or
- 7.7 when the Company receives Your request for termination in writing; or
- 7.8 when this Policy is converted into a non-participating paid-up assurance or into a non-participating extended term assurance; or
- 7.9 when this Policy is surrendered; or
- 7.10 when this Policy lapses, becomes void, or is terminated in any other manner.

Any premium received by the Company for this Annexure after its termination will not constitute a continuation of this Annexure. The Company's liability is only limited to the refund of such premium paid without interest.

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