

# 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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