

CRITICAL Safe+

Product Disclosure Sheet



IMPORTANT NOTE

Read this Product Disclosure Sheet before you decide to take up a **Critical Illness – Critical Safe+** Plan. Be sure to also read through the general terms and conditions.

reConsumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if the Insured Person applied for this Insurance wholly for **purposes unrelated to the Insured Person's trade, business or profession**, the Insured Person has a duty to take reasonable care not to make a misrepresentation in answering the questions in the proposal form and where required by the Company, fully and accurately. The Insured Person shall also disclose any other matter that he/she knows to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied. If the Insured Person fails to make such required disclosure, the contract may be avoided, claim denied or reduced, terms changed or varied, or contract terminated. **This duty of disclosure continues until the time the contract was entered into, varied or renewed.**

The Insured Person also has a duty to notify the Company immediately if at any time, after this Policy Contract has been entered into, varied or renewed with the Company, any of the information given for this Policy Contract is inaccurate or has changed.

1) What is this product about?

This product provides choices of Critical Illness coverage with 3 options and 5 plans depending on your needs. Coverage is inclusive of Advanced Stage, Early Stage and Diabetic Care Disease.

This product provides lump sum payment for any of the covered Critical Illness diagnosed at either the Early and/or Advanced Stage as per stated under the Schedule of Benefit.

It also provides lump sum cover for Diabetic Care Disease. Diabetic Care Disease is a standalone benefit limit. Diabetic Care Disease Benefit shall terminate upon payment of the claim; however, this does not accelerate benefits under Advanced Stage Critical Illness Benefit & Early Stage Critical Illness Benefit (if applicable).

2) What are the coverage / benefits provided?

Schedule of Benefit:

BENEFIT Sum Insured Per Life	Plan 1 RM30,000	Plan 2 RM50,000	Plan 3 RM100,000	Plan 4 RM150,000	Plan 5 RM200,000
Option 1					
A. Top 2 Critical Illnesses <ul style="list-style-type: none"> <input type="checkbox"/> Heart Attack - of specified severity <input type="checkbox"/> Cancer - of specified severity and does not cover very early cancers 					
Advanced Stage: 100%					

Option 2					
A. Top 5 Critical Illnesses <ul style="list-style-type: none"> <input type="checkbox"/> Heart Attack - of specified severity <input type="checkbox"/> Stroke - resulting in permanent neurological deficit with persisting clinical symptoms <input type="checkbox"/> Cancer - of specified severity and does not cover very early cancers <input type="checkbox"/> Serious Coronary Artery Disease <input type="checkbox"/> Kidney Failure - requiring dialysis or kidney transplant 	Advanced Stage: 100%				
<u>Optional Cover</u> B. Early Stage of Top 5 Critical Illnesses <ul style="list-style-type: none"> <input type="checkbox"/> Heart Attack <input type="checkbox"/> Stroke <input type="checkbox"/> Cancer <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Kidney Failure 	Early Stage: 50%				
C. Diabetic Care Disease <ul style="list-style-type: none"> <input type="checkbox"/> Surgery for Type 2 Diabetic Retinopathy <input type="checkbox"/> Severe Diabetic Nephropathy <input type="checkbox"/> Limb Amputation due to Type 2 Diabetic Complications 	RM7,500	RM12,500	RM25,000	RM37,500	RM50,000
Option 3					
A. 39 Critical Illnesses *	Advanced Stage: 100%				
<u>Optional Cover</u> B. Early Stage of Top 5 Critical Illnesses <ul style="list-style-type: none"> <input type="checkbox"/> Heart Attack <input type="checkbox"/> Stroke <input type="checkbox"/> Cancer <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Kidney Failure 	Early Stage: 50%				
C. Diabetic Care Disease <ul style="list-style-type: none"> <input type="checkbox"/> Surgery for Type 2 Diabetic Retinopathy <input type="checkbox"/> Severe Diabetic Nephropathy <input type="checkbox"/> Limb Amputation due to Type 2 Diabetic Complications 	RM7,500	RM12,500	RM25,000	RM37,500	RM50,000

Note: up to 100% of Sum Insured is payable upon diagnosis of Advanced Stage, provided no claim for Early Stage has been paid. In the event, a claim for Early Stage is paid, it shall reduce the Sum Insured of the Advanced Stage accordingly.

List of Early Stage of Top 5 Critical Illnesses under Optional Cover:

- ☐ Heart Attack
 - Insertion of Cardiac Defibrillator
 - Insertion of Pacemaker
- ☐ Cancer
 - Carcinoma in situ
 - Early Prostate Cancer
 - Early Thyroid Cancer
 - Early Bladder Cancer
 - Early Chronic Lymphocytic Leukemia
 - Surgical Excision of a Spinal Meningioma
- ☐ Stroke
 - Carotid Artery Surgery
- ☐ Coronary Artery Disease
- ☐ Kidney Failure
 - Chronic Kidney Disease

List of 39 Critical Illnesses

- ☐ Heart Attack – of specified severity
- ☐ Stroke – resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms
- ☐ Cancer – of specified severity and does not cover very early cancers
- ☐ Serious Coronary Artery Disease
- ☐ Kidney Failure – requiring dialysis or kidney transplant
- ☐ Coronary Artery By-Pass Surgery
- ☐ Angioplasty and other invasive treatments for coronary artery disease*
- ☐ End-Stage Liver Failure
- ☐ Fulminant Viral Hepatitis
- ☐ Coma – resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms
- ☐ Benign Brain Tumor - of specified severity
- ☐ Paralysis of Limbs
- ☐ Blindness – Permanent and Irreversible
- ☐ Deafness – Permanent and Irreversible
- ☐ Third Degree Burns – of specified severity
- ☐ HIV Infection Due to Blood Transfusion
- ☐ Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection
- ☐ Full-blown AIDS
- ☐ End-Stage Lung Disease
- ☐ Encephalitis – resulting in permanent inability to perform Activities of Daily Living
- ☐ Major Organ / Bone Marrow Transplant
- ☐ Loss of Speech
- ☐ Brain Surgery
- ☐ Heart Valve Surgery
- ☐ Terminal Illness
- ☐ Loss of Independent Existence
- ☐ Bacterial Meningitis – resulting in permanent inability to perform Activities of Daily Living
- ☐ Major Head Trauma – resulting in permanent inability to perform Activities of Daily Living
- ☐ Chronic Aplastic Anemia - resulting in permanent Bone Marrow Failure
- ☐ Motor Neuron Disease – permanent neurological deficit with persisting clinical symptoms
- ☐ Parkinson's Disease - resulting in permanent inability to perform Activities of Daily Living
- ☐ Alzheimer's Disease / Severe Dementia
- ☐ Muscular Dystrophy
- ☐ Surgery to Aorta
- ☐ Multiple Sclerosis
- ☐ Primary Pulmonary Arterial Hypertension – of specified severity
- ☐ Medullary Cystic Disease
- ☐ Cardiomyopathy – of specified severity

- ☐ Systemic Lupus Erythematosus with Severe Kidney Complications

* For Angioplasty and other invasive treatments for coronary artery disease, 10% of Critical Illness Sum Insured is payable. This event is payable once only.

Note:

- ☐ Only 1 Critical Safe+ policy is allowed for each Insured Person.
- ☐ This Policy will be renewable at Your option at each of the anniversary of the Policy Date.
- ☐ The renewal premium is not guaranteed.
- ☐ Please refer to the details of each benefit in the sample policy contract.

3) Who is eligible for this product?

Insured person must be:

- (a) age between 15 days to 60 years old, renewable up to 70 years old; and
- (b) either Malaysian citizen, Permanent Resident of Malaysia or a legal work permit or employment pass holder who is legally residing in Malaysia.

4) How much premium do I have to pay and how do I make the premium payment?

The premium you have to pay depends on the option, plan type, your attained age next birthday, gender and smoking status.

The premium rate is not guaranteed and may be revised from time to time. Thirty (30) days written notice in advance will be given to You and the premium revision will be applicable from the next Policy Anniversary.

Premium Payment can be made via Debit/Credit Card or Internet Banking where available.

5) What are the fees and charges I have to pay?

The fees and charges that you will have to pay are:

Type	Amount
Tax (if applicable)	8% of premium
Stamp duty	RM 10.00

You are obligated to pay any applicable taxes (which include but not limited to service tax and stamp duty) imposed by the Malaysian tax authorities in relation to your Policy.

6) How do I make a claim?

Upon diagnosis of a covered Critical Illness or Diabetic Care Disease, you are required to:

- ☐ Send to Us a completed claim form, filled in and signed by You and Your Physician as soon as You can, no later than 30 days from the date of diagnosis of a Disability made by Your Physician; and
- ☐ We receive a copy of completed medical report by Your Physician stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion, bill, receipts and other related diagnostic report; and
- ☐ You promptly give Us all information We have requested.

7) What are some of the key terms and conditions that I should be aware of?

Personal Data and Privacy

You should read the Tune Protect Privacy Policy (<https://www.tuneprotect.com/privacy-policy/>) and You shall agree that all personal data provided to the Company by You and/or the Insured and/or acquired by the Company from the public domain, as well as personal data that arises as a result of the provision of cover to You and/or the Insured is subject to said Privacy Policy as may be varied from time to time.

Incontestability

Except for fraud, We will not contest the validity of this Policy after it has been in force during the Insured Person's lifetime for two (2) years continuously from the Issue Date. However, if We can show that there is a suppression of a material fact or a statement by You/the Insured Person on a material matter was inaccurate, false, misleading or it was fraudulently made or omitted, We shall have the right to void this Policy accordingly. Where this Policy has been in force during the lifetime of the Insured Person for two (2) years or less from the Issue Date, We may void this Policy and refuse all claims if a misrepresentation was found to be deliberate or reckless.

Cash Before Cover

Premium is on Cash Before Cover, You must pay the premium before the coverage under this Policy is effective. This insurance shall not be effective unless the premium due has been paid. Premiums must be paid in the same payment frequency and payable to Us on or before the due date.

Grace Period

A fifteen (15) days grace period shall be allowed after each premium payment due date. This Policy shall remain in force during this grace period. If any claim arises during the grace period of fifteen (15) days, the claim which is payable in accordance with the terms, provisions, exclusions and conditions of this Policy is subject to deduction of any outstanding premium for the policy year and only the balance of the claim amount is payable. If the premium is unpaid by the last day of the grace period, the Policy shall no longer be in force.

Cooling-off Period (only applicable for first year Policy)

If this Policy shall have been issued and for any reason whatsoever the Insured Person shall decide not to take up the Policy, the Insured Person may return the Policy to Us for cancellation provided such request for cancellation is delivered by the Insured Person to Us within fifteen (15) days from the date of delivery of the Policy. The Insured Person is entitled to the return of the full premium paid less deduction of medical expenses incurred by Us in the issuance of the Policy.

Waiting Period

- ☐ Eligibility for benefits starts thirty (30) days from the Issue Date for Advanced Stage Critical Illness
- ☐ Eligibility for benefits starts sixty (60) days from the Issue Date for Early Stage Critical Illness and Diabetic Care Disease

This shall not be applicable after first year of cover.

Survival Period

The Insured Person must survive for a period of seven (7) days after the diagnosis of a covered Critical Illness or Diabetic Care Disease before a claim becomes valid.

Note: This list is non-exhaustive. Please refer to the Policy Contract for the full list of provisions, terms and conditions under this Policy.

8) What are the major exclusions under this policy?

The Policy does not cover:

- ☐ any Illness or surgery other than diagnosis of or surgery for a Critical Illness as defined in the Critical Illness Table and/or Diabetic Care Disease as defined if included in the policy
- ☐ any Pre-Existing Illness which has existed prior to the issue date or any date of reinstatement of this policy, whichever is later
- ☐ the signs or symptoms manifested during the:
 - (i) sixty (60) days for Early Stage Critical Illness and Diabetic Care Disease
 - (ii) thirty (30) days for Advanced Stage Critical Illnessfrom the issue date of this policy
- ☐ any Critical Illness or Diabetic Care Disease resulting directly from alcohol or drug abuse
- ☐ the Insured Person did not survive for at least seven (7) days after the diagnosis of a Critical Illness or Diabetic Care Disease
- ☐ the Insured Person refusing to consent to treatment or defying the advice of a special physician
- ☐ hazardous sports or pastimes including taking part in (or practicing for) professional sports, aerial sports, boxing, caving, climbing, horse-racing, jet-skiing, martial arts, mountaineering, off-piste skiing, pot-holing, power-boat racing, underwater diving, yacht racing or any race, trial or timed motor sport
- ☐ a claim arising directly or indirectly from infection from or conditions due to any communicable diseases which require quarantine by law
- ☐ any illness, injury or disability arising from any unlawful or illegal act of the Insured Person
- ☐ Self-inflicted injury or suicide, sexually transmitted diseases or Diseases resulting from Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex or infection by Human Immune Deficiency Virus (HIV). The exception is when there is HIV infection due to Blood Transfusion, Occupational Acquired Human Immunodeficiency Virus (HIV) Infection or Full-Blown AIDS as defined included in this policy
- ☐ Taking part in any flying activity other than as a passenger in a commercially licensed aircraft
- ☐ Any Critical illness or Diabetic Care Disease arising from Congenital Conditions or deformities including hereditary conditions
- ☐ The Insured Person is directly or indirectly involved in any of the occupations/duties listed below:

- Equestrian Jockeys, Racing Drivers, Professional Athletes
- Military, Armed Forces/Armed Personnel, Bodyguards
- Ship Crew, Shipbuilding and Repair Workers, Agricultural, Forestry or Fishery Workers
- Seamen, Divers, Oil and Gas Rig Workers, Power Plants Workers, Firefighters
- Mining Workers who work underground or use explosives/chemicals
- Construction workers for dams, bridges, tunnels or underground work
- Window cleaners and construction workers at heights exceeding 30 ft above ground
- Workers that handle boilers, pressure vessels, explosives or toxic materials
- Circus Performers, Stuntmen/Stuntwomen, Prison Officers, Wild Animal Handlers
- Workers handling explosives and other toxic materials
- Heavy machinery and truck drivers

Note: This list is non-exhaustive. Please refer to the Policy Contract for the full list of exclusions under this Policy.

9) Can I cancel my policy?

You may cancel this Policy at any time by giving Us a written notice. We will refund to You a portion of the premium (if any) as follows, provided no claim has been made under the Policy subject to the following scale:

Period Not Exceeding	Annual Payment Refund of Annual Premium	Monthly Payment Refund of Premium
15 days*	90%	No Refund
1 month	80%	
2 months	70%	
3 months	60%	
4 months	50%	
5 months	40%	
6 months	30%	
7 months	25%	
8 months	20%	
9 months	15%	
10 months	10%	
11 months	5%	
Period exceeding 11 months	No Refund	

*Not applicable to first (1st) Policy year.

10) What do I need to do if there are changes to my contact details?

It is important that you inform us of any changes in your contact detail to ensure all correspondence reach you in a timely manner. You may email the changes to enquiry@tuneprotect.com

11) Where can I get further information?

Should you require additional information about Medical and Health insurance, please refer to the insuranceinfo booklet available at all our branches or visit www.insuranceinfo.com.my.

If you have any enquiries, please contact us at:

Tune Protect Malaysia

(Tune Insurance Malaysia Berhad)

Company No: 197601004719 (30686-K)

Level 9, Wisma Capital A,

No. 19 Lorong Dungun, Damansara Heights,

50490, Kuala Lumpur,

Malaysia.

Tel No: 1800 88 5753

Fax: 03-20941366

E-mail: hello.my@tuneprotect.com

Website: www.tuneprotect.com

12) Other types of similar insurance cover available

You may contact us directly for other similar types of cover currently available.

IMPORTANT NOTE:



You should satisfy yourself that this policy will best serve your needs. You should read and understand the insurance policy and contact the insurance company directly for more information.

The information provided in this disclosure sheet is a summary for quick and easy reference. The exact terms and conditions that apply are stated in the policy contract.

*Tune Insurance Malaysia Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.
The information provided in this Product Disclosure Sheet is valid as at 1st March 2024.*

The benefit(s) payable under eligible policy is(are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Tune Insurance Malaysia Berhad or PIDM (visit www.pidm.gov.my).

Appendix – Premium Table for Critical Safe+

Top 2 Critical Illnesses

Male Non-Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	26	32	43	64	85	3.89	4.40	5.34	7.13	8.93
6-11	30	38	50	75	99	4.23	4.91	5.94	8.07	10.12
12-20	34	43	57	85	113	4.57	5.34	6.54	8.93	11.32
21-25	43	53	71	106	142	5.34	6.19	7.73	10.72	13.80
26-30	52	65	87	130	173	6.11	7.22	9.10	12.77	16.44
31-35	80	100	133	199	266	8.50	10.21	13.03	18.67	24.39
36-40	136	170	226	339	452	13.28	16.19	20.97	30.62	40.28
41-45	229	286	382	572	763	21.23	26.10	34.30	50.53	66.84
46-50	382	477	636	953	1,271	34.30	42.41	55.99	83.07	110.23
51-55	593	741	988	1,482	1,976	52.32	64.96	86.06	128.25	170.45
56-60	1,017	1,271	1,694	2,541	3,387	88.54	110.23	146.36	218.71	290.97
61-65 *	1,440	1,800	2,400	3,599	4,799	124.67	155.42	206.67	309.08	411.58
66-70 *	1,863	2,329	3,105	4,657	6,210	160.80	200.60	266.89	399.45	532.10

Male Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	26	32	43	64	85	3.89	4.40	5.34	7.13	8.93
6-11	30	38	50	75	99	4.23	4.91	5.94	8.07	10.12
12-20	34	43	57	85	113	4.57	5.34	6.54	8.93	11.32
21-25	64	80	106	159	212	7.13	8.50	10.72	15.25	19.78
26-30	83	104	138	207	276	8.76	10.55	13.45	19.35	25.24
31-35	128	159	212	318	424	12.60	15.25	19.78	28.83	37.88
36-40	204	255	339	509	678	19.09	23.45	30.62	45.14	59.58
41-45	343	429	572	858	1,144	30.97	38.31	50.53	74.95	99.38
46-50	572	715	953	1,429	1,906	50.53	62.74	83.07	123.73	164.47
51-55	890	1,112	1,482	2,223	2,964	77.69	96.65	128.25	191.55	254.84
56-60	1,525	1,906	2,541	3,811	5,081	131.93	164.47	218.71	327.19	435.67
61-65 *	2,160	2,699	3,599	5,398	7,198	186.17	232.21	309.08	462.75	616.50
66-70 *	2,795	3,493	4,657	6,986	9,314	240.41	300.03	399.45	598.39	797.24

Female Non-Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	28	35	47	70	94	4.06	4.66	5.68	7.65	9.70
6-11	33	41	55	82	109	4.49	5.17	6.37	8.67	10.98
12-20	38	47	63	94	125	4.91	5.68	7.05	9.70	12.34
21-25	60	75	99	149	198	6.79	8.07	10.12	14.39	18.58
26-30	78	97	129	193	257	8.33	9.95	12.69	18.15	23.62
31-35	106	133	177	265	353	10.72	13.03	16.79	24.30	31.82
36-40	150	187	249	373	497	14.48	17.64	22.94	33.53	44.12
41-45	252	315	420	629	839	23.19	28.57	37.54	55.39	73.33
46-50	458	572	763	1,144	1,525	40.79	50.53	66.84	99.38	131.93
51-55	475	593	791	1,186	1,581	42.24	52.32	69.23	102.97	136.71
56-60	813	1,017	1,355	2,033	2,710	71.11	88.54	117.41	175.32	233.15
61-65 *	936	1,170	1,560	2,340	3,119	81.62	101.60	134.92	201.54	268.08
66-70 *	1,211	1,514	2,019	3,028	4,037	105.11	130.99	174.12	260.31	346.49

Female Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	28	35	47	70	94	4.06	4.66	5.68	7.65	9.70
6-11	33	41	55	82	109	4.49	5.17	6.37	8.67	10.98
12-20	38	47	63	94	125	4.91	5.68	7.05	9.70	12.34
21-25	81	101	135	202	269	8.59	10.29	13.20	18.92	24.64
26-30	111	138	184	276	367	11.15	13.45	17.38	25.24	33.02
31-35	170	212	283	424	565	16.19	19.78	25.84	37.88	49.93
36-40	271	339	452	678	904	24.82	30.62	40.28	59.58	78.88
41-45	458	572	763	1,144	1,525	40.79	50.53	66.84	99.38	131.93
46-50	724	905	1,207	1,810	2,414	63.51	78.97	104.77	156.27	207.86
51-55	771	964	1,285	1,927	2,569	67.52	84.01	111.43	166.27	221.10
56-60	1,118	1,398	1,863	2,795	3,726	97.16	121.08	160.80	240.41	319.93
61-65 *	1,296	1,620	2,160	3,239	4,319	112.37	140.04	186.17	278.33	370.58
66-70 *	1,677	2,096	2,795	4,192	5,589	144.91	180.70	240.41	359.73	479.06

Top 5 Critical Illnesses

Male Non-Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	29	36	48	71	95	4.14	4.74	5.77	7.73	9.78
6-11	33	42	55	83	110	4.49	5.25	6.37	8.76	11.06
12-20	38	48	63	95	126	4.91	5.77	7.05	9.78	12.43
21-25	48	59	79	118	157	5.77	6.71	8.42	11.75	15.08
26-30	58	72	96	144	192	6.62	7.82	9.87	13.97	18.07
31-35	89	111	148	222	295	9.27	11.15	14.31	20.63	26.87
36-40	151	189	251	377	502	14.57	17.81	23.11	33.87	44.55
41-45	255	318	424	636	847	23.45	28.83	37.88	55.99	74.02
46-50	424	530	706	1,059	1,412	37.88	46.94	61.97	92.12	122.28
51-55	659	824	1,098	1,647	2,196	57.96	72.05	95.45	142.35	189.24
56-60	1,129	1,412	1,882	2,823	3,764	98.10	122.28	162.42	242.80	323.18
61-65 *	1,600	2,000	2,666	3,999	5,332	138.33	172.50	229.39	343.25	457.11
66-70 *	2,070	2,588	3,450	5,175	6,900	178.48	222.73	296.35	443.70	591.04

Male Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	29	36	48	71	95	4.14	4.74	5.77	7.73	9.78
6-11	33	42	55	83	110	4.49	5.25	6.37	8.76	11.06
12-20	38	48	63	95	126	4.91	5.77	7.05	9.78	12.43
21-25	71	89	118	177	236	7.73	9.27	11.75	16.79	21.83
26-30	92	115	153	230	306	9.53	11.49	14.74	21.31	27.80
31-35	142	177	236	353	471	13.80	16.79	21.83	31.82	41.90
36-40	226	283	377	565	753	20.97	25.84	33.87	49.93	65.99
41-45	382	477	636	953	1,271	34.30	42.41	55.99	83.07	110.23
46-50	636	794	1,059	1,588	2,117	55.99	69.49	92.12	137.31	182.49
51-55	988	1,235	1,647	2,470	3,293	86.06	107.16	142.35	212.65	282.94
56-60	1,694	2,117	2,823	4,234	5,645	146.36	182.49	242.80	363.32	483.84
61-65 *	2,400	2,999	3,999	5,998	7,997	206.67	257.83	343.25	514.00	684.74
66-70 *	3,105	3,881	5,175	7,762	10,349	266.89	333.17	443.70	664.67	885.64

Female Non-Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	32	39	52	78	104	4.40	5.00	6.11	8.33	10.55
6-11	37	46	61	91	121	4.83	5.60	6.88	9.44	12.00
12-20	42	52	69	104	138	5.25	6.11	7.56	10.55	13.45
21-25	66	83	110	165	220	7.30	8.76	11.06	15.76	20.46
26-30	86	108	143	215	286	9.01	10.89	13.88	20.03	26.10
31-35	118	147	196	294	392	11.75	14.22	18.41	26.78	35.15
36-40	166	207	276	414	552	15.85	19.35	25.24	37.03	48.82
41-45	280	350	466	699	932	25.58	31.56	41.47	61.37	81.28
46-50	509	636	847	1,271	1,694	45.14	55.99	74.02	110.23	146.36
51-55	527	659	879	1,318	1,757	46.68	57.96	76.75	114.25	151.74
56-60	904	1,129	1,506	2,258	3,011	78.88	98.10	130.30	194.54	258.86
61-65 *	1,040	1,300	1,733	2,599	3,466	90.50	112.71	149.69	223.67	297.72
66-70 *	1,346	1,682	2,243	3,364	4,485	116.64	145.34	193.26	289.01	384.76

Female Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	32	39	52	78	104	4.40	5.00	6.11	8.33	10.55
6-11	37	46	61	91	121	4.83	5.60	6.88	9.44	12.00
12-20	42	52	69	104	138	5.25	6.11	7.56	10.55	13.45
21-25	90	112	149	224	298	9.35	11.23	14.39	20.80	27.12
26-30	123	153	204	306	408	12.17	14.74	19.09	27.80	36.52
31-35	189	236	314	471	628	17.81	21.83	28.49	41.90	55.31
36-40	302	377	502	753	1,004	27.46	33.87	44.55	65.99	87.43
41-45	509	636	847	1,271	1,694	45.14	55.99	74.02	110.23	146.36
46-50	805	1,006	1,341	2,011	2,682	70.43	87.60	116.21	173.44	230.75
51-55	857	1,071	1,427	2,141	2,854	74.87	93.15	123.56	184.54	245.45
56-60	1,242	1,553	2,070	3,105	4,140	107.75	134.32	178.48	266.89	355.29
61-65 *	1,440	1,800	2,400	3,599	4,799	124.67	155.42	206.67	309.08	411.58
66-70 *	1,863	2,329	3,105	4,657	6,210	160.80	200.60	266.89	399.45	532.10

39 Critical Illnesses

Male Non-Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	35	43	57	85	113	4.66	5.34	6.54	8.93	11.32
6-11	40	50	66	99	131	5.08	5.94	7.30	10.12	12.86
12-20	46	57	75	113	150	5.60	6.54	8.07	11.32	14.48
21-25	57	71	94	141	187	6.54	7.73	9.70	13.71	17.64
26-30	69	86	114	171	228	7.56	9.01	11.40	16.27	21.14
31-35	106	132	176	264	351	10.72	12.94	16.70	24.22	31.65
36-40	189	236	313	470	626	17.81	21.83	28.40	41.81	55.14
41-45	317	396	527	791	1,053	28.74	35.49	46.68	69.23	91.61
46-50	530	663	883	1,324	1,765	46.94	58.30	77.09	114.76	152.43
51-55	871	1,089	1,451	2,177	2,902	76.07	94.69	125.61	187.62	249.55
56-60	1,447	1,809	2,412	3,617	4,823	125.27	156.19	207.69	310.62	413.63
61-65 *	2,041	2,552	3,401	5,102	6,802	176.00	219.65	292.17	437.46	582.67
66-70 *	2,776	3,470	4,626	6,939	9,252	238.78	298.06	396.80	594.37	791.94

Male Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	35	43	57	85	113	4.66	5.34	6.54	8.93	11.32
6-11	40	50	66	99	131	5.08	5.94	7.30	10.12	12.86
12-20	46	57	75	113	150	5.60	6.54	8.07	11.32	14.48
21-25	85	106	141	211	281	8.93	10.72	13.71	19.69	25.67
26-30	110	137	182	273	364	11.06	13.37	17.21	24.99	32.76
31-35	169	211	281	420	560	16.10	19.69	25.67	37.54	49.50
36-40	282	353	470	704	939	25.75	31.82	41.81	61.80	81.87
41-45	475	593	791	1,185	1,580	42.24	52.32	69.23	102.89	136.63
46-50	795	993	1,324	1,985	2,647	69.57	86.49	114.76	171.22	227.77
51-55	1,306	1,632	2,177	3,264	4,352	113.22	141.07	187.62	280.47	373.40
56-60	2,171	2,713	3,617	5,425	7,233	187.11	233.40	310.62	465.05	619.49
61-65 *	3,062	3,826	5,102	7,652	10,202	263.21	328.47	437.46	655.28	873.09
66-70 *	4,164	5,204	6,939	10,408	13,877	357.34	446.18	594.37	890.68	1,186.99

Female Non-Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	38	47	62	93	124	4.91	5.68	6.96	9.61	12.26
6-11	44	55	73	108	144	5.43	6.37	7.90	10.89	13.97
12-20	50	62	82	124	164	5.94	6.96	8.67	12.26	15.68
21-25	79	99	131	196	262	8.42	10.12	12.86	18.41	24.05
26-30	103	129	170	256	340	10.47	12.69	16.19	23.53	30.71
31-35	141	175	233	350	466	13.71	16.62	21.57	31.56	41.47
36-40	207	258	344	516	688	19.35	23.70	31.05	45.74	60.43
41-45	348	435	580	869	1,159	31.39	38.82	51.21	75.89	100.67
46-50	637	795	1,059	1,589	2,118	56.08	69.57	92.12	137.39	182.58
51-55	697	871	1,162	1,742	2,322	61.20	76.07	100.92	150.46	200.00
56-60	1,159	1,447	1,930	2,894	3,858	100.67	125.27	166.52	248.86	331.20
61-65 *	1,327	1,659	2,211	3,316	4,422	115.02	143.37	190.52	284.91	379.38
66-70 *	1,805	2,256	3,008	4,511	6,014	155.84	194.37	258.60	386.98	515.36

Female Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	38	47	62	93	124	4.91	5.68	6.96	9.61	12.26
6-11	44	55	73	108	144	5.43	6.37	7.90	10.89	13.97
12-20	50	62	82	124	164	5.94	6.96	8.67	12.26	15.68
21-25	107	133	177	266	354	10.81	13.03	16.79	24.39	31.90
26-30	146	182	243	364	485	14.14	17.21	22.42	32.76	43.09
31-35	225	281	373	560	746	20.89	25.67	33.53	49.50	65.39
36-40	377	470	626	939	1,251	33.87	41.81	55.14	81.87	108.52
41-45	633	791	1,053	1,580	2,106	55.74	69.23	91.61	136.63	181.55
46-50	1,007	1,258	1,677	2,514	3,353	87.68	109.12	144.91	216.40	288.07
51-55	1,133	1,415	1,886	2,829	3,772	98.44	122.53	162.76	243.31	323.86
56-60	1,592	1,990	2,653	3,979	5,305	137.65	171.65	228.28	341.54	454.80
61-65 *	1,837	2,297	3,062	4,592	6,122	158.58	197.87	263.21	393.90	524.59
66-70 *	2,499	3,123	4,164	6,245	8,327	215.12	268.42	357.34	535.09	712.93

Optional Cover

Early Stage of Top 5 Critical Illnesses

Male Non-Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	7	8	11	16	22	0.60	0.68	0.94	1.37	1.88
6-11	13	16	22	32	43	1.11	1.37	1.88	2.73	3.67
12-20	16	20	27	40	53	1.37	1.71	2.31	3.42	4.53
21-25	20	24	32	48	64	1.71	2.05	2.73	4.10	5.47
26-30	30	38	50	75	100	2.56	3.25	4.27	6.41	8.54
31-35	60	75	100	150	199	5.13	6.41	8.54	12.81	17.00
36-40	77	96	128	191	255	6.58	8.20	10.93	16.32	21.78
41-45	96	120	159	239	318	8.20	10.25	13.58	20.42	27.16
46-50	128	159	212	318	424	10.93	13.58	18.11	27.16	36.22
51-55	191	239	318	477	636	16.32	20.42	27.16	40.74	54.33
56-60	255	318	424	636	847	21.78	27.16	36.22	54.33	72.35
61-65 *	318	397	530	794	1,059	27.16	33.91	45.27	67.82	90.46
66-70 *	382	477	636	953	1,271	32.63	40.74	54.33	81.40	108.57

Male Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	7	8	11	16	22	0.60	0.68	0.94	1.37	1.88
6-11	13	16	22	32	43	1.11	1.37	1.88	2.73	3.67
12-20	16	20	27	40	53	1.37	1.71	2.31	3.42	4.53
21-25	29	36	48	72	96	2.48	3.08	4.10	6.15	8.20
26-30	48	60	80	120	159	4.10	5.13	6.83	10.25	13.58
31-35	96	120	159	239	318	8.20	10.25	13.58	20.42	27.16
36-40	115	143	191	286	382	9.82	12.22	16.32	24.43	32.63
41-45	143	179	239	358	477	12.22	15.29	20.42	30.58	40.74
46-50	191	239	318	477	636	16.32	20.42	27.16	40.74	54.33
51-55	286	358	477	715	953	24.43	30.58	40.74	61.07	81.40
56-60	382	477	636	953	1,271	32.63	40.74	54.33	81.40	108.57
61-65 *	477	596	794	1,191	1,588	40.74	50.91	67.82	101.73	135.64
66-70 *	572	715	953	1,429	1,906	48.86	61.07	81.40	122.06	162.80

Female Non-Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	7	9	12	18	24	0.60	0.77	1.03	1.54	2.05
6-11	14	18	24	35	47	1.20	1.54	2.05	2.99	4.02
12-20	18	22	30	44	59	1.54	1.88	2.56	3.76	5.04
21-25	27	34	45	67	89	2.31	2.90	3.84	5.72	7.60
26-30	45	56	75	112	149	3.84	4.78	6.41	9.57	12.73
31-35	80	100	133	199	265	6.83	8.54	11.36	17.00	22.64
36-40	84	105	140	210	280	7.18	8.97	11.96	17.94	23.92
41-45	105	131	175	262	350	8.97	11.19	14.95	22.38	29.90
46-50	153	191	255	382	509	13.07	16.32	21.78	32.63	43.48
51-55	153	191	255	382	509	13.07	16.32	21.78	32.63	43.48
56-60	204	255	339	509	678	17.43	21.78	28.96	43.48	57.91
61-65 *	207	259	345	517	689	17.68	22.12	29.47	44.16	58.85
66-70 *	248	310	413	620	826	21.18	26.48	35.28	52.96	70.55

Female Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	7	9	12	18	24	0.60	0.77	1.03	1.54	2.05
6-11	14	18	24	35	47	1.20	1.54	2.05	2.99	4.02
12-20	18	22	30	44	59	1.54	1.88	2.56	3.76	5.04
21-25	37	46	61	91	121	3.16	3.93	5.21	7.77	10.34
26-30	64	80	106	159	212	5.47	6.83	9.05	13.58	18.11
31-35	128	159	212	318	424	10.93	13.58	18.11	27.16	36.22
36-40	153	191	255	382	509	13.07	16.32	21.78	32.63	43.48
41-45	191	239	318	477	636	16.32	20.42	27.16	40.74	54.33
46-50	242	302	403	604	805	20.67	25.80	34.42	51.59	68.76
51-55	248	310	413	620	826	21.18	26.48	35.28	52.96	70.55
56-60	280	350	466	699	932	23.92	29.90	39.80	59.71	79.61
61-65 *	286	358	477	715	953	24.43	30.58	40.74	61.07	81.40
66-70 *	343	429	572	858	1,144	29.30	36.64	48.86	73.29	97.72

Diabetic Care Disease

Male Non-Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	1	1	1	2	2	0.09	0.09	0.09	0.17	0.17
6-11	2	3	3	5	6	0.17	0.26	0.26	0.43	0.51
12-20	7	8	11	16	21	0.60	0.68	0.94	1.37	1.79
21-25	13	16	21	31	42	1.11	1.37	1.79	2.65	3.59
26-30	21	26	35	52	69	1.79	2.22	2.99	4.44	5.89
31-35	42	52	69	104	138	3.59	4.44	5.89	8.88	11.79
36-40	83	104	138	207	276	7.09	8.88	11.79	17.68	23.58
41-45	124	155	207	310	414	10.59	13.24	17.68	26.48	35.36
46-50	207	259	345	517	689	17.68	22.12	29.47	44.16	58.85
51-55	310	388	517	775	1,033	26.48	33.14	44.16	66.20	88.24
56-60	331	414	551	827	1,102	28.27	35.36	47.07	70.64	94.13
61-65 *	352	439	586	878	1,171	30.07	37.50	50.05	75.00	100.02
66-70 *	414	517	689	1,033	1,377	35.36	44.16	58.85	88.24	117.62

Male Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	1	1	1	2	2	0.09	0.09	0.09	0.17	0.17
6-11	2	3	3	5	6	0.17	0.26	0.26	0.43	0.51
12-20	7	8	11	16	21	0.60	0.68	0.94	1.37	1.79
21-25	19	24	31	47	62	1.62	2.05	2.65	4.02	5.30
26-30	31	39	52	78	104	2.65	3.33	4.44	6.66	8.88
31-35	62	78	104	155	207	5.30	6.66	8.88	13.24	17.68
36-40	124	155	207	310	414	10.59	13.24	17.68	26.48	35.36
41-45	186	233	310	465	620	15.89	19.90	26.48	39.72	52.96
46-50	310	388	517	775	1,033	26.48	33.14	44.16	66.20	88.24
51-55	465	581	775	1,162	1,549	39.72	49.63	66.20	99.25	132.31
56-60	496	620	827	1,240	1,653	42.37	52.96	70.64	105.92	141.19
61-65 *	527	659	878	1,317	1,756	45.02	56.29	75.00	112.49	149.99
66-70 *	620	775	1,033	1,549	2,066	52.96	66.20	88.24	132.31	176.47

Female Non-Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	1	1	1	2	2	0.09	0.09	0.09	0.17	0.17
6-11	2	3	3	5	6	0.17	0.26	0.26	0.43	0.51
12-20	7	8	11	16	21	0.60	0.68	0.94	1.37	1.79
21-25	13	16	21	31	42	1.11	1.37	1.79	2.65	3.59
26-30	21	26	35	52	69	1.79	2.22	2.99	4.44	5.89
31-35	42	52	69	104	138	3.59	4.44	5.89	8.88	11.79
36-40	83	104	138	207	276	7.09	8.88	11.79	17.68	23.58
41-45	124	155	207	310	414	10.59	13.24	17.68	26.48	35.36
46-50	207	259	345	517	689	17.68	22.12	29.47	44.16	58.85
51-55	310	388	517	775	1,033	26.48	33.14	44.16	66.20	88.24
56-60	331	414	551	827	1,102	28.27	35.36	47.07	70.64	94.13
61-65 *	352	439	586	878	1,171	30.07	37.50	50.05	75.00	100.02
66-70 *	414	517	689	1,033	1,377	35.36	44.16	58.85	88.24	117.62

Female Smoker										
Age	Annual (RM)					Monthly (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0-5	1	1	1	2	2	0.09	0.09	0.09	0.17	0.17
6-11	2	3	3	5	6	0.17	0.26	0.26	0.43	0.51
12-20	7	8	11	16	21	0.60	0.68	0.94	1.37	1.79
21-25	19	24	31	47	62	1.62	2.05	2.65	4.02	5.30
26-30	31	39	52	78	104	2.65	3.33	4.44	6.66	8.88
31-35	62	78	104	155	207	5.30	6.66	8.88	13.24	17.68
36-40	124	155	207	310	414	10.59	13.24	17.68	26.48	35.36
41-45	186	233	310	465	620	15.89	19.90	26.48	39.72	52.96
46-50	310	388	517	775	1,033	26.48	33.14	44.16	66.20	88.24
51-55	465	581	775	1,162	1,549	39.72	49.63	66.20	99.25	132.31
56-60	496	620	827	1,240	1,653	42.37	52.96	70.64	105.92	141.19
61-65 *	527	659	878	1,317	1,756	45.02	56.29	75.00	112.49	149.99
66-70 *	620	775	1,033	1,549	2,066	52.96	66.20	88.24	132.31	176.47

* The premiums are applicable for renewal only

Premiums stated above are Gross Premium before 15% direct rebate.