

Prepared for: <Life assured name>

PRODUCT DISCLOSURE SHEET: Sun eMediCare Income

(Read this Product Disclosure Sheet before you decide to take up the Sun eMediCare Income plan. Be sure to also read the general terms and conditions.)

1. What is this product about?

Sun eMediCare Income is an individual yearly renewable medical and health insurance plan that provides comprehensive daily hospital income coverage up to age 70.

This plan provides daily hospital income benefit in the event the life assured is hospitalised due to all causes (illnesses or accidental causes). In the event life assured is hospitalised due to specified infectious diseases*, hospitalized in overseas or confined in an intensive care unit of a hospital an additional daily hospital income benefit will be payable.

* Specified infectious diseases refer to Dengue Fever, Chikungunya Fever, Malaria, Japanese Encephalitis, Avian Influenza or Zika Virus Infection. Please refer to the policy document for the definition of specified infectious disease.

2. What are the covers/benefits provided?

You have chosen <Plan type> which provides these benefits:

Benefits	Sum assured (RM)
Daily Hospital Income Benefit	<Sum assured> per day up to 180 days per policy year
Specified Infectious Diseases Daily Hospital Income Benefit	<Sum assured> per day up to 60 days per policy year
Overseas Daily Hospital Income Benefit	<Sum assured> per day up to 90 days per policy year
Intensive Care Unit Daily Hospital Income Benefit	<Sum assured> per day up to 30 days per policy year

Notes:

- All benefits payable are subjected to combined limit of 180 days of hospitalisation per policy year. Only one daily hospital income benefit is claimable for any one day of admission period for hospital confinement. No other daily hospital income benefit shall be claimable for the same admission period where one of the benefits above is claimable.
- Renewal of the policy is until you attain 69 years old. However, this renewal is subject to the conditions mentioned in the policy documents.

3. How much premium do I have to pay?

The <Premium frequency> premium amount that you have to pay is RM<Premium amount>. The premium payment term for this plan will continue up to age 70.

The premium is varies by attained age and it will increase with your age at policy anniversary as shown below:

Attained age (age at policy anniversary)	<Premium frequency> premium (RM)
Age 18 - 30	<Premium amount>
Age 31 - 40	<Premium amount>
Age 41 - 50	<Premium amount>
Age 51 - 55	<Premium amount>
Age 56 - 60*	<Premium amount>
Age 61 - 65*	<Premium amount>
Age 66 - 69*	<Premium amount>

***For renewal only**

The premium above may vary based on the product experience, including claims experience or may be revised, as explained in question 5 below under "Non-guaranteed premium".

4. What are the fees and charges that I have to pay?

Type	Amount
• Stamp duty	RM10 and it will be paid by us on your behalf.

5. What are some of the key terms and conditions that I should be aware of?

- **Importance of disclosure** - you must disclose all material facts correctly such as occupation, medical condition, age or date of birth and other information as required during enrolment. If the policy is intended wholly for your personal purposes, you must take reasonable care to disclose any facts that you know to be relevant to our decision in accepting the risks and determining the rates (if any) and terms (if any) to be applied and not to mislead us. If it is proven there is suppression of material fact and that it was fraudulently made or omitted; only the remedies in Schedule 9 of the Financial Services Act 2013 will apply. The obligation of continuous disclosure is your responsibility until the policy is issued, varied or renewed.
- **Free look period** - you may cancel your policy within 15 days from the delivery date of the policy by giving us written notice. Any premium paid will be refunded if you cancel the insurance coverage during the free look period.
- **Grace period** - you are given a grace period of 30 days from the premium due date for the payment of premium. If you do not pay the premium within 30 days grace period from the premium due date, your policy will lapse with immediate effect.
- **Non-guaranteed premium** - the premiums are not guaranteed and may be revised from time to time. 30 days written notice in advance will be given to you and the premium revision will be applicable from the next policy anniversary.
- **Pre-existing conditions** - means any injury, illness, condition or symptom that existed during the 12 months prior to the policy commencement date or last reinstatement date, whichever is later, for which:
 - i. treatment, medication, advice or diagnosis has been sought or received;
 - ii. an ordinary and prudent person with such injury, illness, condition or symptom would have sought advice or treatment in connection with his/her health; or
 - iii. you and/or the life assured knew existed, whether or not treatment, medication, advice or diagnosis was sought or received.
- **Tax** - all taxes, including but not limited to any goods and services tax, and/or other forms of sales or consumption tax, whether currently in force or implemented after the date of the policy will be charged in accordance with the applicable legislation at the prevailing rate. Where necessary, we will amend the terms of the certificate to take into account any such tax.
- **Nomination** - You may nominate a nominee and ensure that your nominee is aware of the insurance plan that you have enrolled.
- **Waiting period** - a 30 days waiting period from the policy commencement date or last reinstatement date, whichever is later, is applicable to all illnesses and specified infectious diseases with exception to the following specified illnesses which shall be subjected to 120 days waiting period:
 - i. Hypertension, diabetes mellitus or cardiovascular disease;
 - ii. All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system;
 - iii. All ear, nose (including sinuses) and throat conditions excluding flu and sore-throat;
 - iv. Hernias, haemorrhoids, fistulae, hydrocele or varicocele;
 - v. Endometriosis including disease of the female reproductive system; and
 - vi. Vertebro-spinal disorders (including disc) and knee conditions.

No benefit shall be payable in the event that the person covered is diagnosed with the covered illness or had signs and symptoms of any of the covered illness within the waiting period as defined.
- **Claim process** - you may download the claim form and view the claim process at www.sunlifemalaysia.com.

Note: This list is non-exhaustive. Please refer to the policy documents for the full list of terms and conditions under this plan.

6. What are the major exclusions under this plan?

Exclusions

No benefit shall be payable if the hospitalisation is resulted directly or indirectly from, or as a result of the following:

- Suicide, attempted suicide or self-inflicted injury/harm irrespective of the life assured's mental state, willful or negligent exposure to unnecessary risks or perils;
- Being under the influence of drugs or any narcotic or due to intoxication by liquor and/or illicit substance;
- Criminal act, involvement in a breach of law (unless as an innocent party) or membership of an illegal organisation;
- War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), strike, riot, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power;
- Participation in any hazardous sport or pastime or activities, including but not limited to aerial activity, bungee jumping, rock climbing or mountaineering, underwater activities, racing of any type other than on foot;
- While engaging in professional sport activities of any kind;
- Exposure from any radiation material from any source;
- Disease(s) resulting from Acquired Immuno-deficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV);
- Private nursing, rest cures or sanatoria care, sterilisation, venereal disease and its sequelae, and any communicable diseases required quarantine by law;
- Childbirth, pregnancy and related complications thereof;
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions;
- Any pre-existing conditions;
- Any medical or physical conditions arising within the waiting period, except for hospitalisation due to accident;
- Specified illnesses occurring within the first 120 days from the policy commencement date or last reinstatement date, whichever is later;
- Dental conditions including dental treatment or oral surgery except as necessitated by accidental injuries to sound natural teeth occurring wholly during the policy year; or

- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered disability or any treatment which is not medically necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.

Exclusion on the covered event due to Specified Infectious Diseases

No benefit shall be applicable or payable if the hospitalisation of life assured incurred directly or indirectly, wholly or partly, by any of the following occurrence:

- The covered event occurring within 30 days from the policy commencement date or last reinstatement date, whichever is later;
- Any other causes other than Dengue Fever, Chikungunya Fever, Malaria, Japanese Encephalitis, Avian Influenza or Zika Virus Infection; or
- Any pre-existing conditions.

Note: This list is non-exhaustive. Please refer to the policy documents for further information on exclusions.

7. Can I give up (surrender) my policy?

You may surrender your policy by giving us a written notice. The effective date of the surrender shall be the next premium due date and no cash value or pro-rated premium will be payable upon surrender.

8. What do I need to do if there are changes to my contact details?

It is important that you inform us of any change in your contact details to ensure that all correspondences reach you in a timely manner.

9. Where can I get further information?

Should you require additional information about medical and health insurance, please refer to the *insuranceinfo* booklet on 'Medical and Health Insurance', available at Sun Life Malaysia or you could log on to the Insurance Info website at www.insuranceinfo.com.my.

If you have any enquiries, please contact us at:

Sun Life Malaysia Assurance Berhad
Registration Number: 199001005930 (197499-U)

Level 11, 338 Jalan Tuanku Abdul Rahman, 50100 Kuala Lumpur

Alternatively, you may call the **Client Careline at 1300-88-5055**,
lodge an online enquiry via sunlifemalaysia.com,
email to us directly at wecare@sunlifemalaysia.com,
or fax to us at **(603) 2698 7035**.

10. Other types of Medical and Health insurance plan available.

Please call our Client Careline for other similar types of plan available.

IMPORTANT NOTE:

YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY DOCUMENTS OR CONTACT US DIRECTLY FOR MORE INFORMATION.

The information provided in this Product Disclosure Sheet is valid as at **<Date>**. This plan is underwritten by Sun Life Malaysia Assurance Berhad <Registration Number: 199001005930 (197499-U)>, an insurer registered with Bank Negara Malaysia under the Financial Services Act 2013.