



SUN LIFE MALAYSIA ASSURANCE BERHAD

POLICY DOCUMENT

Sun eMediCare Income

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ANNEXURE EMC001

General conditions

1. Definition

1.1 In this policy, the following words and phrases have meanings given next to them:

- (a) **Accident** means a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily injury.
- (b) **Any one disability** means all of the periods of disability arising from the same cause including any and all complications there from except that if the life assured completely recovers and remains free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the disability for at least 90 days following the latest date of discharge. Subsequent disability from the same cause will be considered as though it were a new disability.
- (c) **Cancer** means the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary.
- (d) **Commencement date** means the commencement date as stated in the policy schedule and is the date on which the insurance coverage pursuant to this policy begins.
- (e) **Congenital conditions** mean any medical or physical abnormalities exist at the time of birth as well as neo-natal physical abnormalities developing within 6 months from the time of birth. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the policy owner was continuously covered under this policy.
- (f) **Disability** means a sickness, disease, illness or the entire injury arising out of a single or continuous series of causes.
- (g) **Doctor or physician or surgeon** means a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the life assured himself.
- (h) **End date** means the date this policy ends as shown in the policy schedule or in any future endorsement which changes the end date.
- (i) **Endorsement** means written evidence of any amendment, variation or change made to this policy and policy schedule.
- (j) **Hospital** means only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed patients, and which:
 - (i) has facilities for diagnosis and major surgery;
 - (ii) provides 24 hours a day nursing services by registered and graduate nurses;

- (iii) is under the supervision of a physician; and
- (iv) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.
- (k) **Hospitalisation** shall mean admission to a hospital as a registered in-patient for medically necessary treatments for a covered disability upon the recommendation of a doctor (physician or surgeon). A patient will not be considered as an in-patient if the patient does not physically stay in the hospital for the whole period of confinement. Hospitalisation shall be evidenced by a daily room or room and board charge by the hospital.
- (l) **Intensive Care Unit (ICU)** means a section within a hospital which is designated as an intensive care unit by the hospital, and which is maintained on a 24 hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the hospital.
- (m) **Issue date** means the issue date stated in the policy schedule.
- (n) **Medically necessary** shall mean a medical service which is:
 - (i) consistent with the diagnosis and customary medical treatment for a covered disability;
 - (ii) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
 - (iii) not for the convenience of the life assured or the physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient);
 - (iv) not of an experimental, investigational or research nature, preventive or screening nature; or
 - (v) for which the charges are fair and reasonable and customary for the disability.
- (o) **Nominee** means one or more person(s) you have chosen under clause 20 and named in the nomination form or in any future endorsement as nominee.
- (p) **Policy anniversary** means the first and each subsequent anniversary of the policy beginning from the policy commencement date.
- (q) **Policy monthly anniversary** means the monthly date that corresponds numerically to the day of the commencement date; in the event there is no date in a subsequent month that corresponds numerically to the day in the commencement date, the monthly anniversary will be the last day of the month.
- (r) **Policy owner or life assured** means the person who owns this policy and therefore can exercise all rights, privileges and options available and the person whose life is being covered under this policy as named in the policy schedule
- (s) **Policy schedule** means the schedule that contains the details of the policy owner, life assured, benefits, premium and policy term attached to this policy document.

- (t) **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.
- (u) **Premium** means the premium amount as shown in the policy schedule. The premium is due on the date shown in the policy schedule or in any future endorsement.
- (v) **Sickness, disease or illness** means a physical condition marked by a pathological deviation from the normal healthy state.
- (w) **Specified illnesses** means the following disabilities and their related complications, occurring within the first 120 days from the policy commencement date or last reinstatement date, whichever is later:
- (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.
- (x) **Specified infectious diseases** means:
- (i) **Avian Influenza** means an acute infectious disease caused by the Avian Influenza A virus (H5N1 or H7N9 strains) and transmitted to humans by direct or close contact with infected poultry;
 - (ii) **Chikungunya Fever** means an acute infectious disease caused by the Chikungunya virus and transmitted to humans by the Aedes mosquito;
 - (iii) **Dengue Fever** means an acute infectious disease caused by the Dengue virus and transmitted to humans by the Aedes mosquito;
 - (iv) **Japanese Encephalitis** means an acute infectious disease caused by the Japanese encephalitis virus and transmitted to humans by the Culex mosquito;
 - (v) **Malaria** means an acute infectious disease caused by the Plasmodium parasitic protozoan and transmitted to humans by the Anopheles mosquito; and

- (vi) **Zika** or **Zika Virus Infection** means an acute infectious disease caused by the Zika virus and transmitted to humans by the Aedes mosquito.

Any claims due to infectious disease must be confirmed by a registered medical doctor and supported by the following diagnostic tests (or equivalent tests) as conclusive proof of infection:

- Avian Influenza - Avian Influenza PCR specific to H5N1 or H7N9 Avian Influenza strains
- Chikungunya Fever - Chikungunya IgM Antibody / Chikungunya PCR test
- Dengue Fever - Dengue IgM Antibody / Dengue PCR test
- Japanese Encephalitis - Japanese encephalitis IgM Antibody test
- Malaria - Malaria parasite test
- Zika Virus Infection - Zika virus PCR test

- (y) **Sum assured** means the amount of coverage for benefit under this policy as shown in the policy schedule or in any future endorsement which changes the sum assured.

- (z) **We, us** or **our** means Sun Life Malaysia Assurance Berhad.

- (aa) **You** or **your** means the policy owner as shown in the policy schedule.

2. Interpretation

2.1 In this policy, unless the context requires:

- (a) the headings in this policy are inserted for convenience only and will not affect its construction.
- (b) the singular words will include the plural and vice-versa.
- (c) the words that refer to a gender will include every gender.

2.2 If any provisions in this policy are not valid or cannot be enforced under Malaysian Law, it will not affect the legality, validity and enforceability of the remainder of these provisions.

3. The policy

3.1 This policy is issued in consideration of the payment of premium as shown in the policy schedule and pursuant to:

- (a) the answers given by you and/or the life assured in your application or any subsequent questionnaires given by us on any matters relating to your application and any disclosures made by you and/or the life assured between the time of your application and the time this policy is entered into; and

- (b) medical reports and any other reports and questionnaires;

(collectively referred to as 'the material information')

and such material information will form part of this policy between us and you. However, in the event of any pre-contractual misrepresentation made in relation to such material information, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

- 3.2 If you and/or the life assured are required by us, before the policy is varied, to answer any questions or if you and/or the life assured are required to confirm or amend any matter previously disclosed by you and/or the life assured to us in relation to this policy, it is you and/or the life assured duty to take reasonable care not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.
- 3.3 You and/or the life assured must inform us of any change to the information given to us by you and/or the life assured's answers or in respect of any matter previously disclosed to us in relation to the policy if such changes had taken place after you and/or the life assured have submitted the application for variation but before the policy is varied.

4. Free look period

- 4.1 If you decide not to take up this policy for whatever reason after it has been issued, you may cancel the policy by giving us written notice within 15 days from the delivery date of this policy.
- 4.2 We will refund any premium paid.

5. Misstatement of age and/or gender

- 5.1 This policy is issued for the age and gender of the life assured as shown in the policy schedule, based on the date of birth and gender declared in the application. We will need proof of the life assured's age and gender before we pay any benefits.
- 5.2 If the age and/or gender of the life assured has been misstated, we will make one of the following adjustment:
- (a) If the premium based on the correct age and/or gender of the life assured is higher than the premium paid, then we shall prorate the benefits payable based on the ratio of the actual premium paid to the correct premium which should have been paid for the life assured's correct date of birth and/or gender. The end date stated in the policy schedule shall be adjusted based on the correct age (if applicable); or
 - (b) If the premium based on the correct age and/or gender of the life assured is lower than the premium paid, then we will refund the difference in premium. The end date stated in the policy schedule shall be adjusted based on the correct age (if applicable).

6. Waiting period

- 6.1 There is a waiting period for this plan as defined below:
- (a) the waiting period will be 30 days from the policy commencement date or last reinstatement date, whichever is later for all illnesses and specified infectious diseases.
 - (b) the waiting period will be the first 120 days from the policy commencement date or last reinstatement date, whichever is later for specified illnesses.
- 6.2 No benefit shall be payable in the event 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.

7. Incontestability clause

- 7.1 If the policy is no longer valid, for reasons other than fraud, we will refund the premiums paid from the commencement date.
- 7.2 We will not be able to challenge this policy after it has been in force for 2 years from the issue date, unless there is evidence of fraud or you have not paid the premiums. If this policy had come to an end as a result of you not paying the premiums and we had reinstated it under clause 18, clause 18 would then apply.

8. Ability to travel and any restrictions on where you and/or the life assured lives

- 8.1 This policy does not restrict you and/or the life assured from travelling and is not affected by where you and/or the life assured lives.
- 8.2 However, no benefit shall be payable to the life assured outside Malaysia, if the life assured resides or travels outside Malaysia for more than 90 consecutive days.

9. Change of policy

- 9.1 We reserve the right to amend the terms and provisions of this policy in order to comply with Malaysian Law and regulations. We will provide at least 30 days prior written notice by ordinary post to your last known address in our records or other alternative modes of communication.
- 9.2 Your request for any alteration or endorsement to this policy will not be valid unless authorised by us and such approval is endorsed on this policy.

10. Rights and using amounts owed

- 10.1 We have the first right to any amount due under this policy.
- 10.2 We can offset any amount we owe you (for example: benefits) under the policy with any amount you owe us (for example: premium) under this policy.

11. Policy surrender

- 11.1 You may, at any time during lifetime of the life assured and while this policy is in force, surrender this policy by giving us written notice. All benefits and rights under this policy will end upon the next premium due date after receiving the notice.
- 11.2 As this policy does not have any cash value, we will not pay any cash value or pro-rated premium upon surrender of this policy.
- 11.3 Clause 4 would apply if you surrender the policy within the free look period.

12. Policy termination

- 12.1 The coverage of the life assured will terminate in the following circumstances:
- (a) Upon death of the life assured;
 - (b) Upon cancellation of the policy;

- (c) Upon surrender of the policy;
- (d) Upon lapsation of the policy;
- (e) On the end date as shown in the policy schedule; or
- (f) On the policy anniversary immediately after the life assured's 70th birthday.

13. Renewability

- 13.1 The policy will be renewed yearly subject to the premium payment within the grace period and the terms and conditions in this policy.
- 13.2 No renewal documents will be issued upon renewal. This policy and the policy schedule shall continue to be applicable.

14. Laws

- 14.1 This policy and our responsibilities under this policy are governed by the laws, rules and regulations currently in force in Malaysia. The laws, rules and regulations will include but are not limited to any circulars, directives or guidelines.
- 14.2 If there is a difference between the conditions of this policy and any law, rule or regulation, the law, rule or regulation will apply.
- 14.3 This policy will be governed by the laws of Malaysia. Any dispute will be dealt with by the courts of Malaysia.

15. Tax

- 15.1 All taxes, including without limitation any goods and services tax, and/or other forms of sales or consumption tax, whether currently in force or implemented after the date of this policy will be charged in accordance with the applicable legislation at the prevailing rate. Where necessary, we will amend the terms of this policy to take into account any such tax.

16. Premium payment and grace period

- 16.1 **Payment of premiums**
All premiums are payable on or before the due date (as shown in the policy schedule or in any future endorsement changing the due date) directly to us.
- 16.2 **Premium rates**
The premium rate is 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 next policy anniversary.
- 16.3 **Change of premium payment frequency**
Subject to our approval, you may change the frequency of premium payments by giving us written notice before the expiry of the grace period.
- 16.4 **Grace period**
If you do not pay the premium on or before its' due date, we will allow a grace period of 30 days from the premium due date for the payment of any premiums. This policy will remain in force during such period. This policy will lapse or cease to be in force after the grace period.

16.5 Claim

If we have approved a claim under this policy, and the claim of the life assured happens during the grace period, we will deduct any amount you owe us and premiums payable up to the date of the event from the benefit payable.

17. Cash value

17.1 This policy does not have any cash value.

18. Reinstatement of policy

18.1 If this policy lapses, you may apply to reinstate it within 12 months from the policy lapse date, subject to the following requirements:

- (a) completion and submission of the duly signed reinstatement form;
- (b) the life assured truthfully declare all facts in the reinstatement form;
- (c) the life assured provide all the information (if any) we have asked for;
- (d) the life assured pay all overdue premiums as determined by us; and
- (e) any other terms and conditions which we may apply after our underwriting assessment and the said terms and conditions are agreed by you at the time of the application.

18.2 In the event you have cancelled or surrendered the policy, the reinstatement shall not be applicable.

18.3 If we discover that any information is incorrect or withheld, we will set aside (effectively end) the reinstated policy. We can only do this in the first 2 years of reinstating the policy, unless we are able to prove fraud or, if you fail to pay the premiums.

18.4 If we do set aside this reinstated policy (for reasons other than fraud), we will refund the premium paid from last reinstatement date. We will not refund the premiums paid before the reinstatement date.

18.5 We will not provide the insurance coverage under this policy for the period between the date this policy has lapsed and the date we approve the reinstatement.

19. Ownership

19.1 You are the legal owner of this policy.

19.2 You may use all the rights and options that this policy provides (depending on the rights of any nominee or person this policy is legally transferred to).

20. Nominee

20.1 The policy owner, who has attained the age of 16 years, may nominate a person to receive the insurance benefits (if any) payable upon his death under this insurance policy. Nomination may be made at the time of application of the policy or at any time after the policy has been issued.

20.2 The nominee named in the nomination form or any future amendments you make, will receive the insurance benefits (if any) in accordance with the Financial Services Act 2013. You may revoke or change the nominee at any time by giving us written notice. The written notice must be received and registered by us during the life assured's lifetime. The revocation and change of nominee will take effect from the date we receive the written notice.

21. Change in risk

21.1 You or the life assured shall give us immediate notice in writing if there is any material change in the occupation, business, duties or pursuits of the life assured.

22. Alterations

22.1 We reserve the right to amend the terms and provisions of this policy by giving 30 days' prior notice in writing by ordinary post to your last known address in our records or other alternative modes of communication, and such amendment will be applicable from the next renewal of this policy. No alteration to this policy shall be valid unless authorised by us and such approval is endorsed thereon.

23. Currency of payment

23.1 All payments under this policy will be made in the legal currency of Malaysia. Should any payment be requested by you to be payable in any other currency, then such amount will be payable in the demand currency as may be purchased in Malaysia at the prevailing currency market rates on the date of the claim settlement.

24. Notice of claim

24.1 You or your legal representative must give written notice of claim to our head office within 30 days from the date the covered event happens.

25. Proof of claim

25.1 Satisfactory proof of claim must be given to us within 30 days from the date of giving us notice of claim, at the expense of you or your legal representative.

25.2 We have the right to ask for any other additional document(s) that may be considered necessary to support the claim.

25.3 We have the right to request that the life assured undergoes medical examination at any time by a legally qualified medical examiner appointed by us, at our cost, to support the claim.

26. United States Foreign Account Tax Compliance Act (FATCA)

26.1 Not applicable

ANNEXURE EMC002

General exclusions and limitation

1. Application of exclusions

1.1 These exclusions in respect of the life assured apply only if the benefit conditions make reference to this annexure.

2. Hospitalisation exclusions:

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

- (a) 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;
- (b) Being under the influence of drugs or any narcotic or due to intoxication by liquor and/or illicit substance;
- (c) Criminal act, involvement in a breach of law (unless as an innocent party) or membership of an illegal organisation;
- (d) 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;
- (e) 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;
- (f) While engaging in professional sport activities of any kind;
- (g) Exposure from any radiation material from any source;
- (h) Disease(s) resulting from Acquired Immuno-deficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV);
- (i) Childbirth, pregnancy and related complications thereof;
- (j) Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions;
- (k) Any pre-existing conditions;
- (l) Any medical or physical conditions arising within the waiting period, except for hospitalisation due to accident;
- (m) Specified illnesses occurring within the first 120 days from the policy commencement date or last reinstatement date, whichever is later;
- (n) Dental conditions including dental treatment or oral surgery except as necessitated by accidental injuries to sound natural teeth occurring wholly during the policy year;

- (o) 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;
- (p) Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatment;
- (q) Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of near sightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof;
- (r) Private nursing, rest cures or sanatoria care, sterilisation, venereal disease and its sequelae, and any communicable diseases required quarantine by law;
- (s) Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations);
- (t) Hospitalisation for sex change procedures;
- (u) Hospitalisation for donation of any body organ by a life assured; or
- (v) Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.

3. Specified infectious diseases exclusions:

- 3.1 No benefit shall be applicable or payable if the hospitalisation of the life assured incurred directly or indirectly, wholly or partly, by any of the following occurrence:
- (a) The covered event occurring within 30 days from the policy commencement date or last reinstatement date, whichever is later;
 - (b) Any other causes other than Dengue Fever, Chikungunya Fever, Malaria, Japanese Encephalitis, Avian Influenza or Zika Virus Infection; or
 - (c) Any pre-existing conditions.

ANNEXURE EMC003

Benefit conditions - Daily hospital income benefit

1. Daily hospital income benefit

- 1.1 Subject to the general conditions, while the policy is in force, upon receiving satisfactory proof of the life assured's hospitalisation (as defined) directly due to illnesses or accidental causes and upon the approval of claim, we will pay the amount up to a maximum period as specified in the policy schedule.
- 1.2 We will deduct any amount the policy owner owes us.
- 1.3 This benefit shall be payable provided:
 - (a) the minimum admission period for hospital confinement is 6 hours; and
 - (b) the hospitalisation is medically necessary.
- 1.4 The daily hospital income benefit is payable up to a maximum of 180 days of hospitalisation per policy year, less any indebtedness and the benefits payable are subjected to combined limit of 180 days of hospitalisation per policy year.
- 1.5 Per day of hospitalisation shall be based on the charging day adopted by the hospital concerned. If the life assured is admitted to two or more hospitals in a calendar day, we, upon approval shall pay only one daily hospital income benefit for each calendar day of hospitalisation.
- 1.6 No other daily hospital income benefit shall be payable for the same hospitalisation where the daily hospital income benefit is payable under annexure EMC004, EMC005 or EMC006. In the event that two or more claims are made under this policy, we shall only pay one claim, whichever is higher.
- 1.7 The benefit is non-cumulative and will be reinstated at each policy anniversary, subject to the terms and conditions of this policy.

2. Exclusions

- 2.1 The exclusions apply under this benefit will make reference to annexure EMC002.

3. Claim procedure

- 3.1 The policy owner or his legal representative shall send us a written notice of his intention to claim the daily hospital income benefit within 30 days after the date of such hospitalisation.
- 3.2 We will also need all the relevant documents and information to assess claim as soon as possible.
- 3.3 As part of giving us proof, we may need the life assured to be examined by our medical examiner(s). We will inform the life assured if this is needed and bear the costs of the medical examination.

3.4 We will only be able to assess the claim after we have received all the documents, information and evidence that we need.

4. Termination of coverage

4.1 This benefit will be terminated at the earliest of any of the following circumstances:

- (a) Upon death of the life assured;
- (b) Upon cancellation of the policy;
- (c) Upon surrender of the policy;
- (d) Upon lapsation of the policy;
- (e) On the end date as shown in the policy schedule; or
- (f) On the policy anniversary immediately after the life assured's 70th birthday.

SAMPLE

ANNEXURE EMC004

Benefit conditions - Specified infectious diseases daily hospital income benefit

1. Specified infectious diseases daily hospital income benefit

- 1.1 Subject to the general conditions, while the policy is in force, upon receiving satisfactory proof of the life assured's hospitalisation (as defined) directly due to specified infectious diseases and upon the approval of claim, we will pay the amount up to a maximum period as specified in the policy schedule.
- 1.2 We will deduct any amount the policy owner owes us.
- 1.3 This benefit shall be payable provided:
 - (a) the minimum admission period for hospital confinement is 6 hours; and
 - (b) the hospitalisation is medically necessary.
- 1.4 The specified infectious diseases daily hospital income benefit is payable up to 60 days of hospitalisation per policy year, less any indebtedness and the benefits payable are subjected to combined limit of 180 days of hospitalisation per policy year.
- 1.5 Per day of hospitalisation shall be based on the charging day adopted by the hospital concerned. If the life assured is admitted to two or more hospitals in a calendar day, we, upon approval shall pay only one daily hospital income benefit for each calendar day of hospitalisation.
- 1.6 No other daily hospital income benefit shall be payable for the same hospitalisation where the daily hospital income benefit is payable under annexure EMC003, EMC005 or EMC006. In the event that two or more claims are made under this policy, we shall only pay one claim, whichever is higher.
- 1.7 The benefit is non-cumulative and will be reinstated at each policy anniversary, subject to the terms and conditions of this policy.

2. Exclusions

- 2.1 The exclusions apply under this benefit will make reference to annexure EMC002.

3. Claim procedure

- 3.1 The policy owner or his legal representative shall send us a written notice of his intention to claim the specified infectious diseases daily hospital income benefit within 30 days after the date of such hospitalisation.
- 3.2 We will also need all the relevant documents and information to assess claim as soon as possible.
- 3.3 As part of giving us proof, we may need the life assured to be examined by our medical examiner(s). We will inform the life assured if this is needed and bear the costs of the medical examination.

3.4 We will only be able to assess the claim after we have received all the documents, information and evidence that we need.

4. Termination of coverage

4.1 This benefit will be terminated at the earliest of any of the following circumstances:

- (a) Upon death of the life assured;
- (b) Upon cancellation of the policy;
- (c) Upon surrender of the policy;
- (d) Upon lapsation of the policy;
- (e) On the end date as shown in the policy schedule; or
- (f) On the policy anniversary immediately after the life assured's 70th birthday.

SAMPLE

ANNEXURE EMC005

Benefit conditions - Overseas daily hospital income benefit

1. Overseas daily hospital income benefit

- 1.1 Subject to the general conditions, while the policy is in force, upon receiving satisfactory proof of the life assured's hospitalisation (as defined) in overseas directly due to illnesses or accidental causes while travelling overseas and upon the approval of claim, we will pay the amount up to a maximum period as specified in the policy schedule.
- 1.2 We will deduct any amount the policy owner owes us.
- 1.3 This benefit shall be payable provided:
 - (a) the minimum admission period for hospital confinement is 6 hours; and
 - (b) the hospitalisation is medically necessary.
- 1.4 The overseas daily hospital income benefit is payable up to a maximum of 90 days of hospitalisation per policy year, less any indebtedness and the benefits payable are subjected to combined limit of 180 days of hospitalisation per policy year.
- 1.5 Per day of hospitalisation shall be based on the charging day adopted by the hospital concerned. If the life assured is admitted to two or more hospitals in a calendar day, we, upon approval shall pay only one daily hospital income benefit for each calendar day of hospitalisation.
- 1.6 No other daily hospital income benefit shall be payable for the same hospitalisation where the daily hospital income benefit is payable under annexure EMC003, EMC004 or EMC006. In the event that two or more claims are made under this policy, we shall only pay one claim, whichever is higher.
- 1.7 The benefit is non-cumulative and will be reinstated at each policy anniversary, subject to the terms and conditions of this policy.

2. Exclusions

- 2.1 The exclusions apply under this benefit will make reference to annexure EMC002.

3. Claim procedure

- 3.1 The policy owner or his legal representative shall send us a written notice of his intention to claim the overseas daily hospital income benefit within 30 days after the date of such hospitalisation.
- 3.2 We will also need all the relevant documents and information to assess claim as soon as possible.
- 3.3 As part of giving us proof, we may need the life assured to be examined by our medical examiner(s). We will inform the life assured if this is needed and bear the costs of the medical examination.

3.4 We will only be able to assess the claim after we have received all the documents, information and evidence that we need.

4. Termination of coverage

4.1 This benefit will be terminated at the earliest of any of the following circumstances:

- (a) Upon death of the life assured;
- (b) Upon cancellation of the policy;
- (c) Upon surrender of the policy;
- (d) Upon lapsation of the policy;
- (e) On the end date as shown in the policy schedule; or
- (f) On the policy anniversary immediately after the life assured's 70th birthday.

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ANNEXURE EMC006

Benefit conditions - Intensive care unit daily hospital income benefit

1. Intensive care unit daily hospital income benefit

- 1.1 Subject to the general conditions, while the policy is in force, upon receiving satisfactory proof of the life assured is confined in an intensive care unit (as defined) of a hospital in or outside Malaysia and upon the approval of claim, we will pay the amount up to a maximum period as specified in the policy schedule.
- 1.2 We will deduct any amount the policy owner owes us.
- 1.3 This benefit shall be payable provided:
 - (a) the minimum admission period for hospital confinement is 6 hours; and
 - (b) the hospitalisation is medically necessary.
- 1.4 The intensive care unit daily hospital income benefit is payable up to a maximum of 30 days of hospitalisation per policy year, less any indebtedness and the benefits payable are subjected to combined limit of 180 days of hospitalisation per policy year.
- 1.5 Per day of hospitalisation shall be based on the charging day adopted by the hospital concerned. If the life assured is admitted to two or more hospitals in a calendar day, we, upon approval shall pay only one daily hospital income benefit for each calendar day of hospitalisation.
- 1.6 No other daily hospital income benefit shall be payable for the same hospitalisation where the daily hospital income benefit is payable under annexure EMC003, EMC004 or EMC005. In the event that two or more claims are made under this policy, we shall only pay one claim, whichever is higher.
- 1.7 The benefit is non-cumulative and will be reinstated at each policy anniversary, subject to the terms and conditions of this policy.

2. Exclusions

- 2.1 The exclusions apply under this benefit will make reference to annexure EMC002.

3. Claim procedure

- 3.1 The policy owner or his legal representative shall send us a written notice of his intention to claim the intensive care unit daily hospital income benefit within 30 days after the date of such hospitalisation.
- 3.2 We will also need all the relevant documents and information to assess claim as soon as possible.
- 3.3 As part of giving us proof, we may need the life assured to be examined by our medical examiner(s). We will inform the life assured if this is needed and bear the costs of the medical examination.

3.4 We will only be able to assess the claim after we have received all the documents, information and evidence that we need.

4. Termination of coverage

4.1 This benefit will be terminated at the earliest of any of the following circumstances:

- (a) Upon death of the life assured;
- (b) Upon cancellation of the policy;
- (c) Upon surrender of the policy;
- (d) Upon lapsation of the policy;
- (e) On the end date as shown in the policy schedule; or
- (f) On the policy anniversary immediately after the life assured's 70th birthday.

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