

**PRODUCT DISCLOSURE SHEET**

Please read this Product Disclosure Sheet before you decide to take up this plan. Be sure to also read the general terms and conditions.

PB Health Care

Underwritten by : AIA Bhd.

Distributor & Address:

Public Bank Berhad
20th Floor Menara Public Bank
146 Jalan Ampang
50450 Kuala Lumpur

Date:[policy_date]

1. What is this product about?

PB Health Care Plan is a term plan that provides protection against lifestyle diseases until the insured attains age seventy (70). It pays a lump sum benefit upon occurrence of death. In addition, this plan provides:

(i) Lifestyle Disease Benefit

- (a) One hundred percent (100%) of the benefit* will be paid if the insured is diagnosed with Cancer, Stroke or Heart Attack.
- (b) Twenty percent (20%) of the benefit will be paid if the insured suffered one of the diseases defined under Diabetes Related Diseases.
- (c) Sixty percent (60%) of the benefit will be paid if the insured suffered one of the diseases defined under Hypertension Related Diseases.

Upon payment of one hundred percent (100%) of this benefit, this benefit will then terminate automatically.

(ii) Daily Hospital Income Benefit

This benefit is payable for the period during which the insured is an in-patient, confines in a hospital for any disability or Covered Injury due to illness or accident but not exceeding one hundred and twenty (120) days per policy year; up to one thousand (1,000) days per policy.

* Subject to any deductions of total benefit paid previously under Lifestyle Disease Benefit and loan indebtedness.



2. What are the coverage/benefits provided?

Please refer to the table of benefits below.

Benefits	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)
Death Benefit	30,000	30,000	40,000	50,000
Supplementary Contracts:				
1) Lifestyle Disease Benefit	30,000	50,000	75,000	100,000
a) Cancer b) Stroke c) Heart Attack d) Diabetes related disease <ul style="list-style-type: none"> Surgery for Type 2 Diabetic Retinopathy Limb Amputation due to Type 2 Diabetic Complications Severe Diabetic Nephropathy resulting in Kidney Failure e) Hypertension related disease <ul style="list-style-type: none"> Chronic Kidney Disease Malignant Hypertension Causing Hypertensive Encephalopathy Hypertensive Heart Disease 	<ul style="list-style-type: none"> The benefits payable for a) to c) will be 100% of the sum assured. The benefit payable for d) and e) will be 20% and 60% respectively of the Lifestyle Disease Benefits sum assured and will accelerate (i.e. will reduce the sum assured amount by the amount paid out) upon each claim. Once 100% of the sum assured is payable, this benefit will be terminated automatically. 			
2) Daily Hospital Income Benefit <ul style="list-style-type: none"> Hospital admission due to all causes; up to 120 days per policy year; up to 1000 days per policy 	100	100	150	200

Note:

- Death benefit is limited to refund of premium paid if the death is caused by suicide within 1 year from the issue date of the policy.
- This plan covers up to the age seventy (70) of the insured's or upon policy's termination, whichever is earlier.

3. How much premium do I have to pay?

Premium Table (Inclusive of GST)

	Plan 1		Plan 2		Plan 3		Plan 4	
(RM)	Male	Female	Male	Female	Male	Female	Male	Female
Annual	499.19 - 1,684.30	509.69 - 1,607.04	593.95 - 2,265.39	614.84 - 2,149.76	781.88 - 3,271.59	801.46 - 3,098.24	1021.40 - 4,312.28	1,051.38 - 4,086.92
Semi-annual	257.08- 867.42	262.49- 827.62	305.89- 1,166.69	316.64- 1,107.12	402.66- 1,684.87	412.75- 1,595.59	526.03- 2,220.83	541.47- 2,104.76
Quarterly	136.29- 459.81	139.14- 438.72	162.16- 618.45	167.84- 586.89	213.45- 893.13	218.81- 845.82	278.83- 1,177.26	287.03- 1,115.73
Monthly	43.43- 146.53	44.35- 139.81	51.67- 197.08	53.49- 187.02	68.02- 284.64	69.72- 269.55	88.87- 375.17	91.47- 355.56



The total amount that you have to pay is <RM xx.xx> <annually/half yearly/quarterly/monthly>(inclusive of GST RM XXX on premium).

Premium paying duration: until age seventy (70) of the insured.

Premium rates for Death Benefit are guaranteed. The premium for Lifestyle Disease Benefit and Daily Hospital Income Benefit is not guaranteed and we reserve the right to revise the rates upon renewal. One of the possible factors contributing to the increase in premium rates is deteriorating claims experience. Other factors may also result in a need to revise the premium rates at renewal and the premium rates may be reviewed under other justified circumstances. We will give ninety (90) days prior notice in writing by ordinary post to your last known address in our record if such revision takes place. Past trends on the increase in premium rates do not necessarily reflect the future trend.

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

The table below shows the commission that you will need to bear, which has already been included into your premium payable:

Policy Year	Commission (%)
1	10
2	10
3	10
4	10
5	10
6	10
7	10
8	10
>=9	0

The commission payable based on initial premium amount is RM<xx.xx>.

Please note that the commission payable will vary according to the premium amount.

If you are paying monthly mode, the amount of annual commission payable is:

(monthly premium x commission % according to policy year x 12 months)

The commission payable is calculated on premium amount excluding GST.

5. What are the items subject to Goods and Services Tax?

Please note that with effect from 1st April 2015, a Goods and Services Tax (GST) will be chargeable at the prevailing rate on the premium for the taxable riders of your policy, if attached to your policy.

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

General

- Importance of disclosure – you must disclose all material facts such as medical condition, and state your age correctly.
- Free-look period – You may cancel your policy by giving a written notice to the company. The notice must be signed by you and received directly by the company within fifteen (15) days after you have received the policy. The premiums that you have paid (less any medical fee incurred) will be refunded to you.
- Grace period –You are given a grace period of thirty-one (31) days from the due date for payment of each subsequent premium. If your premium remains unpaid at the end of this grace period, the policy may lapse, subject to the cash value of the policy.
- Waiting period for Lifestyle Disease Benefit
 - Sixty (60) days for Cancer, Heart Attack, Diabetes Related Diseases and Hypertension Related Diseases;
 - Thirty (30) days for Stroke.
- Thirty (30) days waiting period for Daily Hospital Income Benefit if the hospitalization is due to sickness, disease or illness except hospitalization due to accidental injuries.



- Survival period – Lifestyle Disease Benefit will only be paid if you survive at least thirty (30) days after diagnosis of Cancer, Stroke, Heart Attack, Diabetes Related Diseases or Hypertension Related Diseases.
- Cash surrender value - You may surrender your policy anytime after the first two (2) policy years for a cash surrender value that is guaranteed. There will not be any cash surrender value until you have paid the premiums for two (2) years. You should note that upon early surrender, your cash surrender value may be less than the total premium paid.

Note:

- i. The list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this policy. This product disclosure sheet contains a summary of the product and is not a contract of insurance. The policy contract shall always prevail over this document.
- ii. You should satisfy yourself that the medical and health insurance policy chosen will best serve your needs and that the premium payable under the policy is an amount you can afford.

7. What are the major exclusions under this policy?

Death Benefit

Death caused by suicide within one (1) year from the issue date or commencement date, whichever is later.

Lifestyle Disease Benefit

- The signs or symptoms of Cancer, Heart Attack, Diabetes Related Diseases and Hypertension Related Diseases is manifested prior to or within sixty (60) days following the issue date or commencement date of the supplementary contract, whichever is later;
- The sign or symptoms of Stroke is manifested prior to or within thirty (30) days following the issue date or commencement date of the supplementary contract, whichever is later;
- Any illness other than a diagnosis of critical illnesses as defined;
- Any pre-existing conditions prior to the issue date or commencement date of the supplementary contract;
- The diagnosis of Critical Illness where in our opinion, was caused directly or indirectly by the existence of Acquired Immunodeficiency Syndrome (AIDS) or by the presence of any Human Immunodeficiency Virus (HIV) infection, we reserves the right to require the insured to undergo a blood test for HIV as a condition precedent to any acceptance of any claim. For the purpose of the supplementary contract:
 - (a) The definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition.
 - (b) Infection shall be deemed to have occurred where blood or other relevant test(s) indicate in our opinion either the presence of any Human Immunodeficiency Virus or antibodies to such a virus.
- Any critical illness diagnosed due, directly or indirectly, to a congenital defect or disease, which was manifested or was diagnosed before the insured attains seventeen (17) years of age;
- Any of the critical illness is caused by a self-inflicted injury;
- The insured did not survive for at least thirty (30) days after the diagnosis of a critical illness; or
- Any critical illness resulting directly from alcohol or drug abuse.

Daily Hospital Income Benefit

- Pre-existing illness;
- Any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (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 insured was continuously covered under the supplementary contract and any congenital conditions which has manifested or was diagnosed before the insured attains seventeen (17) years of age;
- Any disability caused by self-destruction or intentional self-inflicted injuries or any attempt of self-destruction while sane or insane;
- War, declared or undeclared, strikes, riots, civil war, revolution or any warlike operations;
- Service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order;
- Any violation or attempted violation of the law or resistance to arrest;
- Pregnancy, miscarriage or child birth;



- Mental or nervous disorders, treatment of alcoholism, alcohol or drug abuse or any other complications arising therefrom or any drug accident;
- Cosmetic or plastic surgery or any elective surgery;
- Any form of dental care or surgery unless necessitated by injury but excluding the replacement of natural teeth, placement of denture and prosthetic services such as bridges and crowns or their replacement;
- Routine health checks, any investigation(s) not directly related to admission diagnosis or disability;
- Any treatment or investigation which is not medically necessary, or convalescence, custodial or rest care;
- Any medical or physical conditions arising within the first thirty (30) days of the issue date or commencement date of the supplementary contract whichever is the later except for covered injury;
- Treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs until the insured has been continuously covered under the supplementary contract for a period of one hundred and twenty (120) days immediately preceding such treatment or surgery.

Note: The list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this policy

8. Can I cancel my policy?

Buying a life policy is a long-term financial commitment. If you do not pay your premiums within the grace period, your policy may lapse unless your policy has acquired cash value. The cash amount that we will pay you when you cancel the policy before the maturity period may be much less than the total amount of premium that you have paid.

If you wish to cancel your policy before the policy is issued, it can be made through telephone but cancellation after you have received the policy must be made in writing to us.

9. 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.

10. Where can I get further information?

Should you require additional information about life insurance and medical and health insurance, you may refer to the insurance info booklet on 'Life Insurance' and 'Medical and Health Insurance' available at all our branches or visit www.insuranceinfo.com.my

If you have any enquiries, please contact us at:

AIA Bhd.
Menara AIA
99 Jalan Ampang
50450 Kuala Lumpur
Tel: 1-800-18-1464
Fax: 03-2056 3891
E-mail : my.customer@aia.com

AIA Bhd. is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

11. Other types of similar plans available

Please contact us for other similar types of plans that we offer.

IMPORTANT NOTE:

BUYING A LIFE INSURANCE POLICY IS A LONG-TERM FINANCIAL COMMITMENT. YOU MUST CHOOSE THE TYPE OF POLICY THAT BEST SUITS YOUR PERSONAL CIRCUMSTANCES.

YOU SHOULD READ AND UNDERSTAND THE POLICY AND CONTACT US DIRECTLY FOR MORE INFORMATION.

The information provided in this disclosure sheet is valid as at [policy_date].