



Manulife EZ-Med Deductible* – Frequently Asked Questions

1. Who is eligible for Manulife EZ-Med Deductible?

Malaysians with a permanent address in Malaysia, aged between 17 to 45 years old (based on next birthday) are eligible to apply for **Manulife EZ-Med Deductible**.

2. How will I know which plan to select?

There are 2 plan options available under **Manulife EZ-Med Deductible**, which comes with different hospital room and board entitlement and overall annual and lifetime limits. You may refer to the Needs Analysis & Financial Calculator at www.manulife.com.my to find out more about the coverage amount that best suits you.

3. Who is this product for?

Manulife EZ-Med Deductible is generally suited for people who are looking for a medical insurance plan at an affordable premium. It is a pure protection medical plan that does not provide any elements of savings or investment.

4. What is meant by overall annual limit? What if I have utilised my annual limit?

This is the maximum amount that you can claim during each policy year under your **Manulife EZ-Med Deductible** policy and this annual limit will be refreshed on each policy year anniversary.

Once the overall annual limit for a particular policy year has been fully exhausted, all benefits under the policy shall immediately cease to be payable for that remaining policy year.

5. What is overall lifetime limit? What if I have utilised my lifetime limit?

This is the maximum amount that you can claim under your **Manulife EZ-Med Deductible** policy during the whole coverage term. This lifetime limit will not be refreshed once utilised.

Once the overall lifetime limit has been fully exhausted, your policy will cease.

6. What is Deductible?

Deductible Amount shall mean that portion of expenses covered under the Benefit Schedule for which You are liable before any benefits are payable by Company. The Company will only pay the balance expenses incurred for all eligible benefits accumulated on per Policy Year basis after deducting the Deductible Amount, as stated in the Benefit Schedule.

Deductible Amount will not be applicable if a claim is incurred:

- i) from a Malaysian Government Hospital or Malaysian Government Clinic
- ii) due to an Emergency Treatment.
- iii) from Outpatient Kidney Dialysis Treatment
- iv) from Outpatient Cancer Treatment; or
- v) from Emergency Accidental Injury Benefit

7. Will I receive a physical medical card for Manulife EZ-Med Deductible?

We encourage you to download our MyMed App to access your e-medical card at your convenience.

If you need a physical medical card to be sent to you, please send your request to Manulife Customer Service.

8. Where can I refer for the list of panel hospitals?

Please download the MyMed App on your mobile phone to locate your nearest panel hospital. Alternatively, you may refer to www.manulife.com.my for the list of panel hospitals.

9. Can I buy multiple Manulife EZ-Med Deductible policies?

No, you are only allowed to purchase one **Manulife EZ-Med Deductible** policy per life.

10. Will my premiums increase in future?

Yes, your premium will increase according to your attained age upon each policy anniversary.

11. How often do I need to make payments for this policy?

You can pay your premiums annually or monthly. No extra charges are imposed for either payment modes.

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

Manulife Insurance Berhad is a member of PIDM.



Manulife EZ-Med Deductible – Frequently Asked Questions (cont'd)

12. What are the payment methods allowed?

To be enrolled with **Manulife EZ-Med Deductible**, we prefer payment by credit or debit card.

13. I do not own a credit / debit card. Can I use another person's credit / debit card for payment?

You are only allowed to use the other person's credit / debit card for payments if the relationship of the card owner to you is any of the below:

- Spouse
- Child
- Parent or legal guardian
- Sibling

14. Can I upgrade my Manulife EZ-Med Deductible policy from Gold Plan to Platinum Plan?

Upgrade of plan is only allowed during the first policy year.

For policy upgrade, you will be subject to normal underwriting process, where Manulife Insurance Berhad (MIB) will have the right to request you to undergo medical check-up and submit medical reports for risk assessment purposes.

There are forms that you will need to fill up for this request. Please contact Manulife Customer Service for assistance.

15. Can I downgrade my policy from Platinum Plan to Gold Plan?

Yes, you may at any point of time. There are forms that you will need to fill up for this request. Please contact Manulife Customer Service for assistance.

16. Will my Manulife EZ-Med Deductible policy acquire cash value?

No, there is no cash value for this policy.

17. If my policy has lapsed due to non-payment of premium, can I reinstate my policy?

Yes, you can reinstate your policy within 3 years from the policy's lapse date, subject to all of the following:

- Fulfilment of underwriting rules at the point of reinstatement as determined by MIB;
- Evidence of insurability satisfactory to MIB at your own cost; and
- Repayment of all overdue premiums including interest as determined by MIB.

18. Can I cancel my policy?

Yes, you may cancel your policy at any time.

If your selected premium payment mode is annual and you have not made any claims during the policy year, you are entitled to get a portion of your premium refunded based on the current modal premium:

On each policy year, policy inforce period not exceeding	Percentage of Current Modal Premium for Refund	
	Annual Premium Mode	Monthly Premium Mode
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	0%	

[#] Not applicable for 1st policy year.

For monthly premium mode, the coverage of the policy will cease on the day before the next premium due date from your cancellation request.



Manulife EZ-Med Deductible – Frequently Asked Questions (cont'd)

19. Can I stay in a hospital room that is higher than my Daily Hospital Room and Board entitlement?

Yes, you can. However, you will need to pay the difference between the room and board rates at your own expense.

20. Does this plan pay in addition to other medical insurance plan(s) I may have?

No, you will not get any additional claim on your medical / hospital bill by owning multiple medical card policies. However, this plan pays in excess of other medical insurance plans you may have, for instance:

- If your total claimable hospital bill is RM300,000
- But your existing / other medical coverage only reimburses up to RM200,000
- You can claim RM200,000 from your existing medical plan first
- The balance of RM100,000 can then be claimed from your **Manulife EZ-Med Deductible** policy

21. How do I make changes (e.g. payment frequency, method, mailing address, etc) to my policy?

Please contact Manulife Customer Service and we will assist you accordingly.

22. How do I make a claim?

Please follow these three simple steps:

- 1) Go to Services>File A Claim at www.manulife.com.my and download the necessary claim forms.
- 2) Prepare the required supporting documents and submit the completed forms to MIB Head Office or any branch nearest to you.
- 3) Your claim will be processed and we will contact you within 7 to 10 working days.

If you need assistance, please contact our Manulife Customer Service during office hours.

23. I have some enquiries. What should I do?

You may refer to our staff at the branches / head office or contact our Manulife Customer Service for assistance during business hours between 9.00am to 5.30pm (Mondays to Fridays).

Manulife Customer Service

Customer Careline: 03-2719 9112 or 1300-13-2323

Customer Service Email: MYCARE@manulife.com

24. Who can I contact for any disputes related to my policy?

Should there be any dispute arising from your Policy, you may refer such dispute to:

- a) Manulife Customer Service at Level 12, Menara Manulife, 6, Jalan Gelenggang, Damansara Heights, 50490 Kuala Lumpur. (Tel: 03-2719 9112, E-mail: MYCARE@manulife.com);
- b) Financial Markets Ombudsman Service (FMOS) at Level 14, Main Block, Menara Takaful Malaysia, No. 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur. (Tel: 03-2272 2811, Website: www.fmos.org.my); or
- c) Contact Centre (BNMLINK), 4th Floor, Podium Bangunan AICB, No. 10, Jalan Dato' Onn, 50480 Kuala Lumpur. (Tel: 1300-88-5465, Web form: bnmlink.bnm.gov.my).

Important notes:

This is for general information only and is not construed as a contract of insurance. The precise terms, conditions, definitions and exclusions of this plan are specified in the policy contract issued by MIB.

You should satisfy yourself that this plan will best serve your needs and that the premium payable under the policy contract is an amount you can afford.

In the event of any discrepancy between the English, Bahasa Malaysia and Chinese versions, the English version shall prevail.

This insurance plan is underwritten by Manulife Insurance Berhad (200801013654 (814942-M)), a company licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia and is located at 16th floor, Menara Manulife, 6 Jalan Gelenggang, Damansara Heights, 50490 Kuala Lumpur.



Product Information Sheet

(Read this Product Information Sheet before you decide to take up **Manulife EZ-Med Deductible**. Be sure to also read the general terms and conditions.)

Manulife Insurance Berhad
(200801013654 (814942-M))
Manulife EZ-Med Deductible

1. What is this product about?

Manulife EZ-Med Deductible is a non-participating, regular premium medical plan which provides coverage for hospitalisation and surgical expenses up to age 99 (age next birthday), subject to limits set out in the Benefit Schedule. This is a pure protection product and it does not provide any savings or investment elements.

2. What are the covers / benefits provided?

There are 2 plans available for selection, each plan provides the coverage / benefits as below:

		Plan Type	
Benefit Schedule		Platinum	Gold
Section (A) Hospital and Surgical Benefits			
(a)	Daily Hospital Room & Board (no limit on number of days)	RM250 per day	RM150 per day
(b)	Hospital Intensive Care (no limit on number of days)	Reimbursement of Reasonable and Customary Charges, less Deductible Amount	
(c)	Surgical Benefit		
(d)	Anaesthetist's Benefit		
(e)	Operation Theatre Benefit		
(f)	Attending Physician's Benefit		
(g)	Pre-Hospitalisation Benefit (60 days prior to Hospitalisation) <ul style="list-style-type: none">• Specialist Consultation• Diagnostic X-Ray• Laboratory Examination and Scans		
(h)	Post-Hospitalisation Benefit (90 days after Hospitalisation) <ul style="list-style-type: none">• Outpatient Diagnostic X-Ray and Laboratory Examination• Medical Expenses and Consultation		
(i)	Hospital Miscellaneous Services		
(j)	Ambulance Fee		
Section (B) Outpatient and Emergency Benefits			
(k)	Day Surgery (including 90 days follow-up treatment)	Reimbursement of Reasonable and Customary Charges, less Deductible Amount	
(l)	Outpatient Dengue Treatment		
(m)	Outpatient Kidney Dialysis Treatment	Reimbursement of Reasonable and Customary Charges	
(n)	Outpatient Cancer Treatment		
(o)	Emergency Accidental Injury Benefit (up to RM1,000 per injury)	Applicable	
(p)	International Emergency Medical Evacuation (up to RM100,000 per lifetime)		
(q)	Emergency Assistance Services		
Section (C) Other Benefits			
(r)	Daily Government Hospital Cash Benefit	RM50 per day, up to 60 days per disability	
(s)	Government Tax	Reimbursement of any applicable taxes incurred based on Reasonable and Customary Charges	
Overall Annual Limit		RM250,000	RM150,000
Overall Lifetime Limit		RM2,500,000	RM1,500,000
Deductible Amount		RM500 per Policy Year	

"Deductible Amount" shall mean that portion of expenses covered under the Benefit Schedule for which you are liable before any benefits are payable by Company. The Company will only pay the balance expenses incurred for all eligible benefits accumulated on per Policy Year basis after deducting the Deductible Amount, as stated in the Benefit Schedule.



Product Information Sheet (cont'd)

Deductible Amount will not be applicable if a claim is incurred:

- i) from a Malaysian Government Hospital or Malaysian Government Clinic;
- ii) due to an Emergency Treatment;
- iii) from Outpatient Kidney Dialysis Treatment;
- iv) from Outpatient Cancer Treatment; or
- v) from Emergency Accidental Injury Benefit.

Duration of Cover: This plan is renewable on each policy anniversary up to Insured's age 99. The coverage will cease upon the exhaustion of overall lifetime limit, death of Insured or surrender / cancellation of plan, whichever is earlier.

Please refer to the policy contract for detailed description of each coverage / benefit.

3. How much premium do I have to pay?

The premium amount may vary depending on a few factors such as your attained age, gender, occupation class, plan chosen and health conditions. The premium amount payable is non-level and will increase as your age increases. Please refer to [Appendix 1](#) for full premium rates based on standard life.

Notes:

- Premium loading might apply depending on your occupation class and health conditions.
- Premium rates are non-guaranteed.
- Company reserves the right to revise the premium rates by giving you 30 days written notice. The revised rates will only take effect on your next policy anniversary.
- You will be given 30 days of grace period from each premium due date for premium payment. Your policy will lapse if premium remains unpaid after the grace period.

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

No commission will be payable under this policy as you are purchasing this policy directly from MIB without any sales intermediary involved.

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

- a) **Importance of disclosure** – You are required to disclose all the facts which you know or ought to know, fully and faithfully, otherwise the policy issued may be invalidated.
- b) **Free-look period** – You may cancel your policy by returning it with written objection within 15 days from the date of receipt. All premiums paid (less any medical fee incurred) will be refunded to you.
- c) **Waiting Period** – Eligibility for the benefits of this policy shall commence after:
 - i) 120 days for Specified Illness; and
 - ii) 30 days for any other covered disabilityfrom the Issue Date or Reinstatement Date, whichever is later. However, no Waiting Period is imposed if the injury is due to an accident.
- d) This policy is renewable on each policy anniversary at the premium rates in effect at that time. Unless renewed, the coverage will cease on expiry date and we shall not be liable for any expenses that take place after expiry date.
- e) Switching your existing Medical and Health Insurance (MHI) to another insurer's policy might not be advantageous as the waiting period and exclusion period, whichever is applicable, will be reset. Besides, new terms and conditions may apply to your new policy if your current health status is less favorable to the new insurer. Please check with your insurer for details terms and conditions before making a decision.

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



Product Information Sheet (cont'd)

6. What are the major exclusions under this plan?

Manulife EZ-Med Deductible does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one of the following occurrences:

- a) Pre-existing illness;
- b) Specified Illnesses occurring during the first 120 days of continuous cover, from the issue date or reinstatement date of the policy, whichever is later.
- c) Any medical or physical conditions arising within the first 30 days from the issue date or reinstatement date of the policy, whichever is later, except for accidental injury;
- d) Plastic / cosmetic surgery, eye examination, glasses and refraction or surgical correction of nearsightedness (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;
- e) Dental conditions including dental treatment or oral surgery except as necessitated by Injury to sound natural teeth occurring wholly during the period of insurance;
- f) Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS-Related Complex) and HIV-related disease;
- g) Any treatment or surgical operation for congenital abnormalities or deformities, including hereditary conditions;
- h) Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilisation;
- i) Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of any sickness, disease, illness, injuries 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;
- j) Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
- k) War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection;
- l) Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
- m) Expenses incurred for donation of any body organ by the Insured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications. However, the cost of actual undergoing of a major organ transplant as a recipient by the Insured is covered;
- n) 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;
- o) Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured and disability arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract;
- p) Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
- q) Sickness or injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;
- r) Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
- s) Expenses incurred for sex / gender changes;
- t) Medical treatment received by the Insured outside Malaysia, Brunei or Singapore, if the Insured resides or travels outside these countries for more than 90 consecutive days; or
- u) Cost / expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit / pack and other ineligible non-medical items.

Note: This list is non-exhaustive. Please refer to policy contract for the complete list of exclusions.



Product Information Sheet (cont'd)

7. Can I cancel my policy?

You may cancel your policy by giving a written notice to MIB. Upon cancellation, provided there is no claim made during the policy year and all premiums due are paid, the following refund of premium will be made to you.

On each policy year, period not exceeding	% Refund of Current Modal Premium	
	Annual Premium Mode	Monthly Premium Mode
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	0%	

Not applicable for 1st policy year.

8. What do I need to do if there are changes to the contact details of myself, my nominee(s) or my trustee(s)?

It is important that you, your nominee(s) or your trustee(s) inform us of any change in the contact details to ensure that all correspondences reach you, your nominee(s) or your trustee(s) 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 & Health Insurance' available at MIB branches or you can visit www.insuranceinfo.com.my

If you have any enquiries, please contact us at:

Manulife Insurance Berhad (200801013654 (814942-M))

12th floor, Menara Manulife, 6, Jalan Gelenggang, Damansara Heights, 50490 Kuala Lumpur

Tel : 03-2719 9112

Email : MYCARE@manulife.com

10. Other similar type of cover / plan available

Please contact MIB for other similar types of plans available.

Important note:

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

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

The information provided in this information sheet is valid as of September 2024.





Appendix 1 / Lampiran 1 / 附录1

Monthly Mode Premium Rates Table, in Ringgit Malaysia (RM)
 Jadual Kadar Premium Mod Bulanan, dalam Ringgit Malaysia (RM)
 每月保费率表，以零吉 (RM) 为单位

Attained Age Next Birthday / Umur Hari Jadi Berikutnya / 下一个生日年龄	Male / Lelaki / 男性		Female / Wanita / 女性	
	Platinum / Platinum / 白金	Gold / Emas / 黄金	Platinum / Platinum / 白金	Gold / Emas / 黄金
17 - 30	89.00	61.17	87.33	60.00
31 - 40	101.17	69.58	106.33	73.17
41 - 45	123.25	84.75	145.92	100.33
46 - 50 [^]	163.58	112.50	187.33	128.83
51 - 55 [^]	221.83	152.50	224.25	154.17
56 - 60 [^]	288.25	198.17	313.17	215.33
61 - 65 [^]	337.92	232.33	364.08	250.33
66 - 68 [^]	536.92	369.17	573.75	394.50
69 [^]	575.58	395.75	615.42	423.17
70 [^]	615.75	423.42	658.58	452.83
71 [^]	655.92	451.00	701.75	482.50
72 [^]	696.08	478.58	744.92	512.17
73 [^]	736.17	506.17	788.00	541.83
74 [^]	786.83	541.00	841.33	578.50
75 [^]	837.33	575.75	894.75	615.25
76 [^]	887.92	610.50	948.00	651.83
77 [^]	938.42	645.25	1,001.33	688.50
78 [^]	989.00	680.00	1,054.75	725.25
79 [^]	1,064.00	731.58	1,134.25	779.92
80 [^]	1,139.00	783.17	1,213.92	834.67
81 [^]	1,214.00	834.75	1,293.50	889.42
82 [^]	1,288.92	886.25	1,373.08	944.17
83 [^]	1,363.92	937.83	1,452.67	998.83
84 [^]	1,430.25	983.42	1,516.75	1,042.92
85 [^]	1,496.50	1,029.00	1,580.83	1,087.00
86 [^]	1,562.83	1,074.58	1,644.92	1,131.00
87 [^]	1,629.00	1,120.08	1,708.83	1,175.00
88 [^]	1,695.25	1,165.67	1,772.92	1,219.00
89 [^]	1,769.08	1,216.33	1,847.42	1,270.25
90 [^]	1,842.75	1,267.08	1,921.92	1,321.50
91 [^]	1,916.50	1,317.75	1,996.42	1,372.67
92 [^]	1,990.17	1,368.42	2,070.92	1,423.92
93 [^]	2,063.92	1,419.08	2,145.33	1,475.08
94 [^]	2,138.42	1,470.33	2,226.67	1,531.00
95 [^]	2,213.00	1,521.58	2,307.83	1,586.83
96 [^]	2,287.58	1,572.92	2,389.00	1,642.58
97 [^]	2,362.08	1,624.08	2,470.08	1,698.42
98 [^]	2,436.67	1,675.42	2,551.17	1,754.17

The above is based on standard health, occupation class 1 and excludes any applicable taxes. Premium loading may apply.

[^] Premium rates for age 46 and above are applicable for renewal only.

Jadual atas adalah berdasarkan kesihatan standard, kelas pekerjaan 1 dan tidak termasuk sebarang cukai yang berkenaan. Bebanan premium mungkin dikenakan.

[^] Kadar premium untuk umur 46 dan ke atas hanya sah untuk pembaharuan sahaja.

以上率表基于标准健康、职业等级1及不包括任何适用的税务。可能需要征收附加保费。

[^] 46岁及以上的保费率，适用于续保。



Appendix 2 / Lampiran 2 / 附录2

Annual Mode Premium Rates Table, in Ringgit Malaysia (RM)
Jadual Kadar Premium Mod Tahunan, dalam Ringgit Malaysia (RM)
年度保费率表，以零吉 (RM) 为单位

Attained Age Next Birthday / Umur Hari Jadi Berikutnya / 下一个生日年龄	Male / Lelaki / 男性		Female / Wanita / 女性	
	Platinum / Platinum / 白金	Gold / Emas / 黄金	Platinum / Platinum / 白金	Gold / Emas / 黄金
17 - 30	1,068.00	734.00	1,048.00	720.00
31 - 40	1,214.00	835.00	1,276.00	878.00
41 - 45	1,479.00	1,017.00	1,751.00	1,204.00
46 - 50^	1,963.00	1,350.00	2,248.00	1,546.00
51 - 55^	2,662.00	1,830.00	2,691.00	1,850.00
56 - 60^	3,459.00	2,378.00	3,758.00	2,584.00
61 - 65^	4,055.00	2,788.00	4,369.00	3,004.00
66 - 68^	6,443.00	4,430.00	6,885.00	4,734.00
69^	6,907.00	4,749.00	7,385.00	5,078.00
70^	7,389.00	5,081.00	7,903.00	5,434.00
71^	7,871.00	5,412.00	8,421.00	5,790.00
72^	8,353.00	5,743.00	8,939.00	6,146.00
73^	8,834.00	6,074.00	9,456.00	6,502.00
74^	9,442.00	6,492.00	10,096.00	6,942.00
75^	10,048.00	6,909.00	10,737.00	7,383.00
76^	10,655.00	7,326.00	11,376.00	7,822.00
77^	11,261.00	7,743.00	12,016.00	8,262.00
78^	11,868.00	8,160.00	12,657.00	8,703.00
79^	12,768.00	8,779.00	13,611.00	9,359.00
80^	13,668.00	9,398.00	14,567.00	10,016.00
81^	14,568.00	10,017.00	15,522.00	10,673.00
82^	15,467.00	10,635.00	16,477.00	11,330.00
83^	16,367.00	11,254.00	17,432.00	11,986.00
84^	17,163.00	11,801.00	18,201.00	12,515.00
85^	17,958.00	12,348.00	18,970.00	13,044.00
86^	18,754.00	12,895.00	19,739.00	13,572.00
87^	19,548.00	13,441.00	20,506.00	14,100.00
88^	20,343.00	13,988.00	21,275.00	14,628.00
89^	21,229.00	14,596.00	22,169.00	15,243.00
90^	22,113.00	15,205.00	23,063.00	15,858.00
91^	22,998.00	15,813.00	23,957.00	16,472.00
92^	23,882.00	16,421.00	24,851.00	17,087.00
93^	24,767.00	17,029.00	25,744.00	17,701.00
94^	25,661.00	17,644.00	26,720.00	18,372.00
95^	26,556.00	18,259.00	27,694.00	19,042.00
96^	27,451.00	18,875.00	28,668.00	19,711.00
97^	28,345.00	19,489.00	29,641.00	20,381.00
98^	29,240.00	20,105.00	30,614.00	21,050.00

The above is based on standard health, occupation class 1 and excludes any applicable taxes. Premium loading may apply.

^ Premium rates for age 46 and above are applicable for renewal only.

Jadual atas adalah berdasarkan kesihatan standard, kelas pekerjaan 1 dan tidak termasuk sebarang cukai yang berkenaan. Bebanan premium mungkin dikenakan.

^ Kadar premium untuk umur 46 dan ke atas hanya sah untuk pembaharuan sahaja.

以上率表基于标准健康、职业等级1及不包括任何适用的税务。可能需要征收附加保费。

^ 46岁及以上的保费率，适用于续保。

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