

**PRODUCT DISCLOSURE SHEET**

(Read this Product Disclosure Sheet before you decide to take up Manulife Health Saver Enrich. Be sure to also read the general terms and conditions.)

MANULIFE INSURANCE BERHAD (200801013654 (814942-M))

Manulife Health Saver Enrich

**1. WHAT IS THIS PRODUCT ABOUT ?**

**<Individual Plan>**: Manulife Health Saver Enrich is a unit-deducting rider that provides comprehensive coverage for hospitalisation and surgical expenses, out-patient treatment due to illness or injury, and post-care benefits, in excess of the Deductible Amount selected. There are three (3) plans available for selection, which are daily room and board rate of RM200, RM300 and RM1,000 respectively with four (4) Deductible Amount options available, i.e. RM500, RM1,000, RM5,000 and RM10,000.

**<Family Plan>**: Manulife Health Saver Enrich - Family is a unit-deducting rider that provides comprehensive coverage for hospitalisation and surgical expenses, out-patient treatment due to illness or injury, and post-care benefits to the Covered Member, in excess of Deductible Amount selected. There are three (3) plans available for selection, which are daily room and board rate of RM200, RM300 and RM1,000 respectively with four (4) Deductible Amount options available, i.e. RM500, RM1,000, RM5,000, RM10,000. Additionally, the plan includes a Family Shared Annual Limit of RM20 million. A maximum of 5 children are allowed per plan.

**2. WHAT ARE THE COVERS / BENEFITS PROVIDED ?**

The benefits offered are subject to the number of days and limits as stated in the Benefit Schedule below.

The plan that you have selected is: MHSE **<200/300/1,000>**

Deductible Amount : RM **<500/1,000/5,000/10,000>**

Coverage Term : **<expiry age or up to age 99 next birthday, whichever earlier>**

Benefit Schedule		MHSE 1000	MHSE 300	MHSE 200
Section A: Hospital & Surgical Benefits				
1	Daily Hospital Room & Board (no limit on number of days)	RM1,000 per day	RM300 per day	RM200 per day
2	Hospital Intensive Care (no limit on number of days)	As charged, subject to Reasonable and Customary Charges, less Deductible Amount		
3	Surgical Benefit			
4	Anaesthetist's Benefit			
5	Operation Theatre Benefit			
6	Attending Physician's Benefit			
7	Pre-Hospitalisation Benefit (within 120 days) i. Specialist Consultation ii. Diagnostic X-Ray & Laboratory Examination iii. Scans iv. Medication and Treatment	As charged, subject to Reasonable and Customary Charges, less Deductible Amount		
8	Post-Hospitalisation Benefit i. Out-patient Diagnostic X-Ray & Laboratory Examination ii. Medical Expenses and Consultation  - Within 210 days - Within 365 days for 5 Critical Illnesses (Cancer, Heart Attack, Stroke, Kidney Failure and Coronary Artery Surgery)			
9	Hospital Miscellaneous Services			
10	Ambulance Fee			
11	Non-Medical Related Expenses (per Disability per year)	Up to RM1,000	Up to RM500	Up to RM400

12	Government Hospital Cash Benefit (up to 60 days per confinement)	RM250 per day	RM150 per day	RM100 per day
13	Daily Guardian Benefit (maximum 150 days per year)	Up to RM100 per day	Up to RM75 per day	Up to RM65 per day
14	Life support Benefit <ul style="list-style-type: none"><li>i. Pacemaker (both implanted and external)</li><li>ii. Cardioverter defibrillator (both implanted and external)</li></ul>	Up to RM80,000 per lifetime	Up to RM40,000 per lifetime	Up to RM20,000 per lifetime
Section B: Day Treatment Benefits				
15	Day Surgery	As charged, subject to Reasonable and Customary Charges, less Deductible Amount		
16	Out-patient Illness Treatment <ul style="list-style-type: none"><li>i. Dengue Fever</li><li>ii. Zika</li><li>iii. Bronchitis</li><li>iv. Influenza</li><li>v. Pneumonia</li><li>vi. Chikungunya Fever</li><li>vii. Hand, Foot and Mouth Disease</li></ul>	Up to RM3,000 per year, less 5% Co-insurance Amount (subject to maximum Co-insurance Amount of RM150 per year).		
Section C: Out-patient Benefits				
17	Out-patient Kidney Dialysis Treatment	As charged, subject to Reasonable and Customary Charges		
18	Out-patient Cancer Treatment			
19	Out-patient Stroke Treatment			
20	Emergency Accidental Injury Benefit (per injury)	Up to RM3,500	Up to RM2,750	Up to RM2,500
Section D: Post-Care Benefits				
21	Traditional Chinese Medicine & Chiropractic Treatment	Up to RM300 per visit	Up to RM250 per visit	Up to RM200 per visit
		Up to RM3,000 per year	Up to RM2,500 per year	Up to RM2,000 per year
22	Nursing Care at Home (per year)	Up to RM10,000	Up to RM6,000	Up to RM4,000
		Up to 200 days per lifetime		
23	Follow-up care upon Cancer Remission <ul style="list-style-type: none"><li>- Monitoring of recurrence of cancer with<ul style="list-style-type: none"><li>i. diagnostic test</li><li>ii. screening test</li><li>iii. consultation follow-up fee</li></ul></li></ul> up to 5 years from cancer remission date.	As charged, subject to Reasonable and Customary Charges and limit to twice per year		
24	Follow-up care upon discharge from ischemic heart disease related hospitalisation <ul style="list-style-type: none"><li>- Follow-up care with<ul style="list-style-type: none"><li>i. screening test</li><li>ii. consultation follow-up fee</li></ul></li></ul> up to 5 years from date of discharges.	Up to RM3,000 per year		
Section E: Other Benefits				
25	Intraocular Lens	Up to RM8,000 per lifetime (including multifocal lens)		

26	Vaccination Benefit i. Dengue Fever ii. Cervical Cancer iii. Pneumococcal iv. Influenza	Reimburse up to RM2,000 per lifetime, subject to RM500 limit on the first year only
27	Psychotherapy Treatment/ Psychiatric Visit due to i. Major Depressive Disorder ii. Generalized Anxiety Disorder	Reimburse up to RM250 per visit, subject to RM1,500 per year and RM5,000 per lifetime
28	Second Medical Opinion	Up to RM2,000 per year
<b>Section F: Value Added Services</b>		
29	Emergency Assistance Services	Yes
30	International Emergency Medical Evacuation Benefit	As charged, subject to Reasonable and Customary Charges up to a maximum of RM100,000 per lifetime, subject to Overall Individual Annual Limit
<b>Deductible Amount (per year per Covered Member)</b>		<b>RM500 / RM1,000 / RM5,000 / RM10,000</b>
<b>Overall Individual Annual Limit</b>		<b>RM8,000,000      RM5,000,000      RM3,000,000</b>
<b>Overall Family Shared Annual Limit (For Family Plan Only)</b>		<b>RM20,000,000</b>
<b>Overall Individual Lifetime Limit</b>		<b>No Lifetime Limit</b>

Note: Any applicable taxes on taxable supplies and services provided to Covered Member will be covered by Manulife, based on Reasonable and Customary Charges.

#### Pre-Certification Hospitalisation Programme

This is a value-added service provided at the Manulife's absolute discretion to the Insured through a third-party administrator appointed by Manulife. The third-party administrator will, when authorised by Manulife in writing, guarantee and pay the Insured's medical expenses incurred during Hospitalisation according to the Manulife's terms and conditions, which may be amended and/or modified by Manulife from time to time.

However, this value-added service is only available to the Insured after the third-party administrator has verified the status of the Insured's medical insurance policy and confirmed the eligibility of the Insured for this value-added service, and ascertained that the Insured's medical condition for Hospitalisation does not fall under any of the exclusions under the policy or other circumstances justifying further investigation by Manulife.

#### Deductible Amount

Deductible Amount shall mean that portion of Eligible Expenses for which You are liable before any benefits are payable by Manulife. Manulife will only pay the balance Eligible Expenses incurred for all eligible benefits accumulated on per year per Cover Member basis after deducting the Deductible Amount, as stated in the Benefit Schedule. Deductible Amount will not be applicable if a claim is incurred

- for Emergency Treatment, including treatment due to an Accident;
- from a Malaysian Government Hospital or Malaysian Government Clinic;
- The benefits under Section C, Section D, Section E and Section F stated in the Benefit Schedule.

#### Co-Insurance Amount (For Out-patient Illness Treatment)

Co-insurance Amount shall mean the amount required to be paid by You, which is equal to five percent (5%) of the total Eligible Expenses per claim, subject to a maximum amount of one hundred and fifty Ringgit Malaysia (RM150) per year. Manulife will only pay the balance of Eligible Expenses incurred for all eligible benefits accumulated after deducting the Co-insurance Amount (if applicable), as stated in the Benefit Schedule.

"Eligible Expenses" shall mean expenses covered under the Benefit Schedule. For Deductible Amount, this refers to the actual expenses incurred under Section A and Day Surgery under Section B per the applicable limits. For Co-insurance, this refers to actual expenses incurred under Out-patient Illness Treatment per the applicable limits.

#### Discount Benefit

Manulife Health Saver Enrich comes with a discount to the Base Insurance Charges and is provided at the level of each Covered Member, at policy inception ("Upfront Discount") and when no claims are made during the preceding year ("No Claim Discount").

- A forty percent (40%) Upfront Discount is given on the applicable Base Insurance Charges for the first (1st) year. If there is no claim made during the said year, the discount will remain at forty percent (40%) of the applicable Base Insurance Charges on the next Rider Anniversary (this is the No Claim Discount (NCD)).

- (b) If a claim is approved during any year, the NCD for the next year will be adjusted as follows:

Current year Discount	Following year Discount
40%	30%
30%	15%
15%	0%

In this event, You will be required to perform a premium top-up in the next year to cover the higher insurance charges resulting from the NCD reduction.

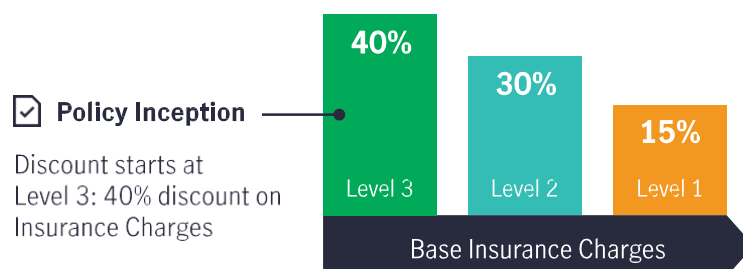
- (c) An incremental percentage as per the following table, up to a maximum of forty percent (40%) of NCD, will be given at every subsequent year, provided that no claim has been made during the previous year.

Current year Discount	Following year Discount
0%	15%
15%	30%
30%	40%

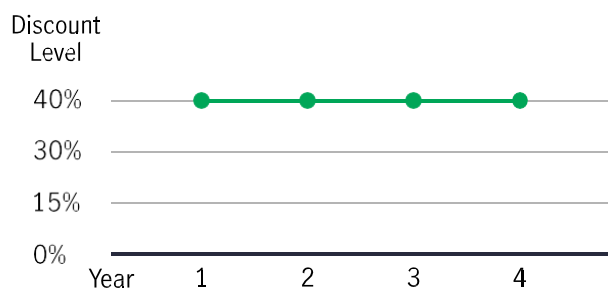
- (d) For any claim that is approved for the Covered Member, the NCD will be reduced according to the table shown in (c), to a minimum of zero percent (0%) of NCD, only for the said Covered Member in the next year. For clarity, the NCD shall apply individually for each Covered Member.
- (e) NCD will NOT be reduced if a claim is incurred:
- (i) for Emergency Treatment, including treatment due to an Accident. "Emergency Treatment" shall mean treatment in the event whereby immediate medical attention for preservation of life or limb is required within twenty-four (24) hours arising from an Accident which are sudden and severe, failing which will be life threatening or lead to serious deterioration of health. We have the right to determine if the condition is classified as emergency.
  - (ii) from a Malaysian Government Hospital or Malaysian Government Clinic. "Malaysian Government Hospital" and "Malaysian Government Clinic" means a hospital or clinic which charges of services are subject to the Fees Act 1951 and Fees (Medical) Order 1982 and/or its subsequent amendments if any. This includes hospitals established, maintained, operated or provided by the Malaysian Government and excludes privatised or corporatised Malaysian Government Hospitals.
  - (iii) for Hospital, surgical and out-patient benefits that are related to the diagnosis of Cancer, Stroke, Heart Attack (acute myocardial infarction), Kidney Failure and Coronary Artery Surgery;
  - (iv) for admission to Intensive Care Unit (ICU) for a continuous period of seven (7) days or more;
  - (v) Post-hospitalisation Benefit that is related to an approved Hospitalisation benefit;
  - (vi) for the benefits under Section B, Section C, Section D, Section E and Section F stated in the Benefit Schedule;
  - (vii) for an illness which the Covered Member has been vaccinated for, provided that such vaccination was claimed under the vaccination benefit in this policy and in the opinion of Manulife's medical examiner, the vaccine is still effective at the time of admission or treatment.
- (f) For changes in Room and Board plan and/or Deductible Amount, the prevailing applicable discount will apply to the new Base Insurance Charges.
- (g) For addition of Covered Members, the Upfront Discount will apply to the new Base Insurance Charges.

### **How does Discount Benefit work?**

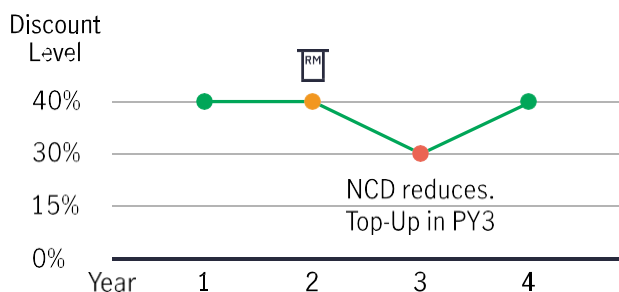
Discount Benefit is given based on the chart below:



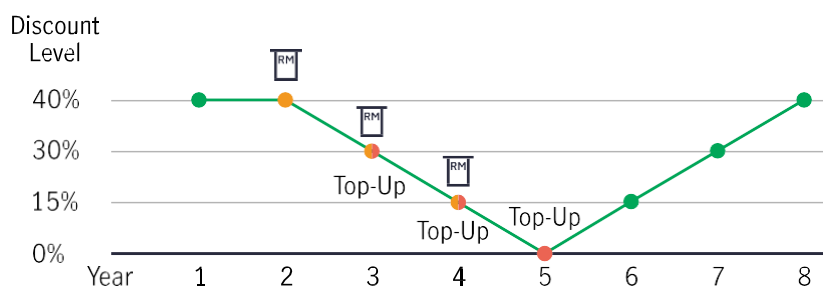
**Scenario 1** - If there are no claims, the NCD level remains unchanged



**Scenario 2** - When a claim is made in Year 2, a Top-Up Premium will be required for the next year. When no claim is made in year 3, NCD will return to 40% in year 4.



**Scenario 3** - When there are claims in consecutive years (i.e., Year 2, Year 3, and Year 4), the NCD will gradually reduce to 0%. However, when no claims are made in subsequent years, the NCD will slowly increase to 40%.



Note: If a claim is made due to scenario in Discount Benefit section (e), NCD will not reduce.

### Case Study

Sabrina, a 30-year-old female, non-smoker, purchased a new medical plan MHSE with RM1,000 Deductible and Plan 200.

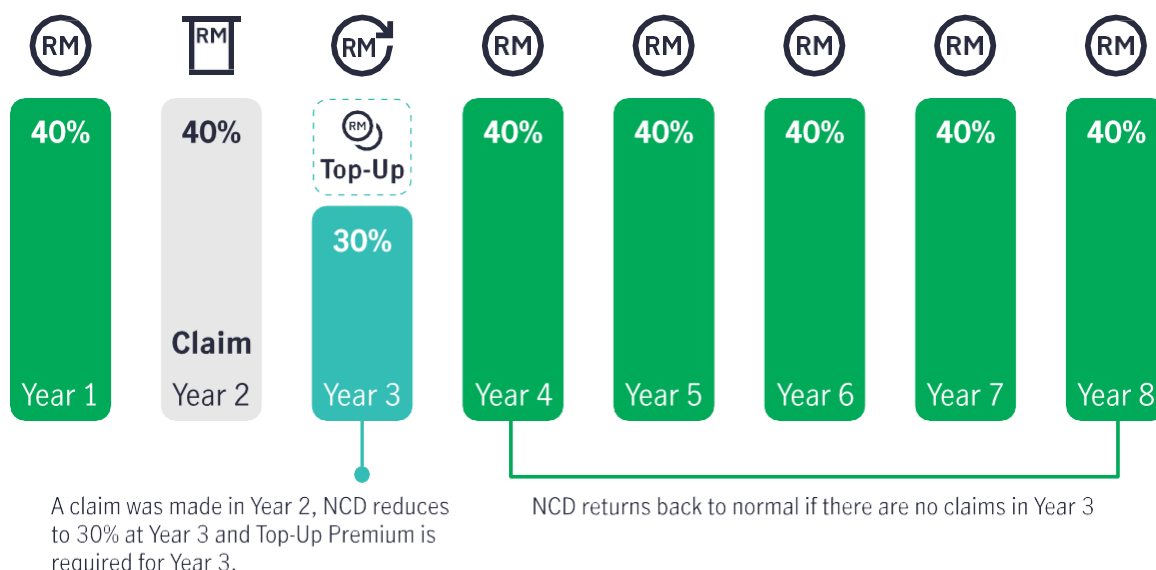
Basic Plan	ManuLink Essential		Face Amount: RM100,000 (100% Equity Fund)	
Rider	Manulife Health Saver Enrich			
Deductible (Select 1)	RM500	RM1,000	RM5,000	RM10,000
Room & Board (Select 1)	MHSE 200	MHSE 300	MHSE 1,000	

Upon policy inception, Sabrina enjoys **40% Upfront Discount** on the cost of insurance.

### Scenario 2

In year 2, Sabrina contacts dengue and is admitted to private hospital for 5 days.

Her NCD will reduce from 40% to 30% in year 3 and she needs to **Top-Up RM169** on her medical plan for the next year (year 3).

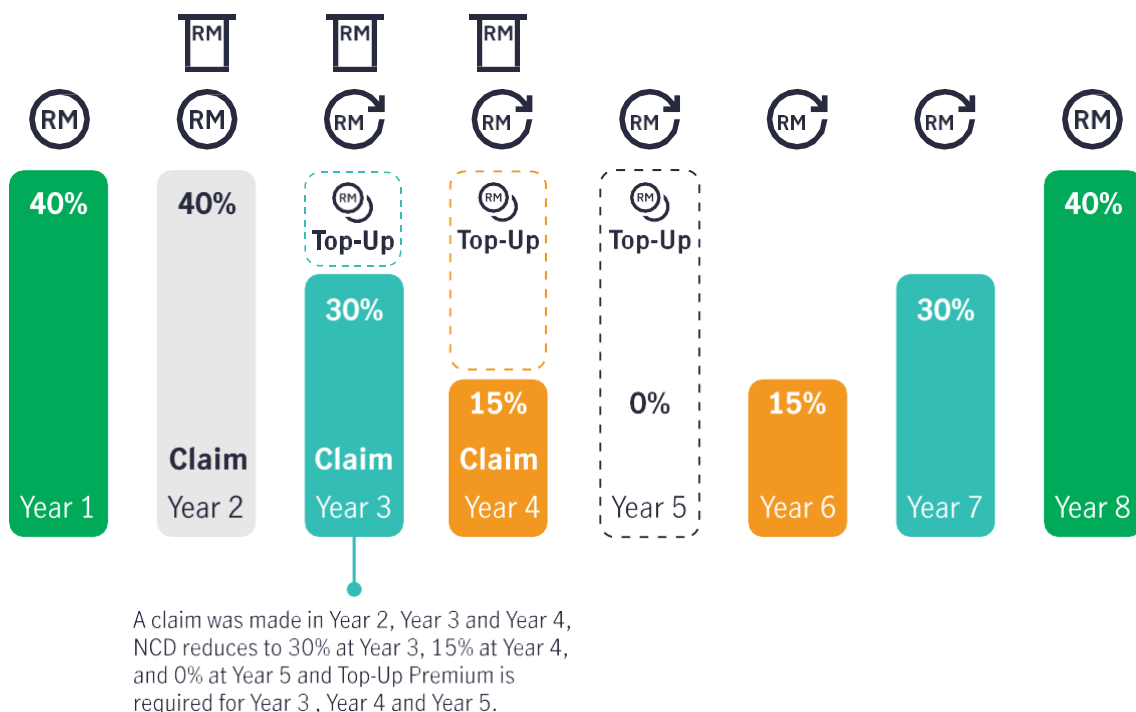


### Scenario 3

In the following year (year 3), Sabrina is admitted into the private hospital due to asthma for 3 days and **her NCD is further reduced to 15%**. So, she needs to **Top-Up RM562 in year 4**.

Following year (year 4), Sabrina contacts Urinary Tract Infection (UTI) while traveling for work and she is hospitalised, her **NCD is now further reduced to 0%**, and she needs to **Top-Up RM1,223 in year 5**.

In subsequent years, Sabrina did not make any claims. The NCD will gradually increase each year and return to 40% in year 8, as long there are no claims for three consecutive years.



The figures above are for illustration purpose only, actual charges are based on the current cost of insurance.

Kindly note that when the NCD is reduced, the policy coverage term will also be shortened due to higher Insurance Charges. Therefore, Sabrina (the Policy Owner) will be required to perform a Top-Up Premium for the next year. The No Lapse Guarantee may be forfeited if the Top-Up Premium is not paid after the end of the grace period. When no claims are made, the NCD will increase in the next year and the Top-Up Premium are not required.

**Note:** Please note that all amounts above are rounded up to the nearest Ringgit.

#### Additions and Deletions of Covered Member

- (a) Where there is/are existing Covered Child/Children under this policy, the Owner may subsequently register the Insured's new-born Child/Children or newly adopted Child/Children as Covered Member provided that a notice to extend coverage is given to Manulife within ninety (90) days of such new addition becoming the Insured's Child/Children. Manulife may require the Child/Children's birth certificate(s) or legal documentation on the adoption as proof of eligibility. The maximum number of Children covered under this policy is limited to five (5).
- (b) Where there is/are no Covered Child/Children under this policy, the Owner may subsequently apply to add any Child/Children as a Covered Member under this policy. Such addition is subject to Manulife's approval and payment of appropriate premiums.
- (c) Where there is no Covered Spouse under this policy, the Owner may subsequently make an application to add a Spouse as a Covered Member under this policy. Such addition is subject to Manulife's approval and payment of appropriate premiums.
- (d) Upon addition of a Covered Member under (b) and (c) above, an additional monthly Insurance Charge shall be charged on this policy by deducting sufficient number of Units at the Net Asset Value every monthly anniversary. The monthly Insurance Charge rate is determined by Manulife based on the appropriate plan's benefit, Covered Member's health, gender, attained age, occupation, avocation class rating and applicable Discount Benefit on the Base Insurance Charges.
- (e) The Owner may request for removal of the Covered Spouse or Covered Child/Children from coverage under this policy after the issuance of the policy. Upon removal of the Covered Spouse or Covered Child/Children, the monthly Insurance Charge of this plan shall be subject to adjustment.
- (f) The Owner must request for removal of Covered Member(s) under this policy once coverage on the said Covered Member(s) is terminated pursuant to the Discontinuance clause. Upon removal of the said Covered Member(s), the monthly Insurance Charge of this plan shall be subject to adjustment.

#### Discontinuance

Manulife Health Saver Enrich shall automatically terminate on the first occurrence of any of the following:

- (a) on the Expiry Date of this policy as shown on the Policy Information Page or Endorsement Page;
- (b) the Owner gives Manulife written notice requesting discontinuance;
- (c) the Account Value is fully exhausted;
- (d) this policy is surrendered for its Account Value; or
- (e) upon the death of the Insured.

Manulife Health Saver Enrich will not be terminated upon admission of liability on Total and Permanent Disability unless as stated above. Manulife reserves the right to retain a sufficient amount of Account Value upon Total and Permanent Disability claims to keep this policy in force. The Owner is allowed to make single premium Top-up at any time.

In addition, coverage on the following Covered Member will terminate on the first occurrence of any of the following:

- (a) on the Expiry Date of this policy as shown on the Policy Information Page or Endorsement Page; or
- (b) upon the death of the said Covered Member;
- (c) the Covered Member ceases to qualify as a Spouse or Child/Children based on the definition of this policy; or
- (d) on the Policy Anniversary where the Covered Member's attained age next birthday is as follows:

Covered Member	Age (Next Birthday)
Spouse	99
Child	21

The termination of these benefits shall be without prejudice to any claim arising prior to such termination.

#### Continuation of Child Coverage

The Owner may choose to extend the coverage of a Covered Child/ Covered Children who has/have reached the attained age of twenty-one (21) next birthday on the Policy Anniversary under the same policy without re-underwriting, up to the policy coverage term, provided that the policy is in force at the time of renewal.

The premium at the time of extension is not guaranteed and new premium payable for the extended coverage may apply.

The extension shall constitute as a continuation of coverage based on the existing terms and conditions. Waiting period, exclusion period and contestable period, whichever applicable, will not be reset.

This extension can be exercised after the Policy Anniversary when the Covered Child/Children attains the age of eighteen (18) next birthday up until three (3) months before the Covered Child/Children reaches the attained age of twenty-one (21) next birthday.

#### Conversion Privilege of Dependent:

The Dependent(s) is entitled to purchase a new hospital and surgical plan with a comparable benefit under this policy, for a similar Room and Board Limit or Overall Individual Annual Limit of the plan, whichever is lower, without further evidence of insurability in the event of any one of the following occurrences:

- (a) the Dependent's coverage is terminated where the termination is caused by death of the Insured;
- (b) the Dependent's coverage is terminated where the termination is caused by the expiry age of the Child or the Insured;
- (c) after the Policy Anniversary when the Child attains age eighteen (18) next birthday; or

This privilege is applicable if the purchase is made within three (3) months from the termination date of existing coverage and has not exceeded the maximum entry age of the new hospital and surgical plan.

For all the above-mentioned conversions, all the extra Insurance Charges, exclusion clauses, previous claims amount and Discount Benefit (if applicable) of the existing policy for each of the Dependent will be carried into the new policy. The Waiting Period of illnesses or specified illnesses shall commence from the Issue Date or any reinstatement date of the existing policy or actual date of birth (for Covered Baby), whichever is later. During the said waiting period, benefits payable shall be based on the new policy, except for the Room and Board Benefit.

Note: Please refer to the policy contract for full details of the above benefits.

**Reminder:** Please read the product illustration which includes product benefits and refer to respective Fund Fact Sheet for objectives of the investment-linked fund. It is important to select a plan or a combination of funds that suit your financial goal and risk profile.

### **3. HOW MUCH PREMIUM DO I HAVE TO PAY ?**

Not applicable as this is a unit deducting rider. Please refer to question 4 below for the insurance charges.

### **4. WHAT ARE THE FEES AND CHARGES THAT I HAVE TO PAY ?**

- (a) Additional monthly Insurance Charges shall be charged by deducting sufficient number of Units at the Net Asset Value every month.
- (b) The monthly Insurance Charge rate is determined based on the selected plan's benefit, Covered Member's health, gender, attained age, occupation, avocation class rating and applicable Discount Benefit on the Base Insurance Charges.
- (c) The Insurance Charges for Manulife Health Saver Enrich are not guaranteed and may be varied from time to time by giving 30 days notice to policy owners. Any revision in the rate of Base Insurance Charges shall apply to policies issued in the same risk class. For further details of the Base Insurance Charges and other policy Charges, please refer to the product illustration.

### **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 material facts relevant to Manulife's underwriting decision, for example health condition and state your age correctly. Otherwise the policy issued hereunder may be invalidated.
- (b) Free-look Period - you may cancel your policy by returning the policy with written objection within 15 days from the receipt of the policy. The policy Charges (excluding Fund Management Charge) and the Account Value based on the Net Asset Value (NAV) at the next Valuation Date following date of receipt of written notification of cancellation, less any examination fees incurred, will be refunded to you and the policy shall thereafter be cancelled.
- (c) Policy lapse - the policy may lapse when the value of investment units is insufficient to pay for the applicable Charges.
- (d) If a claim is approved during any year, the NCD for the next year will be adjusted as follows:

Current year Discount	Following year Discount
40%	30%
30%	15%
15%	0%

In this event, You will be required to perform a premium top-up in the next year to cover the higher insurance charges resulting from the NCD reduction.

- (e) Manulife Health Saver Enrich shall be renewed annually, except in the event of fraud or misrepresentations of material fact during application, at the time of renewal. The following are possible scenarios on policy renewal:
  - Renewal Insurance Charges shall be charged according to the original scale if the current environment (claim ratio, inflation rate etc.) continues; or
  - Renewal Insurance Charges shall be charged based on a higher scale as compared to the original if the current environment deteriorates, i.e. increase in claim ratio, high inflation, increase in medical costs, etc; or
  - the plan/rider/benefit is not renewed according to the Discontinuance clauses as stated in the policy contract.

The above scenarios are not exhaustive and the Insurance Charges may be reviewed under other justified circumstances.



- (f) Waiting Period - Coverage for Medical and Health Insurance benefits will only start at least 30 days after the effective date of the rider.

Waiting Period	Covered Illness / Conditions
One hundred and twenty (120) days	Specified Illnesses
Thirty (30) days	Any medical or physical conditions, except for Accidental Injuries

- (g) You are advised to name a nominee(s) for your insurance application to ensure smooth settlement of claims. You should also ensure that the nominee(s) is aware of the policy that you have purchased.
- (h) The term "year" shall be twelve (12) consecutive months, with the first year starting from the inception date of this plan. Each subsequent year shall begin one (1) day after the previous twelve (12) month period.
- (i) For details on how to make a claim, please refer to our guide at [www.manulife.com.my](http://www.manulife.com.my).
- (j) For more information on investment-linked insurance plan, please refer to the "Guide to Investment-linked Policy Owners on Insurance Coverage" at [www.manulife.com.my](http://www.manulife.com.my).

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

## 6. WHAT ARE THE MAJOR EXCLUSIONS UNDER THIS POLICY ?

This rider does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- (a) Pre-Existing Illness;
- (b) Specified Illnesses occurring within 120 days from the Issue Date or Reinstatement Date or actual date of birth (for Covered Baby), whichever is later. Specified Illnesses means the following Disability and its related complications, occurring within the first 120 days of the Issue Date or Reinstatement Date of this policy, whichever is later:
  - (i) hypertension, diabetes mellitus and cardiovascular disease;
  - (ii) growths of any kind including tumours, cancers, cysts, nodules, polyps;
  - (iii) stones of the urinary system and biliary system;
  - (iv) any disease of the ear, nose (including sinuses) or throat;
  - (v) hernias, haemorrhoids, fistulae, hydrocele, varicocele;
  - (vi) any disease of the reproductive system including endometriosis; and
  - (vii) any disorder of the spine (including a slipped disc) or any knee conditions;
- (c) any medical or physical conditions arising within the first 30 days of the Covered Member's insurance coverage or date of reinstatement, whichever is later, except for Accidental Injuries;
- (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) 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 diseases;
- (f) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
- (g) 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;
- (h) ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
- (i) 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;
- (j) private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
- (k) expenses incurred for gender changes; or
- (l) medical treatment received by the Covered Member outside Malaysia, Singapore or Brunei if the Covered Member resides or travels outside these countries for more than 90 consecutive days.

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

## 7. CAN I CANCEL MY RIDER ?

You may cancel your rider by giving a written notice to Manulife.

## 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 your 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, please refer to the relevant *insuranceinfo* booklet on 'Medical & Health Insurance' available at all our branches, or you can obtain a copy from your insurance agent or visit [www.insuranceinfo.com.my](http://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 ask your insurance agent or contact Manulife directly for other similar types of plans available.

#### **IMPORTANT NOTE :**

**YOU SHOULD SATISFY YOURSELF THAT THIS RIDER WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND YOUR INSURANCE POLICY AND DISCUSS WITH YOUR AGENT OR CONTACT THE COMPANY DIRECTLY FOR MORE INFORMATION.**

**PROTECTION BY PIDM ON BENEFITS PAYABLE FROM THE UNIT PORTION OF THIS PRODUCT IS SUBJECT TO LIMITATIONS. Please refer to PIDM's TIPS Brochure or contact Manulife Insurance Berhad or PIDM (visit [www.pidm.gov.my](http://www.pidm.gov.my))**

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