

PRODUCT DISCLOSURE SHEET

(Read this Product Disclosure Sheet before you decide to take up the MANULIFE MEDISHIELD. Be sure to also read the general terms and conditions.)

MANULIFE INSURANCE BERHAD (200801013654 (814942-M))

Manulife MediShield

1. WHAT IS THIS PRODUCT ABOUT ?

MANULIFE MEDISHIELD is a regular premium investment-linked life insurance plan with a coverage term of 30 years. This plan provides coverage on Death and Total & Permanent Disability (Life Benefit), where upon valid claim, the higher of Face Amount or Account Value is payable. Besides that, the Medical Benefit of this plan provides coverage for Hospital and Surgical (H&S) expenses incurred during confinement in a registered hospital due to covered illnesses or injuries caused by accidents, as stated in the Benefit Schedule.

The value of the investment-linked plan depends on the price of the underlying units, which in turn depends on the performance of your chosen fund.

2. WHAT ARE THE COVERS / BENEFITS PROVIDED ?

Funds Chosen

<investment-linked fund> <chosen percentage>

The Face Amount of Life Benefit for this plan is <Face Amount>.
The Medical Benefit plan that you have selected is: <Plan 1/Plan2>.

This policy provides:

- **Death Benefit**

The higher of Face Amount or Account Value will be payable.

- **Total and Permanent Disability (TPD) Benefit**

Provided TPD occurs between the policy anniversaries where Insured attains age 18 and 69 next birthday, and

- if the Account Value, calculated at the NAV at the next valuation date from the date of Manulife's approval, is less than the Face Amount, up to RM1 million will be payable in one lump sum, provided the disability persists for at least 6 months from the date of commencement of disability. The balance, if any, will be payable at the 12th month from the date of commencement of disability as long as the disability persists. However, if the disability is classified as Presumptive TPD, waiting period of 6 months is not applicable and up to RM1 million will be payable in one lump sum. The balance, if any, will be payable at the 6th month from the commencement of such disability.
- if the Account Value calculated at the NAV at the next valuation date from the date of Manulife's approval exceeds the Face Amount, Manulife will pay the Account Value in one lump sum.

- **Medical Benefit**

Upon receipt and approval of proofs, the Company will reimburse the medical expenses incurred by the Insured due to Disability, less the Deductible Amount (if applicable), in accordance to the Benefit Schedule.

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

"Eligible Expenses" shall mean expenses covered under the Benefit Schedule to which the Deductible amount applies, and any of the following actual expenses incurred (further described in the Benefit Schedule) which include Hospital Intensive Care, Surgical Benefit, Anesthetist's Benefit, Operation Theatre Benefit, Attending Physician's Benefit, Pre-Hospitalisation Benefit, Post-Hospitalisation Benefit, Hospital Miscellaneous Services and Ambulance Fee.

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

Benefit Schedule		Plan 1	Plan 2
SECTION A – HOSPITAL AND SURGICAL BENEFITS			
1	Daily Hospital Room & Board (no limit on number of days)	RM150/ day	RM150/ 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	Anesthetist’s Benefit		
5	Operation Theatre Benefit		
6	Attending Physician Benefit		
7	Pre-Hospitalisation Benefit (60 days prior to Hospitalisation) i. Specialist Consultation ii. Diagnostic X-Ray & Laboratory Examination iii. Scans iv. Medication and Treatment		
8	Post-Hospitalisation Benefit (90 days after Hospitalisation) i. Out-patient Diagnostic X-Ray & Laboratory Examination ii. Medical Expenses and Consultation		
9	Hospital Miscellaneous Services		
10	Ambulance Fee		
SECTION B – OUT-PATIENT AND EMERGENCY BENEFITS			
11	Day Surgery (including 90 days follow-up treatment)	As charged, subject to Reasonable and Customary Charges	
12	Out-patient Kidney Dialysis Treatment		
13	Out-patient Cancer Treatment		
14	Out-patient Stroke Treatment		
15	Out-patient Dengue Treatment		
16	Emergency Accidental Injury Benefit	Up to RM1,000 per Injury	
17	Emergency Assistance Services	Applicable	
18	International Emergency Medical Evacuation	Up to RM100,000 per lifetime	
SECTION C – OTHER BENEFITS			
19	Government Hospital Cash Benefit	RM100 per day, up to 60 days per Disability	RM130 per day, up to 60 days per Disability
20	Government Tax	As charged for any applicable taxes incurred based on Reasonable and Customary Charges	
Deductible Amount		RM500 per Disability	
Overall Individual Annual Limit		RM100,000	RM300,000
Overall Individual Lifetime Limit		No Lifetime Limit	

- **No Lapse Guarantee**

Basic policy and its attaching optional riders (if any) will not lapse within the first 6 policy years if the Account Value is insufficient to deduct the Policy Charges, provided that all premiums due has been paid to date and there is no partial withdrawal made in the first 6 Policy Years.

- **Maturity Benefit**

Upon maturity of the policy, the Account Value, calculated at the Net Asset Value on the next Valuation Date immediately after the Maturity Date will be payable.

- **Pre-Certification Hospitalisation Programme (Medical Benefit)**

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

- **Discount Benefit (Medical Benefit)**

Discount Benefit is only applicable to the Base Insurance Charges and this discount is given to an Insured at policy inception ("Upfront Discount") and when no claims are made ("No Claim Discount") during the preceding Policy Year.

- (a) A 30% Upfront Discount is given on the applicable Base Insurance Charges for the 1st Policy Year. If there is no claim made during the said Policy Year, an additional 10% discount shall be applicable to the Base Insurance Charges effective on the next policy anniversary (this is the No Claim Discount (NCD)). The discount will remain at 40% of the applicable Base Insurance Charges provided that no claim is made in the previous Policy Years.
- (b) If a claim is approved during any Policy Year, the NCD will be Reset for the next Policy Year; and the Base Insurance Charges will be applicable on the next policy anniversary. You may be required to perform premium top-up to cover the higher Insurance Charges due to the NCD Reset. Thereafter, if no claim is made during the subsequent Policy Year, NCD of 10% shall be applicable to the Base Insurance Charges on the next Policy Year. An incremental percentage of 10%, up to a maximum of 40% of NCD will be given at every subsequent Policy Year, provided that no claim has been made during the previous Policy Year.
- (c) NCD will not be Reset if a claim is incurred from a Malaysian Government Hospital or Malaysian Government Clinic.
- (d) NCD will not Reset if the claim is incurred at a private hospital due to:
 - (i) 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;
 - (ii) Admission to Intensive Care Unit (ICU) for a continuous period of 7 days or more;
 - (iii) Post-Hospitalisation Benefit that is related to an approved Hospitalisation benefit;
 - (iv) Follow-up treatment that is related to an approved Day Surgery; and/or
 - (v) Follow-up treatment that is related to an approved Emergency Accidental Injury treatment.

The Company reserve the right to have the Insured examined by a Physician approved by the Company, whenever it may be reasonably required. The opinion of such Physician so approved or appointed shall be deemed to be final and conclusive. For definition of Cancer, Stroke and Kidney Failure, please refer to the descriptions of Out-Patient Cancer Treatment, Out-Patient Stroke Treatment and Out-Patient Kidney Dialysis Treatment respectively.

- (e) For changes in type of Medical Benefit plan after the policy is issued, the discount will be computed based on the Policy Date as shown on the Policy Information Page or Endorsement Page, whichever is later.

- **Increase to Overall Individual Annual Limit (Medical Benefit)**

The Overall Individual Annual Limit shall be increased by 10% of the original Overall Individual Annual Limit stated in the Benefit Schedule at each policy anniversary, up to a maximum of 50% of the original Overall Individual Annual Limit. From Policy Year 6 onwards, the effective Overall Individual Annual Limit shall be 150% of the original Overall Individual Annual Limit.

- **First Dollar Benefit (Medical Benefit)**

The Deductible Amount shall not be applicable if the NCD of 40% is given for the Policy Year. In the event that the NCD is not at 40% for the Policy Year, the Deductible Amount shall apply.

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

Coverage Term: 30 years

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 ?

- The estimated total premiums that you have to pay for the first policy year is *<premium> <premium mode>*
- Premium Payment Term: 30 years

Note:

- (a) The total premiums that you have to pay and the policy terms may vary depending on the underwriting requirements of Manulife.
- (b) The premium and/or policy charges, whichever applicable, may be subject to taxes introduced by the Government of Malaysia from time to time. Manulife reserves the right to collect from you an amount equivalent to the prevailing rate of taxes payable for the premium and/or policy charges, as applicable. Your obligation to pay such taxes shall form part of the Terms and Conditions in your insurance policy.
- (c) Manulife allocates a portion of the premium to purchase units in the investment-linked fund that you have chosen. Any unallocated amount will be used to pay commission to agents and other expenses of Manulife. You are advised to refer to the allocation rates given in the product illustration.
- (d) The Company reserves the right to increase the premium amount on the next policy anniversary in the event of any revisions of reviewable policy charges, including the Insurance Charge of any rider(s) attached to the policy. We shall provide 90 days' notice for any changes to the Policy Charges (except for the Medical Benefit of Basic Policy and medical and health insurance riders, whereby 30 days' notice period will be given) to the Owner before the revised premium amount and/or policy charges take(s) effect.
- (e) Your plan may entitle the life proposed to temporary accidental death coverage once Manulife receives the full modal premium and completed application form. For full terms and conditions, please refer to the 'Interim Cover - Terms and Conditions' available at www.manulife.com.my.

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

- (a) The illustrated Insurance Charges are based on current levels.
- (b) The Insurance Charges will be levied in the beginning of every month by deducting sufficient number of Units at the Net Asset Value (NAV) every month. The Insurance Charges will **increase** as you grow older. The Insurance Charges may vary by attained age, gender, occupation, medical rating and smoking status.
- (c) Other than Insurance Charges, there are Administration Charge, Fund Management Charge, Partial Withdrawal Penalty, and Full Surrender Penalty that are chargeable to this policy.
- (d) Partial Withdrawal Penalty and Full Surrender Penalty shall only be applicable to the Account Value in Insurance Premium Account throughout the first 2 Policy Years.
- (e) Policy Charges such as Insurance Charge, Fund Management Charge and Administration Charge are chargeable throughout the policy term.
- (f) If the Account Value is insufficient to cover all policy Charges, there is a possibility that the policy may lapse. In the event of termination of the policy, the remaining Account Value, less Full Surrender Penalty, shall be payable to the Owner.

Note: The Insurance Charges for the Life Benefit of Basic Policy is guaranteed. However, the illustrated Insurance Charges for Medical Benefit of Basic Policy, Unit-Deducting Riders and all other policy charges are not guaranteed and may be varied from time to time (for example, charges for medical riders may increase due to rising medical costs). We shall provide policy owners with 90 days' notice for any changes to the Policy Charges (except for the Medical Benefit of Basic Policy and medical and health insurance riders, whereby 30 days' notice period will be given). For further details of the 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 this policy by giving written notice to the Company within 15 days from the date of receipt. The Company will refund all Policy Charges (excluding Fund Management Charge) and the Account Value based on the Net Asset Value on the next Valuation Date following date of receipt of written notification of cancellation, less any medical examination fees incurred, to you and this policy shall thereafter be cancelled.
- (c) Cash value - the cash value / death benefit depends on the performance of the investment-linked fund(s) selected. The performance of the funds is NOT GUARANTEED. The higher the level of insurance coverage selected or the more unit deducting rider(s) is attached, the more units will be absorbed to pay for Insurance Charges and fewer units will remain to accumulate cash values under your policy.
- (d) Policy lapse - the policy will lapse when the value of investment units is insufficient to pay for the applicable Charges.
- (e) Waiting Period - Coverage for Medical and Health Insurance benefits will only start at least 30 days after the Issue Date or Reinstatement Date of this policy, whichever is later.

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

- (f) 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.
- (g) For details on how to make a claim, please refer to our guide at www.manulife.com.my.
- (h) 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.

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 ?

- (a) Death due to Insured, whether sane or insane, committing suicide, within 13 months after the Issue Date, endorsement date or any reinstatement date, whichever is later.
- (b) Disability caused directly or indirectly, wholly or partly, by any one of the following occurrences:
 - any attempt at suicide, whether sane or insane, or any intentionally self-inflicted injuries;
 - military, air force or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order;
 - commission of a criminal act;
 - aviation activities other than as a fare paying passenger or crew on a commercial passenger airline;
 - under the influence of intoxicating liquor or as a result of substance abuse or while engaging in any hazardous speed or endurance contest; and
 - participation in any hazardous pursuits, such as, but not limited to, mountaineering, scuba diving, hang gliding, etc.
- (c) Medical Benefit does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one of the following occurrences:
 - Pre-Existing Illness;
 - Specified Illnesses occurring within 120 days from the Issue Date or Reinstatement Date, 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 provision, 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.
 - any medical or physical conditions arising within the first 30 days of the Insured's cover or date of reinstatement, whichever is later, except for Accidental Injuries;
 - 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;
 - 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;
 - suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
 - 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;
 - ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
 - 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;
 - private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
 - expenses incurred for gender changes; or
 - medical treatment received by the Insured outside Malaysia, Singapore or Brunei if the Insured 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 POLICY?

You may cancel your policy by giving a written notice to the Company. Buying a regular premium investment-linked plan is a long term financial commitment. It is not advisable to hold this policy for a short period of time in view of the high initial costs. If you find that the fund you have chosen is no longer appropriate, you have the flexibility to switch fund. You are allowed to switch funds anytime free of charge.

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 *insuranceinfo* booklet on 'Investment-linked Insurance' and 'Medical & Health Insurance', available at all our branches, or you can obtain a copy from your insurance agent or visit www.insuranceinfo.com.my. If you have any enquiries, please contact us at:

Manulife Insurance Berhad (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 :

THIS IS AN INSURANCE PRODUCT THAT IS TIED TO THE PERFORMANCE OF THE UNDERLYING ASSETS, AND IS NOT A PURE INVESTMENT PRODUCT SUCH AS UNIT TRUSTS. YOU MUST EVALUATE YOUR OPTIONS CAREFULLY AND SATISFY YOURSELF THAT THE INVESTMENT-LINKED INSURANCE PLAN CHOSEN MEETS YOUR RISK APPETITE, AND THAT YOU CAN AFFORD THE PREMIUM THROUGHOUT THE POLICY DURATION. TO INCREASE INVESTMENT VALUE AT ANY TIME, IT IS ADVISABLE THAT YOU PAY THE ADDITIONAL PREMIUM AS "TOP UPS". RETURN ON THE INVESTMENT-LINKED FUND IS NOT GUARANTEED.

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)

The information provided in this disclosure sheet is generated as at <dd/mm/yyyy>.