

Product Disclosure Sheet

(Read this Product Disclosure Sheet before You decide to take up Allianz EliteChoice. Be sure to also read the general terms and conditions)

Financial Service Provider : Allianz Life Insurance Malaysia Berhad ("Us"/"We"/"Our")

Product Name : Allianz EliteChoice

1. What is this product about?

- Allianz EliteChoice is a non-participating yearly renewable scheme which provides coverage for Hospitalisation and Surgical and/or death, Total and Permanent Disability, Partial and Permanent Disability and Terminal Illness.
- This product also offers a range of optional riders namely Out-Patient Clinical, Dental Benefit, Accidental Death and Disablement, Additional Critical Illness, Accelerated Critical Illness and Repatriation of Mortal Remains.
- Out-Patient Clinical offers a range of supplementary riders namely Direct Paediatrician Benefit and Out-Patient Mental Illness Treatment.

2. What are the covers/ benefits provided?

- (i) The benefits provided are shown in the tables below:

Group Term Life

Group Term Life		Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
1	Death (all causes) or Total and Permanent Disability ("TPD") (all causes) or Partial and Permanent Disability ("PPD") (all causes) or Terminal Illness ("TI"), whichever is earlier	500,000	300,000	200,000	150,000	100,000	50,000
Group Term Life Optional Riders							
1	Accidental Death and Disablement	500,000	300,000	200,000	150,000	100,000	50,000
2	Additional Critical Illness	500,000	300,000	200,000	150,000	100,000	50,000
3	Accelerated Critical Illness	500,000	300,000	200,000	150,000	100,000	50,000
4	Repatriation of Mortal Remains	100,000					

Group Hospitalisation & Surgical

Group Hospitalisation & Surgical		RB600 (RM)	RB400 (RM)	RB250 (RM)	RB200 (RM)	RB150 (RM)	RB100 (RM)
	Hospital Room and Board	600	400	250	200	150	100
	Overall Annual Limit	500,000	300,000	120,000	60,000	40,000	20,000
A) Hospitalisation & Surgical Benefit							
1	Hospital Room and Board (subject to a	600	400	250	200	150	100

	maximum of 250 days per Policy Year)						
2	Intensive Care Unit (subject to a maximum of 50 days per Policy Year)	<p style="text-align: center;">As charged. Subject to Reasonable and Customary Charges*</p>					
3	Hospital Supplies and Services						
4	Surgical Fees						
5	Anaesthetist Fees						
6	Operating Theatre Fees						
7	In-Hospital Physician Visit (subject to a maximum of 250 days per Policy Year and subject to maximum 2 visits per day)						
8	Pre-Hospitalisation Diagnostic Tests (within 180 days prior to hospitalisation)						
9	Pre-Hospitalisation Specialist Consultation (within 180 days prior to hospitalisation)						
10	Second Surgical Opinion (within 180 days prior to hospitalisation)						
11	Ambulance Fees (results in hospitalisation)						
12	Organ Transplant Treatment						
13	Day Care Procedure / Surgery						
14	Daily Cash Allowance for Non-Mental Illness Admissions at Government Hospital (subject to a maximum of 250 days per Policy Year)						
15	Medical Report Fee	As charged, up to maximum of RM500 per Policy Year					
16	Miscarriage Benefit	1,200 per Policy Year					
17	In-Patient Mental Illness	10,000 per Policy Year					
B) Post-Hospitalisation Benefits							
1	Post-Hospitalisation Treatment	As charged.					

	(within 180 days from discharged, with physiotherapy coverage)	Subject to Reasonable and Customary Charges*	
2	Home Nursing Care (subject to a maximum of 250 days per Policy Year)		
3	Out-Patient Kidney Dialysis Treatment		
4	Out-Patient Stroke Treatment		
5	Alternative Treatment	1,800 per Policy Year	
C) Out-Patient Treatment Benefits			
1	Accidental Dental Treatment (within 24 hours after the Accident and follow-up treatment up to 180 days)	As charged. Subject to Reasonable and Customary Charges*	
2	Accidental Out-Patient Treatment (within 24 hours after the accident and follow-up treatment up to 180 days)		
3	Out-Patient Dengue or Enteric Fever Treatment		
4	Emergency Sickness Out-Patient Treatment (10pm to 8am)	100 per Policy Year	
D) Cancer Treatment Benefits			
1	Out-Patient Cancer Treatment	As charged. Subject to Reasonable and Customary Charges*	
2	Genomic Test for Cancer		
E) Other Benefits			
1	Intraocular Lens	Monofocal (non toric) lens	As charged, subject to Reasonable and Customary Charges*
		Non-Monofocal (toric) lens	3,000 per Policy Year
2	Emergency Evacuation	10,000 per Policy Year	
3	Funeral Expenses (all causes)	10,000	
4	Health Screening	100 per Policy Year	

* The Reasonable and Customary Charges are based on Private HealthCare Facilities and Services (Private Hospitals and Other Private HealthCare Facilities) Regulations 2006 of Malaysia, including any subsequent amendment(s) or enactment of it.

Partial and Permanent Disability:

Table of Benefits

Description of Partial and Permanent Disability		Indemnity expressed as a percentage of the Sum Assured (%)
Loss of arm at shoulder		100
Loss of arm between shoulder and elbow		100
Loss of arm at elbow		100
Loss of arm between elbow and wrist		100
Loss of hand at wrist		100
Loss of leg at hip		100
Loss of leg between knee and hip		100
Loss of leg below knee		100
Loss of eye	- whole	100
Complete and irrecoverable loss of sight in one eye, except perception of light		50
Loss of lens of eye		50
Loss of speech		50
Loss of hearing	- both ears	75
	- one ear	25
Loss of four fingers and thumb of one hand		50
Loss of four fingers		40
Loss of thumb	- both phalanges	25
	- one phalanx	10
Loss of index finger	- three phalanges	10
	- two phalanges	8
	- one phalanx	4
Loss of middle finger	- three phalanges	6
	- two phalanges	4
	- one phalanx	2
Loss of ring finger	- three phalanges	5
	- two phalanges	4
	- one phalanx	2
Loss of little finger	- three phalanges	4
	- two phalanges	3
	- one phalanx	2
Loss of metacarpals	- first or second (additional)	3
	- third, fourth or fifth (additional)	2
Loss of toes	- all	15

	- great (both phalanges)	5
	- great (one phalanx)	2
	- other than great if more than one toe lost, each	1

Notes:

- Partial and Permanent Disability shall include total and irrecoverable loss of use.
- The permanent total loss of use of part of a body shall be treated as loss of the part of the body.
- If any similar partial and permanent Disability is not specified in the Table of Benefits, We will adopt the percentage of indemnity in the Table of Benefits that is closely similar to the unspecified partial and permanent Disability.
- Our liability to any one (1) Insured Member under this Supplementary Contract shall not exceed one hundred percent (100%) of the Sum Assured in any one (1) Policy period. All other losses lesser than one hundred percent (100%) if having been paid shall reduce the respective Insured Member's Sum Assured under this Supplementary Contract by that amount from the date of occurrence of Bodily Injury or diagnosis of Sickness, Disease or Illness until expiration of the Basic Policy. We reserve the right to review the coverage yearly or upon renewal.

Group Term Life Optional Riders

Optional rider: Accidental Death & Disablement rider

Table of Benefits	
Description of Disablement	Indemnity expressed as a percentage of the Sum Assured (%)
Item 1	
Accidental death	100
Item 2 (Total and Permanent Disablement)	
Loss of both hands	100
Loss of both feet	100
Complete and irrecoverable loss of sight in both eyes	100
Loss of one hand and one foot	100
Injuries resulting in permanently being bedridden	100
Any other injuries causing Total and Permanent Disability	100
Complete and incurable paralysis	100
Item 3 (Other Permanent Disablement)	
Loss of arm at shoulder	100
Loss of arm between shoulder and elbow	100
Loss of arm at elbow	100
Loss of arm between elbow and wrist	100
Loss of hand at wrist	100
Loss of leg at hip	100

Loss of leg between knee and hip		100
Loss of leg below knee		100
Loss of eye	- whole	100
Complete and irrecoverable loss of sight in one eye, except perception of light		50
Loss of lens of eye		50
Loss of speech		50
Loss of hearing	- both ears	75
	- one ear	25
Loss of four fingers and thumb of one hand		50
Loss of four fingers		40
Loss of thumb	- both phalanges	25
	- one phalanx	10
Loss of index finger	- three phalanges	10
	- two phalanges	8
	- one phalanx	4
Loss of middle finger	- three phalanges	6
	- two phalanges	4
	- one phalanx	2
Loss of ring finger	- three phalanges	5
	- two phalanges	4
	- one phalanx	2
Loss of little finger	- three phalanges	4
	- two phalanges	3
	- one phalanx	2
Loss of metacarpals	- first or second (additional)	3
	- third, fourth or fifth (additional)	2
Loss of toes	- all	15
	- great (both phalanges)	5
	- great (one phalanx)	2
	- other than great if more than one toe lost, each	1

Notes:

- Disablement shall include total and irrecoverable loss of use.
- The permanent total loss of use of part of a body shall be treated as loss of the part of the body.
- If any disablement is not specified in the Table of Benefits, We will adopt the percentage of indemnity in the Table of Benefits that is closely similar to the unspecified disablement.

- In the event of the Insured Member sustaining more than one (1) disablement as a result of the same Accident, the aggregate of indemnities for each loss under Item 3 of the Table of Benefits payable shall not exceed one hundred percent (100%) of the Sum Assured.
- In respect of an Accident or Accidents, Our liability to any one (1) Insured Member shall not exceed one hundred percent (100%) of the Sum Assured in any one (1) Policy period. All other losses lesser than one hundred percent (100%) if having been paid shall reduce the respective Insured Member's Sum Assured under this Supplementary Contract by that amount from the date of Accident until expiration of the Basic Policy. We reserve the right to review the coverage yearly or upon renewal.
- Where the disablement suffered by the Insured Member results in more than one (1) loss described in Item 3 of the Table of Benefits for the same limb, only the highest amount amongst the Insured Member's disablements specified in the Table of Benefits will be payable.

Optional rider: Critical Illness

List of Critical Illnesses covered under Additional Critical Illness rider / Accelerated Critical Illness rider:

1. Stroke - <i>resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms</i>	13. Third Degree Burns - <i>of specified severity</i>	26. Chronic Aplastic Anemia - <i>resulting in Permanent Bone Marrow Failure</i>
2. Heart Attack - <i>of specified severity</i>	14. Human Immunodeficiency Virus (HIV) Infection due to Blood Transfusion	27. Motor Neuron Disease - <i>Permanent Neurological Deficit with Persisting Clinical Symptoms</i>
3. Kidney Failure - <i>requiring dialysis or kidney transplant</i>	15. Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection	28. Parkinson's Disease - <i>resulting in Permanent inability to perform Activities of Daily Living</i>
4. Cancer - <i>of specified severity and does not cover very early cancers</i>	16. Full-blown AIDS	29. Alzheimer's Disease/ Severe Dementia
5. Coronary Artery By-Pass Surgery	17. End-Stage Lung Disease	30. Muscular Dystrophy
6. Serious Coronary Artery Disease	18. Encephalitis - <i>resulting in Permanent inability to perform Activities of Daily Living</i>	31. Surgery to Aorta
7. Angioplasty And Other Invasive Treatments for Coronary Artery Disease*	19. Major Organ/ Bone Marrow Transplant	32. Multiple Sclerosis
8. End-Stage Liver Failure	20. Loss of Speech	33. Primary Pulmonary Arterial Hypertension – <i>of specified severity</i>
9. Fulminant Viral Hepatitis	21. Brain Surgery	34. Medullary Cystic Disease
10. Coma - <i>resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms</i>	22. Heart Valve Surgery	35. Cardiomyopathy - <i>of specified severity</i>
11. Benign Brain Tumour - <i>of specified severity</i>	23. Terminal Illness	36. Systemic Lupus Erythematosus with Severe Kidney Complications
12. Deafness - Permanent and Irreversible	24. Bacterial Meningitis - <i>resulting in Permanent inability to perform Activities of Daily Living</i>	37. Paralysis of Limbs
	25. Major Head Trauma - <i>resulting in Permanent inability to perform Activities of Daily Living</i>	38. Blindness – Permanent and Irreversible
		39. Loss of Independent Existence

* For Angioplasty And Other Invasive Treatments for Coronary Artery Disease, ten percent (10%) of the Rider Sum Assured shall be payable subject to a maximum of RM25,000 and is payable once only in the lifetime of the Insured Member.

Notes:

- The Sum Assured of the Basic Policy shall reduce proportionally by the Sum Assured of Accelerated Critical Illness benefit paid.

Group Hospitalisation & Surgical Optional Riders

Optional rider: Out-Patient Clinical rider

Out-Patient Clinical rider		Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)
a.	Out-Patient General Practitioner Care			
	Consultation	Cashless for Panel Clinics As charged, subject to Reasonable & Customary Charges*		
	Medication			
	Injection			
	Diagnostic Services			
	Out-Patient Surgical Procedure			
	Mandatory Child Immunisation			
	Pap Smear Examination (Once per Policy Year)			
	Non-Panel General Practitioner Clinic Visit	On reimbursement basis		
	Overseas Coverage (Maximum up to RM100 per visit)	As charged, subject to Reasonable & Customary Charges*		
Overall Annual Limit		Unlimited	Unlimited	Unlimited
b.	Out-Patient Specialist Care			
	Consultation	Cashless As charged, subject to Reasonable & Customary Charges*		
	Medication			
	Injection			
	Diagnostic Services			
	Out-Patient Surgical Procedure			
	Physiotherapy			
	Overseas Coverage (Maximum up to RM200 per visit)	On reimbursement basis As charged, subject to Reasonable & Customary Charges*		
c.	Optional Supplementary Riders for Out-Patient Clinical			
	Out-Patient Specialist Care			
	Out-Patient Mental Illness Treatment	Cashless As charged, subject to Reasonable & Customary Charges*		
	Direct Paediatrician Benefit (Including Mandatory Child Immunisation)			
Overall Annual Limit		5,000	2,500	1,800

*Reasonable and Customary Charges based on Private HealthCare Facilities and Services (Private Hospitals and Other Private HealthCare Facilities) Regulations 2006 of Malaysia, including any subsequent amendment(s) or enactment of it.

Optional rider: Dental Benefit rider

Dental Benefit rider		Plan 1 (RM)	Plan 2 (RM)
	Overall Annual Limit	400	300
a.	Basic Treatments		
	Filling	As charged, subject to Reasonable & Customary Charges*	
	Extraction		
	Dressing		
	Medication		
	IOPA X-ray		
	Root Canal Treatment		
b.	Gum Treatments		
	Gingival Curettage	As charged, subject to Reasonable & Customary Charges*	
c.	Preventive Treatments		
	Dental Check-up and Consultation	As charged, subject to Reasonable & Customary Charges*	
	Scaling and Polishing		
d.	Complex Treatments		
	Wisdom Tooth Surgery	As charged, subject to Reasonable & Customary Charges*	
	Surgical Removal of Roots		
	Periodontal Surgery		
e.	Dentures		
	Partial or Full Dentures	As charged, subject to Reasonable & Customary Charges*	
f.	Restorative Treatments		
	Capping, Crowns & Bridges	As charged, subject to Reasonable & Customary Charges*	

*Reasonable and Customary Charges based on Private HealthCare Facilities and Services (Private Hospitals and Other Private HealthCare Facilities) Regulations 2006 of Malaysia, including any subsequent amendment(s) or enactment of it.

- (ii) The coverage term for this plan and its optional rider(s), if any, is one (1) year. You need to renew Your cover annually.

3. How much premium do I have to pay?

The total premium that You have to pay and the Policy terms may vary depending on Our underwriting requirements.

- (i) The annual premiums for the benefits, based on standard risk excluding Managed Care Fee, are shown below.

Group Term Life (Age Nearest Birthday) (Per Insured Member)	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
Death/TPD/PPD/TI^{1 4}						
16 to 35	700.00	420.00	280.00	210.00	140.00	70.00
36 to 40	950.00	570.00	380.00	285.00	190.00	95.00
41 to 45	1,525.00	915.00	610.00	457.50	305.00	152.50
46 to 50	2,700.00	1,620.00	1,080.00	810.00	540.00	270.00
51 to 55	4,675.00	2,805.00	1,870.00	1,402.50	935.00	467.50
56 to 60	7,700.00	4,620.00	3,080.00	2,310.00	1,540.00	770.00
61 to 65	13,825.00	8,295.00	5,530.00	4,147.50	2,765.00	1,382.50
66 to 69	23,700.00	14,220.00	9,480.00	7,110.00	4,740.00	2,370.00
70 to 74	37,350.00	22,410.00	14,940.00	11,205.00	7,470.00	3,735.00
Group Term Life Optional Riders						
Accidental Death & Disablement^{2 4}						
16 to 69	475.00	285.00	190.00	142.50	95.00	47.50
Additional Critical Illness³						
16 to 35	725.00	435.00	290.00	217.50	145.00	72.50
36 to 40	1,025.00	615.00	410.00	307.50	205.00	102.50
41 to 45	1,900.00	1,140.00	760.00	570.00	380.00	190.00
46 to 50	3,100.00	1,860.00	1,240.00	930.00	620.00	310.00
51 to 55	4,825.00	2,895.00	1,930.00	1,447.50	965.00	482.50
56 to 60	6,900.00	4,140.00	2,760.00	2,070.00	1,380.00	690.00
61 to 65	10,275.00	6,165.00	4,110.00	3,082.50	2,055.00	1,027.50
66 to 69	13,350.00	8,010.00	5,340.00	4,005.00	2,670.00	1,335.00
70 to 74	17,925.00	10,755.00	7,170.00	5,377.50	3,585.00	1,792.50
Accelerated Critical Illness³						
16 to 35	600.00	360.00	240.00	180.00	120.00	60.00
36 to 40	825.00	495.00	330.00	247.50	165.00	82.50
41 to 45	1,525.00	915.00	610.00	457.50	305.00	152.50
46 to 50	2,300.00	1,380.00	920.00	690.00	460.00	230.00
51 to 55	3,425.00	2,055.00	1,370.00	1,027.50	685.00	342.50
56 to 60	4,675.00	2,805.00	1,870.00	1,402.50	935.00	467.50
61 to 65	7,025.00	4,215.00	2,810.00	2,107.50	1,405.00	702.50
66 to 69	8,425.00	5,055.00	3,370.00	2,527.50	1,685.00	842.50
70 to 74	11,125.00	6,675.00	4,450.00	3,337.50	2,225.00	1,112.50

Repatriation of Mortal Remains ^{3,4}	
16 to 74	26.00

Group Hospitalisation & Surgical ^{3,4}	RB600 (RM)	RB400 (RM)	RB250 (RM)	RB200 (RM)	RB150 (RM)	RB100 (RM)
Cashless						
Employee only	2,463.00	1,752.00	1,144.00	789.00	489.00	386.00
Employee & Spouse	6,157.50	4,380.00	2,860.00	1,972.50	1,222.50	965.00
Employee & Child	6,157.50	4,380.00	2,860.00	1,972.50	1,222.50	965.00
Employee & Family	9,852.00	7,008.00	4,576.00	3,156.00	1,956.00	1,544.00
Reimbursement						
Employee only	2,217.00	1,577.00	1,030.00	710.00	440.00	347.00
Employee & Spouse	5,542.50	3,942.50	2,575.00	1,775.00	1,100.00	867.50
Employee & Child	5,542.50	3,942.50	2,575.00	1,775.00	1,100.00	867.50
Employee & Family	8,868.00	6,308.00	4,120.00	2,840.00	1,760.00	1,388.00

Group Hospitalisation & Surgical Optional Riders			
Out-Patient Clinical rider ³	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)
Per Insured Member	1,220.00	915.00	812.00

Dental Benefit rider ³	Plan 1 (RM)	Plan 2 (RM)
Per Insured Member	150.00	80.00

Out-Patient Clinical Optional Riders			
Out-Patient Clinical rider	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)
Out-Patient Mental Illness Treatment rider ³		126.00	
Direct Paediatrician Benefit rider		29.00	

¹ Age 65 to 74 is for renewal only and TPD/PPD benefit ceases at Policy Anniversary when Insured Member attains Age 70.

² Age 65 to 69 is for renewal only.

³ Age 65 to 74 is for renewal only.

⁴ 50% premium loading for occupation class 4.

- (ii) Premium rates and its renewability are non-guaranteed. We reserve the right to establish, at the end of any subsequent Policy Year thereafter or whenever the terms of the basic Policy/ riders are changed, new premium rates that shall be applied to the Insured Members.

- For Group Term Life, Additional Critical Illness rider and Accelerated Critical Illness rider, the premium rate is determined based on the average Age of all the Insured Members in the group. Thus, the premium rate is reviewed yearly based on the average Age of the group during renewal.
- For Accidental Death & Disablement and Repatriation of Mortal Remains rider, the premium rate is on per Insured Member basis.
- For Group Hospitalisation & Surgical, Out-Patient Clinical rider, Dental Benefit rider, Out-Patient Mental Illness Treatment rider and Direct Paediatrician Benefit rider, the premium rate is on per Insured Member basis. It is determined based on the Policy's claim experience, cost of medical treatment, advancement in medical technology, etc.

We will, at least thirty (30) days before the Policy Anniversary, notify You in writing of the new premium rates.

Please add the applicable government tax if the Policy Owner is a business organization or where the Policy is absolutely assigned to a business organization, if applicable. The applicable government tax shall be based on the prevailing rate and is subject to change in accordance with the laws of Malaysia.

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

Type	Amount
Stamp duty	RM10
Managed Care Fee	
<ul style="list-style-type: none"> • Group Hospitalisation & Surgical 	RM18.00 per Insured Member
<ul style="list-style-type: none"> • Combined Group Hospitalisation & Surgical and Out-Patient Clinical rider 	RM36.00 per Insured Member

Organisations which intend to purchase Out-Patient Clinical rider must opt for the cashless basis under the Group Hospitalisation & Surgical plan, i.e. You will need to take up the RM36.00 Managed Care Fee option for the combined Group Hospitalisation & Surgical plan and Out-Patient Clinical rider.

The maximum commission to the intermediary (if any) which is chargeable from Your premium is 10%.

Below example shows the commission payable as nominal figures and as a percentage,

Type	Amount
The total annual premium for Your Policy	RM 8,416.00
Commission paid to the intermediary	10% of Your premium or RM 841.60

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

- (i) Importance of Disclosure - You must disclose all material facts such as medical condition and state Your Insured Members Age correctly.
- (ii) Free-Look Period - You may cancel Your Policy and/or rider(s) attached (if any) by giving Us a written request and by returning the relevant policy contract to Us within fifteen (15) days from the date of receipt of the policy contract by You. Cancellation of Basic Policy will automatically terminate all rider(s) attached (if any). We will refund to You the premium paid without interest less any expenses incurred by Us for any medical examination.

- (iii) Grace period - You are allowed a grace period of sixty (60) days from the premium due date to pay Your premium, during which period Your Policy shall remain in force. If any premium remains unpaid at the end of the grace period, Your Policy shall lapse.
- (iv) Waiting Period -
 - (a) the eligibility for Total and Permanent Disability benefit will only be payable provided that the Insured Member continues to become permanently and totally disabled for at least six (6) consecutive months.
 - (b) the eligibility for Critical Illnesses benefits under the Accelerated Critical Illness Supplementary Contract and Additional Critical Illness Supplementary Contract (except for Critical Illness under categories no. 2, 4, 5, 6 and 7 as stated in the list of Critical Illnesses above) will only start thirty (30) days from the Eligibility Date or effective date of the Endorsement for the newly increase or upgraded benefits of the Supplementary Contract, whichever is later.
 - (c) the eligibility for Critical Illness benefits under categories no. 2, 4, 5, 6 and 7 as stated in the list of Critical Illnesses above under the Accelerated Critical Illness Supplementary Contract and Additional Critical Illness Supplementary Contract will only start sixty (60) days from the Eligibility Date or effective date of the Endorsement for the newly increase or upgraded benefits of the Supplementary Contract, whichever is later.
 - (d) the eligibility for Hospitalisation & Surgical benefits under the Policy will only start:
 - after the first thirty (30) days for any Disability other than Specified Illnesses; or
 - after the first one hundred and twenty (120) days for Specified Illnesses,from the Eligibility Date or effective date of plan conversion or upgrade, whichever is later.
- (v) Unless renewed, the coverage will cease on the expiry date and We shall strictly not be liable for any expenses that take place after the expiry date.
- (vi) If the Insured Member seeks treatment overseas, benefits in respect of the treatment shall be covered subject to the exclusions, limitations and conditions specified in the Policy and shall exclude the cost of transport to the place of treatment provided.
- (vii) If the Insured Member is Hospitalised at a published daily Hospital Room and Board rate which is higher than his/ her eligible benefit, the Insured Member shall bear the difference in the daily Hospital Room and Board charges.

Note: This list is non-exhaustive. Please refer to the Policy Contract and Supplementary Contract (if any) for the complete terms and conditions under this Policy.

6. What are the major exclusions under this Policy?

Group Term Life

No benefit or benefits shall be payable in the event of death of the Insured Member resulting from suicide whether sane or insane within twelve (12) months from the Eligibility Date or date of increase of benefit, whichever is later, for any Insured Member. In such event, We shall return any premium paid without interest.

Total and Permanent Disability

We shall not cover Total and Permanent Disability caused directly or indirectly, wholly or partly by any one (1) of the following occurrences:

- (i) Pre-Existing Conditions; or
- (ii) attempted self-destruction or self-inflicted Injuries while sane or insane; or
- (iii) war, invasion, act of foreign enemy, hostilities or warlike operations (whether declared or not), strike, riot, civil commotion, mutiny, civil war assuming the proportions of or amounting to a popular uprising, rebellion, revolution, insurrection, military uprising, military or usurped power, martial law, state of

- siege, terrorist activity or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege; or
- (iv) Accidental events that are directly or indirectly related to the use of atomic, biological or chemical weapons as well as radioactive, biological or chemical warfare agents or substances; or
 - (v) service in the armed forces in time of declared or undeclared war while under orders for warlike operations or restoration of public order; or
 - (vi) entering, exiting, operating, servicing, or being transported by any aerial device or conveyance (except when the Insured Member is a passenger on a commercial passenger airline on a regular passenger trip over its established passenger route); or
 - (vii) any congenital defect which has manifested or was diagnosed before the Insured Member attains seventeen (17) years of age and of which We were not aware at the Eligibility Date; or
 - (viii) an opportunistic infection or a malignant neoplasm if at the time of Total and Permanent Disability, the Insured Member has Acquired Immunodeficiency Syndrome (AIDS). An opportunistic infection includes but is not limited to Pneumocystis carini pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection. A malignant neoplasm includes but is not limited to Kaposi's sarcoma, central nervous system lymphoma, hairy-cell leukemia and/or other malignancies now known or which become known as immediate cause of Total and Permanent Disability or death in the presence of Acquired Immunodeficiency Syndrome (AIDS).

Partial and Permanent Disability

Partial and Permanent Disability rider shall be payable provided that the losses are manifested within twelve (12) months from the date of occurrence of Bodily Injury or diagnosis of Sickness, Disease or Illness. We shall not cover Partial and Permanent Disability caused directly or indirectly, wholly or partly by any one (1) of the following occurrences:

- (i) Pre-Existing Conditions; or
- (ii) attempted self-destruction or self-inflicted Injuries while sane or insane; or
- (iii) war, invasion, act of foreign enemy, hostilities or warlike operations (whether declared or not), strike, riot, civil commotion, mutiny, civil war assuming the proportions of or amounting to a popular uprising, rebellion, revolution, insurrection, military uprising, military or usurped power, martial law, state of siege, terrorist activity or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege; or
- (iv) service in the armed forces in time of declared or undeclared war while under orders for warlike operations or restoration of public order; or
- (v) entering, exiting, operating, servicing, or being transported by any aerial device or conveyance (except when the Insured Member is a passenger on a commercial passenger airline on a regular passenger trip over its established passenger route); or
- (vi) pregnancy which term includes abortion, miscarriage or its complications; or
- (vii) participation in any kind of speed contest (other than foot racing), hunting, mountaineering necessitating ropes and guides, underwater activities, sky diving, parachuting and/or professional sports; or
- (viii) nuclear energy reactions, radiation and contamination.

Accidental Death & Disablement

We shall not cover Injury caused directly or indirectly, wholly or partly by any one (1) of the following occurrences:

- (i) attempted self-destruction or self-inflicted Injuries while sane or insane; or
- (ii) war, invasion, act of foreign enemy, hostilities or warlike operations (whether declared or not), strike, riot, civil commotion, mutiny, civil war assuming the proportions of or amounting to a popular uprising, rebellion, revolution, insurrection, military uprising, military or usurped power, martial law, state of siege, terrorist activity or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege; or

- (iii) service in the armed forces in time of declared or undeclared war while under orders for warlike operations or restoration of public order; or
- (iv) entering, exiting, operating, servicing, or being transported by any aerial device or conveyance (except when the Insured Member is a passenger on a commercial passenger airline on a regular passenger trip over its established passenger route); or
- (v) pregnancy which term includes abortion, miscarriage or its complications; or
- (vi) participation in any kind of speed contest (other than foot racing), hunting, mountaineering necessitating ropes and guides, underwater activities, sky diving, parachuting and/or professional sports; or
- (vii) nuclear energy reactions, radiation and contamination; or
- (viii) Accidental events that are directly or indirectly related to the use of atomic, biological or chemical weapons as well as radioactive, biological or chemical warfare agents or substances.

Additional Critical Illness / Accelerated Critical Illness

We shall not cover:

- (i) any Critical Illness which first manifests itself prior to or within the Waiting Period; or
- (ii) any Critical Illness arises directly or indirectly from a Pre-Existing Condition; or
- (iii) any Illness or surgery other than diagnosis of or surgery for a Critical Illness; or
- (iv) the 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 reserve the right to require the Insured Member to undergo a blood test for Human Immunodeficiency Virus (HIV) as a condition precedent to acceptance of any claim. This exclusion does not apply to Human Immunodeficiency Virus (HIV) infection due to Blood Transfusion or Occupationally Acquired Human Immunodeficiency Virus (HIV) infection. For the purpose of this Supplementary Contract:
 - a) the definition of Acquired Immunodeficiency Syndrome (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) an infection shall be deemed to have occurred where, in Our opinion, the blood or other relevant test(s) indicate either the presence of any Human Immunodeficiency Virus (HIV) or antibodies to such a virus; or
- (v) any Critical Illness which is diagnosed to be due, directly or indirectly, to a congenital defect or Disease, which manifests or is diagnosed before the Insured Member attains seventeen (17) years of age; or
- (vi) any Critical Illness which is due to self-inflicted Injuries while sane or insane; or
- (vii) any Critical Illness resulting directly from alcohol or drug abuse; or
- (viii) for Additional Critical Illness, the Insured Member did not survive for at least thirty (30) days after the diagnosis of a Critical Illness.

Group Hospitalisation & Surgical

We shall not pay any benefit except for Funeral Expenses benefit, arising from or accelerated by directly or indirectly, wholly or partly, any one (1) of the following:

- (i) Pre-Existing Conditions occurring during the Waiting Period, whether disclosed to Us or not. This shall include any cross over Waiting Period admission where the admission date falls within the Waiting Period and the admission continues until after the Waiting Period, in which case the entire Disability is not payable; or
- (ii) Specified Illnesses occurring during the Waiting Period, whether or not caused by an Accident. This shall include any cross over Waiting Period admission where the admission date falls within the Waiting Period and the admission continues until after the Waiting Period, in which case the entire Disability is not payable; or
- (iii) Any Disability arising during the Waiting Period except for Accidental Injuries. This shall include any cross over Waiting Period admission where the admission date falls within the Waiting Period and the admission continues until after the Waiting Period, in which case the entire Disability is not payable; or

- (iv) Plastic/ Cosmetic Surgery or treatment including but not limited to double eyelids, acne, keloids, scars, skin tags, gynaecomastia, diffused alopecia/ hair loss, or treatment of their complications; or
- (v) Circumcision unless Medically Necessary for the treatment of a Disease; or
- (vi) Any corrective treatment for refractive errors including but not limited to Orthoptics, Visual Stimulation, Radial Keratotomy, Lasik, Intralase, Zyoptics, Phakic IOL implant or intra-ocular lenses replacement Surgery; or
- (vii) All corrective glasses or contact lenses, except monofocal intraocular lenses in cataract Surgery. Expenses incurred for contact lens, use of cosmetic topically/ orally/ surgical procedures and any complications arising therefrom; or
- (viii) The use or acquisition of all types of external prosthetic, external appliances, or corrective devices, including but not limited to artificial limbs, hearing aids, pacemakers, braces, aero chambers and equipment for nebulising, Continuous Positive Airway Pressure (CPAP), Continuous Ambulatory Peritoneal Dialysis (CAPD), orthopedic pads, implantable cardiac defibrillator (ICD), cochlear implants, and any prescriptions thereof or therefor, except for the rental of such equipment, devices or appliances provided by the Hospital for use during Hospitalisation only subject to the limits as specified in the Schedule of Benefits; or
- (ix) Dental conditions including dental treatment or oral Surgery (except as necessitated by Accidental Injuries as specified in the Accidental Dental Treatment Clause to sound natural teeth occurring wholly during the period of cover); or
- (x) Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal Disease and its sequelae, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related Diseases or its sequelae, and any communicable Diseases requiring quarantine by law; or
- (xi) Any treatment or assessment for Congenital Conditions, hereditary or developmental conditions, deformities and any Disability or complications arising therefrom including but not limited to childhood hernias/ hydrocele (all hernia up to age of six (6) is not covered), clubfoot, Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Thalassaemia, Squint, Haemangioma, etc; or
- (xii) Pregnancy, child-birth (including surgical delivery), miscarriage (except any miscarriage of below twenty eight (28) weeks due to Accidental causes under this Policy coverage), voluntary abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility and erectile dysfunction and tests or treatment related to impotence or sterilisation; or
- (xiii) Any care or diagnostic tests or treatment which is not Medically Necessary, has not been established as being effective or which is experimental or treatment which have not been recognized and approved by Ministry of Health of Malaysia. This exclusion includes but is not limited to stem cell treatment, related workout and any complications arising thereafter and blood surety; or
- (xiv) Hospitalisation primarily for investigatory purposes, routine physical examinations, health check-ups, preventive treatments and diagnostic tests not incidental to treatment or diagnosis of a covered Disability; or
- (xv) Treatment for Injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind-altering substance, or suicide, attempted suicide or intentionally self-inflicted injury while sane or insane; or
- (xvi) War, riot, rebellion, insurrection, civil commotion, explosion of war weapons, terrorism related activity, active duty in any armed forces, direct participation in strikes, nuclear war, biological and chemical warfare/ activities; or
- (xvii) Effects from radiation or contamination by radioactivity from any source; or
- (xviii) Expenses incurred for donation of any body organ by the Insured Member and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications; or
- (xix) Investigation and treatment of sleep and snoring disorders, hormone therapy and hormone replacement therapy (except for surgically induced menopause), surgical treatment specifically for weight reduction or gain, hyperhidrosis, etc.; or

- (xx) Alternative therapy comprising alternative treatment, medical services or supplies, including but not limited to Acupuncture, Acupressure, Chiropractic, Osteopathy, Reflexology, Bone Setting, Massage, Aroma Therapy, Herbal, Podiatric, Dietetic consultation and treatment, education services/therapies and Traditional Complimentary Medicine; or
- (xxi) Care or treatment for which payment is not required or which is payable to an extent by any other insurance or indemnity covering the Insured Member and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract; or
- (xxii) Psychotic, psychiatric, mental or nervous disorders, including any neuroses and their physiological or psychosomatic manifestations (except for benefits as specified in the In-Patient Mental Illness Clause); or
- (xxiii) Costs/ expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities and other ineligible non-medical items, except for the following items:
 - medical record fees;
 - insurance billing fees/ billing service/ billing insurance;
 - insurance processing fees;
 - administration fees;
 - admission fee; and
 - admission kit/packincurred during Hospitalisation only; or
- (xxiv) 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, winter sports, professional sports and illegal activities; or
- (xxv) Private flying other than in any commercial scheduled airlines licensed to carry passengers over established routes; or
- (xxvi) Expenses incurred for sex changes; or
- (xxvii) Speech and Occupational therapy when not part of a rehabilitation program following Hospitalisation due to trauma, unless it is a follow-up to an In-Patient Disability which shall then be subject to its relevant limit; or
- (xxviii) Any preventive supplements/ supplies including but not limited to the following:
 - vitamins/ supplements, herbal cures, anti-obesity/ weight reducing agents, eye lubricants and any over the counter purchases except prescribed medicines; and
 - soaps, shampoos, cleansers, vitamin creams, vitamin ointment, moisturisers, lubricants, anti-aging, fairness treatment and any other product having similar effects.

Out-Patient Clinical

We shall not pay any benefit arising from or accelerated directly or indirectly, wholly or partly, for any one (1) of the following:

- (i) Plastic/ cosmetic Surgery or treatment including but not limited to double eyelids, acne, keloids, scars, skin tags, gynaecomastia, diffused alopecia/ hair loss, or treatment of their complications; or
- (ii) Circumcision unless Medically Necessary for the treatment of a Disease; or
- (iii) Any corrective treatment for refractive errors including but not limited to Orthoptics, Visual Stimulation, Radial Keratotomy, Lasik, Intralase, Zyoptics, Phakic IOL implant or intraocular lenses replacement Surgery; or
- (iv) All corrective glasses or contact lenses, except monofocal intraocular lenses in cataract Surgery. Expenses incurred for contact lenses, use of cosmetic topically/ orally/ surgical procedures and any complications arising therefrom; or
- (v) The use or acquisition of all types of external prosthetic, external appliances, or corrective devices, including but not limited to artificial limbs, hearing aids, pacemakers, braces, aero chambers and equipment for nebulising, Continuous Positive Airway Pressure (CPAP), Continuous Ambulatory Peritoneal Dialysis (CAPD), orthopedic pads, implantable cardiac defibrillator (ICD), cochlear implants, and any prescriptions thereof or therefor, except for the rental of such equipment, devices or appliances

- provided by the Hospital or registered clinic for use during Out-Patient treatment only subject to the limits as specified in the Schedule of Benefits; or
- (vi) Any dental conditions including but not limited to dental treatment, oral Surgery, orthodontics and orthognathic Surgery; temporo-mandibular joint disorder; or
 - (vii) Private nursing, rest cures or sanitarium care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related diseases or its sequelae, and any communicable diseases requiring quarantine by law; or
 - (viii) Any treatment or assessment for Congenital Conditions, hereditary or developmental conditions, deformities and any Disability or complications arising therefrom including but not limited to childhood hernias/ hydrocele (all hernia up to age of six (6) is not covered), clubfoot, Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Thalassaemia, Squint, Haemangioma, etc; or
 - (ix) Pregnancy, childbirth (including surgical delivery), miscarriage (except any miscarriage of below twenty-eight (28) weeks due to Accidental causes under this Policy coverage), voluntary abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility and erectile dysfunction and tests or treatment related to impotence or sterilisation; or
 - (x) Any care or diagnostic test or treatment which is not Medically Necessary, has not been established as being effective or which is experimental or treatment which have not been recognized and approved by Ministry of Health of Malaysia. This exclusion includes but is not limited to stem cell treatment, related workout and any complications arising thereafter and blood surety; or
 - (xi) Any treatment received purely for investigation purposes, health screening, check-ups, tests or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any Preventive Treatments, preventive medicines or examinations carried out by a Physician or Specialist, except for benefit payable under diagnostic services and pap smear examination as stipulated herein; or
 - (xii) Treatment for Bodily Injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind-altering substance, or suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane; or
 - (xiii) War, riot, rebellion, insurrection, civil commotion, explosion of war weapons, terrorism related activity, active duty in any armed forces, direct participation in strikes, nuclear war, biological and chemical warfare/ activities; or
 - (xiv) Effects from radiation or contamination by radioactivity from any source; or
 - (xv) Expenses incurred for donation of any body organs by the Insured Member and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications; or
 - (xvi) Investigation and treatment of sleep and snoring disorders, hormone therapy and hormone replacement therapy (except for surgically induced menopause), surgical treatment specifically for weight reduction or gain, hyperhidrosis, etc.; or
 - (xvii) Alternative therapy comprising alternative treatment, medical services or supplies, including but not limited to Chiropractic, Chiropody, Homeopathy, Osteopathy, Acupuncture, Acupressure, Reflexology, Bone Setting, Massage, Aroma Therapy, Herbal, Podiatric, Dietetic consultation and treatment, education services/ therapies and Traditional Complementary Medicine, etc.; or
 - (xviii) Care or treatment for which payment is not required or which is payable to an extent by any other insurance or indemnity covering the Insured Member and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract; or
 - (xix) Psychotic, psychiatric, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations); or
 - (xx) Costs/ expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities and other ineligible non-medical items; or
 - (xxi) 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, winter sports, professional sports and illegal activities; or

- (xxii) Private flying other than in any commercial scheduled airlines licensed to carry passengers over established routes; or
- (xxiii) Expenses incurred for sex changes; or
- (xxiv) Speech and occupational therapy; or
- (xxv) Any preventive supplements/ supplies including but not limited to the following:
 - vitamins/ supplements, herbal cures and anti-obesity/ weight reducing agents, eye lubricants and any over the counter purchases except prescribed medicines; and
 - soaps, shampoos, cleansers, vitamin creams, vitamin ointment, moisturisers, lubricants, anti-aging, fairness treatment and any other product having similar effects; or
- (xxvi) Disabilities of a newborn child contracted prior to or during birth or within the first fourteen (14) days thereafter; or
- (xxvii) Blood and topical allergy testing; or
- (xxviii) Out-Patient rehabilitation therapy, chemotherapy, radiation therapy and kidney dialysis, chronic illness e.g. Hepatitis B and C carriers, nerve disorders/ degenerative diseases, endometriosis, transverse myelitis, etc.; or
- (xxix) Preventive Vaccinations except those stated under Mandatory Child Immunisation Clause only and claimable under Out-Patient General Practitioner Care; or
- (xxx) Treatment/ dispense of medication which are not consistent with diagnosis; or
- (xxxi) House calls or home visits by Physicians for any reason; or
- (xxxii) Dispense of Insured Member's current medication for more than one (1) month's supply.

Dental Benefit

We shall not pay any benefit arising from or accelerated directly or indirectly, wholly or partly, for any one (1) of the following:

- (i) Dental treatment for which payment is not required or which is payable by other insurance or indemnity covering the Insured Member; or
- (ii) Oral Surgery requiring the setting of fractures and dislocations and others not specifically provided under the Schedule of Benefits; or
- (iii) Dispensing of drugs for treatment of oral Disease unless otherwise provided under the Schedule of Benefits; or
- (iv) Replacement of mislaid, lost or stolen of denture or bridgework and other prosthetic device; or
- (v) Replacement of existing prosthodontic appliances more than five (5) years, unless the existing appliance cannot be made serviceable or is Medically Necessary; or
- (vi) Dental treatments and supplies which in accordance with accepted dental art standards are not required from a dental viewpoint; or which are not recommended or approved by the attending Dentist, or which are not accepted dental arts standards; or
- (vii) Dental treatments performed mainly for aesthetic purposes including the transformation or extraction and replacement of healthy teeth in order to modify appearance; or
- (viii) Prosthetic services (including bridges and crowns) started prior to the Eligibility Date; or
- (ix) Expenses for the initial placement of a complete or partial denture or for fixed bridgework if it involves the replacement of one or more natural teeth missing or lost prior to the Eligibility Date; or
- (x) Dental treatments required following an Injury that the Insured Member wilfully inflicted upon him or herself, whether or not of sound mind; or
- (xi) Fees invoiced by a Dentist for an appointment missed by an Insured Member or for the filling out of claim forms required by the Insured Member or for additional information required by Us; also for travel time, transportation costs and counselling provided by means of telecommunications; or
- (xii) Fees invoiced by a Dentist for a treatment plan, either for extra time spent for explanations due to the complexity of the treatment, or when the diagnostic material comes from another source for consultation with the Insured Member for consultation with another Dentist; or
- (xiii) Fees invoiced by a Dentist for the analysis of an alimentary diet and recommendations for initial instructions as well as reinstructions in oral hygiene and for a plaque control program; or for any protective appliances or dental related product/supplies; or

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- (xiv) Dental care related to implants except those provided under the Schedule of Benefits; or
- (xv) Treatment provided by non-Panel Dental Clinics unless specifically provided under the Schedule of Benefits; or
- (xvi) Any other dental service not specifically listed under the Schedule of Benefits; or
- (xvii) War, riot, rebellion, insurrection, civil commotion, explosion of war weapons, terrorism related activity, active duty in any armed forces, direct participation in strikes, nuclear war, biological and chemical warfare/ activities.

Note: This list is non-exhaustive. Please refer to the Policy Contract and Supplementary Contract (if any) for the complete terms and conditions under this Policy.

7. Can I cancel my Policy?

If You find that this Policy is no longer appropriate, You may cancel Your Policy by giving Us fourteen (14) days written notice. Provided no claims have been made, a pro-rated refund of premium will be made to You.

8. 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 including Your address to ensure that all correspondences reach You in a timely manner.

9. How do I make a claim?

You may visit www.allianz.com.my for the claims guide. You are advised to submit Your claim (if any) to Us as soon as possible.

10. Where can I get further information?

Should You require additional information, please visit www.mycoverage.my/en/life_insurance_explained/.

If You have any enquiries, please contact Us at:

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Allianz Customer Service Centre

Allianz Arena

Ground Floor, Block 2A

Plaza Sentral, Jalan Stesen Sentral 5

Kuala Lumpur Sentral

50470 Kuala Lumpur

Customer Contact Centre : 1 300 22 5542

Email : customer.service@allianz.com.my

11. Other similar types of cover available?

Please contact Us if You wish to know any other similar types of cover that We offer.

IMPORTANT NOTE:

YOU MUST CHOOSE THE TYPE OF POLICY THAT BEST SUITS YOU. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH YOUR INTERMEDIARY OR CONTACT US DIRECTLY FOR MORE INFORMATION.

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

Other Important Notice:

1. You should satisfy Yourself that the Policy would best serve Your needs and that the premium payable under the Policy is affordable.
2. Insurance protection shall only be effective from the Policy Effective Date of this Policy according to terms and conditions agreed/set.
3. You are advised to keep the receipt as proof of payment of premiums.
4. The standard time frame required for Us to issue a Policy will be twelve (12) working days from the submission date of full and complete documentation received.
5. It may not be advantageous to replace an existing life or medical and health insurance Policy with a new one. If You intend to do so, We recommend that You consult Your present insurer before making a final decision.
6. In the event that any sales and services tax, value added tax or any similar tax and any other duties, taxes, levies or imposts (collectively "Applicable Tax") whatsoever are introduced by any authority and are payable under the laws of Malaysia in connection with any supply of goods and/or services made or deemed to be made under this Policy, We will be entitled to charge any Applicable Tax as allowed by the laws of Malaysia. Such Applicable Tax payable shall be paid in addition to the applicable premiums and other charges. All provisions in this Policy on payment of premiums and default hereof (if any) shall apply equally to the Applicable Tax.

This information provided in this Product Disclosure Sheet is valid as at Policy Effective Date of this Policy.