

PROPOSAL FOR GROUP INSURANCE - EMPLOYEE BENEFITS

FOR THE CONSIDERATION OF
<Company Name>

SUBMITTED BY :
GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD

PROPOSAL VALIDITY PERIOD :
<Date>

Underwritten By :
Great Eastern Life Assurance (Malaysia) Berhad (198201013982 (93745-A))
Group Insurance Department
Menara Great Eastern
303 Jalan Ampang
50450 Kuala Lumpur.

PRODUCT DISCLOSURE SHEET

Important Notes:

Please read this Product Disclosure Sheet before you decide to take up the Group Yearly Renewable Hospitalisation and Surgical Policy. Be sure to also read the general terms and conditions.

Name of Customer : <Employer Name> ("Employer")
 Name of Financial Service Provider : Great Eastern Life Assurance (Malaysia) Berhad ("the Company")
 Name of Product : Group Yearly Renewable Hospitalisation and Surgical Policy
 Proposal Issued Date : <Date>

1. What is this product about?

This is a yearly renewable group policy intended to be purchased by the Employer for the purpose of providing coverage for hospitalisation and surgical expenses incurred due to accidental injury or illness covered under the plan for full-time Actively At Work employees with option to extend the coverage to their Spouse and Dependant.

This is a non-participating yearly renewable protection plan.

2. What are the covers/benefits provided?

The plan reimburses reasonable and customary inpatient hospitalisation and surgical and outpatient general practitioner medical expenses incurred by a Life Assured for the treatment of Sickness, Disease, Illness or accidental cause in accordance with the limits specified in the Schedule of Benefits which is appended below.

Schedule of Benefits

GROUP HOSPITALISATION AND SURGICAL	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)
Cashless with Letter Of Guarantee / Pay And Claim Basis					
Hospital Room and Board (Private/Government) (Up to maximum 180 days per Disability)					
Intensive Care Unit (Up to maximum 75 days per Disability inclusive of Hospital Room and Board)	As Charged.				
Hospital Supplies and Services (Maximum per Disability)	As Charged. Reimbursement of Reasonable and Customary Charges which is consistent with those usually charged to a ward or room and board accommodation which is approximate to and within the daily limit of the amount stated in Hospital Room and Board benefit under the plan insured.				
Operating Theatre (Maximum per Disability)					
Surgical Fees (Maximum per Disability)					
Anaesthetist Fees (Maximum per Disability)					
In-Hospital Physician Visit (Maximum 2 visits per day) (Up to maximum 180 days per Disability)					
Daily Cash Allowance at Malaysian Government Hospital (up to maximum 180 days per Disability)					
Emergency Accidental Outpatient Treatment (Maximum per Disability within 24 hours after the accident & follow up treatment up to 60 days)	As Charged. Subject to Reasonable and Customary Charges.				
Emergency Sickness Outpatient Treatment (Maximum per Disability from 10pm - 8am)					
Pre-Hospitalisation Specialist Consultation (Maximum per Disability within 90 days prior to hospitalisation)					
Pre-Hospitalisation Diagnostic Tests (Maximum per Disability within 90 days prior to hospitalisation)					
Post-Hospitalisation Treatment (Maximum per Disability within 90 days following discharge from hospital)					
Ambulance Fees (Maximum per Disability)					
Second Surgical Opinion (within 60 days prior to hospitalisation)					
Day Surgery (Maximum per Disability)					
Medical Report Fee Reimbursement (Maximum per Disability)					
Emergency Accidental Dental Treatment (Maximum per Disability within 24 hours after the accident & follow up treatment up to 14 days)	As Charged. Subject to Reasonable and Customary Charges.				
Outpatient Imaging (per Period of Insurance) (Subject to a maximum of 30 days from the date of MRI/PET/CT scan)	As Charged. Subject to Reasonable and Customary Charges.				
Overall Maximum Limit for Malaysian Government Hospital Admission (per Annum/ per Disability)					
Overall Annual Limit					
Overall Limit per Disability					
Co-insurance for upgraded Room & Board	Yes	Yes	Yes	Yes	Yes
Sales and Service Tax	Yes	Yes	Yes	Yes	Yes

<OPTIONAL BENEFITS>					
Pre-Hospitalisation Diagnostic Tests (Maximum per Disability within <180> days prior to hospitalisation)	As Charged. Subject to Reasonable and Customary Charges.				
Pre-Hospitalisation Specialist Consultation (Maximum per Disability within <180> days prior to hospitalisation)					
Post-Hospitalisation Treatment (Maximum per Disability within <180> days following discharge from hospital)					
Second Surgical Opinion (within 180 days prior to hospitalisation)					
Emergency Accidental Outpatient Treatment (Maximum per Disability within 24 hours after the accident & follow up treatment up to <180> days)					
Emergency Accidental Dental Treatment (Maximum per Disability within 24 hours after the accident & follow up treatment up to <180> days)					
Compassionate Allowance (All causes)					
Outpatient Rehabilitation/ Physiotherapy Treatment (per Period of Insurance)	<Standalone limit i.e. 5,000 / As Charged. Subject to Reasonable and Customary Charges.>				
Outpatient Cancer Treatment (per Period of Insurance)	<Standalone limit i.e. 1,000 / As Charged. Subject to Reasonable and Customary Charges.>				
Outpatient Kidney Dialysis (per Period of Insurance)	<Standalone limit i.e. 1,000 / As Charged. Subject to Reasonable and Customary Charges.>				
Organ Transplant (per Period of Insurance) (claimable once only per lifetime)	<Standalone limit i.e. 1,000 / As Charged. Subject to Reasonable and Customary Charges.>				
Intraocular Lens (per Period of Insurance)					
Inpatient Mental Illness Allowance (claimable once only per lifetime)					
Inpatient Mental Illness Allowance (claimable per Period of Insurance)					
Inpatient Mental Illness (Hospitalisation cost) (up to maximum 30 days per Period of Insurance)	As Charged. Subject to Reasonable and Customary Charges.				
Home Nursing Care (Maximum per Disability, subject to a minimum of 3 days Hospitalisation)	As Charged. Subject to Reasonable and Customary Charges.				
Alternative Treatment (per visit and up to maximum of 10 visits per Period of Insurance)	As Charged. Subject to Reasonable and Customary Charges.				
Insured Child Daily Guardian Benefit (for child below 15 years old, up to maximum 180 days per Disability)	As Charged. Subject to Reasonable and Customary Charges.				
Lodger's Fee (Up to maximum 180 days per Disability)					
Miscarriage (for all causes)	As Charged. Subject to Reasonable and Customary Charges.				
Medical Report Fee Reimbursement (Maximum per Disability)	300				
Emergency Medical Assistance Services	In accordance with the benefits provision in Emergency Medical Assistance Services agreement				
Major Medical (Maximum Limit per Disability)					
Deductible (Amount per Disability)					
Co-insurance (Amount per Disability)					

Note:

(i) *As Charged*

– means As Charged on Insured Benefits. Reimbursement on Reasonable and Customary Charges which is consistent with those usually charged to a ward or room and board, and such charges are also consistent with and at the same level as those recommended in the prevailing Private Healthcare Facilities and Services Act 1998.

(ii) *Coinurance For Upgrade Room and Board (If Applicable)*

– If the Life Assured is hospitalised at a published Room and Board rate which is higher than his eligible benefit, the Life Assured shall bear the twenty percent (20%) of the other eligible benefits as described in the Schedule of Benefits and is not subject to maximum amount.

Important Note: Term and conditions apply. Please refer to the Policy Contract for the full terms and conditions.

Life Assured's Benefits:

Eligibility of the Life Assured

- Employee
 - (a) Full-time Actively At Work employee,
 - (b) Minimum entry age of seventeen (17) years next birthday up to age sixty-five (65) years next birthday.
- Spouse
 - (a) Legally married Spouse of the Employee,
 - (b) Minimum entry age of seventeen (17) years next birthday up to age sixty-five (65) years next birthday.
- Dependant
 - (a) Unmarried children of the Employee,
 - (b) Minimum entry age of fifteen (15) days old but under nineteen (19) years next birthday. However, if the Dependant is still in full-time higher education and is not gainfully employed, the minimum entry age shall be extended to age twenty-three (23) years next birthday.
 - (c) The coverage can be continued up to age twenty-three (23) years next birthday if still in full-time higher education and is not gainfully employed.

3. How much premium do we have to pay?

The Schedule of Premium is appended below. The premium rates applicable are in accordance with the plan and coverage option selected from the Schedule of Benefits for the employees concerned.

Schedule of Premium (Annual Premium)

Premium Table:

Plan	Descriptions	Category	Number of Life Assured (As per the declaration given by the Policyholder)	Premium Rates (Per Member Per Annum)
1	0	Employee Only (EO)	0	0.00
		Employee & Spouse (ES)	0	0.00
		Employee & Dependant (EC)	0	0.00
		Employee & Family (EF)	0	0.00
2	0	Employee Only (EO)	0	0.00
		Employee & Spouse (ES)	0	0.00
		Employee & Dependant (EC)	0	0.00
		Employee & Family (EF)	0	0.00
3	0	Employee Only (EO)	0	0.00
		Employee & Spouse (ES)	0	0.00
		Employee & Dependant (EC)	0	0.00
		Employee & Family (EF)	0	0.00
4	0	Employee Only (EO)	0	0.00
		Employee & Spouse (ES)	0	0.00
		Employee & Dependant (EC)	0	0.00
		Employee & Family (EF)	0	0.00

Premium Summary:

	(RM)
Estimated Total Premium (Annual Premium)	0.00
Sales and Service Tax (SST)	0.00
Stamp Duty	10.00
Estimated Total Premium (inclusive of SST & Stamp Duty)	

**Please note that premiums paid by business organisations are subject to the applicable tax imposed by the Government of Malaysia at the prevailing rate.*

- Premium in respect of each employee's assurance shall be calculated with reference to the above premium rates. These rates are subject to the prevailing Malaysia Sales and Service Tax.
- Annual Premiums must be paid yearly prior to the commencement of the Period of Insurance for continued protection, unless otherwise specified by the Company in writing.
- The employee's assurance may be issued at standard premium rates, increased premium rates, postponed, declined, reduced coverage and/or benefits restriction based on the underwriting criteria of the Company.
- Premium is non-guaranteed and is subject to review by the Company upon renewal. The Company reserves the right to revise the premium by giving you at least thirty (30) days advance written notification. Any revision of the premium rates shall take effect immediately upon renewal of the Policy. The revision, if any, will aim to reflect our claim experience, cost of medical treatment, advancement in medical technology, or other justified circumstances.
- This is a yearly renewable protection plan, and unless renewed, the coverage will cease on the expiry date and the Company shall strictly not be liable for any claims, expenses or loss that take place after the expiry date.
- The Company will invite for renewal at least thirty (30) days before the expiry of the Policy, subject to renewal terms and conditions.

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

Type	Amount
Stamp Duty	RM10
SST	8%
Commissions paid to the intermediary	Up to 10% of premiums (A commission of RM10 is paid for every RM100 of premium paid)

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

- **Importance of Disclosure** – You must disclose all material facts such as type of business, nature of occupations, any information that could affect the risk profile, state the ages of employees correctly and ensure that all employees to truthfully declare their medical conditions, otherwise effective cover will be void at inception.
- **Free-look Period** – You may cancel your policy by returning your insurance policy within fifteen (15) days after you have received it, provided that no claim has been admitted under the Policy. The premium that you have paid (less any expenses incurred for the medical examination of the Life Assured) will be refunded to you.
- **Period of Insurance** – refers to the one-year period which starts on the Policy Commencement Date or any Policy Anniversary and ends on the day before the first Policy Anniversary or the following Policy Anniversary.
- **Medically Necessary** – means a medical service which is:-
 - (a) consistent with the diagnosis and customary medical treatment for a covered Disability, and
 - (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
 - (c) not for the convenience of the Life Assured or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient), and
 - (d) not of an experimental, investigational or research nature, preventive or screening nature, and
 - (e) for which the charges are fair and reasonable and customary for the Disability.
- **Pre-existing Illness (applicable for new joiners only)** – means any disability which originated before the Effective Date of the coverage under the Policy unless the Life Assured has been insured under the Policy for twelve (12) months and Life Assured is discharged from any Hospitalisation of no less than twelve (12) consecutive months.
- **Waiting period (applicable for new joiners only)** – the eligibility for Insured Benefits due to Illness, Sickness and Disease will only start thirty (30) days after the Effective Date of the Life Assured. However, if there is a break in coverage in any Period of Insurance, the Waiting Period shall apply again.
- **Specified Illness (applicable for new joiners only)** – means the following disabilities and its related complications, occurring within the first hundred and twenty (120) days from the Effective Date. However, if there is a break in coverage prior to the expiry of the said one hundred and twenty (120) days, a fresh period of one hundred and twenty (120) days shall apply again from the date of reinstatement:
 - (a) hypertension, diabetes mellitus and cardiovascular disease;
 - (b) all tumours, cancers, cysts, nodules, polyps;
 - (c) stones of the urinary system and biliary system;
 - (d) all ear, nose (including sinuses) and throat conditions;
 - (e) hernias, haemorrhoids, fistulae, hydrocele, varicocele;
 - (f) diseases of the Reproduction system including endometriosis;
 - (g) vertebro-spinal disorders (including disc) and knee conditions.
- Unless renewed, the coverage will cease on expiry date and the Company shall strictly not be liable for any expenses that incurred after the expiry date.
- The Company reserves the right to discontinue the underwriting of this insurance product by giving you thirty (30) days advance written notice.
- Changes to benefits can be made by you on Policy Anniversary or upon renewal only.
- Save for the revision of premium above, the Company reserves the right to vary all other policy conditions subject to the terms and conditions of the Policy, by giving you thirty (30) days advance written notice, and any such amendment shall take effect after the expiry of the the written notice.
- **Claims notification** – Within thirty (30) days from date on which a claim event occurs.
- **Claims procedure** – Please visit greateasternlife.com/my for further information on the Company's claims procedure.

Important Note: The above is non-exhaustive. Please refer to the terms and conditions under the Policy Contract.

6. What are the major exclusions under this plan?

The Company will not pay any benefit under this plan as a result of any of the following whether directly or indirectly due to:

- Pre-existing Illness. Any disability which originated before the Effective Date of coverage under the Policy unless the Life Assured has been insured under the Policy for twelve (12) months, and the Life Assured is discharged from any Hospitalisation of no less than twelve (12) consecutive months;
- Specified Illnesses occurring within the first hundred and twenty (120) days from the Effective Date;
- any medical or physical conditions arising within the Waiting Period except for Injury;
- care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Life Assured and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract;
- plastic/cosmetic surgery, circumcision, 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;
- dental conditions including dental treatment or oral surgery except as necessitated by accidental injuries to sound natural teeth occurring wholly during the Period of Insurance and performed by Dentist;
- private nursing, rest cures or sanitarium care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law;
- any treatment or surgical operation for Congenital Conditions or deformities including hereditary conditions;
- pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilisation;
- psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations);
- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical 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, and treatments specifically for weight reduction or gain;
- costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack, any other government tax that may be imposed by the Hospital and other ineligible non-medical items;
- 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;
- suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
- private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
- as a result of the Life Assured committing, attempting or provoking an assault or a felony or from any violation of the law by the Life Assured or resistance to arrest;
- 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;
- expenses incurred for donation of any body organ by the Life Assured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;
- expenses incurred for sex change;
- investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment; or
- charges which are not Reasonable and Customary Charges, or any surgery or treatment which is not Medically Necessary, or charges in excess of Reasonable and Customary Charges, or charges which are incurred for Hospitalisation, pre-hospitalisation and/or post-hospitalisation after expiry of a Period of Insurance.

Important Note: The above is non-exhaustive. Please refer to the Policy Contract for the full list of exclusions under this plan.

7. Can we cancel our plan?

You may cancel your plan at anytime by giving thirty (30) days written notice to the Company, provided that no claims have been made in the Period of Insurance, in which the cancellation notice is given to the Company. This Policy does not contain any cash values. The coverage shall terminate on the date of cancellation and the Company shall strictly not be liable for any claims, expenses or loss that take place from the cancellation date. You shall be entitled to a refund of annual premium as follows:

Period Not Exceeding	Refund of Annual Premium
15 days	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
> 11 months	No refund

8. What do we need to do if there are changes to our contact details?

It is important that you inform us of any change in your contact details to ensure that all correspondences reach in a timely manner.

9. Where can we get further information?

Should you require additional information about medical and health insurance, please refer to www.mycoverage.my.

If you have any enquiries, please contact us at:

GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD (198201013982 (93745 – A))

Head Office : Menara Great Eastern
303, Jalan Ampang
50450 Kuala Lumpur.

Tel : (603) 4259 8888

Fax : (603) 4259 8899

E-mail : grouplife@greateasternlife.com

10. Other similar types of cover available

Please check with the intermediary or contact the Company directly for similar types of cover available currently.

The term "Company" shall refer to Great Eastern Life Assurance (Malaysia) Berhad.

IMPORTANT NOTE:

BUYING AN INSURANCE POLICY IS A FINANCIAL COMMITMENT. YOU SHOULD BE SATISFIED THAT THIS PLAN WILL BEST SERVE YOUR NEEDS AND THAT THE PREMIUM PAYABLE UNDER THE POLICY IS AN AMOUNT YOU CAN AFFORD. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH YOUR INTERMEDIARY OR CONTACT THE COMPANY DIRECTLY FOR MORE INFORMATION.

The benefit(s) payable under eligible policy/product is(are) protected by Perlindungan Insurans Deposit Malaysia ("PIDM") up to limits. Please refer to PIDM's TIPS Brochure or contact GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD or PIDM (visit www.pidm.gov.my).

If there is any discrepancy between the English and Bahasa Malaysia versions of this document, the English version shall prevail.

The information provided in this product disclosure sheet is valid as at <Date>.

Great Eastern Life Assurance (Malaysia) Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

PDS Version: GHS/PDS/V06/05-2025

PRODUCT DISCLOSURE SHEET

Important Notes:

Please read this Product Disclosure Sheet before you decide to take up the Group Yearly Renewable Comprehensive Outpatient Clinical Insurance. Be sure to also read the general terms and conditions.

Name of Customer : <Employer Name> ("Employer")
 Name of Financial Service Provider : Great Eastern Life Assurance (Malaysia) Berhad ("the Company")
 Name of Product : Group Yearly Renewable Comprehensive Outpatient Clinical Insurance
 Proposal Issued Date : <Date>

1. What is this product about?

This is a rider attachable to Group Yearly Renewable Hospitalisation and Surgical plan purchased by the Employer for the purpose of providing outpatient clinical coverage for medical expenses incurred due to accidental injury or illness covered under the plan for full-time Actively At Work employees with option to extend the coverage to their Spouse and Dependant.

This is a non-participating yearly renewable protection plan.

2. What are the covers/benefits provided?

This rider reimburses reasonable and customary medical expenses incurred by a Life Assured for the outpatient clinical treatments of Sickness, Disease, Illness or accidental cause and provided that Hospitalisation is not required in accordance with the limits specified in the Schedule of Benefits which is appended below.

Insured Benefits:

a) Outpatient General Practitioner Care (GP)

Reimbursement of Reasonable and Customary Charges incurred for Medically Necessary treatment as an Outpatient at any registered Clinic for the following:

- the consultation charges by a Physician at a Clinic; or
- the cost of medication as prescribed by a Physician at a Clinic; or
- the cost of injection which is performed by a Physician or his assistant at a Clinic; or
- the cost of X-ray and laboratory procedures done at a Clinic under the directives or the prescriptions of a Physician; or
- the cost of outpatient surgical procedure done by a Physician at a Clinic; and
- the cost of treatment for sudden, severe or life threatening Injury, Illness or Sickness where immediate medical attention is required.

b) Outpatient Specialist Care (SP)

Reimbursement of Reasonable and Customary Charges incurred for Medically Necessary treatment as an Outpatient at any registered Clinic or Hospital for the following:

- the consultation charges by a Specialist but exclude charges arising from a follow-up treatment after discharge from Hospital; or
- the cost of medication as prescribed by a Specialist; or
- the cost of injection which is performed by a Specialist or his assistant; or
- the cost of X-ray and laboratory procedures done by a Specialist or under his directives or the prescriptions; and
- the cost of outpatient surgical procedures done by a Specialist.

The Life Assured shall only be eligible for benefits under Outpatient Specialist Care if such services and/or treatments are recommended and referred by a Physician who is rendering his service in a Panel GP Clinic selected by the Company and who is not the Specialist.

Schedule of Benefits

OUTPATIENT	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
1) OUTPATIENT GENERAL PRACTITIONER CARE (GP)					
i) Panel GP Clinic Visit	As Charged on Insured Benefits *Cashless at Panel GP Clinics				
ii) Non-Panel GP Clinic Visit (Emergency)	*Reimbursement basis at non-panel GP clinics (Emergency only)				
iii) Non-Panel GP Clinic Visit (Non-Emergency)	No	No	No	No	No
iv) Overseas Out-Patient benefit - Max per visit inclusive of all Incidental fee (RM)	60	60	60	60	60
v) Child immunisation (preventive vaccination)	As Charged on Insured Benefits				
<OPTIONAL BENEFITS> vi) Flu Vaccination (Max 1 visit per Period of Insurance)	60	60	60	60	60
<OPTIONAL BENEFITS> vii) Pap Smear (per Period of Insurance)	As Charged on Insured Benefits				
<OPTIONAL BENEFITS> viii) Emergency Care (visits to Accident & Health department of a Hospital)	*Reimbursement basis				
GP OVERALL LIMIT (RM)					
Per Employee per annum	5,000	4,000	3,000	2,000	1,000
Per Spouse per annum	5,000	4,000	3,000	2,000	1,000
Per Dependant per annum	5,000	4,000	3,000	2,000	1,000
Per Family per annum (Include Employee)	-	-	-	-	-
Per Family per annum (Exclude Employee)	-	-	-	-	-
2) OUTPATIENT SPECIALIST CARE (SP)					
Subject to referral from Panel GP Clinic	Yes	Yes	Yes	Yes	Yes
Direct Paediatric Benefit	No	No	No	No	No
Overseas Out-Patient benefit - Max per visit inclusive of all Incidental fee (RM)	200	200	200	200	200
Child immunisation (preventive vaccination)	As Charged on Insured Benefits with Referral from GP				
<OPTIONAL BENEFITS> Pap Smear (per Period of Insurance)	As Charged on Insured Benefits with Referral from GP				

<OPTIONAL BENEFITS> Mammogram (once per Period of Insurance)	As Charged on Insured Benefits with Referral from GP
<OPTIONAL BENEFITS> Physiotherapy (per Period of Insurance)	As Charged on Insured Benefits with Referral from SP
<OPTIONAL BENEFITS> Outpatient Mental Illness (per Period of Insurance)	RM5,000 with Referral from GP Clinic or Hospital

3) OUTPATIENT DIAGNOSTIC SERVICES					
Subject to referral from Panel GP Clinic or Specialist	Yes	Yes	Yes	Yes	Yes
SP & DIAGNOSTIC OVERALL LIMIT (RM)					
Per Employee per annum	2,000	2,000	2,000	2,000	2,000
Per Spouse per annum	2,000	2,000	2,000	2,000	2,000
Per Dependant per annum	2,000	2,000	2,000	2,000	2,000
Per Family per annum (Include Employee)	-	-	-	-	-
Per Family per annum (Exclude Employee)	-	-	-	-	-
GP, SP & DIAGNOSTIC COMBINED OVERALL LIMIT (RM)					
Per Employee per annum	-	-	-	-	-
Per Spouse per annum	-	-	-	-	-
Per Dependant per annum	-	-	-	-	-
Per Family per annum (Include Employee)	-	-	-	-	-
Per Family per annum (Exclude Employee)	-	-	-	-	-

Life Assured's Benefits:
Eligibility of the Life Assured

- Employee
 - (a) Full time Actively-at-Work employee,
 - (b) Minimum entry age of seventeen (17) years next birthday up to age sixty-five (65) years next birthday.
- Spouse
 - (a) Legally married Spouse of the Employee,
 - (b) Minimum entry age of seventeen (17) years next birthday up to age sixty-five (65) years next birthday.
- Dependant
 - (a) Unmarried children of the Employee,
 - (b) Minimum entry age of fifteen (15) days old but under nineteen (19) years next birthday. However, if the Dependant is still in full-time higher education and is not gainfully employed, the minimum entry age shall be extended to age twenty-three (23) years next birthday.
 - (c) The coverage can be continued up to age twenty-three (23) years next birthday if still in full-time higher education and who is not gainfully employed.

3. How much premium do we have to pay?

The Schedule of Premium is appended below. The premium rates applicable are in accordance with the plan and coverage option selected from the Schedule of Benefits for the employees concerned.

Schedule of Premium (Annual Premium)

Premium Table:

Plan	Descriptions	Category	Number of Life Assured (As per the declaration given by the Policyholder)	Premium Rates (Per Member Per Annum)
1	0	Employee Only (EO)	0	0.00
		Spouse Only (SO)	0	0.00
		Dependant Only (CO)	0	0.00
2	0	Employee Only (EO)	0	0.00
		Spouse Only (SO)	0	0.00
		Dependant Only (CO)	0	0.00
3	0	Employee Only (EO)	0	0.00
		Spouse Only (SO)	0	0.00
		Dependant Only (CO)	0	0.00
4	0	Employee Only (EO)	0	0.00
		Spouse Only (SO)	0	0.00
		Dependant Only (CO)	0	0.00
5	0	Employee Only (EO)	0	0.00
		Spouse Only (SO)	0	0.00
		Dependant Only (CO)	0	0.00

Premium Summary:

	(RM)
Estimated Total Premium (Annual Premium)	0.00
Sales and Service Tax (SST)	0.00
Stamp Duty	10.00
Estimated Total Premium (inclusive of SST & Stamp Duty)	10.00

*Please note that premiums paid by business organisations are subject to the applicable tax imposed by the Government of Malaysia at the prevailing rate.

- Premium in respect of each employee's assurance shall be calculated with reference to the above premium rates. These rates are subject to the prevailing Malaysia Sales and Service Tax.
- Annual Premiums must be paid yearly prior to the commencement of the Period of Insurance for continued protection, unless otherwise specified by the Company in writing.
- The employee's assurance may be issued at standard premium rates, increased premium rates, postponed, declined, reduced coverage and/or benefits restriction based on the underwriting criteria of the Company.
- Premium is non-guaranteed and is subject to review by the Company upon renewal. The Company reserves the right to revise the premium by giving you at least thirty (30) days advance written notification. Any revision of the premium rates shall take effect immediately upon renewal of the rider. The revision, if any, will aim to reflect our claim experience, cost of medical treatment, advancement in medical technology, or other justified circumstances.
- This is a yearly renewable protection rider, and unless renewed, the coverage will cease on the expiry date and the Company shall strictly not be liable for any claims, expenses or loss that take place after the expiry date.
- The Company will invite for renewal at least thirty (30) days before the expiry of the rider, subject to renewal terms and conditions.

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

Type	Amount
SST	8%
Commissions paid to the intermediary	Up to 10% of premiums (A commission of RM10 is paid for every RM100 of premium paid)

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

- **Importance of Disclosure** – You must disclose all material facts such as type of business, nature of occupations, any information that could affect the risk profile, state the ages of employees correctly and ensure that all employees to truthfully declare their medical conditions, otherwise effective cover will be void at inception.
- **Free-look Period** – You may cancel this rider by returning the Supplementary Contract within fifteen (15) days after you have received it, provided no claim has been admitted under the rider. The premium that you have paid (less any expenses incurred for the medical examination of the Life Assured) will be refunded to you.
- **Period of Insurance** – refers to the one-year period which starts on the Policy Commencement Date or any Policy Anniversary and ends on the day before the first Policy Anniversary or the following Policy Anniversary.
- **Medically Necessary** – means a medical service which is:-
 - (a) consistent with the diagnosis and customary medical treatment for a covered Disability, and
 - (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
 - (c) not for the convenience of the Life Assured or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient), and
 - (d) not of an experimental, investigational or research nature, preventive or screening nature, and
 - (e) for which the charges are fair and reasonable and customary for the Disability.
- Unless renewed, the coverage will cease on expiry date and the Company shall strictly not be liable for any expenses that incurred after the expiry date.
- The Company reserves the right to discontinue the underwriting of this insurance product by giving you thirty (30) days advance written notice.
- Changes to benefits can be made by you on rider anniversary or upon renewal only.
- Save for the revision of premium above, the Company reserves the right to vary all other policy conditions subject to the terms and conditions of the rider, by giving you thirty (30) days advance written notice, and any such amendment shall take effect after the expiry of the the written notice.
- **Claims notification** – Within thirty (30) days from date on which a claim event occurs.
- **Claims procedure** – Please visit greateasternlife.com/my for further information on the Company's claims procedure.

Important Note: The above is non-exhaustive. Please refer to the terms and conditions under the Policy Contract and Supplementary Contract.

6. What are the major exclusions under this plan?

The Company will not pay any benefit under this plan as a result of any of the following whether directly or indirectly due to:

- physical examination, health check-ups or tests, unless the same is recommended by the Physician in connection with the treatment or diagnosis of a covered disability;
- cosmetic treatment/surgery or its complications (inclusive of double eyelids, acne, etc.) except as necessitated by Injury;
- contraceptives medication and device, sterilisation procedure, treatment for complication, reversal of such procedure and the work up or treatment of sexual dysfunction or infertility;
- any form of preventive treatment and preventive vaccination;
- costs/expenses of services of a non-medical nature such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items;
- medical care or treatment which is of an experimental or investigative nature, or not according to accepted professional standards, or medical care or treatment which is not Medically Necessary;
- private nursing care engaged by Life Assured or services for rest cure provided by rest/nursing home for purely recuperative purposes and house calls by doctors for any reason;
- outpatient kidney dialysis, rehabilitation therapy, chemotherapy, radiation therapy, physical therapy or physiotherapy, or any alternative therapy which include but are not limited to acupuncture, chiropractic, osteopathy and reflexology;
- any blood test or topical allergy test;
- the supply or rental of any of the following equipments:
 - (i) Orthopaedic appliances, such as but not limited to:
 - (a) Braces e.g. knee guard and wrist guard; or
 - (b) Corsets, crutches, exercise equipment, hot packs, cold packs, ice or hot water bags, limb supports, nerve stimulator or TENS machine, orthopaedic pads, walking sticks, pads, walking sticks, wheelchair and artificial limbs.
 - (ii) Other appliances, such as but not limited to:
 - (a) aero chamber, colostomy bags, equipments for measuring blood sugar (glucometer), lancets and test strips, equipment for nebulizers, eye shades, hearing aids, cochlear implants, lenses and lens implant.
- any process solely for the determination of eye refraction and the correction of the same by radial keratotomy, orthoptic or visual training or by any other means;
- supply of corrective glasses or contact lens except for cataract surgery or eye injury (including lenses and lens implant) while insured or any associated material for correction of visual acuity;
- Diseases or disabilities of a newborn child that are contracted prior to or during birth or within the first fourteen (14) days after the delivery;
- any circumcision (including ritual circumcision and circumcision due to congenital condition) unless Medically Necessary;
- any treatment, therapy or surgical operation for congenital or hereditary diseases, deformities or disabilities, including any medical or surgical complication arising there from;
- treatment for effects from exposure to ionising radiation or contamination by radioactivity from any source;
- any treatment to Sickness and/or Injury sustained or contracted:
 - (a) while on duty in any navy, army, air force or police organisation;
 - (b) as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power, riot, civil commotion, attack by bandits or terrorists, whether or not the Life Assured was actually participating therein;
 - (c) while committing a crime or felony, or while under the influence of alcohol or drugs, narcotics, or mind altering substance or Injury which is self-inflicted while sane or insane; while sane or insane;
 - (d) as a result of the Life Assured driving a motor vehicle without possessing a valid driving licence. This exclusion will not apply if the Life Assured has an expired licence but is not disqualified from holding or obtaining such driving licence under any laws, by-laws or regulations;
 - (e) from a condition related to sexually transmitted diseases, venereal diseases, AIDS and AIDS Related Complex or its sequelae;
 - (f) as a result of psychotic, mental or functional disorder including any neurosis and their physiological or psychosomatic manifestations;
 - (g) from any investigation and treatment relating to pregnancy including miscarriage, childbirth or their sequelae; or
 - (h) from private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- any communicable diseases requiring quarantine by law
- preventive vaccinations except for the following that are applicable to eligible Dependant only:
 - (a) Bacillus Calmette-Guérin (BCG) (booster);
 - (b) Hepatitis B (Dependant up to one (1) year old);
 - (c) Triple Antigen (Dependant up to one (1) year old);
 - (d) Double Antigen (Dependant up to two (2) years old);
 - (e) Oral Polio;
 - (f) Measles, Mumps, Rubella (German Measles) (collectively referred to as MMR);
 - (g) Meningitis (Dependant up to one (1) year old)
 - (h) Pneumococcal Conjugate Vaccine (Only applicable to Dependents born on or after 1 January 2020. First two (2) doses for Dependant up to one (1) year old, and the third (3rd) dose for when the Dependant is aged between one (1) year old to two (2) years old).
- dental appliances e.g. toothpaste, toothbrush, dental floss, etc;
- vitamins/supplements, herbal cures, anti-obesity/weight reducing agents, eye lubricants and any over the counter purchases of supplements, medicines or outpatient prescribed and non-prescribed medical supplies;
- soaps, shampoos, cleansers, vitamin creams, vitamin ointment, moisturisers, lubricants, anti-aging, fairness treatment and any product with similar effect.
- investigation and treatment of sleep and snoring disorders; or
- speech and occupational therapy when not part of a rehabilitation program following hospitalisation due to trauma, unless it is a follow-up to an inpatient Disability and subject to its limitations.

Important Note: The above is non-exhaustive. Please refer to the Supplementary Contract for the full list of exclusions under this plan.

7. Can we cancel our plan?

You may cancel your plan at anytime by giving thirty (30) days written notice to the Company, provided that no claims have been made in the Period of Insurance, in which the cancellation notice is given to the Company. This rider does not contain any cash values. The coverage shall terminate on the date of cancellation and the Company shall strictly not be liable for any claims, expenses or loss that take place from the cancellation date. You shall be entitled to a refund of annual premium as follows:

Period Not Exceeding	Refund of Annual Premium
15 days	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
> 11 months	No refund

8. What do we need to do if there are changes to our contact details?

It is important that you inform us of any change in your contact details to ensure that all correspondences reach in a timely manner.

9. Where can we get further information?

Should you require additional information about medical and health insurance, please refer to www.mycoverage.my

If you have any enquiries, please contact us at:

GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD (198201013982 (93745 – A))

Head Office : Menara Great Eastern
 303, Jalan Ampang
 50450 Kuala Lumpur.

Tel : (603) 4259 8888

Fax : (603) 4259 8899

E-mail : group@life@greateasternlife.com

10. Other similar types of cover available

Please check with the intermediary or contact the Company directly for similar types of cover available currently.

The term "Company" shall refer to Great Eastern Life Assurance (Malaysia) Berhad.

IMPORTANT NOTE:

BUYING AN INSURANCE POLICY IS A FINANCIAL COMMITMENT. YOU SHOULD BE SATISFIED THAT THIS PLAN WILL BEST SERVE YOUR NEEDS AND THAT THE PREMIUM PAYABLE UNDER THE POLICY IS AN AMOUNT YOU CAN AFFORD. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH YOUR INTERMEDIARY OR CONTACT THE COMPANY DIRECTLY FOR MORE INFORMATION.

The benefit(s) payable under eligible policy/product is(are) protected by Perlindungan Insurans Deposit Malaysia ("PIDM") up to limits. Please refer to PIDM's TIPS Brochure or contact GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD or PIDM (visit www.pidm.gov.my).

If there is any discrepancy between the English and Bahasa Malaysia versions of this document, the English version shall prevail.

The information provided in this product disclosure sheet is valid as at <Date>.

Great Eastern Life Assurance (Malaysia) Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

PDS Version: GHS/PDS/V06/05-2025

PRODUCT DISCLOSURE SHEET

Important Notes:

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

Name of Customer : <Employer Name> ("Employer")
 Name of Financial Service Provider : Great Eastern Life Assurance (Malaysia) Berhad ("the Company")
 Name of Product : Group Dental Insurance Plan
 Proposal Issued Date : <Date>

1. What is this product about?

This is a rider attachable to Group Yearly Renewable Hospitalisation and Surgical plan purchased by the Employer for its full-time Actively-at-Work employees for the purpose of providing dental services and treatments in Malaysia.
 This is a non-participating yearly renewable protection plan.

2. What are the covers/benefits provided?

This rider reimburses reasonable and customary charges incurred for dental services or treatments in Malaysia, during the Period of Insurance in accordance with the limits specified in the Schedule of Dental Benefits which is appended below.

Schedule of Dental Benefits

Insured Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Basic Dental Benefits	As Charged				
(a) Oral examination and diagnostic (including Cleaning and scaling)					
(b) Filling					
(c) Extraction of teeth including anaesthesia					
(d) Emergency treatment of dental pain					
(e) Medication					
(f) Dental X-Ray					
Comprehensive Dental Benefits	As Charged				
(g) Initial installation or replacement of partial or full dentures as result of an injury sustained in an accident					
(h) Root canal treatment					
Dental Overall Limit (RM)					
Per Employee per annum	1000	1000	1000	1000	1000
Per Spouse per annum	1000	1000	1000	1000	1000
Per Dependant per annum	1000	1000	1000	1000	1000
Per Family per annum (Include Employee)	-	-	-	-	-
Per Family per annum (Exclude Employee)	-	-	-	-	-

Life Assured's Benefits:

Eligibility of the Life Assured

- Employee
 - (a) Full time Actively-at-Work employee,
 - (b) Minimum entry age of seventeen (17) years next birthday up to age sixty-five (65) years next birthday.
- Spouse
 - (a) Legally married Spouse of the Employee,
 - (b) Minimum entry age of seventeen (17) years next birthday up to age sixty-five (65) years next birthday.
- Dependant
 - (a) Unmarried children of the Employee,
 - (b) Minimum entry age of fifteen (15) days old but under nineteen (19) years next birthday. However, if the Dependant is still in full-time higher education and is not gainfully employed, the minimum entry age shall be extended to age twenty-three (23) years next birthday.
 - (c) The coverage can be continued up to age twenty-three (23) years next birthday if still in full-time higher education and who is not gainfully employed.

3. How much premium do we have to pay?

The Schedule of Premium is appended below. The premium rates applicable are in accordance with the plan and coverage option selected from the Schedule of Dental Benefits for the employees concerned.

Schedule of Premium (Annual Premium)

Premium Table:

Plan	Descriptions	Category	Number of Life Assured (As per the declaration given by the Policyholder)	Premium Rates (Per Member Per Annum)
1	0	Employee Only (EO)	0	0.00
		Spouse Only (SO)	0	0.00
		Dependant Only (CO)	0	0.00
2	0	Employee Only (EO)	0	0.00
		Spouse Only (SO)	0	0.00
		Dependant Only (CO)	0	0.00
3	0	Employee Only (EO)	0	0.00
		Spouse Only (SO)	0	0.00
		Dependant Only (CO)	0	0.00
4	0	Employee Only (EO)	0	0.00
		Spouse Only (SO)	0	0.00

		Dependant Only (CO)	0	0.00
5	0	Employee Only (EO)	0	0.00
		Spouse Only (SO)	0	0.00
		Dependant Only (CO)	0	0.00

Premium Summary:

	(RM)
Estimated Total Premium (Annual Premium)	0.00
Sales and Service Tax (SST)	0.00
Stamp Duty	10.00
Estimated Total Premium (inclusive of SST & Stamp Duty)	10.00

**Please note that premiums paid by business organisations are subject to the applicable tax imposed by the Government of Malaysia at the prevailing rate.*

- Premium in respect of each employee's assurance shall be calculated with reference to the above premium rates. These rates are subject to the prevailing Malaysia Sales and Service Tax.
- Annual Premiums must be paid yearly prior to the commencement of the Period of Insurance for continued protection, unless otherwise specified by the Company in writing.
- The employee's assurance may be issued at standard premium rates, increased premium rates, postponed, declined, reduced coverage and/or benefits restriction based on the underwriting criteria of the Company.
- Premium is non-guaranteed and is subject to review by the Company upon renewal. The Company reserves the right to revise the premium by giving you at least thirty (30) days advance written notification. Any revision of the premium rates shall take effect immediately upon renewal of the rider. The revision, if any, will aim to reflect our claim experience, cost of medical treatment, advancement in medical technology, or other justified circumstances.
- This is a yearly renewable protection rider, and unless renewed, the coverage will cease on the expiry date and the Company shall strictly not be liable for any claims, expenses or loss that take place after the expiry date.
- The Company will invite for renewal at least thirty (30) days before the expiry of the rider, subject to renewal terms and conditions.

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

Type	Amount
SST	8%
Commissions paid to the intermediary	Up to 10% of premiums (A commission of RM10 is paid for every

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

- Importance of Disclosure** – You must disclose all material facts such as type of business, nature of occupations, any information that could affect the risk profile, state the ages of employees correctly and ensure that all employees to truthfully declare their medical conditions, otherwise effective cover will be void at inception.
- Free-look Period** – You may cancel this rider by returning the Supplementary Contract within fifteen (15) days after you have received it, provided no claim has been admitted under the plan. The premium that you have paid (less any expenses incurred for the medical examination of the Life Assured) will be refunded to you.
- Period of Insurance** – refers to the one-year period which starts on the Policy Commencement Date or any Policy Anniversary and ends on the day before the first Policy Anniversary or the following Policy Anniversary.
- Unless renewed, the coverage will cease on expiry date and the Company shall strictly not be liable for any expenses that incurred after the expiry date.
- The Company reserves the right to discontinue the underwriting of this insurance product by giving you thirty (30) days advance written notice.
- Changes to benefits can be made by you on rider anniversary or upon renewal only.
- Save for the revision of premium above, the Company reserves the right to vary all other policy conditions subject to the terms and conditions of the rider, by giving you thirty (30) days advance written notice, and any such amendment shall take effect after the expiry of the the written notice.
- Claims notification** – Within thirty (30) days from date on which a claim event occurs.
- Claims procedure** – Please visit greateasternlife.com/my for further information on the Company's claims procedure.
- Coinsurance (if applicable)** – refers to the twenty percent (20%) of the covered expenses incurred which is payable by the Life Assured.

Important Note: The above is non-exhaustive. Please refer to the terms and conditions under the Policy Contract and Supplementary Contract.

6. What are the major exclusions under this plan?

The Company will not pay any benefit under this plan as a result of any of the following whether directly or indirectly due to:

- cosmetic treatment/surgery or its complications except as necessitated by Injury;
- any treatment other than those as provided under this rider;
- charges for dentures when such charges are incurred for replacement of congenitally missing teeth or all teeth which were lost while the charges for dentures when such charges are incurred for replacement of congenitally missing teeth or all teeth which were lost while the individual was not insured under the plan;
- any expenses for dental appliances;
- any service, supply and treatment rendered and performed with respect to the provisions of this rider that are not medically necessary;
- 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; or
- any service, supply and treatment rendered for complications arising as a result of alcoholism or drug addiction, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable disease required quarantine by law.

Important Note: The above is non-exhaustive. Please refer to the Supplementary Contract for the full list of exclusions under this plan.

7. Can we cancel our plan?

You may cancel your plan at anytime by giving thirty (30) days written notice to the Company, provided that no claims have been made in the Period of Insurance, in which the cancellation notice is given to the Company. This rider does not contain any cash values. The coverage shall terminate on the date of cancellation and the Company shall strictly not be liable for any claims, expenses or loss that take place from the cancellation date. You shall be entitled to a refund of annual premium as follows:

Period Not Exceeding	Refund of Annual Premium
15 days	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
> 11 months	No refund

8. What do we need to do if there are changes to our contact details?

It is important that you inform us of any change in your contact details to ensure that all correspondences reach in a timely manner.

9. Where can we get further information?

Should you require additional information about medical and health insurance, please refer to www.mycoverage.my

If you have any enquiries, please contact us at:

GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD (198201013982 (93745 – A))

Head Office : Menara Great Eastern

303, Jalan Ampang

50450 Kuala Lumpur.

Tel : (603) 4259 8888

Fax : (603) 4259 8899

E-mail : group@life@greateasternlife.com

10. Other similar types of cover available

Please check with the intermediary or contact the Company directly for similar types of cover available currently.

The term "Company" shall refer to Great Eastern Life Assurance (Malaysia) Berhad.

IMPORTANT NOTE:

BUYING AN INSURANCE POLICY IS A FINANCIAL COMMITMENT. YOU SHOULD BE SATISFIED THAT THIS PLAN WILL BEST SERVE YOUR NEEDS AND THAT THE PREMIUM PAYABLE UNDER THE POLICY IS AN AMOUNT YOU CAN AFFORD. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH YOUR INTERMEDIARY OR CONTACT THE COMPANY DIRECTLY FOR MORE INFORMATION.

The benefit(s) payable under eligible policy/product is(are) protected by Perlindungan Insurans Deposit Malaysia ("PIDM") up to limits. Please refer to PIDM's TIPS Brochure or contact GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD or PIDM (visit www.pidm.gov.my).

If there is any discrepancy between the English and Bahasa Malaysia versions of this document, the English version shall prevail.

The information provided in this product disclosure sheet is valid as at <Date>.

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PDS Version: GHS/PDS/V06/05-2025

PRODUCT DISCLOSURE SHEET

Important Notes:

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

Name of Customer : <Employer Name> ("Employer")
 Name of Financial Service Provider : Great Eastern Life Assurance (Malaysia) Berhad ("the Company")
 Name of Product : Group Maternity Insurance Plan
 Proposal Issued Date : <Date>

1. What is this product about?

This is a rider attachable to Group Yearly Renewable Hospitalisation and Surgical plan purchased by the Employer for the purpose of providing pregnancy benefits which have been shown to have commenced during the Period of Insurance and the payment shall be paid as a lump sum at the end of the pregnancy subject to the limits stated in the Schedule of Maternity Benefits below.
 This is a non-participating yearly renewable protection plan.

2. What are the covers/benefits provided?

This rider reimburses reasonable and customary charges incurred in one lump sum after the end of the Life Assured's pregnancy, provided that the pregnancy of the Life Assured commences after the effective date of the coverage, and the Life Assured has received Medically Necessary for pregnancy related services and/or treatment in Malaysia, subject to the Overall Limit Per Delivery specified in the Schedule of Maternity Benefits which is appended below:

Schedule of Maternity Benefits

Insured Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
(A) HOSPITALISATION BENEFIT					
Hospital Room & Board, Hospital Services & Supplies (Maximum limit per pregnancy)	As Charged				
(B) OBSTETRIC BENEFIT					
a) Normal delivery (vagina delivery) (Maximum per pregnancy)	As Charged				
b) Caesarean section (Maximum per pregnancy)					
c) Miscarriage (due to accident / stillbirth) (Maximum per pregnancy)					
d) Dilatation & Curettage (due to PV Bleeding) (Maximum per pregnancy)					
(C) ANTENATAL & POSTNATAL BENEFIT					
(Maximum per pregnancy) (For Post Natal Benefit up to 14 days from the date of delivery)	As Charged				
Overall Limit Per Delivery	4000	4000	4000	4000	4000

Important Note:

- (i) Eligibility – aged between seventeen (17) and forty-five (45) age next birthday.
 (ii) You may extend this rider to cover the eligible Spouse of Male Employees.

3. How much premium do we have to pay?

The Schedule of Premium is appended below. The premium rates applicable are in accordance with the plan and coverage option selected from the Schedule of Maternity Benefits for the employees concerned.

Schedule of Premiums (Annual Premium)

Premium Table:

Plan	Descriptions	Category	Number of Life Assured (As per the declaration given by the Policyholder)	Premium Rates (Per Member Per Annum)
1	0	Employee Only (EO) Spouse Only (SO)	0 0	0.00 0.00
2	0	Employee Only (EO) Spouse Only (SO)	0 0	0.00 0.00
3	0	Employee Only (EO) Spouse Only (SO)	0 0	0.00 0.00
4	0	Employee Only (EO) Spouse Only (SO)	0 0	0.00 0.00
5	0	Employee Only (EO) Spouse Only (SO)	0 0	0.00 0.00

Premium Summary:

	(RM)
Estimated Total Premium (Annual Premium)	0.00
Sales and Service Tax (SST)	0.00
Stamp Duty	10.00
Estimated Total Premium (inclusive of SST & Stamp Duty)	10.00

*Please note that premiums paid by business organisations are subject to the applicable tax imposed by the Government of Malaysia at the prevailing rate.

- Premium in respect of each employee's/spouse of a male employee's assurance shall be calculated with reference to the above premium rates. These rates are subject to the prevailing Malaysia Sales and Service Tax.

- Annual Premiums must be paid yearly prior to the commencement of the Period of Insurance for continued protection, unless otherwise specified by the Company in writing.
- The employee's assurance may be issued at standard premium rates, increased premium rates, postponed, declined, reduced coverage and/or benefits restriction based on the underwriting criteria of the Company.
- Premium is non-guaranteed and is subject to review by the Company upon renewal. The Company reserves the right to revise the premium by giving you at least thirty (30) days advance written notification. Any revision of the premium rates shall take effect immediately upon renewal of the rider. The revision, if any, will aim to reflect our claim experience, cost of medical treatment, advancement in medical technology, or other justified circumstances.
- This is a yearly renewable protection rider, and unless renewed, the coverage will cease on the expiry date and the Company shall strictly not be liable for any claims, expenses or loss that take place after the expiry date.
- The Company will invite for renewal at least thirty (30) days before the expiry of the rider, subject to renewal terms and conditions.

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

Type	Amount
SST	8%
Commissions paid to the intermediary	Up to 10% of premiums (A commission of RM10 is paid for every RM100 of premium paid)

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

- **Importance of Disclosure** – You must disclose all material facts such as type of business, nature of occupations, any information that could affect the risk profile, state the ages of employees correctly and ensure that all employees to truthfully declare their medical conditions, otherwise effective cover will be void at inception.
- **Free-look Period** – You may cancel this rider by returning the Supplementary Contract within fifteen (15) days after you have received it, provided no claim has been admitted under the plan. The premium that you have paid (less any expenses incurred for the medical examination of the Life Assured) will be refunded to you.
- **Period of Insurance** – refers to the one-year period which starts on the Policy Commencement Date or any Policy Anniversary and ends on the day before the first Policy Anniversary or the following Policy Anniversary.
- Unless renewed, the coverage will cease on expiry date and the Company shall strictly not be liable for any expenses that incurred after the expiry date.
- The Company reserves the right to discontinue the underwriting of this insurance product by giving you thirty (30) days advance written notice.
- Changes to benefits can be made by you on rider anniversary or upon renewal only.
- Save for the revision of premium above, the Company reserves the right to vary all other policy conditions subject to the terms and conditions of the rider, by giving you thirty (30) days advance written notice, and any such amendment shall take effect after the expiry of the the written notice.
- **Claims notification** – Within thirty (30) days from date on which a claim event occurs.
- **Claims procedure** – Please visit greateasternlife.com/my for further information on the Company's claims procedure.

Important Note: The above is non-exhaustive. Please refer to the terms and conditions under the Policy Contract and Supplementary Contract.

6. What are the major exclusions under this plan?

The Company will not pay any benefit under this plan as a result of any of the following whether directly or indirectly due to:

- costs / expenses of services of a non-medical nature such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items;
- any medical or physical conditions arising within the first forty-five (45) days from the effective date of the coverage under this rider or within the first forty-five (45) days from the date of any reinstatement, whichever is the later;
- any service, supply and treatment so rendered and performed with respect to the provisions of this rider that are not Medically Necessary;
- any service tax on charges incurred under this plan;
- 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;
- suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
- illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law; or
- mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility.

Important Note: This list is non-exhaustive. Please refer to the Supplementary Contract for the full list of exclusions under this plan.

7. Can we cancel our plan?

You may cancel your plan at anytime by giving thirty (30) days written notice to the Company, provided that no claims have been made in the Period of Insurance, in which the cancellation notice is given to the Company. This rider does not contain any cash values. The coverage shall terminate on the date of cancellation and the Company shall strictly not be liable for any claims, expenses or loss that take place from the cancellation date. You shall be entitled to a refund of annual premium as follows:

Period Not Exceeding	Refund of Annual Premium
15 days	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
> 11 months	No refund

8. What do we need to do if there are changes to our contact details?

It is important that you inform us of any change in your contact details to ensure that all correspondences reach in a timely manner.

9. Where can we get further information?

Should you require additional information about medical and health insurance, please refer to www.mycoverage.my

If you have any enquiries, please contact us at:

GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD (198201013982 (93745 – A))

Head Office : Menara Great Eastern
 303, Jalan Ampang
 50450 Kuala Lumpur.

Tel : (603) 4259 8888

Fax : (603) 4259 8899

E-mail : group@life@greateasternlife.com

10. Other similar types of cover available

Please check with the intermediary or contact the Company directly for similar types of cover available currently.

The term "Company" shall refer to Great Eastern Life Assurance (Malaysia) Berhad.

IMPORTANT NOTE:

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The benefit(s) payable under eligible policy/product is(are) protected by Perlindungan Insurans Deposit Malaysia ("PIDM") up to limits. Please refer to PIDM's TIPS Brochure or contact GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD or PIDM (visit www.pidm.gov.my).

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PDS Version: GHS/PDS/V06/05-2025

PRODUCT DISCLOSURE SHEET

Important Notes:

Please read this Product Disclosure Sheet before you decide to take up the Extended Coverage for COVID-19 under Group Yearly Renewable Hospitalisation and Surgical Policy. Be sure to also read the general terms and conditions.

Name of Customer : <Employer Name> (Employer)
 Name of Financial Service Provider : Great Eastern Life Assurance (Malaysia) Berhad ("the Company")
 Name of Product : Extended Coverage for COVID-19 under Group Yearly Renewable Hospitalisation and Surgical Policy
 Coverage Period : <Date>
 Proposal Issued Date : <Date>

1. What is this product about?

This is an optional extended coverage for Group Yearly Renewable Hospitalisation and Surgical Policy ("basic plan") purchased by the Employer for the purpose of providing hospitalisation expenses incurred due to COVID-19 for full-time Actively At Work employees with option to extend the coverage to their Spouse and Dependant. This extended coverage will be valid for twelve (12) months or lesser, as the case may be, provided that the basic plan is still in force.

2. What are the covers/benefits provided?

This extended coverage reimburses reasonable and customary inpatient hospitalisation medical expenses incurred by a Life Assured who received active treatment as Clinical Stage 3, 4 or 5 of COVID-19 patient at a Ministry of Health (MOH) designated private hospital in Malaysia, in accordance with the limits specified in the Schedule of Benefits of the basic plan.

Insured Benefits:

Reimbursement of the reasonable and customary charges incurred for medically necessary for hospitalisation of the Life Assured due to COVID-19 infection:

- Hospital Room & Board
- Intensive Care Unit
- Hospital Supplies and Services
- Surgical Fees
- Operating Theatre
- Anaesthetist Fees
- In Hospital Physician Visit
- Pre-Hospitalisation Diagnostic Tests
- Post-Hospitalisation Treatment
- Ambulance Fees
- Medical Report Fee Reimbursement

The hospitalisation of the Life Assured due to COVID-19 infection must be considered medically necessary by a doctor, physician or surgeon.

Important Note: Terms and conditions apply. Please refer to the Policy Contract for the full terms and conditions.

Life Assured's Benefits:

Eligibility of the Life Assured

- Employee
In accordance with the basic plan
- Spouse
In accordance with the basic plan
- Dependant
In accordance with the basic plan

3. How much premium do we have to pay?

The Schedule of Premium is appended below.

Schedule of Premium

Premium Table:

Plan	Descriptions	Category	Number of Life Assured (As per the declaration given by the Policyholder)	Premium Rates (Per Member Per *Eligible Period)
All	0	Employee Only (EO)	0	0.00
		Spouse Only (SO)	0	0.00
		Dependant Only (CO)	0	0.00

*Eligible Period means a period of twelve (12) consecutive months or lesser, as the case may be, for this extended coverage.

Premium Summary:

	(RM)
Estimated Total Premium (Premium per Eligible Period)	0.00
Sales and Service Tax (SST)	0.00
Stamp Duty	10.00
Estimated Total Premium (inclusive of SST & Stamp Duty)	10.00

*Please note that premiums paid by business organisations are subject to the applicable tax imposed by the Government of Malaysia at the prevailing rate.

- Premium in respect of each employee's assurance shall be calculated with reference to the above premium rates. These rates are subject to the prevailing Malaysia Sales and Service Tax.
- Premium must be paid prior to the commencement of the Eligible Period, unless otherwise specified by the Company in writing.
- Premium is non-guaranteed and is subject to review by the Company upon renewal. The Company reserves the right to revise the premium by giving you at least thirty (30) days advance written notification. Any revision of the premium rates shall take effect immediately upon renewal of the extended coverage. The revision, if any, will aim to reflect our claim experience, cost of medical treatment, advancement in medical technology, or other justified circumstances.
- This optional extended coverage is in addition to the basic plan, and unless renewed, the coverage will cease at the end of the Eligible Period and the Company shall strictly not be liable for any claims/expenses/loss that take place after the end of the Eligible Period or the expiry date of the basic plan, whichever occurs first.

- The Company will invite for renewal at least thirty (30) days before the Eligible Period expires, subject to renewal terms and conditions. For the avoidance of doubt, the Company also reserves the right to withdraw this optional extended coverage upon renewal of the extended coverage.

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

Type	Amount
SST	8%
Commissions paid to the intermediary	Up to 10% of premiums (A commission of RM10 is paid for every RM100 of premium paid)

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

- **Importance of Disclosure** – You must disclose all material facts such as type of business, nature of occupations, any information that could affect the risk profile, state the ages of employees correctly and ensure that all employees to truthfully declare their medical conditions, otherwise effective cover will be void at inception.
- **Free-look Period** – You may cancel your policy by returning your insurance policy within fifteen (15) days after you have received it, provided that no claim has been admitted under the Policy. The premium that you have paid (less any expenses incurred for the medical examination of the Life Assured) will be refunded to you.
- **Eligible Period** – refers to twelve (12) months consecutive months or lesser, as the case may be, from the effective date of the extended coverage.
- **Medically Necessary** – means a medical service which is:-
 - (a) Consistent with the diagnosis and customary medical treatment for a covered Disability, and
 - (b) In accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
 - (c) Not for the convenience of the Life Assured or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient), and
 - (d) Not of an experimental, investigational or research nature, preventive or screening nature, and
 - (e) For which the charges are fair and reasonable and customary for the Disability.
- **Waiting period** – the eligibility for insured benefits due to COVID-19 will only start fourteen (14) days after the effective date of the extended coverage.
- **Co-insurance** - in accordance with the basic plan, if applicable.
- Unless renewed, the extended coverage will cease on the expiry date and the Company shall strictly not be liable for any expenses that incurred after the expiry date.
- Changes to benefits can be made by you upon renewal only.
- Save for the revision of premium above, the Company reserves the right to vary all other policy conditions subject to the terms and conditions of the basic plan, by giving you at least thirty (30) days advance written notice, and any such amendment shall take effect after the expiry of the written notice.
- **Claims notification** – Within thirty (30) days from date on which a claim event occurs.
- **Claims procedure** – Please visit greateasternlife.com/my for further information on the Company's claims procedure.

Important Note: The above is non-exhaustive. Please refer to the terms and conditions under the Policy Contract.

6. What are the major exclusions under this extended coverage?

The Company will not pay any benefit under this extended coverage as a result of any of the following whether directly or indirectly due to:

- the Life Assured was diagnosed with COVID-19 during Waiting Period; or
- the signs and symptoms of COVID-19 manifested or were diagnosed prior to or during Waiting Period; or
- where the Hospitalisation of the Life Assured due to COVID-19 occurs after Waiting Period, but results from or relates to any medical treatment(s), diagnosis, consultation(s) or investigation(s) of the Life Assured by a physician during Waiting Period; or
- Hospitalisation primarily for investigatory purposes, diagnosis, x-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a claim event which is not medically necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician; or
- care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Life Assured and disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract; or
- costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, any government tax that may be imposed by the Hospital and other ineligible non-medical items; or
- any outpatient treatment not related to inpatient treatment; or
- charges which are not Reasonable and Customary Charges, or any surgery or treatment which is not medically necessary, or charges in excess of reasonable and customary charges, or charges which are incurred for hospitalisation after the end of Eligible Period.

Important Note: The above is non-exhaustive. Please refer to the Policy Contract for the full list of exclusions.

7. Can we cancel our plan?

You may cancel this extended coverage together with the basic plan, at anytime by giving thirty (30) days written notice to the Company, provided that no claims have been made in the Eligible Period, in which the cancellation notice is given to the Company. This extended coverage together with the basic plan do not contain any cash values. The coverage shall terminate on the date of cancellation and the Company shall strictly not be liable for any claims/expenses/loss that takes place from the cancellation date. You shall be entitled to a pro-rata refund of premium.

8. What do we need to do if there are changes to our contact details?

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9. Where can we get further information?

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