

Insurance Product : Mutual Takaful Protection

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Mutual Takaful Protection

Underwritten by AIA PUBLIC Takaful Berhad.

Mutual Takaful Protection is designed exclusively for Unitholders of Public Mutual Berhad and is tailored in accordance with your budget and your needs! It is the easiest and most convenient way of protecting you and your family for financial peace of mind.

Eligibility

Unitholders aged 18 - 64 (age nearest birthday) are eligible to apply. This plan is renewable up to 70 years old.

Note : Premium payable for the plan selected should not exceed ten percent (10%) of the investment value invested with Public Mutual.

Mutual Takaful Protection Coverage

MTP plan is a non-guaranteed yearly renewable plan. The Takaful coverage for each Participant is renewable annually until the default expiry age of **sixty five (65)** years old or the termination of the Master Certificate. Expiry age above **sixty five (65)** years old up to age **seventy (70)** years old is subject to approval and yearly acceptance with personal health declaration. MTP provide you the following benefits:-

(A) Death Benefit

Death benefit provides financial security in the event of an untimely death resulting from sickness or accident.

(B) Total and Permanent Disability Benefit

Should you become disabled as a result of an injury or sickness, the compensation from this benefit can lessen the financial burden during this time.

(C) Partial and Permanent Disability Benefit

Compensation will be paid in the event of a Partial and Permanent Disability resulting from sickness or accident according to the Scale of Indemnity as attached.

(D) Accelerated Critical Illness Benefit

A serious illness can be a financial constraint. Upon diagnosis of a critical illness, compensation will be paid, which would help ease some of the financial burden.

(E) Flexible Plan Design

You can select a plan that best suits your needs and budget.

(F) Surplus Sharing

The surplus includes both the underwriting surplus² and the investment profits³ arising from the Participants' Risk Fund (PRF)⁴ will be allocated to You after each financial year and will become payable at the end of each certificate anniversary⁵, subject to terms and conditions of the Certificate of Takaful.

The surplus (if any) will be shared after repayment of the Qard⁶ (if any), between you and Takaful Operator in proportion of 50:50 respectively.

Table of Benefits and Contribution

Plan	Table of Benefits				Yearly Contribution Amount
	Death	PPD	TPD	CI	
A	100,000				RM600
B	200,000				RM1,200
C	300,000				RM1,800
D	400,000				RM2,400
E	500,000				RM3,000

Note:

- . The contribution amount is not guaranteed and is subject to yearly review.
- . This plan will be terminated upon claim of either one of the Death, TPD or ACI or **hundred percent (100%)** of PPD benefits.
- . The maximum coverage per Insured Member at any one time is RM500,000.

2 underwriting surplus refers to the surplus arising from the PRF after claims payable, reserves and any claims related expenses.

3 investment profits refers to the profits less any investment expenses arising from managing the investment of the PRF.

4 PRF refers to the pool of funds where Tabarru'⁷ from the Master Certificates are placed and is used for the purpose of meeting claims on the covered events/risks of all participants.

5 certificate anniversary

y is any anniversary of the certificate.

6 Qard refers to the interest-free loan arranged by Takaful Operator to enable the PRF to meet its Takaful benefit payout obligation.

7 Tabarru' is the amount willingly donated to help contribute to the benefits in respect of the participants who are entitled to it.

Termination of Coverage

The takaful coverage shall be deemed to be terminated at the earliest happening of the following events:-

- (i) On the date when Contribution payments for takaful coverage is discontinued and We have received a notice from You that such takaful coverage is to be terminated, or

- (ii) On the date of termination of the Basic Individual Certificate either by You or Takaful Operator, or
- (iii) On the date of termination of the Master Certificate either by the Master Certificate Holder or Takaful Operator, or
- (iv) On the Expiry Date Basic Individual Certificate as stated on the Basic Individual Certificate or any Basic Individual Certificate Endorsement issued by Takaful Operator subsequently, or
- (v) On the date of Death Benefit is approved for payment.

Definition of Coverage

1. *Death*

In the event of the death of the Participant due to any causes (other than death resulting from atomic, biological and nuclear energy reactions, radiation and contamination), payment of the death claim proceeds will be made to the nominee/claimant for the amount of takaful benefits. Such payment will fully release the liability in making payment to the deceased Participant according to his benefit entitlement.

All benefits provided hereinafter are applicable without geographical limitation for **twenty-four (24)** hours a day.

Exclusion:

- (a) Death resulting from or caused by any act of atomic, biological and nuclear energy reactions, radiation and contamination.

2. *Total and Permanent Disability Benefit*

Total and Permanent Disability as used in the Contract, means disability caused by bodily injury, illness or disease, which wholly prevents You from engaging in any business, or occupation or performing any work, for compensation or profit. To determine if the total disability has become a permanent one, it must continue uninterrupted for a period of at least **six (6)** months from the first day that such disability has occurred.

The Total and Permanent Disability would cover situations where if there is an occurrence of any of the following:

- i) Total and irrecoverable loss of sight of **two (2)** eyes;
- ii) Severance of **two (2)** limbs at or above wrist or ankle; or
- iii) Total and irrecoverable loss of sight of **one (1)** eye and loss or severance of **one (1)** limb at or above wrist or ankle.

The word "disability" whenever it appears after this means total and permanent disability as above defined and limited.

Exclusion:

You shall not be entitled to the benefit under this Contract in the event the Total and Permanent Disability is caused by:

- (a) Any self-inflicted injuries while sane or insane, whether or not Disability was caused directly or indirectly as a result of the said injuries; or
- (b) Travel or flight in or on any type of aircraft except on a regular scheduled passenger flight of a commercial aircraft; or
- (c) Any activities of a military nature whilst being engaged in military service in time of declared or undeclared war whilst under orders for warlike operations or restoration of public order; or
- (d) Consequent upon war, invasion, acts of foreign enemies, terrorist activities, hostilities or war-like operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, usurped power or the action of any lawfully constituted authority; or
- (e) Being involved in any unlawful act; or
- (f) Sustained while under the influence of narcotics; or
- (g) Sustained while engaged in hunting, mountaineering or racing in motor vehicles or motor boats or any hazardous activities; or
- (h) Medical or surgical treatment not necessitated by any accident or from pregnancy or childbirth; or
- (i) Medical or surgical treatment necessitated by an accident arising from the acts and events excluded in (a) to (h), inclusive, herein above stated.
- (j) Pre-existing Illness which existed before the Effective Date Basic Individual Certificate (as stated in the Basic Individual Certificate or endorsement to this Contract) or Date of Reinstatement or Date of Addition of this Contract (as applicable), where Pre-existing Illness shall mean disabilities that You have reasonable knowledge of. You shall be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-
 - (i) You had received or is receiving treatment;
 - (ii) Medical advice, diagnosis, care or treatment has been recommended;
 - (iii) Clear and distinct symptoms are or were evident; or
 - (iv) Its existence would have been apparent to a reasonable person in the circumstances.

3. *Partial and Permanent Disability Benefit*

Partial and Permanent Disability as used in this Contract means disability caused by all causes (natural and accidental causes) and such causes directly result in the losses described in this Schedule below, provided that the first day of disablement happens before the attainment of age **sixty-four (64)** years.

The disability/loss caused by sickness will be deemed as Partial and Permanent Disability, provided that:

- i) The first day of disablement occurs prior to the attainment of age **sixty four (64)**;
- ii) You survive from the sickness and part of the body has been continuously disabled for a period of **six (6)** consecutive months since the first day of disablement occurred.

The disability/loss caused by accident will be deemed as Partial and Permanent Disability, provided that such disability/loss resulted solely and directly from an accident within **twelve (12)** calendar months from the date of the accident.

Schedule of Benefits (PPD)

In the event of such disability suffered by You, the benefits payable under this Contract will be in accordance to the scale as stated below. Total sum payable to You under the Basic Individual Certificate and this Contract cannot exceed **one hundred percent (100%)** of Your Sum Covered, in any one certificate.

Scale of Indemnity	Percentage of Sum Covered
1. Loss of arm	
• at shoulder	100%
• between shoulder and elbow	100%
• at elbow	100%
• between elbow and wrist	100%
2. Loss of hand at wrist	100%
3. Loss of leg	
• at hip	100%
• between knee and hip	100%
• below knee	100%
4. Loss of eye	
• whole eye	100%
• sight	100%
• sight, except perception of light	50%
• lens	50%
5. Total loss of speech	50%
6. Loss of hearing	
• both ears	75%
• one ear	25%
7. Loss of four fingers and thumb of one hand	50%
8. Loss of four fingers	40%
9. Loss of thumb	
• both phalanges	25%
• one phalanx	10%
10. Loss of index finger	
• three phalanges	10%



• two phalanges	8%
• one phalanx	4%
11. Loss of middle finger	
• three phalanges	6%
• two phalanges	4%
• one phalanx	2%
12. Loss of ring finger	
• three phalanges	5%
• two phalanges	4%
• one phalanx	2%
13. Loss of little finger	
• three phalanges	4%
• two phalanges	3%
• one phalanx	2%
14. Loss of metacarpals	
• first or second (additional)	3%
• third, fourth or fifth (additional)	2%
15. Loss of toes	
• all	15%
• great, both phalanges	5%
• great, one phalanx	2%
• other than great, if more than one toe lost, each	1%
a) Loss of limb, sight, hearing or speech means total and irrecoverable loss of limb, sight, hearing or speech respectively.	
b) Permanent total loss of use of member (body part) is considered as loss of member.	

Exclusion:

You shall not be entitled to the benefit under this Contract in the event the Partial and Permanent Disability is caused by:

- a) Any self-inflicted injuries while sane or insane, whether or not disability was caused directly or indirectly as a result of the said injuries; or
- b) Travel or flight in or on any type of aircraft except on a regular scheduled passenger flight of a commercial aircraft; or
- c) Any activities of a military nature whilst being engaged in military service in time of declared or undeclared war whilst under orders for warlike operations or restoration of public order; or
- d) Consequent upon war, invasion, acts of foreign enemies, terrorist activities, hostilities or war-like operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, usurped power or the action of any lawfully constituted authority; or



- e) Being involved in any unlawful act; or
- f) Sustained while under the influence of narcotics; or
- g) Sustained while engaged in hunting, mountaineering or racing in motor vehicles or motor boats or any hazardous activities; or
- h) Medical or surgical treatment not necessitated by any accident or from pregnancy or childbirth; or
- i) Medical or surgical treatment necessitated by an accident arising from the acts and events excluded in (a) to (h), inclusive, herein above stated; or
- j) Pre-existing Illness which existed before the Effective Date Basic Individual Certificate (as stated in the Basic Individual Certificate or any endorsement to this Contract) or Date of Reinstatement or Date of Addition of this Contract (as applicable), where Pre-existing Illness shall mean disabilities that You have reasonable knowledge of. You may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-
 - (i) You had received or is receiving treatment;
 - (ii) Medical advice, diagnosis, care or treatment has been recommended;
 - (iii) Clear and distinct symptoms are or were evident; or
 - (iv) Its existence would have been apparent to a reasonable

4. Accelerated Critical Illness Benefit

- i) A lump sum payment not more than the percentage (%) stated in the attached Schedule of the Basic Sum Covered (for Group Term Takaful) up to a maximum of **RM500, 000**, whichever is lower. The remaining percentage (%) would be paid should death or total and permanent disability happen during the remaining Basic Individual Certificate period or the next Basic Individual Certificate period provided this Contract is renewed for the succeeding Basic Individual Certificate period.
- ii) The total of all sums payable under Supplementary Total and Permanent Disability Benefit and Supplementary Accelerated Critical Illness Benefit cannot exceed **one hundred (100)** percent of the amount of takaful participated under the Group Term Takaful Scheme.

Schedule of Critical Illness

1. Stroke

Defined as a cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted not less than **three (3)** months. Infarction of brain tissue, hemorrhage and remobilization from an extra-cranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist.

Specifically excluded are cerebral symptoms due to transient ischemic attacks, any reversible ischemic neurological deficit, vertebrobasilar ischemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve or vestibular functions.

2. Heart Attack

The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply and being evidenced by all of the following criteria:

- a) A history of typical prolonged chest pain,
- b) New electrocardiographic changes resulting from this occurrence,
- c) Elevation of the cardiac enzyme, CPK-MB above the generally accepted laboratory levels of normal or troponins recorded at the following levels or higher: -Troponin T > 1.0 ng/ml or equivalent threshold with other Troponin I methods.

Angina is specifically excluded.

3. Coronary Artery By-Pass Surgery

Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of Coronary Artery By-Pass Grafting.

Angioplasty and all other intra-arterial, catheter based techniques, keyhole or laser procedures are excluded.

4. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least three major coronary arteries (not inclusive of their branches) by a minimum of **sixty percent (60%)** or more as proven by coronary arteriography (non-invasive diagnostic procedures are excluded). Coronary Arteries herein refer to the Circumflex Artery, Right Coronary Artery (RCA), Left Anterior Descending Artery(LAD) and Left Main Stem (a narrowing of 60% or more of the Left Main Stem will be considered as a narrowing of two major arteries). This benefit is payable regardless of whether or not any form of coronary artery surgery has been performed.

5. Severe Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and resulting in permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:-

Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Cardiomyopathy directly related to alcohol or drug abuse is excluded.

6. Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.

Repair via intra-arterial procedure, key-hole surgery or similar techniques are specifically excluded

7. Surgery To Aorta

The actual undergoing of surgery via a thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Angioplasty and all other intra-arterial, catheter based techniques, keyhole or laser procedures are excluded.

8. Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs, persisting continuously for at least **ninety-six (96)** hours, requiring the use of life support systems and resulting in a permanent neurological deficit, lasting more than **thirty (30)** days. Confirmation by a neurologist must be present.

Coma resulting directly from self-inflicted injury, alcohol or drug abuse is excluded.

9. Primary Pulmonary Arterial Hypertension

Means Primary Pulmonary Arterial Hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.

Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:-

Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

10. Benign Brain Tumor

A life-threatening, non-cancerous tumor in the brain or meninges within the cranium, giving rise to characteristic signs of increased intra-cranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumor must be confirmed by imaging studies such as CT Scan or MRI.

The following are excluded:

- a) Cysts
- b) Granulomas
- c) Malformations in or of the arteries or veins of the brain
- d) Hematomas
- e) Tumors in the pituitary gland, or spine
- f) Tumors of the acoustic nerve

11. Encephalitis

Defined as severe inflammation of brain substance, resulting in permanent neurological deficit lasting for a minimum period of **thirty (30)** days and certified by a neurologist. The permanent neurological deficit must result in an inability to perform at least **three (3)** of the Activities of Daily Living (as stated in the preamble attached).

Encephalitis in the presence of HIV infection is specifically excluded.

12. Bacterial Meningitis

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of **thirty (30)** days and resulting in a permanent inability to perform at least **three (3)** of the Activities of Daily Living (as stated in the preamble attached).

The diagnosis is to be confirmed by:

- a) An appropriate specialist
- b) The presence of bacterial infection in the cerebrospinal fluid by lumbar puncture.

13. End Stage Kidney Failure

End stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.

14. Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic renal failure. Diagnosis should be supported by a renal biopsy.

15. Systemic Lupus Erythematosus With Lupus Nephritis (SLE)

Refers to a multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens.

Within the context of this Contract, SLE is restricted to only those forms of Systemic Lupus Erythematosus, which involve the kidneys (Type I to Type V Lupus Nephritis, established by renal biopsy). Other forms such as discoid lupus and those forms with only hematological and joint involvement are specifically excluded.

WHO Lupus Classification:

- Class I - Minimal change glomerulonephritis
- Class II - Mesangial glomerulonephritis
- Class III - Focal Segmental glomerulonephritis
- Class IV - Diffuse glomerulonephritis
- Class V - Membranous glomerulonephritis.

16. End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- a) Permanent jaundice;
- b) Ascites; and
- c) Hepatic encephalopathy.

Liver failure secondary to alcohol or drug abuse is excluded.

17. Fulminant Viral Hepatitis

This is defined as a sub massive to massive necrosis of the liver caused by any virus leading precipitously to liver failure.

The diagnostic criteria to be met are:

- a) A rapidly decreasing liver size as confirmed by abdominal ultrasound;
- b) Necrosis involving entire lobes, leaving only a collapsed reticular framework;
- c) Rapidly deteriorating liver functions tests; and
- d) Deepening jaundice.

Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.

18. End Stage Lung Disease

End stage lung disease causing chronic respiratory failure.

All of the following criteria must be met:

- a) Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one liter. (Forced Expiratory Volume during the first second of a forced exhalation);
- b) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less; and
- c) Dyspnea at rest.

19. Major Organ/ Bone Marrow Transplant

The receipt of a transplant of:

- a) Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or
- b) One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded

20. Cancer

Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue.

The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- a) All cancers which are histologically classified as pre-malignant, non-invasive; carcinoma in situ; having either borderline malignancy; or having low malignant potential.

- b) All tumours of the prostate, thyroid and urinary bladder histologically classified as T1N0M0 (TNM classification).
- c) Chronic Lymphocytic Leukemia less than RAI Stage 3.
- d) All cancers in the presence of HIV.
- e) Any skin cancer other than malignant melanoma.

21. Chronic Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least **two (2)** of the following:

- a) Regular blood product transfusion;
- b) Marrow stimulating agents;
- c) Immunosuppressive agents; or
- d) Bone marrow transplantation.

The diagnosis must be confirmed by a bone marrow biopsy.

22. Motor Neuron Disease

Refers to a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis.

The diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

23. Parkinson's Disease

Unequivocal diagnosis of Parkinson's Disease by a neurologist where the condition:

- a) Cannot be controlled with medication.
- b) Shows signs of progressive impairment.

Activities of daily living assessment confirm the inability of You to perform without assistance **three (3)** or more of the Activities of Daily Living (as stated in the preamble attached).

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are excluded.

24. Alzheimer's Disease/Irreversible Organic Degenerative Brain Disorders

Deterioration or loss of intellectual capacity or abnormal behavior as evidenced by the clinical state and accepted standardized questionnaires or tests arising from Alzheimer's Disease or irreversible organic degenerative brain disorders resulting in significant reduction in mental and social functioning (such that continuous supervision is required). The diagnosis must be clinically confirmed by a neurologist.

The following are excluded:

- a) Non organic brain disorders such as neurosis and psychiatric illnesses and
- b) Drug or alcohol related brain damage.



25. Muscular Dystrophy

The diagnosis of muscular dystrophy shall require a confirmation by a neurologist of the combination of 3 out of 4 of the following conditions:

- a) Family history of other affected individuals.
- b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction.
- c) Characteristic electromyogram.
- d) Clinical suspicion confirmed by muscle biopsy.

No benefit will be payable under this Covered Event before You have reached the age of **twelve (12)** years nearest birthday.

26. Multiple Sclerosis

Unequivocal diagnosis by a consulting neurologist confirming the following combination, which has persisted for at least a continuous period of **six (6)** months:

- a) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits;
- b) A multiplicity of discrete lesions; and
- c) A well-documented history of exacerbation and remissions of said symptoms/neurological deficits.

27. Paralysis / Paraplegia

The complete and permanent loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury persisting for at least **six (6)** months from the date of trauma or illness.

28. HIV Due To Blood Transfusion

Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met :-

- a) The blood transfusion was medically necessary or given as part of a medical treatment;
- b) The blood transfusion was received in Malaysia or Singapore after the commencement of the Contract;
- c) The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood;
- d) You do not suffer from Hemophilia; and
- e) You are not a member of any high risk groups such as but not limited to intravenous drug users



29. Occupationally Acquired Human Immunodeficiency Virus (HIV)

Infection with the Human Immunodeficiency Virus (only if You are a Medical Staff as defined below), where it was acquired as a result of an accident occurring during the course of carrying out normal occupational duties with sero-conversion to HIV infection occurring within **six (6)** months of the accident. Any accident giving rise to a potential claim must be reported to the Company within **thirty (30)** days of the accident taking place supported by a negative HIV test taken within **seven (7)** days of the accident.

“Medical Staff” is defined as Doctors (General Physicians and Specialists), nurses, laboratory technicians, dentists (surgeons and nurses), ambulance workers who are working in the medical centre or hospital or dental clinics/polyclinics in Malaysia.

Infection in any other manner including as a result of sexual activity, blood transfusions or recreational intravenous drug use is specifically excluded.

30. Terminal Illness

The conclusive diagnosis of a condition that is expected to result in Your death within **twelve (12)** months. You must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from the appropriate specialist and confirmed by the Company’s appointed doctor.

31. Blindness/ Total Loss of Sight

Total and irreversible loss of sight in both eyes as a result of illness or accident.

The blindness must be confirmed by an ophthalmologist.

32. Major Burns

Third degree (i.e. full thickness) skin burns covering at least **twenty percent (20%)** of the total body surface area.

33. Loss Of Speech

Total and irrecoverable loss of the ability to speak for a continuous period of **twelve (12)** months. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.

All psychiatric related causes are excluded.

34. Deafness/ Total Loss Of Hearing

Total and irreversible loss of hearing in both ears as a result of illness or accident. Total means “the loss of at least **eighty (80)** decibels in all frequencies of hearing”.

Medical evidence in the form of an audiometry and sound-threshold tests must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.

35. Angioplasty And Other Invasive Treatments For Major Coronary Artery Disease

Means the actual undergoing for the first time of Coronary Artery Balloon Angioplasty, artherectomy, laser treatment or the insertion of a stent to re-vascularise a narrowing or blockage of one or more coronary arteries as shown by angiographic evidence.

Intra-arterial investigative procedures are not included. Payment under this Contract is limited to **ten (10) percent** of the Critical Illness coverage under this Contract subject to a maximum of **RM 25,000**. This benefit is payable once only and shall be deducted from the amount of this Contract, thereby reducing the amount of the Lump Sum Payment which may be payable herein.

Medical evidence shall include all of the following:

- a) Evidence of significant and relevant ECG changes (ST segment depression of 2 millimetres or more) and
- b) Angiographic evidence to confirm the location of stenosis.

This benefit shall cease upon payment of one Limited Payment. This item is not applicable if it is specifically excluded under the relevant plan or rider.

36. Loss Of Independent Existence

Confirmation by an appropriate specialist of the loss of independent existence lasting for a minimum consecutive period of **six (6)** months and resulting in a permanent inability to perform at least **three (3)** of the following Activities of Daily Living (as stated in the preamble attached).

Exclusion:

The following applies to this Contract:-

- (a) Only one payment would be made (i.e. no second payment on the re-occurrence of a Critical Illness or on diagnosis of a different Critical Illness), except for Angioplasty or Other Invasive Treatments for Major Coronary Artery Disease.
- (b) No benefit will be payable if the Critical Illness or surgery does not fall within the meaning of the **thirty-six (36)** critical illnesses mentioned in this Contract,

You shall not be entitled to the benefit under this Contract in the event Critical Illness is caused by:

- a) Disease(s) resulting from Acquired Immuno Deficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immuno Deficiency Virus (HIV) unless the condition or disease or infection arose as a result of blood transfusion or Occupationally acquired in accordance with Critical Illness definitions of this Contract; or
- b) Pre-existing Illness which existed before the Effective Date Basic Individual Certificate (as stated in the Basic Individual Certificate or any endorsement to this Contract) or Date of Reinstatement or Date of Addition of this Contract (as applicable) where Pre-existing Illness shall mean disabilities that You have reasonable knowledge of. You may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-



- (i) You had received or is receiving treatment; or
 - (ii) Medical advice, diagnosis, care or treatment has been recommended; or
 - (iii) Clear and distinct symptoms are or were evident; or
 - (iv) Its existence would have been apparent to a reasonable person in the circumstances; or
- c) Angioplasty and other invasive treatments for Major Coronary Artery Disease, Cancer, Heart Attack, Other Serious Coronary Artery Disease and/or Coronary Artery By-Pass Surgery occurring within **sixty (60)** days after the Certificate Date or Date of Reinstatement or Date of Addition of this Contract; or
- d) Diseases other than those specified in (c) above occurring within **thirty (30)** days after the Certificate Date or Date of Reinstatement or Date of Addition of this Contract; or
- e) Critical Illness claim(s) resulting directly or indirectly from any Congenital Conditions for lives with age of entry of **two (2)** years or less where such disorder is known to You. Congenital Conditions in this Contract shall mean any medical or physical abnormalities existing at the time of birth as well as neo-natal physical abnormalities developing within **six (6)** months from the time of birth. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that You were continuously covered under this Contract; or
- f) Critical Illness resulting from any self-inflicted injuries while sane or insane, whether or not Critical Illness was caused directly or indirectly as a result of the said injuries; or
- g) Critical Illness by wilful misuse of drugs and alcohol.

Forms To Submit for Application of New Proposal

The forms to be submitted are;

- a) Proposal Form
Duly completed & signed copy by the applicant. Please ensure that the date and UTC code are written clearly on the proposal form.
- b) Payment
To complete the Mastercard/Visa autodebit authorization form information.
- c) Nomination Form
Duly completed & signed copy by the applicant.

*Note: Third party credit card is only allowed for the following.

- i. Husband and wife
- ii. Children and Parents

Kindly submit the above item (a), (b) and (c) to Public Mutual branch for processing.

Forms To Submit for Renewal of Certificate

To complete the 'Renewal Instruction/Letter' and fill in the Mastercard/Visa autodebit authorization section on the 'Renewal Instruction/Letter'.

Kindly forward the 'Renewal Instruction/Letter' together with the updated payment information to Public Mutual branch for processing.

Forms To Submit For Renewal Of Certificate (after 30 days but less than 6 months from the date of expiry)

To complete the 'Renewal Instruction/Letter' and fill in the Mastercard/Visa autodebit authorization section on the 'Renewal Instruction/Letter'.

Kindly forward the 'Renewal Instruction/Letter' together with the updated payment information to Public Mutual branch for processing.

Note : Unitholders with no investment value (zero balance) with Public Mutual will not be invited for policy renewal.

Form To Submit For Renewal Of Certificate (after 6 months from the date of expiry)

If renew after 6 months, the following must be submitted to Public Mutual Branch;

- a) Proposal Form
A new proposal form will have to be submitted if the expiry is more than 6 months and above. This will be considered as a new application.



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b) Payment

To complete the Mastercard/Visa information on the autodebit authorization form.

c) Nomination Form

Duly completed & signed copy by the applicant.