



**Insurance Product : Mutual Life Plus 2**

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## Mutual Life Plus 2

Underwritten by AIA Bhd.

Mutual Life Plus 2 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 19-60 (age next 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 Life Plus 2 Coverage

The Mutual Life Plus 2 is a term insurance policy which protect you against;

- (A) Group Term Life (include Repatriation expenses benefit, Total & Permanent Disability benefit and Terminal Illness benefit due to Natural Causes) – GTL/TPD
- (B) Accidental Death & Disablement benefit - ADD
- (C) Critical Illness benefit - CI

Coverage age is as follows:

Age 19 – 60 years: GTL/TPD/CI/ADD/Terminal Illness Benefit and Repatriation Expenses Benefit

Age 61 – 65 years: GTL/CI/ ADD and Repatriation Expenses Benefit

Age 66 – 70 years: GTL/ADD and Repatriation Expenses Benefit

### Table of Benefits:

Plan	1	2	3*	4*	5*
Group Term Life	100,000	200,000	300,000	400,000	500,000
Total Permanent Disability (Natural Causes Only)	100,000	200,000	300,000	400,000	500,000
Critical Illness	100,000	200,000	300,000	400,000	500,000
Accidental Death & Disablement	200,000	400,000	600,000	800,000	1,000,000

Note:

1. For premium rate, you may refer to the brochure.
2. Sum assured are based on standard lives.
3. 3\*, 4\* and 5\* are only applicable to unitholders aged 50 and below.
4. The maximum coverage per Insured Member at any one time is RM500,000



### **Termination of Coverage**

Coverage will terminate when:-

- a. non-payment of premium over the 31 days grace period.
- b. a claim is made on diagnosis of a Critical Illness or upon death or total & permanent disability benefit.
- c. insured reaching the maximum coverage age of 70.
- d. insured enters full-time military, naval, air or police service whichever is earlier.

### **DEFINITION OF COVERAGE**

#### **(A) Group Term Life with Total and Permanent Disability Benefit**

- includes Repatriation Benefit up to a maximum of RM100,000.
- includes Terminal Illness Benefit up to a maximum of RM100,000.

#### **i) Group Term Life – Natural Causes**

- **Death Benefit** – In the event of the Insured Member's death due to Sickness, AIA shall pay the Sum Insured to the designated nominee.
- **Repatriation Benefit** – When as the result of any Sickness commencing while the Insured Member is traveling outside of Malaysia or his Country of Residence if different, if the Insured Member dies within 30 days from the date of commencement of the Sickness, AIA shall pay the covered expenses incurred for the necessary arrangements for the return of the Insured Member's mortal remains to his Country of Residence or Country of Origin, if different. The covered expenses shall be limited to the costs for services provided and/or arranged by American International Assistance Services, Inc. (AIAS) for the transportation only.

#### **ii) Total & Permanent Disability (TPD) Benefit – Natural Causes**

- **Definition of TPD** – the complete inability of an Insured Member to engage in any gainful occupation or employment for compensation, profit or gain for the remainder of his lifetime as a result of the Sickness or Injury. The following conditions are considered as TPD:
  - (a) Total and irrevocable loss of sight of both eyes;
  - (b) Loss by severance of two or more limbs at or above wrists or ankles;
  - (c) Total and irrecoverable loss of sight of one eye and loss by severance of one limb at or above wrist or ankle.
- In the event the Insured Member becomes totally and permanently disabled provided such disability has continued for a period of 6 consecutive months, AIA shall pay 10% of the Sum Insured to the Insured Member immediately upon receipt of due proof of TPD, but not earlier than 6 months from the date of commencement of such disability. If at the end of 12 months after the initial payment, the Insured Member is still TPD, AIA shall pay the remaining 90% of the Sum Insured in one lump sum, upon receipt of due proof of the continuance of his TPD.



- **Terminal Illness** – If an Insured Member is suffering from a condition, which in the opinion of an appropriate medical consultant is highly likely to lead to death within 12 months, AIA shall pay the Sum Insured subject to a maximum of RM100,000 to the Insured Member immediately upon receipt of due proof of such Terminal Illness.

**Exclusions:**

**(i) Term Life Benefit – Natural Causes**

Suicide, self-inflicted injuries or any attempt thereat, while sane or insane within the first twelve (12) months of the policy issue date, or

**(ii) Total & Permanent Disability (TPD) Benefit – Natural Causes**

1. Suicide, self-inflicted injuries or any attempt thereat, while sane or insane;
2. War, declared or undeclared, revolution or any warlike operations;
3. Violation or attempted violation of the law or resistance to arrest;
4. Entering, operating or servicing, riding in or on, ascending or descending from or with any aerial device, or conveyance except while the Insured Member is in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route; and
5. Pregnancy related, child birth, congenital anomalies and existing disabilities.

**(iii) Term Life, TPD and Terminal Illness – Natural Causes**

1. No benefit shall be payable for any event caused directly or indirectly, wholly or partly by pre-existing conditions for which the Insured Member received medical treatment, diagnosis, consultation or prescribed drugs during the twelve (12) months preceding the effective date of coverage unless the Insured Member affected by these conditions has been insured under the Policy continuously for twelve (12) months. In the event of any subsequent increase in the Sum Insured, the twelve (12) months period shall begin from the respective date of such increase. In the event of any subsequent increase in the Sum Insured, the twelve (12) months period shall begin from the respective date of such increase.
2. No benefit shall be payable if the loss is cause directly or indirectly, wholly or partly, by Acquired Immune Deficiency Syndrome (AIDS) or any Human Immuno Deficiency Virus (HIV). AIA reserves the right to require any claimant hereunder to undergo a blood test including a test for HIV as a condition precedent to the liability of AIA to make any payment.

**(iv) Repatriation Expenses Benefits – Natural Causes**

1. No benefit shall be payable for any expenses incurred for services and supplies provided by a mortician or undertaker, including but not limited to the cost of casket, embalming and/or cremation.
2. No benefit shall be payable for any expenses for the transportation of the Insured Member's remains not approved and arranged by AIAS, or an authorized representative of AIAS.



**(B) Accidental Death & Disablement Benefit (ADD)**

Includes death and total and permanent disability benefits due to accident cause.

Accidental Death & Disablement (ADD) Benefit

a. Benefits – If the Insured Member sustains an Injury and thereafter suffers any of the results described in the following Schedule of Indemnities, AIA shall pay an indemnity according to the said Schedule. In the event that a series of events shall arise out of the same injury, AIA shall only pay for 1 event, that being the greatest amount of indemnity to be payable under the Schedule.

***SCHEDULE OF INDEMNITIES (ADD)***

	<u>Percentage of the Principal Sum</u>
1. Loss of life	100%
2. Permanent total loss of sight of both eyes	100%
3. Permanent total loss of sight of one eye	100%
4. Loss of or the Permanent Total Loss of Use of two limbs	100%
5. Loss of or the Permanent Total Loss of Use of one limb	100%
6. Permanent total loss of speech and hearing	100%
7. Permanent and incurable insanity	100%
8. Permanent and incurable paralysis of all limbs	100%
9. Permanent Total Loss of hearing in	
(a) both ears	75%
(b) one ear	25%
10. Permanent total loss of speech	50%
11. Permanent total loss of the lens of one eye	50%
12. Loss of or the Permanent Total Loss of Use of four fingers and thumb of	
(a) right hand	70%
(b) left hand	50%
13. Loss of or the Permanent Total Loss of Use of four fingers of	
(a) right hand	40%
(b) left hand	30%
14. Loss of or the Permanent Total Loss of Use of one thumb	
(a) both right phalanges	30%
(b) one right phalanx	15%
(c) both left phalanges	20%
(d) one left phalanx	10%



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15. Loss of or the Permanent Total Loss of Use of fingers	
(a) three right phalanges	10%
(b) two right phalanges	7.5%
(c) one right phalanx	5%
(d) three left phalanges	7.5%
(e) two left phalanges	5%
(f) one left phalanx	2%
16. Loss of or the Permanent Total Loss of Use of toes	
(a) all - both feet	15%
(b) great - both phalanges	5%
(c) great - one phalanx	3%
(d) other than great, each toe	1%
17. Fractured leg or patella with established non-union	10%
18. Shortening of leg by at least 5 cm	7.5%

**Note:**

1. Where the Insured Member is left-handed, the percentages relating to the right arm shall apply to the left arm and vice versa.
  2. Percentage of Sum Insured payable for any of the losses or permanent disabilities not set forth in the above Schedule of Indemnities shall be determined by AIA in its absolute discretion.
- b. Permanent Total Disability – AIA shall pay the Sum Insured when as a result of an injury and commencing within 12 months from the date of the injury the Insured Member is totally and permanently disabled and prevented from engaging in any gainful occupation or employment for the remainder of his lifetime.

**Exclusions:**

1. Suicide, self-inflicted injuries or any attempt thereat, while sane or insane;
2. War, declared or undeclared, revolution or any warlike operations;
3. Violation or attempted violation of the law or resistance to arrest;
4. Entering, operating or servicing, riding in or on, ascending or descending from or with any aerial device, or conveyance except as a passenger in any properly licensed aircraft; and
5. Participation in any organized racing.

No benefit shall be payable for any event caused directly or indirectly, wholly or partly by pre-existing conditions for which the Insured Member received medical treatment, diagnosis, consultation or prescribed drugs during the twelve (12) months preceding the effective date of coverage unless the Insured Member affected by these conditions has been insured under this Policy continuously for twelve (12) months. In the event of any subsequent increase in the Sum Insured, the twelve (12) months period shall begin from the respective date of such increase. In the event of any subsequent increase in the Sum Insured, the twelve (12) months period shall begin from the respective date of such increase.



## **CRITICAL ILLNESS BENEFIT**

“**CRITICAL ILLNESSES**” – shall mean illnesses, the signs or symptoms of which commenced more than sixty (60) days following the effective date of coverage of the respective Insured Member under this Supplementary Contract, and shall include any of the illnesses or performance of any of the Covered Surgeries.

## **SCHEDULE OF CRITICAL ILLNESSES**

### **1. Heart Attack – of specified severity**

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- (i) A history of typical chest pain,
- (ii) New characteristics electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; and
- (iii) Elevation of the cardiac, biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher:
  - Cardiac Troponin T or Cardiac Troponin I  $> / = 0.5$  ng/ml

The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or physician.

For the above definition, the following are not covered:

- occurrence of an acute coronary syndrome including but not limited to unstable angina.
- a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.

### **2. Stroke - resulting in permanent neurological deficit with persisting clinical symptoms**

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolisation from an extra cranial source resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. A minimum Assessment Period of three (3) months applies.

For the above definition, the following are not covered:

- (i) Transient ischemic attacks;
- (ii) Cerebral symptoms due to migraine;
- (iii) Traumatic injury to brain tissue or blood vessels;
- (iv) Vascular disease affecting the eye or optic nerve or vestibular functions.



**3. Cancer – of specified severity and does not cover very early cancers**

Any malignant tumor positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumor includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

(i) All cancers which are histologically classified as any of the following:

- pre-malignant
- non-invasive
- Carcinoma in situ
- having borderline malignancy
- having malignant potential

(ii) All tumors of the prostate, histologically classified as T1N0M0 (TNM classification);

(iii) All tumors of the thyroid histologically classified as T1N0M0 (TNM classification);

(iv) All tumors of the urinary bladder histologically classified as T1N0M0 (TNM classification);

(v) Chronic Lymphocytic Leukaemia less than RAI Stage 3;

(vi) All cancers in the presence of HIV;

(vii) Any skin cancer other than malignant melanoma.

**4. 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.

For the above definition, the following are not covered:

- (i) angioplasty;
- (ii) other intra-arterial or catheter based techniques;
- (iii) keyhole procedures;
- (iv) laser procedures.

**5. Serious Coronary Artery Disease**

The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of sixty percent (60%) in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are excluded). A narrowing of sixty percent (60%) or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.





**6. Angioplasty and Other Invasive Treatments for Coronary Artery Disease**

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

Intra-arterial investigative procedures are not covered.

Payment under this clause is limited to ten percent (10%) of the Lump Sum Payment under this Supplementary Contract subject to a maximum of RM 25,000. This covered event 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.

**7. Surgery to Aorta**

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

For the above definition, the following are not covered:

- (i) angioplasty;
- (ii) other intra-arterial or catheter based techniques;
- (iii) other keyhole procedures;
- (iv) laser procedures.

**8. Major Organ/Bone Marrow Transplant**

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- 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 not covered.

**9. 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.

For the above definition, the following are not covered:

- (i) Repair via intra-arterial procedure;
- (ii) Repair via key-hole surgery or any other similar techniques.



**10. Coma – resulting in permanent neurological deficit with persisting clinical symptoms**

A state of unconsciousness with no reaction 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 with persisting clinical symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a neurologist must be present.

The following is not covered:

- (i) Coma resulting directly from alcohol or drug abuse.

**11. Paralysis of Limbs**

Total, permanent and irreversible loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury. A minimum Assessment Period of six (6) months applies.

**12. Multiple Sclerosis**

A definite diagnosis of multiple sclerosis by a neurologist. The diagnosis must be supported by all of the following:

- Investigations which confirm the diagnosis to be Multiple Sclerosis;
- Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least 6 months; and
- Well documented history of exacerbation and remissions of said symptoms or neurological deficits.

**13. Kidney Failure – requiring dialysis or kidney transplant**

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

**14. Fulminant Viral Hepatitis**

A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all of the following diagnostic criteria:

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

Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis B and Hepatitis C) without the above diagnostic criteria is not covered.



**15. Primary Pulmonary Arterial Hypertension – of specified severity**

A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation, 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.

**16. Blindness – Permanent and Irreversible**

Permanent and irreversible loss of sight as a result of accident or illness to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test and the result must be certified by an ophthalmologist.

**17. Deafness – Permanent and Irreversible**

Permanent and irreversible loss of hearing as a result of accident or illness to the extent that the loss is greater than 80 decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.

**18. Loss of Speech**

Total, permanent and irreversible loss of the ability to speak as a result of injury or illness. A minimum Assessment Period of six (6) months applies. 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 not covered.



**19. Third Degree Burns – of specified severity**

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

**20. Major Head Trauma – resulting in permanent inability to perform Activities of Daily Living**

Physical head injury resulting in permanent functional impairment verified by a neurologist. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of three (3) months applies.

**21. Benign Brain Tumour – of specified severity**

A benign tumour in the brain or meninges within the skull, where all of the following conditions are met:

- (i) It is life threatening.
- (ii) It has caused damage to the brain.
- (iii) It has undergone surgical removal or has caused permanent neurological deficit with persisting clinical symptoms; and
- (iv) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.

The following are not covered:

- (i) Cysts;
- (ii) Granulomas;
- (iii) Malformations in or of the arteries or veins of the brain;
- (iv) Haematomas;
- (v) Tumours in the pituitary gland;
- (vi) Tumours in the spine;
- (vii) Tumours of the acoustic nerve.

**22. Parkinson's Disease – resulting in permanent inability to perform Activities of Daily Living**

A definite diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:

- (i) Cannot be controlled with medication;
- (ii) Shows signs of progressive impairment; and
- (iii) Confirmation of the permanent inability of the Insured Member to perform without assistance three (3) or more of the Activities of Daily Living.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered.



**23. End-Stage Liver Failure**

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

- Permanent jaundice;
- Ascites (excessive fluid in peritoneal cavity); and
- Hepatic encephalopathy.

Liver failure secondary to alcohol or drug abuse is not covered.

**24. End-Stage Lung Disease**

End-stage lung disease causing chronic respiratory failure. All of the following criteria must be met:

- (i) The need for regular oxygen treatment on a permanent basis;
- (ii) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than 1 litre during the first second;
- (iii) Shortness of breath at rest; and
- (iv) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less.

**25. Motor Neuron Disease – permanent neurological deficit with persisting clinical symptoms**

A definite diagnosis of motor neuron disease by a neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. There must be permanent neurological deficit with persisting clinical symptoms.

**26. Alzheimer's Disease/ Severe Dementia**

Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of irreversible organic brain disorders. The covered event must result in significant reduction in mental and social functioning requiring continuous supervision of the Insured Member. The diagnosis must be clinically confirmed by a neurologist.

From the above definition, the following are not covered:

- (i) Non organic brain disorders such as neurosis;
- (ii) Psychiatric illnesses;
- (iii) Drug or alcohol related brain damage.

**27. Loss of Independent Existence**

Confirmation by an appropriate specialist of the loss of independent existence and resulting in a permanent inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of six (6) months applies.



**28. Encephalitis – resulting in permanent inability to perform Activities of Daily Living**

Severe inflammation of brain substance, resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The covered event must be certified by a neurologist.

Encephalitis in the presence of HIV infection is not covered.

**29. Brain Surgery**

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy (surgical opening of skull) is performed.

For the above definition, the following are not covered:

- (i) Burr hole procedures;
- (ii) Transphenoidal procedures;
- (iii) Endoscopic assisted procedures or any other minimally invasive procedures;
- (iv) Brain surgery as a result of an accident.

**30. Medullary Cystic Disease**

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

**31. Muscular Dystrophy**

The definite diagnosis of a Muscular Dystrophy by a neurologist which must be supported by all of the following:

- (i) Clinical presentation of progressive muscle weakness;
- (ii) No central/peripheral nerve involvement as evidenced by absence of sensory disturbance;
- (iii) Characteristic electromyogram and muscle biopsy findings.

No benefit will be payable under this covered event before the Insured Member has reached the age of 12 years next birthday.

**32. Chronic Aplastic Anaemia – resulting in permanent bone marrow failure**

Irreversible permanent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring at least two (2) of the following treatments:

- (i) Regular blood product transfusion;
- (ii) Marrow stimulating agents;



- (iii) Immunosuppressive agents; or
- (iv) Bone marrow transplantation.

The diagnosis must be confirmed by a bone marrow biopsy.

**33. HIV Infection 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 this Policy;
- (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) The Insured Member does not suffer from haemophilia; and
- (e) The Insured Member is not a member of any high risk groups including but not limited to intravenous drug users.

**34. Bacterial Meningitis – resulting in permanent inability to perform Activities of Daily Living**

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies.

The diagnosis must be confirmed by:

- (a) an appropriate specialist; and
- (b) the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture.

For the above definition, other forms of meningitis, including viral meningitis are not covered.

**35. Cardiomyopathy – of specified severity**

A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function 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 not covered.

**36. Terminal Illness**

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

**Exclusions:**

(i) Pre-existing conditions:

- Benefit shall NOT be payable for any Critical Illness which, as it can be established, was diagnosed prior to the effective date of coverage of the respective Insured Member;
- Benefit shall NOT be payable for any Critical Illness if it can be established that the Insured Member sought advice or treatment for symptoms which, in the opinion of AIA, had contributed directly or indirectly to the Critical Illness prior to the effective date of coverage.
- Benefit shall NOT be payable for Coronary Artery By-pass Surgery and/or Other Serious Coronary Artery Disease if the Insured Member had a diagnosis of “heart attack” prior to the effective date of his coverage.

(ii) AIDS exclusion:

- c. No benefit shall be payable where in the opinion of AIA, the Diagnosis of the Critical Illness of the Insured Member was caused directly or indirectly, wholly or partly, by Acquired Immuno-Deficiency Syndrome (AIDS) or any Human Immunodeficiency Virus (HIV)

(iii) With reference to Table 1, AIA shall not be liable for any event in List A if the Insured Member has been previously diagnosed with either:

- as having suffered or undergone surgery for an event specified in List B; or
- as having suffered an illness specified in List C prior to the effective date of coverage.





Table 1

ITEM	LIST A	LIST B	LIST C
1	Any of: (i) Cancer (ii) Heart Attack (iii) Stroke (iv) Kidney Failure (v) Fulminant Viral Hepatitis (vi) Coronary Artery Bypass Surgery (vii) Major Organ/Bone Marrow Transplant	The corresponding Major illness	-
2	Coronary Artery Bypass Surgery	Heart Attack	-
3	Heart Attack	Coronary Artery Disease Surgery	-
4	(i) Coronary Artery Bypass Surgery; or (ii) Heart Attack	Major Organ/Bone Marrow Transplant (Heart Transplant)	-
5	Major Organ/Bone Marrow Transplant (Heart Transplant)	(i) Coronary Artery Surgery; or (ii) Heart Attack	-
6	Fulminant Viral Hepatitis	Major Organ/Bone Marrow Transplant (Liver Transplant)	-
7	Major Organ/Bone Marrow Transplant (Liver Transplant)	-	Fulminant Viral Hepatitis
8	End-Stage Liver Failure	Major Organ/Bone Marrow Transplant (Liver Transplant)	Fulminant Viral Hepatitis
9	End-Stage Lung Disease	-	(i) Chronic bronchitis; or (ii) bronchial asthma
10	Heart Valve Surgery	-	Rheumatic Endocarditis

*Disclaimer : The above is a brief description of the benefits and is not a contract of insurance. For full and exact details on terms and conditions, please refer to your policy contract.*



### **Forms To Submit for Application Of New Insurance**

The forms to be submitted are;

- a. **Proposal Form** - duly completed and 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 credit card information\* on Part C of the proposal form or to issue a cheque made payable to “AIA Bhd”. Please ensure the insured’s name and insured’s NRIC no. are written clearly at the back of the cheque.

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

- i) Husband and wife
- ii) Children and Parents (Children paying for their parents)

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

### **Renewal premium can be made via the below payment mode:-**

- a) **Via Credit Card Debit Authorization** - to complete the "Credit Card Debit Authorization" portion stated in the ‘Renewal Instruction’. Insured member is required to sign and return the ‘Renewal Instruction’ in order to authorize AIA to debit their future premium via credit card payment.

With this instruction, AIA will not send Renewal Notice to insured member and the auto deduction of premium payment via credit card will be done one month ahead of the expiry month and the renewal status will be updated in UTC Connect OLE accordingly.

Should there be an unsuccessful deduction, a letter will be issued by AIA to notify insured member to provide the new credit card details by submitting a duly completed ‘Visa/MasterCard Auto Debit’ form (which is available in UTC Connect - Tool/Forms ) to AIA.

- b) **Via Cheque payment** –To complete the ‘Cheque Payment’ portion stated in the ‘Renewal Instruction’. Insured member is required to sign and return the ‘Renewal Instruction’ together with the cheque to AIA for processing.

AIA will continue to send Renewal Notice to insured member who do not opt for auto renewal.



### Forms To Submit For Policy Reinstatement

Insured Age	After Grace Period of 31 days	Document Required
≤ 60 years old	Above 31 days to 90 days	Nil
	> 90 days	Submit New Proposal Form
> 60 years old	Above 31 days to 180 days	Health Certificate Form
	> 180 days – Not Renewable – <b>Cannot apply new policy</b> as age exceeded 60 years old	N/A

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

The description, benefits, exclusions, terms and conditions described above have been summarized and are not exhaustive. Details of more complete terms, conditions and exclusions are available in the Master Policy Contract.

This plan is underwritten by AIA Bhd. licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

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