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Policy Wording MyLifestyle Protect

PART I - DEFINITIONS

In this Policy where the context so admits the masculine gender shall be deemed to include the feminine, and likewise, the singular word shall be deemed to include the plural and vice versa, and the following words and expressions shall be deemed to have the following meanings:

(a) 'Activities of Daily Living' or 'ADL' are as follows:

1. Transfer

Getting in and out of a chair without requiring physical assistance.

2. Mobility

The ability to move from room to room without requiring any physical assistance.

3. Continence

The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.

4. Dressing

Putting on and taking off all necessary items of clothing without requiring assistance of another person.

5. Bathing / Washing

The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.

6. Eating All tasks of getting into the body once it has been prepared.

(b) 'Age' shall mean age of the Assured Member on the next birthday.

(c) 'Assured Member' shall mean an Eligible Member, in respect of whom coverage under this Policy has taken effect as specified in the Policy Schedule attached.

(d) "Basic Sum Assured' in respect of any Assured Member shall mean the amount of assurance for which the Company is at risk, as specified in the Certificate of Assurance.

(e) 'Certificate of Assurance' shall refer to certificate issued to an Assured Member for the insurance coverage under this Policy.

(f) 'Certificate Effective Date' shall mean the date from which the coverage of the Assured Member as specified in the Certificate of Assurance has become effective.

(g) 'Chemotherapy Treatment' shall mean treatment of cancer with anti-cancer drugs or medication.

- (h) 'Company' shall mean MCIS Insurance Berhad.
- (I) **'Eligible Member'** shall mean a Member who is eligible to participate in the coverage plan under this Policy.
- () (Endorsement(s)' shall mean the variation(s), if any, annexed to this Policy, modifying or varying any terms or conditions contained in this Policy.
- (k) 'Medical Practitioner / Physician' shall mean a person who is qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Assured Member or Eligible Member.

(I) "Member' shall mean customer(s) of the Policyholder who has subscribed to 8excite platform and are covered under this Policy.

(m) "Neurologist" shall mean a Medical Practitioner who is board certified in neurology and a Fellow of the Neurological Society in either the United Kingdom, the United States of America, Canada or Australia.

(n) "Non-Participating' shall mean this Policy does not participate in the profits of the Company's Life Insurance business.

- (o) 'Policy Document' shall mean this agreement, any supplementary contract(s) or Endorsement therein, any amendment thereto signed by the Company, the application of the Policyholder, and any individual proposal form or any other form signed by the Assured Member or the Policyholder constituting the entire Contract.
- (p) "Policy Schedule' shall mean a schedule with Policyholder details that is annexed to a Policy Document in order to modify it.
- (q) 'Policyholder' shall mean the entity whose name and address is specified in the Policy Schedule.
- (r) 'Premium Due Date' shall mean the day on which premiums become due and payable to the Company.
- (s) 'Radiotherapy Treatment' shall mean treatment of cancer with high-energy rays.
- (t) (Sum Assured' shall mean the amount payable by Company upon Death, Total and Permanent Disability (TPD) or Critical Illness (CI) as indicated in the Certificate of Assurance.

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PART II - ELIGIBILITY AND TERMINATION

Section 1 - Eligibility

The person eligible to be covered under this Policy is a Member who is a member of 8excite platform made available by the Policyholder.

Section 2 - Termination

The insurance coverage of any Assured Member shall automatically cease on the earliest of the following dates: -

- (a) Upon Death claim of the Assured Member; or
- (b) Upon TPD claim and Critical Illness claim of the Assured Member.; or
- (c) The date when a written request for termination of this Policy/Certificate of Assurance is submitted to the Company and endorsed on this Policy/Certificate of Assurance.

PART III - GENERAL PROVISIONS

Section 1 - Premium Payment

This is a yearly renewable term product with monthly premium policy whereby the premium payable by the Assured Member is computed based on the basis of premium rate specified in the Table of Premium Rates according to:

(a) Age; and (b) Gender

The Premium is not guaranteed and the Company reserves the right to vary the level of Premium by giving thirty (30) days' notice. This policy shall automatically renew every year upon the Company receiving respective premium. Grace Period of thirty (30) days from the Premium Due Date will be allowed for payment of each subsequent Premium, if any, and the Policy will remain in-force during this period. If the Premium remains unpaid after the Grace Period, the policy will lapse without having any further Coverage, benefit or value.

In the event of any claim, the revised premium adjustment shall take place at next policy anniversary from the claim approval date.

Section 2 - The Contract

- (a) All statements made by the Policyholder or by the Assured Members shall, in the absence of fraud, be deemed representations and not warranties and no statement shall void the insurance coverage or be used in defense of a claim thereunder, unless it is in writing.
- (b) The rights of the Policyholder or of any Assured Member or of any beneficiary under the Policy shall not be affected by any provisions other than those contained in this Policy or in any other document which constitute part of the entire contract.
- (c) No change in this Policy shall be valid unless approved by the Company and endorsed on this Policy or by amendment signed by the Company and the Policyholder.
- (d) The Company can make any changes to any Provision(s) in the Policy as the Company may deem fit and appropriate which may be required as a result of any introduction of new laws, regulations, rules and or due to the amendments or revision to the same, including but not limited to taxation laws. In all cases, the Company shall reserve the rights to decide whether the changes are necessary.
- (e) It is a condition of the Certificate of Assurance being issued that the Assured Member resides in Malaysia at the Certificate Effective Date. The Policy/Certificate of Assurance is free from restrictions as to travel and occupation after the Certificate Effective Date but should the Assured Member become a resident of any country other than Malaysia, during the insurance coverage term, the Assured Member shall notify the Company in writing. A change in residency may impact the Company's ability to continue to service the Policy/Certificate of Assurance in accordance with these terms and conditions.

The Assured Member shall seek independent financial and/or tax advice as to how a change in residence may affect the Assured Member's tax circumstances. Notwithstanding any other clause in this Policy/Certificate of Assurance, if the Assured Member becomes a tax payer in another country that set compliance requirements on foreign financial institutions (either through legislation, contract or otherwise), We may comply with information requests made by governmental or regulatory bodies of these countries, withhold withholding tax, and/or terminate the Certificate of Assurance.

Section 3 - Data Required

(a) The Policyholder shall maintain a record in respect of each Member under this Policy, showing the Assured Member's name, IC Number, gender, correspondence address, contact number, email address, Certificate Effective Date, and of other pertinent information as may be necessary to carry out the terms of this Policy.

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Policy Wording MyLifestyle Protect

(b) The Policyholder shall furnish the Company a complete record containing all the details as hereinabove referred to in paragraph (a) at the point of claim.

- (c) Clerical error in keeping the records shall not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated, but upon the discovery of such error, an equitable adjustment shall be made.
- (d) The Policyholder shall furnish the Company with all information and proof which the Company may reasonably require with regard to any matters pertaining to the Policy.
- (e) The Company shall be permitted to examine the Policyholders' records at all reasonable times, as far as they relate to the subject matter of this Policy.
- (f) The Master Policyholder shall obtain express consent from the Members that their personal data as hereinabove referred to in (a) will be shared with the Company and shall document the same for record and audit purposes and for purposes of compliance with the Personal Data Protection Act 2010.

Section 4 - Proof of Age

Documentary evidence of age satisfactory to the Company shall be required before any benefit in respect of any coverage under this Policy shall be payable.

Section 5 - Certificate of Assurance

The Company will issue a Certificate of Assurance immediately via online platform to each Assured Member, an individual certificate certifying that such Assured Member has become insured under this Policy.

Section 6 - Governing Law

The Laws of Malaysia shall govern this Policy and the Courts of Malaysia shall have the exclusive jurisdiction in respect of any claims and disputes arising out of or in relation to this Policy.

Section 7 - Incontestability

If the Certificate of Assurance under this Policy has been in force for two (2) years from the Certificate Effective Date, the insurance coverage on any Assured Member will not be contestable except for fraud or non-disclosure of any material facts.

Section 8 - Free-look Period

An Assured Member may cancel his/her insurance coverage within fifteen (15) days from the date Certificate of Assurance is issued to Members via online issuance by returning the Certificate of Assurance to the Company. We shall refund any premium paid, less any expenses to the Policyholder. Upon refund of such premium, the Company liability in respect of the insurance coverage of that Member shall cease immediately. We shall reserve the right to claw back any commission paid upon termination of insurance coverage under this section.

Section 9 - Surrender

While the insurance coverage is in force, the Assured Member may surrender his/her Certificate of Assurance. The surrender shall take effect from premium next due date.

Section 10 - Currency

All monies payable either to or by the Company on this Policy shall be made in Ringgit Malaysia (RM).

Section 11- Sanctions and Unlawful Activities

The Company may be subject to restrictions imposed by economic and trade sanctions and laws made either by international bodies/countries or Bank Negara Malaysia.

Therefore, the Company will not provide coverage or be liable to pay any claims or provide benefits to if that exposes the Company in any way to these sanctions or any other applicable laws and regulations.

In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Act 2001(AMLATFPUAA), and the Malaysian Anti-Corruption Commission Act 2009, the Company reserves the right to withhold or terminate the business including claims payment under this Policy where it deems fit and proper. The Company shall deal with all monies payable in respect of this Policy in a manner it deems appropriate, including but not limited to handing it over to the relevant authorities. The Company shall not be liable for any potential or actual losses arising from or related to any steps taken pursuant to this clause.

PART IV - BENEFIT PROVISIONS

While the insurance coverage for the Assured Member is in force, upon receipt of due proof and subject to the provisions herein contained, the benefit payable shall be:

Section 1 - Death Benefit

While the insurance coverage for the Assured Member is in force, upon receipt of due proof and subject to the provisions herein contained, in the event of death of any Assured Member, and prior to the Policy Anniversary immediately following the sixty-five (65) age next birthday of the Assured Member, the Company shall pay the Death Sum Assured amount less any indebtedness (any remaining monthly outstanding premium for that policy year prior to next policy anniversary) to the Member.

(a) Death Claim

The following must be given to the Company within sixty (60) days from the date of death of the Member, unless it can be shown that it was reasonably not possible to give such notice earlier and that notice was given as soon as it was reasonably possible:

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- Written notice of death claim; and i.
- ii. Receipt of proof of age; and
- iii. Submission of the Company's Death Claim Form fully completed; and
- iv. Acceptable proof of death of the Assured Member; and
- Any other documents as the Company requires. ٧.

The Death, TPD and Critical Illness benefit shall terminate upon payment of the Death Sum Assured.

(b) Suicide

In the event of death from suicide, occurring within thirteen (13) months from the Certificate of Assurance Effective Date, whether the Assured Member is sane or insane, the Company's liability shall be limited to the refund of premium paid without interest, and this Policy shall terminate thereafter.

(c) Exclusion

The insurance coverage under this Policy/ Certificate of Assurance shall not cover death caused directly or indirectly, wholly or partially, by anyone of the following occurrences:

- the Assured Member dies by dueling or self-inflicted injuries, whether sane or insane within thirteen (13) months from the Certificate of Assurance Effective Date; or ii. the Assured Member dies while committing an unlawful act or by the hands of justice.

Section 2 - Total and Permanent Disability (TPD) Benefit

While the insurance coverage for the Member is in force, upon receipt of due proof and subject to the provisions herein contained, in the event of TPD of any Assured Member and prior to the Policy Anniversary immediately following the sixty-five (65) age next birthday of the Assured Member, the Company shall pay the TPD Sum Assured amount to the Member. TPD benefit is an accelerated amount from the Death benefit.

Definition of TPD (a)

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TPD must be established by the opinion of the medical advisor appointed by the Company on the Assured Member's state of incapacity arising from any of the following conditions:

- For an employed Assured Member, a disability caused by injury or disease which totally permanently prevents the Assured Member from performing his/her normal activities that is, engaging in any business, occupation, profession or performing any work, for wages, compensation or profit. Such disability must continue uninterrupted for a period of six (6) months; or
- ii. For a non-employed Assured Member, a disability caused by injury or disease which will require the Assured Member, for the remainder of his/her natural life, to be subjected to constant medical care and attention and to be confined to a home, to a hospital or to a similar institution. Such disability must continue uninterrupted for a period of six (6) months; or iii
 - Upon occurrence of any of the following to the Assured Member:
 - Total and irrecoverable loss of sight of both eyes; or •
 - Total and irrecoverable loss of use of two limbs at or above the wrist or ankle; or
 - Total and irrecoverable loss of sight of one eye and loss of use of one limb at or above the wrist or ankle.

The Death and TPD benefit shall terminate upon payment of the TPD Sum Assured.

(b) **TPD Claim**

The following must be given to the Company within six (6) months from the date of commencement of such TPD of the Assured Member, unless it can be shown that it was reasonably not possible to give such notice earlier and that notice was given as soon as was reasonably possible:

Written notice of TPD claim: and i.

- ii Receipt of proof of age; and
- Submission of the Company's TPD Claim Form fully completed; and iii.
- iv. Acceptable proof of TPD of the Assured Member; and
- v. Any other documents as the Company requires.

Any medical reports requested by the Company or submitted to the company, the diagnosis of such medical reports must be provided by certified hospitals or clinics in Malaysia.

(C) Exclusion

The insurance coverage under this Policy/ Certificate of Assurance shall not cover TPD caused directly or indirectly, wholly or partially, by or arising from or in any consequence of or contributed to by any one of the following occurrences:

- suicide or any attempt thereat or self-inflicted injury while sane or insane; or i.
- ii. committing an unlawful act or by the hands of justice: or
- hazardous sports or avocations, or travel or flight in or on any type of aircraft except as a fare-paying passenger on a regularly scheduled passenger flight of a recognized commercial iii. airline: or
- iv. while under the influence of alcohol, drugs or narcotics; or

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- v. war (declared or undeclared), invasion, act of foreign enemy, hostilities, civil war, rebellion, insurrection, revolution, or any war-like operations, military or usurped power, military or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order; or
 - . participation in a strike, riot or civil commotion or committing an assault of felony; or
- vii. terrorism-related activities, nuclear war, biological and chemical; or
- viii. any form of radioactivity or radiation; or
- ix. TPD existing at the Certificate Effective Date of the Assured Member under this Policy.

Section 3 – Critical Illness Benefit

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While the insurance coverage for the Member is in force, upon receipt of due proof and subject to the provisions herein contained, in the event of Critical Illness of any Assured Member, and prior to the Policy Anniversary immediately following the sixty-five (65) age next birthday of the Assured Member, the Company shall pay the Critical Illness Sum Assured amount to the Member.

- (a) Definition of Critical Illnesses Covered
 - Diagnosed with Cancer and:
 - Started Chemotherapy Treatment and certified by Medical Practitioner; or
 - Started Radiotherapy Treatment and certified by Medical Practitioner; or
 - Condition is terminal (less than six (6) months to live) and certified by Medical Practitioner.
 - Diagnosed with Kidney Failure and:
 - Started dialysis treatment and certified by Medical Practitioner; or
 - Condition is terminal (less than six (6) months to live) and certified by Medical Practitioner.
 - Suffered a Stroke and unable to perform three (3) of six (6) Activities of Daily Living (ADL); eating, bathing, dressing, toileting, transferring (walking) and continence and certified by Medical Practitioner.

(b) Definition of Cancer, Kidney failure and Stroke

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

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:

- All cancers which are histologically classified as any of the following
- Pre-malignant
 - Non-invasive
 - Carcinoma in situ - Having borderline malignancy
 - Having malignant potential
- All tumours of the prostate histologically classifies as T1NOM0 (TNM classification)
 - All tumours of the thyroid histologically classified as T1NOMO (TNM classification)
- All tumours of the urinary bladder histologically classified as T1NOMO (TNM classification)
- Chronic Lymphocytic Leukemia less than RAI Stage 3
- All cancers in the presence of HIV
- Any skin cancer other than malignant melanoma

ii. Stroke - resulting in permanent neurological deficit with persisting clinical symptoms

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization 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:

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

(c) Critical Illness Claim

The following must be given to the Company within six (6) months from the date of diagnosis of the critical illness of the Assured Member, unless it can be shown that it was reasonably not possible to give such notice earlier and that notice was given as soon as was reasonably possible:

- i. Written notice of critical illness claim; and
- ii. Receipt of proof of age; and

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- iii. Submission of the Company's Critical Illness Claim Form fully completed; and
- iv. Acceptable proof of Claim of the Assured Member:

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For Cancer:

- Copy of the histopathology or pathology or diagnostic report for evidence of malignancy; and
- Medical report from the Physician containing Physician's confirmation of Chemotherapy, Radiotherapy or Terminal Cancer; and
- Proof of first treatment of Chemotherapy or Radiotherapy.
- For Kidney Failure:
 - Medical report from the Physician containing the first dialysis treatment for kidney failure; or Diagnosis of kidney failure at a terminal stage
- For Stroke:
 - Medical report from the Physician containing diagnosis of stroke; and
 - The Physician's confirmation on the insured's inability to perform 3 out of 6 activities of daily living among eating, bathing, dressing, toileting, transferring (walking) and continence.
- Company Profile provided by Suruhanjaya Syarikat Malaysia (Companies Commission of Malaysia) SSM e-Info Services; and
- Any other documents as the Company requires.

The Critical Illness Benefit shall terminate upon payment of Critical Illness Sum Assured. Any medical reports requested by the Company or submitted to the company, the diagnosis of such medical reports must be provided by certified hospitals or clinics in Malaysia.

(d) Waiting Period

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A waiting period of ninety (90) days from the Certificate Effective Date is applicable for the critical illnesses defined above. The coverage for the defined critical illnesses shall only commence after the completion of the ninety (90) days waiting period.

(e) Exclusion

The insurance coverage under this Policy/ Certificate of Assurance shall not cover critical illness caused directly or indirectly, wholly or partially, by any one of the following occurrences:

- i. Pre-existing Critical Illnesses; or ii Critical Illness related with any c
 - Critical Illness related with any condition, illness or injury if there was any manifestation, symptom or diagnosis of it before the Certificate of Assurance is effective; or
- iii. Critical Illness for which:

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- Any condition which existed or was diagnosed during the Waiting Period or after the expiry of the Waiting Period but which is related directly or indirectly to a condition which existed or was diagnosed during the Waiting Period; or
- Any signs or symptoms existed before or during the Waiting Period which would prompt a reasonable person to seek medical care or attention, though the resulting diagnosis may occur before or after the expiry of the Waiting Period; or
- iv. A claim for a Critical Illness described in a) and/or b) above will not be admissible only because notification of the said claim was given to the Company after the expiry of the Waiting Period: or
- v. Any diseases caused by or contributed to by nuclear weapons material, ionising, radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. Solely for the purpose of this exclusion, combustion will include any self-sustaining process of nuclear fission.
- vi. Self-inflicted injuries, while sane or insane.

PART V - BENEFICIARY

Section 1 - Designation of Beneficiary

The Assured Member shall nominate a nominee to be the Beneficiary, to whom death claim amount shall be payable. The appointment and revocation of nominees shall be governed by the Financial Services Act 2013 and any amendments thereto.

Section 2 - Change of Nominee

During the lifetime of the Assured Member and while the Policy/Certificate of Assurance is in force, the Assured Member may change the Nominee of this Policy by writing to the Company.

Section 3 - Payment

Payment of the benefits to the beneficiary shall release all the Company's liabilities in respect of the affected Assured Member under this Policy/Certificate of Assurance.

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TABLE OF PREMIUM RATES

Death or TPD - Annual Premium Rates per RM1,000.00 Basic Sum Assured

Entry Age (Age Next Birthday)	18 - 35	36	37	38	39	40	41	42	43	44	45
Rate (Male and Female)	1.7	1.82	1.97	2.11	2.28	2.47	2.72	3.01	3.37	3.80	4.27
Entry Age (Age Next Birthday)	46	47	48	49	50	51	52	53	54	55	56
Rate (Male and Female)	4.79	5.37	6.00	6.66	7.39	8.20	9.08	10.08	11.15	12.30	13.50

Entry Age (Age Next Birthday)	57	58	59	60	61*	62*	63*	64*	65*
Rate (Male and Female)	14.71	15.87	16.99	18.20	20.39	22.84	25.58	28.64	32.08

Note: The rates are applicable for renewal only (for age next birthday 61 to 65).

The premium is not guaranteed and the Company reserves the right to vary the level of Premium by giving thirty (30) days' notice.

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Rate (For Female)

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TABLE OF PREMIUM RATES

Critical Illness - Annual Premium Rates per RM1,000.00 Basic Sum Assured

Entry Age (Age Next Birthday)	18	19	20	21	22	23	24	25	26	27	28
Rate (For Male)	0.94	0.94	0.96	0.97	1.01	1.05	1.07	1.12	1.15	1.19	1.23
Rate (For Female)	0.64	0.65	0.72	0.75	0.77	0.82	0.87	0.93	0.98	1.05	1.09

Entry Age (Age Next Birthday)	29	30	31	32	33	34	35	36	37	38	39
Rate (For Male)	1.27	1.37	1.49	1.60	1.73	1.89	2.06	2.26	2.51	2.81	3.13
Rate (For Female)	1.15	1.25	1.34	1.49	1.63	1.73	1.90	2.17	2.38	2.51	2.72

Entry Age (Age Next Birthday)	40	41	42	43	44	45	46	47	48	49	50
Rate (For Male)	3.49	3.98	4.50	5.06	5.68	6.30	6.71	7.48	8.38	9.28	10.31
Rate (For Female)	2.97	3.46	4.16	4.79	5.50	6.10	6.74	7.48	8.29	8.90	9.09
Entry Age (Age Next Birthday)	51	52	53	54	55	56	57	58	59	60	61*
Rate (For Male)	11.33	12.49	13.64	14.88	16.93	18.45	19.99	21.64	23.36	25.28	28.11

12.23

13.33

14.46

15.67

16.98

18.51

19.46

Entry Age (Age Next Birthday)	62*	63*	64*	65*
Rate (For Male)	31.24	34.66	37.94	41.57
Rate (For Female)	20.44	21.43	22.47	23.56

10.62

9.96

Note: The rates are applicable for renewal only (for age next birthday 61 to 65). The premium is not guaranteed and the Company reserves the right to vary the level of Premium by giving thirty (30) days' notice.

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POLICY INFORMATION STATEMENT

To be read in conjunction with the attached Policy contract.

- 1) Sub-paragraph 5(1), Schedule 10, Section 130 of the Financial Services Act 2013 provides for nomination of a person or persons to receive the policy monies at the time of applying for life assurance or after the Policy is issued.
- 2) Payment of premium can be made through Debit Card or Visa/ Master Credit Card
- 3) For any information enquiry or service relating to this Policy/ Certificate of Assurance, please contact the Company's Customer Service Department at 03-7652 3388 or write to the address shown in this Policy contract. You may also seek the assistance from the Company's Branch Office that is nearest to you.
- 4) In order for the Company to update the Policyholder with the necessary changes of important information or any Policy related matters, it is requested that the Policyholder keep the Company informed of current correspondence address as well as the current address of the nominee(s).
- 5) Under the Financial Services Act 2013, should the Assured Member decide not to continue with the insurance coverage under this Policy, the Assured Member can return the Certificate of Assurance within fifteen (15) days from the date the Certificate of Assurance is issued online and the Company shall refund the premium paid without interest.
- 6) The Assured Member may surrender the Policy at any time.
- 7) It may not be to the Assured Member's advantage to surrender the insurance coverage under this Policy. Thus, please call the Company's Customer Service Department before making a final decision.
- 8) The following bodies are authorised to oversee public enquiries and complaints on insurance related matters. You can contact them for assistance at:

Ombudsman for Financial Services *(Formerly known as Financial Mediation Bureau)* Level 14, Main Block, Menara Takaful Malaysia, No. 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur Tel : 03-2272 2811 Fax : 03-2272 1577 (An Alternative Avenue For Financial Dispute Resolution) Pengarah, Laman Informasi Nasihat dan Khidmat (BNM LINK) Tingkat Bawah, Blok D Bank Negara Malaysia Jalan Dato' Onn 50480 Kuala Lumpur Tel : 1-300-88-5465 (General Line) Fax : 03-2174 1515 Email : bomtelelink@bnm.gov.mv

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Postal Office: P.O. Box 345, Jalan Sultan, T +603 7652 3388

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Policy Wording MyLifestyle Protect

Dear Policyholder/ Assured Member,

Complaint Unit

We are pleased to inform you that in line with the Bank Negara Malaysia's requirement and our Company's intention to provide you with the best and most efficient services, our Complaint Unit has been established and has been in operation effective from 1st June, 2003.

The Complaint Unit will deal directly with you. Special and specific procedures are established to handle all complaints in a fair and effective manner. You can direct your complaints to the Complaint Unit as follows:

Position:	Complaint Officer
Address:	Wisma MCIS
	Level 2, Tower 1
	Jalan Barat
	46200 Petaling Jaya
	Selangor Darul Ehsan
Tel No:	03-7652 3388 (General Line) Ext 3579
	03-7652 3579 (Direct Line)
Fax No:	03-7956 4388
Email:	info@mcis.my

Complaints should preferably be made in writing and sent to Complaint Unit by hand, normal mail, fax or e-mail.

You may refer to Our Corporate Website at https://www.mcis.my to find out more details on how you can submit a formal complaint.

You may also approach our Customer Service Staff or Branches nearest to you to lodge your complaints.

Complaints received from all locations and sources will be monitored closely by the Complaint Unit to ensure satisfactory resolutions.

We take this opportunity to extend our sincere thanks to you for choosing to insure with us. In return, we assure you that you will receive the services and benefits as we have committed to you.

Yours faithfully MCIS INSURANCE BERHAD **Chief Executive Officer**