

**GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD
(93745-A)**

**GROUP MULTIPLE BENEFITS INSURANCE SCHEME
FOR:**

**GREAT EASTERN LIFE FIELD FORCE & FINANCIAL
ADVISORS' ASSOCIATION MALAYSIA**

GS NO: 2199

Head Office:
40 & 44 Jalan Ampang
50450 Kuala Lumpur
MALAYSIA

GROUP MULTIPLE BENEFITS SCHEME POLICY
(WITHOUT PARTICIPATION IN PROFITS)

GROUP POLICY NO : 2199
DATE OF ISSUE : 22 May 2000
POLICY COMMENCEMENT DATE : 01 April 1999
POLICY ANNIVERSARIES : 01 April 2000 and the same date
on each succeeding year

POLICYHOLDER : Great Eastern Life Agents' Association,
Malaysia
POLICYHOLDER'S ADDRESS : B-3-9, Level 5, Menara Uncang Emas B,
Off Jalan Loke Yew
55200 Kuala Lumpur

APPLICATION DATE : 22 May 2000

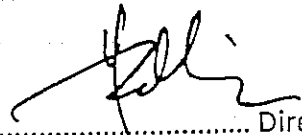
COMPANY : Great Eastern Life Assurance (Malaysia)
Berhad (93745-A)

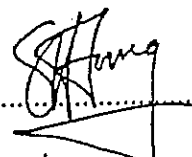
SPECIAL PROVISIONS/ENDORSEMENTS :-

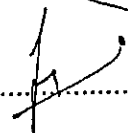
WHEREAS


The Policyholder have by a written application dated as above which application shall be deemed to be incorporated in and to form part of this Policy requested the Company to grant the benefits hereinafter referred to. The Company hereby agree to pay to the Policyholder the benefits subject to all the terms, conditions and provisions of this Policy. This Policy is issued in consideration of the Policyholder's application (a copy of which is attached hereto) and payment of the necessary premiums and shall take effect on the Policy Commencement Date. The terms, conditions and provisions in this and the subsequent pages, including the Schedule or Schedules of Insurance attached hereto, any amendments or endorsements or riders included at issue or added thereafter, shall be deemed to form part of this Policy.

IN WITNESS WHEREOF, the Company has caused this Policy to be signed as on the Date of Issue.


..... Director


..... Director


..... Authorised Officer

Examined by 

NOW THIS POLICY WITNESSETH AND IT IS HEREBY AGREED AND DECLARED AS FOLLOWS:

GENERAL PROVISIONS

I. In this Policy, where the context so admits, the masculine shall include the feminine and the following expressions shall unless repugnant to the context have the following meanings:

- 1) 'Policy' shall mean this agreement, any rider, endorsement or schedule therein, any amendment thereto signed by the Company, the application of the Policyholder, any individual proposal form in any other form signed by the Member or spouse of Member constituting the entire Contract.
- 2) The 'Scheme' shall mean the Group Multiple Benefits Assurance Scheme as herein.
- 3) The 'Rules' shall mean the Rules of the Scheme for the time being in force.
- 4) 'Member' shall mean a member of the Policyholder who has not attained age 55.
- 5) 'Assured Member' shall mean a Member who becomes entitled to the benefits of this Policy and on whose life an Assurance has or Assurances have been effected according to the provisions of the Schedule hereof and shall include any such person so long but only so long as he continues to be entitled to the benefits hereunder. Where the context so admits, the terms 'Insured Member' and 'Assured Member' shall be interchangeable.
- 6) 'Assured Spouse' shall mean the spouse of an Assured Member who becomes entitled to the benefits of this Policy and on whose life an Assurance has or Assurances have been effected according to the provisions of the Schedule hereof and shall include any such person so long but only so long as he continues to be entitled to the benefits hereunder.
- 7) 'Assured Life' shall mean an Assured Member or Assured Spouse.
- 8) 'Effective Date' shall mean the date a Member or spouse of Member becomes an Assured Life which date shall be the date when the two following requirements are met:-
 - 8.1 The acceptance of his proposal for assurance.
 - 8.2 The Company receiving the first premium for his assurance.
- 9) 'Entry Date' shall mean the first day of the month in which falls the Effective Date if the Effective Date falls on the 1st to the 15th day, otherwise it shall mean the first day of the following month.
- 10) 'Maturity Date' shall mean the date on which the Assured Life is entitled to receive his maturity benefits under the Scheme and which is
 - 10.1 for the Assured Member his 55th birthday.
 - 10.2 for the Assured Spouse his 55th birthday or the Assured Member's 55th birthday, whichever happens first.

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11) 'Assurance' shall mean the combination of Assurances A, B and C stated below and described under Benefits Provision III below:-

'Assurance A' shall mean term assurance with Living Assurance benefit.

'Assurance B' shall mean personal accident benefit

'Assurance C' shall mean deposit administration benefit.

12) 'Grace Period' shall mean the period of grace after the premium due date for each premium and shall be 90 days.

13) 'Termination Date' for an Assured Life shall mean the date when the first of the following events takes place:-

- a. Death
- b. Total and Permanent Disablement.
- c. Diagnosis of any one of the 36 Major Events as defined below
- d. Voluntary withdrawal from the Scheme.
- e. When Assurance C becomes payable.
- f. The termination of this Policy
- g. For the Assured Member, resigning as a Member, or withdrawal from the scheme due to being medically boarded out.
- h. For the Assured Spouse, when the Assured Member ceases to be assured or divorces him/her.

14) "Medical Practitioner" shall mean a surgeon or physician qualified by degree in Western Medicine, who is legally licensed and duly qualified to practise medicine and surgery authorised in the geographical area of his practice, and who also possesses a current Annual Practising Certificate issued by the Malaysian Medical Council.

II. The Policyholder shall hold the Policy and all benefits payable hereunder UPON TRUST for the benefit of the persons to whom the said benefits are payable in accordance with the Rules and the Schedules hereto.

III. Prior to the commencement of any individual Assurance the Policyholder shall furnish to the Company all information and proofs which the Company may reasonably require with regard to any matters pertaining to the individual Assurance under the Policy. All documents furnished to the Policyholder by any Member or spouse of Member in connection with the Assurance, and other records as may have a bearing on the Policy shall be open for inspection by the Company at all reasonable times.

IV. The Members will make arrangement to pay the premium as required in accordance with the provisions hereof and to furnish such statements and information as may be required by the Company which statements and information together with the application, Rules and all statements referred to in the Policyholder's application and in Clause III above and any other statements or information already furnished and to be furnished to the Policyholder by the Members or spouses of Members as provided hereunder giving all the variations in their particulars in so far as such variations have any bearing on the Assurance effected hereunder from time to time, shall be the basis of this Policy.

V. On proof of the happening of any of the contingencies stated herein, the Company shall pay to the Policyholder for the benefit of the person or persons concerned, the appropriate benefits in accordance with the terms and provisions of the General Provisions, the General Conditions, and Benefit Provisions hereof subject only to the payment of the appropriate premiums specified herein.



- VII. The benefits assured hereunder in respect of the Assured Life are strictly personal and cannot be charged or alienated in any way whatsoever by the Assured Life.
- VIII. The Assured Life is entitled to nominate nominees, to change nominees, to assign, and to reassign his benefits in accordance with the provisions of the Insurance Act 1996.
- IX. All monies payable to or by the Company hereunder shall be paid at the Principal Office of the Company in Kuala Lumpur in the Malaysian Currency and the Assurance effected hereunder shall be expressed in Malaysian Ringgit. A discharge or receipt of the Policyholder or on their behalf of any person or persons duly authorised in writing by the Policyholder shall be a good, valid and sufficient discharge to the Company in respect of any payment by the Company hereunder except that for death claims the provisions of the Insurance Act 1996 shall apply. A list of authorized signatories shall be furnished to the Company and be updated when necessary.
- X. If there is a difference in the meanings of the Rules and the Policy, the Policy wordings shall govern.
- XI. Arbitration

If any dispute or difference shall arise between the Policyholder and the Company caused by the Interpretation of the construction or the fulfilment of the terms of this Policy or to any matter of whatsoever nature in connection herewith, such dispute or difference shall pursuant to and in conformity to the provisions contained in the Arbitration Ordinance or any then existing statutory mediation there-of, be referred to two Arbitrators, one to be appointed by each party and in the event of difference of opinions between the Arbitrators then the matter shall be referred to an Umpire, to be appointed by the Arbitrators. The decision of the Arbitrator, Arbitrators or Umpire as the case may be shall be final and binding on the Policyholder and the Company and each of the parties shall execute all acts, deeds and instruments necessary to give effect to the award made pursuant to the submission.

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GENERAL CONDITIONS

I. Eligibility Condition

Members and spouses of Assured Members who are within the age range of 16 years to 54 years shall be eligible to become Assured Lives and be entitled to the benefits of this Policy as from the Effective Date.

II. Evidence Requirements

Every Member or spouse of Assured Member shall produce evidence of insurability in the form and manner prescribed by the Company before the Assurance on his life or an increase in the Assurance on his life under this Policy shall become effective.

Evidence of age of the Assured Life satisfactory to the Company will be required before any benefits in respect of him are paid under the Policy. In the absence of a birth certificate, the identity card is acceptable as evidence.

III. Conditions Governing Initial Group

1. The Initial Group shall consist of the total number of Members and Members' spouses whose completed forms are received by the Company within a period of 180 days immediately after the Application Date (herein after referred to as the "Time Period") and, if granted, any extension time period.
2. The Company shall have the absolute right to:
 - a) immediately after the expiry of the Time Period, to allow at the Company's option, an extended time period of 180 days (hereinafter referred to as the "Extended Time Period"); and
 - b) defer underwriting of the proposal forms submitted by the Initial Group until the Company has received at least 500 such forms within the Time Period or Extended Time Period, if granted.
3. The Company shall have the absolute right to terminate the policy in the event that a minimum of 500 completed proposal forms are not received by the Company by the date of expiry of the Time Period or Extended Time Period, if any, allowed by the Company, whichever is applicable, and the Policy shall automatically terminate on the said date of expiry.

IV. When The Policy Terminates

1. The policy shall terminate on the earliest of the following dates
 - a. the date determined in accordance with section III 3. above or
 - b. the 31st December immediately following the Company's determination that the total number of Assured Lives and Assured Spouses has fallen below 500.
2. Provided that where the Policy is to be terminated in accordance with section IV 1(b) of the General Conditions then,
 - a. the Company shall give 3 months' notice to the Policyholder of the termination ; and
 - b. the surrender value if any of the Assurance on the life of the Assured Life shall be granted by the Company.



V. Premiums

"Premium(s)" shall refer to "monthly premium(s) and shall be due on the first day of each month starting from the Entry Date.

Premiums are due and payable until the end of the month in which the Termination Date happens except that if the Termination Date is the Maturity Date they are due and payable until the previous month.

The total premiums due in each month shall be the sum of the respective monthly premiums due including all arrears for each Assured Life as shown in the Schedules of Benefit and Assurance.

VI. Alteration to Premium Rates and Policy Conditions

The Company reserves the right to vary from time to time the rates in the Schedules of Benefits and/or Premium Rates, and the terms and provisions of this Policy including the General Conditions and the General Provisions upon giving to the Policyholder 3 months' notice in writing of its intention to do so.

VII. Policy Documentation

The Policyholder shall deliver the original Policy to the Company upon the Company's request whenever necessary for the purpose of any endorsements, stamping, or reference.

VIII. Grace Period

90 days of grace from the premium due date are allowed for the payment of a renewal premium and in case the Assured Life shall die within the grace period before the premium is paid, the Assurance on the Assured Life, subject to deduction of all unpaid premium necessary to complete the full years' premium, shall be as valid and effective as if the premium had been paid. If any premium remains unpaid at the end of the grace period, the said Assurance shall lapse and be null and void and all premiums paid shall be forfeited to the Company except as otherwise provided in the Policy.

IX. Reinstatement

If the Assurance on the life of the Assured Life terminates due to default in payment of a premium within the grace period, it may be reinstated within 9 months at the option of the Company. Such reinstatement will be subject to the Company being furnished with evidence of assurability satisfactory to the Company and to payment of all unpaid premiums to the date of reinstatement. The Company reserves the right to charge interest on such unpaid premiums accrued to the date of reinstatement.

X. Spouses' Maximum Benefits

The premium of the spouse of any Assured Member shall not exceed the premium of the Assured Member.

In the event that an Assured Spouse has been paying premiums for a higher number of units than the related Assured Member the Assured Spouse shall be refunded all excess premiums immediately the overpayment is determined by the Company and the Assurance on the life of the Assured Spouse shall be adjusted accordingly to reflect the reduced coverage with effect from the earliest date that excess premium were applied by the Company under the said Assurance.

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Great Eastern Life

BENEFITS PROVISIONS

I. Units Contribution Levels

Every eligible Member or spouse of Assured Member shall be entitled to select the number of units of Assurance for which he is to be covered under the Policy, subject to production of evidence of insurability in the form and manner prescribed by and satisfactory to the Company, and subject to the restrictions in the Schedule of Benefits.

If the evidence submitted in respect of the Member or spouse of Assured Member is not satisfactory or insurance on his life involves special risk or hazard of a medical or other nature, the Company shall modify the terms of acceptance of the Assurance or allot to the Member or spouse of Assured Member a smaller number of units than requested by him subject to his consent.

If such satisfactory evidence is not furnished or if the Member or spouse of Assured Member is found uninsurable the Assurance shall not be effected in respect of him.

PROVIDED however, that the maximum and minimum number of units to which a Member is entitled to be covered shall be as shown in the Schedule of Benefits attached.

II. Deposit Administration Benefit

The benefit shall be a percentage as defined in the Schedule of Benefit of all premiums paid by the Assured Life together with accrued interest, if any, and terminal interest, if any.

Interest shall be declared as at 31st December of each year after premiums have been paid for at least 12 months.

III. Benefits

1.0 ASSURANCE A

1.1 Subject always to all the terms, conditions and provisions of this Policy, upon receipt of proof of age and adequate documentary proof that the Assured Life died while insured under this Policy, the Sum Assured A and the Funeral Expenses as specified in the Schedule of Benefit and the Schedule of Assurance attached hereto shall become payable.

1.2 Benefits for Total and Permanent Disability under Assurance A

Subject always to all the terms, conditions and provisions of this Policy upon receipt of proof of age and adequate documentary proof that the Assured Life becomes Totally and Permanently Disabled as a result of sickness, disease or accident while assured under this Policy, prior to the Policy anniversary on which he will attain age of sixty years next birthday, one-tenth (1/10th) of Sum Assured A shall be advanced immediately followed by the balance nine-tenths (9/10th) one calendar year later. The Assurance A on the Assured Life shall terminate immediately upon payment of the second (2nd) instalment but in the event of the death of the Assured Life during the period of payment of such instalments the amount payable by the Company shall notwithstanding Benefits Provisions III (1.1) be limited to the balance of the instalments outstanding, if any, at the time of death plus the Funeral Expenses in one lump sum. During the period when an Assured Life is totally and permanently disabled, no future premiums in respect of that Assured Life are payable.

GMBS/V6/600/6



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When the Assured Life becomes Totally and Permanently Disabled, his Assurance B and Assurance C shall automatically be terminated. In the event that the Total and Permanent Disability ceases before the completion of the contemplated advances, no further advance shall be made and no further Assurance on his life is allowed.

Total and Permanent Disability is defined as a state of incapacity which:

(a) becomes total and permanent and such that there is neither then nor any time thereafter any work, occupation or profession that the Assured Life can ever sufficiently do or follow to earn or obtain any wages, compensation or profit; or

(b) is caused by any of the following :

(i) total and irrecoverable loss of sight of both eyes, or

(ii) loss of use of two limbs at or above the wrist or ankle; or

(iii) total and irrecoverable loss of sight of one eye and loss of use of one limb at or above the wrist or ankle.

1.3 Living Assurance Benefit

1.3.1 Entitlement to the Living Assurance benefit (Sum Assured A) shall arise if after the Effective Date of his Assurance the Assured Life contracts one of the following Major Events:

i) Heart Attack

Means diagnosis of the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area as evidenced by symptoms of typical chest pain, new electrocardiograph changes characteristic of myocardial infarction and by elevated levels of cardiac enzymes.

ii) Stroke

Means diagnosis of a cerebrovascular incident producing permanent neurological sequelae caused by haemorrhage, infarction of brain tissue, or an embolus from an extracranial source. Evidence of permanent neurological damage must be confirmed by a consultant neurologist at the earliest six (6) weeks after the event and no claims can be admitted earlier.

Transient ischaemic attacks and attacks of vertebrobasilar ischaemia are specifically excluded.

iii) Coronary Artery By-pass Surgery

Means the actual undergoing of coronary artery by-pass surgery to correct stenosis or occlusion in the coronary arteries but excluding non-surgical techniques such as angioplasty, laser treatment or other non-surgical procedures.

iv) Cancer

Means the uncontrolled growth and spread of malignant cells and invasion of tissue as evidenced by definite histology and includes leukaemia (excluding chronic lymphocytic leukaemia), lymphoma and Hodgkin's disease but excludes non-invasive carcinoma in situ and all skin cancers except malignant melanomas. All cancers are excluded if the Assured Life is HIV-positive.

v) Kidney Failure

Means end stage renal failure presenting chronic irreversible failure of both kidneys to function and causing either regular long-term renal dialysis or a renal transplant to be carried out. The necessity of continuous dialysis treatment must be certified by a nephrologist's report.

GMBS/V6/600/7



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vi) Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis in respect of this illness must be based on the meeting of all of the following criteria:

- (a) a rapidly decreasing liver size;
- (b) necrosis involving entire lobules, leaving only a collapsed reticular framework;
- (c) rapid deterioration of liver functions as evidenced by test results; and
- (d) deepening jaundice.

Excluding however the diagnosis of this illness if such is directly or indirectly caused by attempted suicide, poisoning, drug overdose, or excessive alcohol ingestion.

Evidence of the following must be produced:

- (a) liver function test to show massive parenchymal liver disease; and
- (b) objective signs of portasystemic encephalopathy.

vii) Major Organ Transplants

Means the actual undergoing as a recipient of the transplant of a heart, lung, liver, kidney, pancreas or bone marrow.

viii) Paralysis (Paraplegia, Tetraplegia)

Clinically certified complete and permanent loss of use of two or more limbs through paralysis as a result of sickness or accident, except when such injury is self-inflicted.

ix) Multiple Sclerosis

Means unequivocal diagnosis of multiple sclerosis made by a consultant neurologist with evidence of the typical symptoms of demyelination, persisting neurological abnormalities and impairment of function.

Diagnosis will be based on confirmatory neurological investigations (e.g. lumbar puncture, evoked visual responses, evoked auditory responses and NMR evidence of lesions of the central nervous system).

x) Pulmonary Hypertension

Primary pulmonary hypertension as established by clinical and laboratory investigations including cardiac catheterization.

xi) Blindness

Total, clinically certified, irreversible loss of sight in both eyes as a result of acute sickness or accident. The blindness must be certified by an ophthalmologist's report.

xii) Heart Valve

The actual undergoing of open-heart surgery to replace and/or dilate cardiac valves as consequence of heart valve defects.

xiii) Deafness

Total, irreversible loss of hearing in both ears for all sounds as a result of acute sickness or accident. Medical evidence in the form of audiometric and sound-threshold tests must be provided.



- xiv) **Aorta Surgery**
The actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta.
- xv) **Loss of Speech**
Total and irrecoverable loss of the ability to speak which must be established for a continuous period of twelve (12) months. The condition shall be confirmed by a consultant neurologist.
- xvi) **Alzheimer's Disease**
Deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardised questionnaires or tests arising from Alzheimer's Disease or irreversible organic disorders, excluding neurosis and psychiatric illness, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Assured Life. The diagnosis must be clinically confirmed by an appropriate consultant and be supported by the Company's Medical Adviser.
- xvii) **Major Burns**
Third degree burns covering at least 20% of the body surface areas.
- xviii) **Coma**
Failure of cerebral function characterised by total unarousable unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least ninety-six (96) hours. Coma resulting directly from alcohol or drug abuse is excluded.
- xix) **Terminal Illness**
When the advent of death is highly probable within twelve (12) months and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the Company's Medical Adviser.
- xx) **Motor Neurone Disease**
Motor neurone disease of unknown aetiology as characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones; these include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis.

Claims shall only be admitted if the condition is confirmed by a consultant neurologist as progressive and resulting in irreversible damage to the nervous system.
- xxi) **HIV Infection From Blood Transfusion**
The Assured Life being infected by Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome provided that:
(a) the infection is due to a blood transfusion received in Malaysia, Singapore or Brunei;
(b) the Company, on the advice of the Medical Adviser appointed by the Company is fully satisfied that the infection was due to a blood transfusion given as part of medical treatment after commencement of the Assurance;
(c) the infected Assured Life is not a haemophiliac; and
(d) the conditions must be life threatening and there exists no known cure.



xxii)

Parkinson's Disease

Slowly progressive degenerative disease of the central nervous system as a result of loss of pigment containing neurones of the brain (substantia nigra).

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

- (a) cannot be controlled with medication;
- (b) shows signs of progressive impairment; and
- (c) Activities of Daily Living assessment confirms the inability of the Assured Life to perform without assistance three or more of the following: bathing, dressing, using the lavatory, eating, ability to move in or out of a bed or chair.

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

xxiii)

Chronic Liver Disease

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

- (a) permanent jaundice;
- (b) ascites; and
- (c) hepatic encephalopathy.

Liver disease secondary to alcohol or drug misuse is excluded.

xxiv)

Chronic Lung Disease

End stage lung disease including interstitial lung disease, requiring extensive and permanent oxygen therapy as well as a FEV 1 test result of less than one litre.

xxv)

Accidental Head Injury Resulting in Major Head Trauma

Accidental head injury resulting in neurological deficit causing significant functional impairment lasting at least six (6) weeks, as certified by a consultant neurologist.

xxvi)

Aplastic Anaemia

Bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- (a) blood product transfusion
- (b) marrow stimulating agents
- (c) immunosuppressive agents
- (d) bone marrow transplantation

xxvii)

Muscular Dystrophy

A hereditary muscular dystrophy confirmed by a consultant neurologist resulting in the inability to perform without assistance three or more of the following: bathing, dressing, using the lavatory, eating, ability to move in or out of a bed or chair.

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- xxviii) **Benign Brain Tumour**
A life threatening, non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by imaging studies such as CT scan or MRI. Cysts, granulomas, malformations, in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.
- xxix) **Encephalitis**
Severe inflammation of the brain (cerebral hemisphere, brainstem or cerebellum), resulting in significant complications lasting at least six (6) weeks, and which in the opinion of a consultant neurologist will result in serious permanent neurological deficit. Encephalitis resulting from HIV infection is excluded.
- xxx) **Poliomyelitis**
Unequivocal diagnosis by a consultant neurologist of infection by the Polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases not involving paralysis will not be eligible for benefit. Other causes of paralysis are specifically excluded.
- xxxi) **Brain Surgery**
The actual undergoing of surgery to the brain during general anaesthesia during which a craniotomy is performed. Brain surgery following an accident is excluded.
- xxxii) **Bacterial Meningitis**
A confirmed diagnosis of Bacterial Meningitis causing inflammation of the membranes of the spinal cord or brain and resulting in permanent neurological deficit as proven to the satisfaction of the Company by a consultant neurologist. Bacterial Meningitis resulting from HIV infection is excluded.
- xxxiii) **Other serious Coronary Artery Disease**
The narrowing of the lumen of at least three major arteries by a minimum of 75%, as proven by coronary arteriography carried out in Malaysia, Singapore or Brunei, regardless of whether any form of coronary artery surgery has been performed.
- xxxiv) **Apallic Syndrome**
Universal necrosis of the brain cortex, with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist. The condition has to be medically documented for at least one (1) month.
- xxxv) **Occupationally Acquired HIV Infection**
The Covered Member being infected by HIV (Human Immunodeficiency Virus) unequivocally 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 and supported by a negative HIV test taken in Malaysia, Singapore or Brunei within seven (7) days of the accident. Infection in any other manner is specifically excluded. The claim shall only be valid provided that at the time of the claim the condition is life threatening and there exists no known cure. The Company shall be given the right to obtain the results of any other HIV test on the Assured Life, failing which the claim shall not be admitted.

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xxxvi)

Full Blown AIDS

Clinical manifestation of AIDS (Acquired Immunodeficiency Syndrome), which must be supported by the results of a positive HIV (Human Immunodeficiency Virus) antibody test and a confirmatory Western Blot test. In addition, the Assured Life must have a CD4 cell count of less than 200 and evidence of opportunistic infection and/or AIDS related tumours.

The Company at its own expense shall have the right and opportunity to examine by physician the Assured Life whose Major Event is the basis of the Living Assurance benefit claim. The physician shall be designated by the Company and shall have the right to conduct medical tests as he deems necessary.

1.3.2 Sixty-Day Waiting Period

A Living Assurance benefit shall not be payable for any Major Event of which the Assured Life should have been aware, or of which symptoms were evident, or for which he has received medical attention or treatment, in the first sixty (60) days from his first Effective Date of cover under this Policy.

1.3.3 When Benefit Becomes Payable

The Living Assurance benefit shall become payable on the date on which the Company has received satisfactory proof of the occurrence of a Major Event.

1.4. Condition of Payment of Claims

- (a) Adequate documentary proof of Total and Permanent Disability must be furnished to the Company and of such continuing disability at the time of the first annual advance payment and each subsequent annual advance payment.
- (b) Death benefits under Assurance A per Benefits Provision III (1.1) shall automatically cancel from the date of Total and Permanent Disability.
- (c) Benefits under Living Assurance

Subject always to all the terms, conditions and provisions of this Policy upon proof of age and receipt of satisfactory proof that the Assured Life is entitled to the Living Assurance benefit, Sum Assured A as specified in the Schedule of Assurance shall become payable. However, under no circumstances shall the aggregate amount payable under the Living Assurance benefit exceed RM300,000/- for any one Assured Life under all his group living assurance or group Major Event insurance covers.

1.5 Benefit Coverage Limitations

An Assured Life shall be eligible to claim under only one of the three benefits defined under Benefit Provision III 1.1, 1.2 and 1.3 above, and only one claim is payable in his lifetime whilst insured under this Policy. His Assurance terminates immediately a claim is payable.

2. ASSURANCE B

Always subject to all the terms, conditions, exclusions and provisions of this Policy, upon receipt of proof of age and adequate documentary proof that the Assured Life sustains bodily injury caused by accidental causes while covered under Assurance B of this Policy, the

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Company will pay to the Policyholder the benefits which shall not exceed the amount obtained by multiplying the appropriate percentages shown for death or disablement under the Schedule of Compensation by the Sum Assured B according to the units specified in the Schedule of Assurance but the Assured Life shall not be entitled to compensation under more than one of the sections in the Schedule of Compensation in respect of any one accident.

The maximum benefit payable under any one accident shall not exceed the injured Assured Life's Sum Assured B. Where the Assured Life meets with more than one accident during a Policy year the maximum aggregate benefit payable under all these accidents shall not exceed his Sum Assured B.

3. ASSURANCE C

The benefit under Assurance C is the current value as defined in Benefits Provision II above.

Upon receipt of evidence of being medically boarded out due to ill-health or of divorce where required and proof of age satisfactory to the Company, benefits under Benefits Provision II shall be payable upon the happening of the earliest of the following:-

- a) For the Assured Member only:
 - i) surviving to the Maturity Date.
 - ii) stopping before Maturity Date due to being medically boarded out as certified by a Medical Practitioner and not being entitled to benefits under Benefits Provisions III 1.2 or 1.3.
- b) For the Assured Spouse only:
 - iii) withdrawing due to the happening of an event under III. 3 (a) above.
 - iv) divorcing the Assured Member.
 - vi) attaining age 55 years.
- c) The admission of a claim under Assurance A by the Company

IV. EXCLUSIONS

1 Assurance A

- i) No benefit shall be paid in the event of suicide in the first year of Assurance.
- ii) Waiver of premiums and advance payment of Disability Benefits shall not be made for Total and Permanent Disability of the Assured Life which:-
 - (a) resulted from self-inflicted bodily injuries (except in an attempt to save human life) while sane or insane, or
 - (b) resulted from bodily injury sustained as a result of travel or flight in or on any type of aircraft except as a fare-paying passenger on a regularly scheduled passenger flight of a recognised commercial airline, or
 - (c) existed at the Effective Date or at the date of reinstatement of his Assurance under this Policy, or
 - (d) resulted from war, whether declared or undeclared.
- iii) Living Assurance Benefit
 - a) Notwithstanding any provision herein the Company shall not be liable for any Major Event which
 - (i) existed;
 - (ii) of which the Assured Life should have been aware;
 - (iii) of which symptoms were evident; or
 - (iv) for which he received medical advice or treatment prior to the Effective Date of his Assurance.



- b) The Policy shall not cover any Major Event resulting directly or indirectly from self-inflicted injuries, while sane or insane.
- c) If an Assured Life is found to be infected at any time with Human Immunodeficiency Virus (HIV) except as provided under Benefit Provision III (1.3) (xxi), (xxxv), (xxxvi), the Assured Life shall immediately cease to be eligible for cover under this Policy. For the avoidance of doubt, this exclusion takes effect when the Company shall at its absolute discretion determine that blood tests indicate either the presence of any Human Immunodeficiency Virus or antibodies to such a virus.
- d) With reference to Table 1 below, the Company shall not be liable for any Major Event in List A if the Assured Life had been previously diagnosed either
- (i) as having suffered or undergone surgery for a Major Event specified in List B; or
 - (ii) as having suffered an illness specified in List C prior to the Effective Date of his Assurance under this Policy.

Table 1

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

In addition and without prejudice to any other provision of this Policy, the Company shall not have any obligation or liability under this Policy unless all of the following conditions are satisfied :-



- a) after the Assured Life suffers from a Major Event, the Company must be notified immediately or as soon as it is practicable; otherwise the Company shall not be liable in respect of the Major Event;
- b) the Major Event must be diagnosed by a Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company, all such medical evidence must be furnished at the Policyholder's expense;
- c) if required by the Company, the Assured Life must undergo medical examination by the Medical Practitioner appointed by the Company in connection with the Major Event for which a claim has been made;
- d) a Living Assurance Benefit shall be payable once only if multiple Major Events are contracted by the same Assured Life; and
- e) the aggregate amount of sum assured payable by the Company shall not exceed RM300,000 under this and all group policies or group life riders or provisions for similar Major Event benefit on the same life.

2 Assurance B

- (a) self-inflicted injuries or any attempt thereat, while sane or insane.
- (b) insurrection, war (declared or undeclared) or any warlike operations or military or naval service under orders for warlike operations.
- (c) participation in a strike, riot or civil commotion or committing an assault or felony.
- (d) any form of flying except as a passenger in an aircraft licensed to carry passengers.
- (e) hunting, mountaineering, racing in any form (other than on foot), winter sports and scuba-diving.
- (f) any form of radioactivity or radiation.

V. When the Assurance Becomes Payable

The Assurances A, B or C shall only be payable if the Assured Life's Assurance is in force at the time of the happening of the event giving rise to the claim.

VI. To Whom Payable

All Benefits herein assured shall be payable to the Policyholder for the benefit of the Assured Life except that death claims shall be paid to the nominees, trustees, or assignees if any, on the happening of the contingencies stated.

VII. Lien on Assurance

Where the Assured Life dies or is permanently and totally disabled due to any pre existing illnesses in the first 2 years of Assurance, beginning on his Effective Date, the amount of benefit payable under Assurance A shall be only fifty percent of his Sum Assured A provided the claim does not fall under the exclusion clauses.



VIII. When The Assurance Terminates

The Assurances on the life of an Assured Life shall terminate on the Termination Date defined in General Provisions I Clause (13).

IX. Withdrawal Benefits – SURRENDER VALUE

An Assured Life who on his Termination Date is not entitled to benefits under Benefits Provision III 3, Assurance C, shall be paid a surrender value to be quoted by the Company provided he has paid at least twelve monthly premiums to the Company within the Grace Period.

X. Claims

(i) Notice of Claim

Written notice of claim must be given to the Company within 30 days after the occurrence or commencement of any loss.

(ii) Proof of Loss

Written proof covering the occurrence, character and extent of loss with a fully completed claim form supplied by the Company for which a claim for compensation is made must be furnished to the Company within 90 days after the occurrence of any loss covered by this Policy.

XI. Coverage and Premiums

Where inadvertently premiums have been received by the Company which exceed the limitations on Assurance imposed by the terms, conditions, provisions and exclusions of this Policy the excess premiums paid shall be refunded and the actual Assurance accepted by the Company shall be applicable. Where the actual monthly premium received from inception is lower than the amount applied for and accepted the Assurance shall be based on the actual monthly premiums paid.

XII. Operation of Law

This Policy shall be construed according to and governed by the Laws of Malaysia.

GMBS/V6/600/16



Great Eastern Life

SCHEDULE OF BENEFIT

GROUP POLICY NO. 2199

**DEPOSIT ADMINISTRATION BENEFIT
UNDER ASSURANCE C**

This benefit is the sum of:

1. Seventy percent of all premiums received prior to the Termination Date.

And

2. All interest and terminal interest if any declared up to the Termination Date.

In all other respects, the terms and conditions of the Policy shall remain unaltered.

Authorized Officer

Dated: 22 May 2000

GMBS/V6/600/17 4



ASSURANCE B

SCHEDULE OF COMPENSATION

	Percentage Of Compensation Of The Insured Member's <u>Sum Insured.</u>
<u>Section A</u>	
(1) Death	100%
<u>Section B</u>	
(1) Loss of both hands	100%
(2) Loss of both feet	100%
(3) Complete and irrecoverable loss of sight in both eyes	100%
(4) Loss of one hand and one foot	100%
(5) Complete and incurable insanity	100%
(6) Injuries resulting in permanently being bedridden	100%
(7) Any other injuries causing permanent total disablement	100%
(8) Complete and incurable paralysis	100%
<u>Section C</u>	
(1) Loss of arm at shoulder	100%
(2) Loss of arm between shoulder and elbow	100%
(3) Loss of arm at elbow	100%
(4) Loss of arm between elbow and wrist	100%
(5) Loss of hand at wrist	100%
(6) Loss of leg at hip	100%
(7) Loss of leg between knee and hip	100%
(8) Loss of leg below knee	100%
(9) Loss of eye - whole	100%
(10) Loss of eye - sight of	100%
(11) Complete and irrecoverable loss of sight in one eye except Perception of light	50%
(12) Loss of lens of eye	50%
(13) Loss of four fingers and thumb of one hand	50%
(14) Loss of four fingers	40%
(15) Loss of thumb	25%
	- both phalanges
	- one phalanx
(16) Loss of index finger	10%
	- three phalanges
	- two phalanges
	- one phalanx
(17) Loss of middle finger	6%
	- three phalanges
	- two phalanges
	- one phalanx
(18) Loss of ring finger	5%
	- three phalanges
	- two phalanges
	- one phalanx
	2%

GMBS/V6/600/18



Great Eastern Life

ASSURANCE B

SCHEDULE OF COMPENSATION

			Percentage Of Compensation Of The Insured Member's <u>Sum Insured.</u>
(19)	Loss of little finger	- three phalanges	4%
		- two phalanges	3%
		- one phalanx	2%
(20)	Loss of metacarpals	- first or second (additional)	3%
		- third, fourth or fifth (additional)	2%
		- all	15%
(21)	Loss of toes	- great both phalanges	5%
		- great one phalanx	2%
		- other than great, if more than one toe lost	1%
		each	1%
(22)	Loss of hearing	- both ears	75%
		- one ear	15%
(23)	Total loss of speech		50%

Any other permanent disability – Such proportion to be assessed by the Company which in the opinion of the Company's Medical Practitioner is not inconsistent with the above rates of compensation

In all other respects, the terms and conditions of the Policy shall remain unaltered.

Authorised Officer

Dated: 22 May 2000

GMBS/V6/600/19 *97*

