



**PROPOSAL FORM BORANG CADANGAN  
NUTP HEALTH CARE KAD PERUBATAN NUTP**



**IMPORTANT NOTICE:**

**In relation to insurance contracts wholly unrelated to your trade, business or profession**

TAKE NOTE that you are under a duty to take reasonable care not to make any misrepresentation when:

- (a) answering specific questions that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied; and
- (b) confirming or amending any matter previously disclosed by you in relation to your insurance contract.

In addition to answering the specific questions in the proposal form, you are also required to take reasonable care to disclose to us any matter which you know to be relevant to the decision of the insurer on whether to accept the risk or not and the rates and terms to be applied.

Your duty of disclosure under Paragraph 5 of Schedule 9 of the Financial Services Act 2013 shall continue until the time the contract is entered into, varied or renewed.

**In relation to insurance contracts related to your trade, business or profession**

TAKE NOTE that you are under a duty to disclose to the insurer any matter that –

- (a) you know to be relevant to the decision of the insurer on whether to accept the risk or not and the rates and terms to be applied; or
- (b) a reasonable person in the circumstances could be expected to know to be relevant.

You should fully and accurately answer all the questions in the proposal form and any other questions asked by the insurer.

Your duty of disclosure under Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013 shall continue until the time the contract is entered into, varied or renewed.

If you do not understand your obligations as stated above or if you need any further explanation, you can contact the Company or the Company's agent.

If you are in any doubt about whether certain facts are material, these facts should be disclosed. The entire pre-printed text of this proposal form is the standard type in use for purpose of applying for insurance with the Company. Any alteration to or deletion of any part of the text will require the applicant's specific instruction in writing separately addressed to the Company for individual consideration and concurrence. You should request for and study the brochures, sales illustration, Product Disclosure Sheet and policy contract in respect of the policy product paying particular attention to the benefits which are guaranteed and benefits which are not guaranteed, and your duties as a assured member under the policy contract.

Documentary proof of age is required prior to the payment of benefits under the policy contract. If the life assured's age is incorrectly stated, the insurer may adjust the policy contract at its sole and absolute discretion, subject always to the provisions of the Financial Services Act 2013. In group Medical Health Insurance policy effected by policyholder who has no insurable interest on your life, you must received an individual certificate of insurance as proof of insurance and you are advised to follow-up with group policyholder or the Company to confirm coverage under group policy if a certificate of insurance is not received within a reasonable period.

**NOTIS PENTING:**

**Berkenaan kontrak insurans yang tidak berkaitan sepenuhnya dengan perdagangan, perniagaan atau kerjaya anda**

SILA AMBIL PERHATIAN bahawa anda bertanggungjawab untuk mengambil langkah yang munasabah agar tidak melakukan gambaran salah semasa:

- (a) menjawab soalan-soalan khusus yang berkaitan dengan keputusan syarikat insurans sama ada untuk menerima risiko serta terma dan syarat yang dikenakan; dan
- (b) mengesahkan atau mengubah sebarang perkara yang anda telah dedahkan sebelumnya berkaitan dengan kontrak insurans anda.

Sebagai tambahan kepada jawapan bagi soalan khusus dalam borang cadangan, anda juga perlu mengambil langkah munasabah untuk mendedahkan sebarang perkara yang anda ketahui sebagai relevan terhadap keputusan syarikat insurans sama ada mahu menerima risiko ataupun tidak dan kadar serta syarat yang akan dikenakan

Anda mempunyai kewajiban untuk membuat pendedahan mengikut Perenggan 5 dalam Jadual 9 bagi Akta Perkhidmatan Kewangan 2013 dan hendaklah diteruskan sehingga kontrak dibuat, diubah atau diperbaharui.

**Berkenaan kontrak insurans yang berkaitan dengan perdagangan, perniagaan atau kerjaya anda**

SILA AMBIL PERHATIAN bahawa anda bertanggungjawab membuat pendedahan kepada syarikat insurans bagi sebarang perkara yang -

- (a) anda mengetahui ia berkaitan dengan keputusan syarikat insurans sama ada untuk menerima risiko serta terma dan syarat yang dikenakan; dan
- (b) seseorang yang secara munasabah dapat menjangkakan untuk menjadi relevan.

Anda hendaklah menjawab semua soalan dalam borang cadangan dan sebarang soalan lain yang diajukan syarikat insurans dengan lengkap dan tepat.

Anda mempunyai kewajiban untuk membuat pendedahan mengikut Perenggan 4(1) dalam Jadual 9 bagi Akta Perkhidmatan Kewangan 2013 dan hendaklah diteruskan sehingga kontrak dibuat, diubah atau diperbaharui.

Jika anda ragu-ragu sama ada sesetengah fakta adalah material, anda hendaklah mendedahkannya. Keseluruhan teks pra-cetak dalam borang cadangan ini adalah mengikut piawaian tetap yang digunakan bagi tujuan permohonan insurans dengan Syarikat. Sebarang pindaan atau penghapusan mana-mana bahagian teks akan memerlukan arahan khusus secara bertulis daripada pemohon yang dialamatkan secara berasingan kepada Syarikat untuk pertimbangan dan persetujuan. Anda perlu meminta dan mengkaji risalah, ilustrasi jualan, Risalah Pendedahan Produk dan kontrak polisi bagi produk dengan polisi yang membayar manfaat tertentu yang dijamin dan manfaat yang tidak dijamin serta kewajiban anda sebagai seorang ahli diasuranskan di bawah kontrak polisi. Bukti umur berdokumen diperlukan sebelum pembayaran manfaat di bawah kontrak polisi. Jika umur hayat yang diinsuranskan tidak dinyatakan dengan betul, syarikat insurans boleh mengubah kontrak polisi bergantung kepada budi bicara tunggal dan mutlaknya, tertakluk kepada peruntukan Akta Perkhidmatan Kewangan 2013. Dalam polisi Insurans Perubatan Kesihatan yang dikuatkuasakan oleh pemegang polisi yang tidak mempunyai kepentingan boleh insurans ke atas hayat anda, anda mestilah menerima sijil insurans individu sebagai bukti insurans dan anda dinasihatkan untuk membuat susulan dengan pemegang polisi berkelompok atau Syarikat bagi mengesahkan perlindungan.

**I. PARTICULARS OF APPLICANT (Please use block letter)**

Group Scheme No. **GS3271**  
No Skim Berkelompok

**BUTIR-BUTIR PEMOHON (Sila gunakan huruf besar)**

Title ☐ Mr ☐ Madam ☐ Miss ☐ Others \_\_\_\_\_  
Gelaran Encik Puan Cik Lain-lain

Applicant's Name   
Nama Pemohon

New NRIC No. No KP Baru  -  -  Old NRIC No./Birth Certificate No KP Lama/Sijil Kelahiran   
Sex ☐ Male ☐ Female  
Jantina Lelaki Perempuan

**I. PARTICULARS OF APPLICANT (Please use block letter)****BUTIR-BUTIR PEMOHON (Sila gunakan huruf besar)**Residential Address *Alamat Rumah*

Postcode

*Poskod*

Country

*Negara*

Town

*Bandar*Mailing Address *Alamat Surat Menyurat*

Postcode

*Poskod*

Country

*Negara*

Town

*Bandar*School Name & Address *Nama dan Alamat Sekolah*

Postcode

*Poskod*

Country

*Negara*

Town

*Bandar*

Tel. No. (House)

*No. Tel. (Rumah)*(State Name of Country) *(Nyatakan Nama Negara)*

- -

Tel. No. (Mobile)

*No. Tel. (Bimbit)*(State Name of Country) *(Nyatakan Nama Negara)*

- -

Tel. No. (School)

*No. Tel. (Sekolah)*(State Name of Country) *(Nyatakan Nama Negara)*

- -

KPPK Branch *Cawangan KPPK*Date of Birth *Tarikh Lahir*Height(cm) *Tinggi(sm)*Weight(kg) *Berat(kg)*

/ /

.

Day Hari Month Bulan Year Tahun

Country of Birth

☐ Malaysia☐ Others*Negara Kelahiran**Malaysia**Lain-lain*

Marital Status

☐ Married☐ Single☐ Divorced☐ Widow☐ Widower*Status Perkahwinan**Berkahwin**Bujang**Berceraai**Duda/Janda**Balu*

Race

☐ Malay☐ Chinese☐ Indian☐ Others*Bangsa**Melayu**Cina**India**Lain-lain***II. PARTICULARS OF SPOUSE AND CHILD NAMA SUAMI / ISTERI DAN ANAK**

Name of dependant (Spouse/Children) are to be insured included in the coverage of the policy. Dependant children refer to only unmarried children at least 30 days old and under 19 years of age/below 23 if a full-time student, and not gainfully employed). Please enclose separate attachment for child's details if you have more than 3 children to be insured.

*Butir-butir ahli keluarga (anak/suami/isteri) untuk dimasukkan ke dalam polisi yang di bawah 23 tahun sekiranya pelajar sepenuh masa, dan tidak bekerja). Sila lampirkan butiran anak-anak secara berasingan jika anda mempunyai lebih daripada 3 orang anak untuk dimasukkan dalam polisi.*

Name of Spouse

*Nama Suami/Isteri*

IC/BC No.

*No KP/SL*

Date of Birth

*Tarikh Lahir*

Height(cm)

*Tinggi(sm)*

Sex

*Jantina*☐ Male☐ Female*Lelaki**Perempuan*

Name of Child

*Nama Anak*

IC/BC No.

*No KP/SL*

Date of Birth

*Tarikh Lahir*

Height(cm)

*Tinggi(sm)*

Sex

*Jantina*☐ Male☐ Female*Lelaki**Perempuan*

Name of Child

*Nama Anak*

IC/BC No.

*No KP/SL*

Date of Birth

*Tarikh Lahir*

Height(cm)

*Tinggi(sm)*

Sex

*Jantina*☐ Male☐ Female*Lelaki**Perempuan*

Name of Child

*Nama Anak*

IC/BC No.

*No KP/SL*

Date of Birth

*Tarikh Lahir*

Height(cm)

*Tinggi(sm)*

Sex

*Jantina*☐ Male☐ Female*Lelaki**Perempuan*

III. BENEFICIAL OWNER <i>PEMUNYA BENEFISIAL</i>			
Are you the beneficial owner who ultimately owns and/or has effective control over this proposed assurance? <i>Adakah anda pemunya benefisial yang memiliki dan/atau mempunyai kuasa sepenuhnya terhadap asurans yang dicadangkan ini?</i>		<input type="checkbox"/> YES YA	<input type="checkbox"/> NO TIDAK
If the answer is "NO", please complete the Questionnaire On Beneficial Owner and submit it along with a Statutory Declaration signed by the beneficial owner. Please contact the Authorised Representative for a copy each of the Questionnaire On Beneficial Owner and the Statutory Declaration. <i>Jika jawapan adalah "TIDAK", sila lengkapkan Soal Selidik Pemunya Benefisial dan hantar bersama-sama dengan Aduan Berkanun yang ditandatangani oleh pemunya benefisial. Sila hubungi Wakil yang Dibenarkan bagi salinan Soal Selidik Pemunya Benefisial dan Aduan Berkanun.</i>			
IV. FAMILY & OTHER PERSONAL INFORMATION <i>MAKLUMAT KELUARGA &amp; MAKLUMAT PERIBADI LAIN-LAIN</i>			
		LTBA HYD YES NO YA TIDAK	SPTA PYD YES NO YA TIDAK
1. Family History: Have any of your biological parents, brothers or sisters ever suffered from heart diseases, stroke, hypertension, diabetes, kidney disease, mental disorders, cancer, hereditary, neurological or congenital disease? <i>Adakah ibu/bapa, adik beradik kandung anda menghidap sebarang penyakit jantung, strok, tekanan darah tinggi, kencing manis, penyakit buah pinggang, gangguan mental, kanser, penyakit keturunan, neurologi atau penyakit kongenital?</i>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
V. HEALTH DETAILS AND LIFESTYLE <i>BUTIR-BUTIR KESIHATAN DAN GAYA HIDUP</i>			
1. Are you now in good health and free from disease or injury? <i>Adakah anda bebas dari sebarang jenis penyakit dan berkeadaan sihat?</i>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. LTBA HYD	Have you ever smoked or use any tobacco / nicotine product (eg. Cigarettes, cigar or pipes) in the last 12 months? <i>Pernahkah anda merokok atau menggunakan produk tembakau / nikotin (eg. Rokok, cerut atau paip) dalam tempoh 12 bulan yang lepas?</i> If "YES", <input type="text"/> <input type="text"/> cigarettes / cigar per day. <i>Jika "YA", <input type="text"/> <input type="text"/> batang rokok / curut sehari.</i>	<input type="checkbox"/> <input type="checkbox"/>	
SPTA PYD	Have you ever smoked or use any tobacco / nicotine product (eg. Cigarettes, cigar or pipes) in the last 12 months? <i>Pernahkah anda merokok atau menggunakan produk tembakau / nikotin (eg. Rokok, cerut atau paip) dalam tempoh 12 bulan yang lepas?</i> If "YES", <input type="text"/> <input type="text"/> cigarettes / cigar per day. <i>Jika "YA", <input type="text"/> <input type="text"/> batang rokok / curut sehari.</i>		<input type="checkbox"/> <input type="checkbox"/>
3. LTBA HYD	Do you consume alcoholic drinks? If " YES ", state average weekly consumption:- <i>Adakah anda minum minuman beralkohol? Jika " YA ", nyatakan purata pengambilan seminggu:-</i> Beer/Stout <input type="text"/> <input type="text"/> small bottles <i>Bir/Stout <input type="text"/> <input type="text"/> botol kecil</i> Wine <input type="text"/> <input type="text"/> glasses <i>Wain <input type="text"/> <input type="text"/> gelas</i> Whiskey/brandy/others <input type="text"/> <input type="text"/> pegs <i>Whisky/brandi/lain-lain <input type="text"/> <input type="text"/> peg</i> <input type="checkbox"/> Social <i>Sosial</i>	<input type="checkbox"/> <input type="checkbox"/>	
SPTA PYD	Beer/Stout <input type="text"/> <input type="text"/> small bottles <i>Bir/Stout <input type="text"/> <input type="text"/> botol kecil</i> Wine <input type="text"/> <input type="text"/> glasses <i>Wain <input type="text"/> <input type="text"/> gelas</i> Whiskey/brandy/others <input type="text"/> <input type="text"/> pegs <i>Whisky/brandi/lain-lain <input type="text"/> <input type="text"/> peg</i> <input type="checkbox"/> Social <i>Sosial</i>		<input type="checkbox"/> <input type="checkbox"/>
4. Are you currently receiving medical treatment and / or suffering from physical impairment or infirmity or congenital abnormality? <i>Adakah kini anda atau ahli keluarga anda menerima rawatan perubatan dan / atau menderita sebarang kecacatan fizikal atau kelemahan atau kongenital tidak normal?</i>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Have you ever taken or do you now take any drugs or narcotics, other than those validly prescribed by doctors, or been treated for drug habits? <i>Pernahkah anda mengambil atau pada masa sekarang ini mengambil sebarang dadah atau narkotik selain dari yang ditetapkan oleh doktor, atau pernah dirawat untuk tabiat dadah?</i>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Have you ever had, been diagnosed to have, been investigated, treated or advised to seek any medical or surgical treatment for any conditions listed below: <i>Pernahkah anda diberitahu atau sedang diberitahu, disiasat, dirawat atau dinasihatkan untuk mendapatkan sebarang perubatan atau rawatan pembedahan untuk apa-apa keadaan di bawah:</i>			
(a) Stroke, transient ischemic attack (TIA), brain hemorrhage or brain injury, epilepsy, convulsion (fits), paralysis, Parkinson's disease, Alzheimer's disease, Multiple sclerosis, prolonged recurrent dizziness or headache, migraine, cerebral palsy or other disease or disorder of the brain or nervous system? <i>Strok, serangan iskemia sementara(TIA), pendarahan otak atau kecederaan otak, sawan tarik, sawan, lumpuh, penyakit Parkinson, penyakit Alzheimer's, Multiple Sclerosis, pening atau sakit kepala yang berulang dan berpanjangan, migrain, cerebral palsy atau lain-lain penyakit atau gangguan pada otak atau sistem saraf?</i>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(b) Depression, anxiety, schizophrenia, suicide attempt, attention deficit hyperactivity disorder (ADHD), autism, Down's syndrome, dementia, or any other mental health or psychiatric illness? <i>Depresi, keresahan, skizofrenia, cubaan membunuh diri, perhatian defisit gangguan hiperaktif (ADHD), autism, Sindrom Down, demensia atau lain-lain penyakit atau gangguan pada kesihatan mental atau psikiatrik?</i>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(c) Asthma, bronchitis, tuberculosis (TB), pneumonia, coughing of blood or any other disease or disorder of the lungs or respiratory system? <i>Lelah, bronkitis, batuk kering (TB), radang paru-paru, batuk berdarah atau lain-lain penyakit atau gangguan pada paru-paru atau saluran pernafasan lain?</i>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

## V. HEALTH DETAILS AND LIFESTYLE BUTIR-BUTIR KESIHATAN DAN GAYA HIDUP

	LTBA HYD		SPTA PYD	
	YES YA	NO TIDAK	YES YA	NO TIDAK
(d) Chest pain, angina, palpitation, irregular heartbeat, coronary artery disease (heart disease), heart attack, raised cholesterol, hypertension (high blood pressure), hypotension (low blood pressure), heart valve disorder, cardiomyopathy (enlarged heart), heart defects from birth or heart surgery, deep vein thrombosis, varicose veins or any other disease or disorder of the heart or vascular system? <i>Sakit dada, angina, ketaran jantung, degupan jantung yang tidak teratur, penyakit arteri koronari (penyakit jantung), serangan jantung, kolestrol tinggi, tekanan darah tinggi, tekanan darah rendah, gangguan injap jantung, cardiomyopathy (jantung membesar), kecacatan jantung dari lahir atau pembedahan, trombosis vena dalam, vena varikos atau lain-lain penyakit atau gangguan pada jantung atau sistem vaskular?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Diabetes, abnormal blood sugar, thyroid disease, goiter, thalassemia, anaemia, haemophilia or other disease or disorder of the endocrine glands, blood, chromosomal abnormality or hereditary disease? <i>Kencing manis, darah dalam najis, penyakit tiriod, goiter, talasemia, anemia, hemophilia atau lain-lain penyakit atau gangguan pada sistem endokrin, darah, kromosom yang tidak normal atau penyakit keturunan?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Gastritis, gastric or duodenal ulcer, gastro-oesophageal reflux disease (GERD), colitis, Crohn's disease, hernia, fistula, piles, blood in stool, vomiting blood or other disease or disorder of the digestive system or gastrointestinal tract? <i>Gastrik, ulser gastrik atau duodenum, penyakit refluks gastroesophageal, colitis, penyakit Crohn's, hernia, fistula, buasir, darah dalam najis, muntah berdarah atau lain-lain penyakit atau gangguan pada saluran penghadaman atau saluran gastrousus?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Jaundice, Hepatitis B or C, gall bladder or biliary system stone or obstruction, pancreatitis or other disease or disorder of the liver, gall bladder, biliary system or pancreas? <i>Jaundis, Hepatitis B atau C, batu atau tersumbat pada pundi hempedu atau sistem biliari, jangkitan pada pankreas atau lain-lain penyakit atau gangguan pada hati, pundi hempedu, biliari sistem atau pankreas?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Kidney or urinary system stones, kidney infection, polycystic kidneys, protein or blood in urine or any disease or disorder of the kidney, ureter, bladder, urethra, prostate or genital organs? <i>Batu karang pada buah pinggang atau sistem kencing, jangkitan buah pinggang, buah pinggang polisistik, protein atau darah dalam air kencing atau lain-lain penyakit atau gangguan pada buah pinggang, ureter, pundi kencing, uretra, prostat atau organ kemaluan?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Cancer, tumour, cyst, lump, growth, lymphoma, leukaemia, melanoma, Hodgkin's disease, bone marrow disorders, any malignant or pre-malignant condition? <i>Kanser, tumor, sista, benjolan, ketumbuhan, limfoma, leukemia, melanoma, penyakit Hodgkin, gangguan sumsum tulang, pra-kanser atau kanser?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Blindness, cataract, glaucoma, impaired sight (excluding long sighted and short sighted), impaired hearing or speech, deafness, tonsillitis, deviated nasal septum, chronic rhinitis, sinusitis, nose bleed, sleep apnoea or other disease or disorder of the eyes, ears, throat, mouth or nose? <i>Buta, katarak, glaukoma, penglihatan terjejas (tidak termasuk rabun jauh dan dekat), pendengaran atau percakapan terjejas, pekak, jangkitan tonsil, septum hidung menyimpang, kronik rinitis, resdung, hidung berdarah, tidur apnea atau lain-lain penyakit atau gangguan pada mata, telinga, tekak, mulut atau hidung?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Backache, slipped disc, spondylosis, arthritis, rheumatoid arthritis, systemic lupus erythematosis (SLE), osteoporosis, gout, psoriasis, chronic skin disease or other disease or disorder of the immune system, connective tissue, spine, muscle, bone or joint? <i>Sakit belakang, cakera tergelincir, spondylosis, artritis, artritis rheumatoid, lupus eritematosus sistemik (SLE), osteoporosis, gout, kulit bersisik, penyakit kulit kronik atau lain-lain penyakit atau gangguan pada system imun, tisu penghubung, spina, otot, tulang atau sendi?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Syphilis, gonorrhea, venereal disease, Human Papilloma Virus (HPV) infection or any other sexually transmitted disease? <i>Sifilis, gonorea, penyakit kelamin, jangkitan Virus Papilloma Manusia (HPV) atau mana-mana penyakit kelamin berjangkit?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) Any other illness, disease, disorder, disability, accident or hospitalization or any surgical operation or observation or treatment not of a routine nature that has not been mentioned above? <i>Sebarang penyakit lain, gangguan, hilang upaya, kemalangan atau dimasukkan ke hospital atau sebarang pembedahan atau pemerhatian atau rawatan yang bukan menjadi rutin kebiasaan yang tidak disebutkan di atas?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. (a) Have you or your spouse or partner ever been tested for or received medical advice, counseling or treatment in connection with AIDS or infection with any Human Immunodeficiency Virus (HIV)? <i>Pernakah anda atau suami/isteri anda atau pasangan anda diuji atau menerima nasihat perubatan, kaunseling atau rawatan berhubung dengan AIDS atau dijangkiti mana-mana Virus Kurang Daya Tahan Penyakit (HIV)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Is there anything in your lifestyle that puts you at an increased risk of AIDS or any AIDS related condition? <i>Adakah apa-apa dalam gaya hidup anda yang menambahkan risiko anda dijangkiti AIDS atau keadaan yang berkaitan dengan AIDS?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Have you or your spouse or partner in the past three months, suffered from any of the following for a continuous period of more than one week:- fatigue, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions? <i>Pernakah anda atau suami/isteri anda atau pasangan anda mengalami keletihan, kehilangan berat badan, cirit-birit, nodus limpa membesar atau lesi kulit luar biasa secara berterusan selama lebih dari satu minggu dalam tempoh tiga bulan yang lepas?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## VI. DATA PROTECTION NOTICE *NOTIS PERLINDUNGAN DATA*

By submitting this form, you are providing personal information to the Company.

*Dengan menghantar borang ini, anda memberi maklumat peribadi kepada Syarikat.*

The Company will be processing your personal information provided in this form and/or further information and data that may be required by the Company either from you or from any third parties.

*Syarikat akan memproses maklumat peribadi anda yang dinyatakan dalam borang ini dan/atau maklumat serta data selanjutnya yang mungkin diperlukan Syarikat sama ada daripada anda atau mana-mana pihak ketiga.*

Your personal information may be used, recorded, stored, disclosed or otherwise processed by or on behalf of the Company (and its successors in title) for the following purposes:

*Maklumat peribadi anda mungkin digunakan, direkodkan, disimpan, didedahkan mahupun diproses sebaliknya oleh Syarikat atau bagi pihak Syarikat (dan penggantinya) bagi tujuan berikut:*

- (a) to carry on insurance business  
*untuk meneruskan perniagaan insurans;*
- (b) for this or any other or further insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service by the Company and other companies within the Company's group of companies (for information, log on to [www.greateasternlife.com](http://www.greateasternlife.com));  
*untuk insurans ini atau insurans lain atau insurans selanjutnya atau produk atau perkhidmatan berkaitan insurans atau sebarang pindaan, variasi, pembatalan atau pembaharuan sebarang produk atau perkhidmatan sedemikian oleh Syarikat dan syarikat lain dalam kumpulan Syarikat (untuk maklumat lanjut, sila layari [www.greateasternlife.com](http://www.greateasternlife.com));*
- (c) research and audit including but not limited to historical and statistical purposes;  
*penyelidikan dan audit yang termasuk serta tidak terhad bagi tujuan sejarah dan statistik;*
- (d) any claim or investigation or analysis of such claim;  
*sebarang tuntutan atau penyiasatan atau analisis untuk tuntutan tersebut;*
- (e) to ascertain your claims history in order to improve claims processing and prevent fraudulent claims;  
*untuk memastikan sejarah tuntutan anda bagi memperbaiki pemprosesan tuntutan dan mengelakkan tuntutan palsu;*
- (f) to exercise any right of subrogation;  
*untuk menjalankan sebarang hak subrogasi;*
- (g) to match any data held by the Company relating to you from time to time;  
*untuk memadankan sebarang data berkaitan anda yang dipegang oleh Syarikat dari semasa ke semasa;*
- (h) direct marketing and general marketing;  
*pemasaran langsung dan pemasaran am;*
- (i) managing and servicing the Company's relationship with you and to provide you with improved customer service; and  
*menguruskan dan memberi perkhidmatan atas hubungan Syarikat dengan anda di samping memberi perkhidmatan pelanggan yang dipertingkatkan; dan*
- (j) if required by law or in good faith, if such action is necessary (i) to comply with any law enforcement, court orders or legal process, and/or (ii) to protect and defend the rights or property of the Company and the Company's group of companies and their users (for information, log on to [www.greateasternlife.com](http://www.greateasternlife.com)).  
*jika diperlukan dari segi undang-undang atau atas niat baik, sekiranya tindakan tersebut diperlukan (i) untuk mematuhi sebarang penguatkuasaan undang-undang, arahan mahkamah atau proses undang-undang, dan/atau (ii) untuk melindungi serta mempertahankan hak atau harta syarikat serta kumpulan Syarikat dan penggunaanya (untuk maklumat lanjut, sila layari [www.greateasternlife.com](http://www.greateasternlife.com)).*

By submitting this application, you consent and authorize the Company to obtain and verify any information about you from you or from any third parties which the Company may require in connection with your application for any of the Company's insurance products or services. Such consent and authorization herein shall extend to any information obtained from any of the insurance policy(ies) presently provided to you, any new application to the Company for insurance, such historical financial or credit records, data or information whether or not provided personally.

*Dengan menghantar permohonan ini, anda bersetuju dan membenarkan Syarikat untuk memperoleh dan mengesahkan sebarang maklumat berkenaan anda daripada anda atau mana-mana pihak ketiga yang mungkin diperlukan Syarikat berhubung dengan permohonan anda untuk sebarang produk atau perkhidmatan insurans Syarikat. Persetujuan dan kebenaran di dalam ini akan melibatkan sebarang maklumat yang diperolehi daripada mana-mana polisi (polisi-polisi) insurans yang disediakan untuk anda pada masa kini, sebarang permohonan baru kepada Syarikat untuk insurans, sejarah rekod kewangan atau kredit, data atau maklumat sama ada disediakan secara peribadi ataupun tidak.*

The information that you have provided to the Company is necessary. If you do not provide the Company with such information, the Company may not be able to provide you with insurance or to respond to any claim.

*Maklumat yang anda beri kepada Syarikat adalah penting. Jika anda tidak menyediakan maklumat tersebut kepada Syarikat, Syarikat mungkin tidak dapat memberi perlindungan insurans atau memberi maklum balas ke atas sebarang tuntutan.*

The Company may disclose and/or provide your personal information to the following parties for the purposes stated above:

*Syarikat mungkin mendedahkan dan/atau memberi maklumat peribadi anda kepada pihak berikut untuk tujuan di atas:*

- (a) the Company's authorised representatives;  
*wakil yang dibenarkan Syarikat;*
- (b) the policyholder and its brokers;  
*pemegang polisi dan/atau broker;*
- (c) third party service providers (who provide administrative, telecommunications, computer, payment, data processing or storage, or other services to the Company in connection with the operation of our business) to fulfill the Company's obligations to you;  
*penyedia perkhidmatan pihak ketiga (yang terlibat dalam pentadbiran, telekomunikasi, komputer, pembayaran, pemprosesan atau penyimpanan data atau perkhidmatan lain untuk Syarikat serta berkaitan dengan operasi perniagaan kami) bagi memenuhi tanggungjawab Syarikat kepada anda;*
- (d) insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance industry regulatory authorities;  
*penyedia insurans, pelaras tuntutan pihak ketiga, perkhidmatan mengesan dan mencegah penipuan, syarikat insurans semula dan pihak berkuasa bagi pengawalan industri;*
- (e) any credit reference agencies or, in the event of default, any debt collection agencies;  
*sebarang agensi rujukan kredit atau jika gagal membuat bayaran, sebarang agensi pengutipan hutang;*

## VI. DATA PROTECTION NOTICE *NOTIS PERLINDUNGAN DATA*

- (f) any insurance rating organizations that collect information about credit history, accident fault, injury description and amounts paid and share it with other insurance companies and others entitled to see it;  
*sebarang organisasi pengkadaran insurans yang mengumpul maklumat berkenaan sejarah kredit, kesilapan tanpa sengaja, huraian kecederaan dan amaun yang dibayar serta berkongsi maklumat tersebut dengan syarikat insurans lain dan pihak lain yang layak melihatnya;*
- (g) any person, who is under a duty of confidentiality and has undertaken to keep such data confidential, which the Company has engaged to fulfill its obligations to you;  
*mana-mana individu yang berperanan untuk menjaga kerahsiaan dan telah berjanji untuk menyimpan rahsia data tersebut, seperti diamanahkan oleh Syarikat untuk memenuhi tanggungjawabnya kepada anda;*
- (h) any actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business;  
*mana-mana penama, penerima pindahan, peserta atau peserta sebahagian yang sebenar atau dicadangkan, yang berhak ke atas Syarikat atau perniagaannya;*
- (i) any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, or industry recognised bodies such as the Life Insurance Association of Malaysia, and where otherwise required by law; and  
*mana-mana individu yang mana Syarikat bertanggungjawab untuk membuat pendedahan mengikut keperluan sebarang undang-undang, aturan, peraturan, kod amalan atau garis panduan yang mengikat ke atas Syarikat termasuk dan tidak terhad kepada mana-mana pengawal atur, badan kerajaan atau badan berkenaan yang diiktiraf industri seperti Persatuan Insurans Hayat Malaysia dan apabila diperlukan undang-undang; dan*
- (j) other companies in the Company's group of companies (for information, please log on to [www.greateasternlife.com](http://www.greateasternlife.com)) including those located outside Malaysia.  
*syarikat lain dalam kumpulan Syarikat (untuk maklumat, sila layari [www.greateasternlife.com](http://www.greateasternlife.com)) termasuk syarikat yang terletak di luar Malaysia.*

In the event that your proposal is accepted, you may be eligible for enrolment into the Company's Live Great Programme (subject to your company's entitled hospital benefit programme), the terms and conditions for which can be found at [livegreat.greateasternlife.com](http://livegreat.greateasternlife.com). Your personal information will be used for the Company to send you materials in connection with the Live Great Programme and/or information about products and services offered by selected third parties under the Live Great Programme, but in doing so the Company maintains control over your personal information and will not disclose your personal information to such third parties.

*Sekiranya cadangan anda diterima, anda mungkin layak menyertai Program Live Great Syarikat (tertakluk kepada program manfaat hospital yang diberi oleh Syarikat anda), terma dan syarat boleh didapati di [livegreat.greateasternlife.com](http://livegreat.greateasternlife.com). Maklumat peribadi anda akan digunakan Syarikat untuk menghantar barangan berkaitan Program Live Great dan/atau maklumat berkenaan produk serta perkhidmatan yang ditawarkan pihak ketiga terpilih di bawah Program Live Great, namun Syarikat tetap mengehadkan maklumat peribadi anda dan tidak akan mendedahkan maklumat peribadi anda kepada pihak ketiga tersebut.*

You may access certain personal information held by the Company based on the applicable data protection laws of Malaysia. You may access your personal information at any time by calling Customer Service Care at 1 300 -1 300 88 or visiting the eConnect Portal at <https://econnect.lifeisgreat.com.my>. If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our Customer Service Careline at 1 300 -1 300 88 or our Privacy Officer at +603 4813 3796 or write to the Company.

*Anda boleh melakukan capaian ke atas sesetengah maklumat peribadi yang dipegang Syarikat berdasarkan undang-undang perlindungan data yang boleh didapati di Malaysia. Anda boleh melakukan capaian ke atas maklumat peribadi anda pada bila-bila masa dengan menghubungi Customer Service Careline di 1 300 -1 300 88 atau melayari eConnect Portal di <https://econnect.lifeisgreat.com.my>. Jika anda mempunyai sebarang pertanyaan atau aduan (seperti menghadkan pemprosesan sesetengah maklumat, termasuk menarik balik kebenaran untuk menerima maklumat pemasaran), anda boleh menghubungi talian Customer Service Care di 1 300 - 1 300 88 atau Pegawai Kerahsiaan kami di +603 4813 3796 atau menulis kepada Syarikat.*

The Company may charge a reasonable fee for access. If you can show that the personal information held by the Company is not accurate, complete and up to date, the Company will take reasonable steps to ensure it is accurate, complete and up to date upon receiving your verification/feedback.

*Syarikat mungkin mengenakan bayaran yang berpatutan untuk melakukan capaian. Jika anda boleh menunjukkan bahawa maklumat peribadi yang dipegang Syarikat adalah tidak tepat, tidak lengkap dan tidak dikemas kini, Syarikat akan mengambil langkah munasabah untuk memastikan maklumat adalah tepat, lengkap dan dikemas kini setelah menerima pengesahan/maklum balas anda.*

For more information on how the Company deals with your personal information, please log on to [www.greateasternlife.com](http://www.greateasternlife.com) and read the Company's Client Charter and Privacy Policy or contact the Company's Sales Agent/the FAR/Authorized Representative for a copy.

*Untuk maklumat lanjut bagaimana Syarikat menggunakan maklumat peribadi anda, sila layari [www.greateasternlife.com](http://www.greateasternlife.com) dan baca Piagam Pelanggan Syarikat dan Polisi Privasi atau hubungi Ejen Jualan/Penasihat Kewangan/Wakil yang Dibenarkan bagi mendapatkan salinan.*

The Company may review and update this Data Protection Notice from time to time to reflect changes in the law, changes in the Company's business practices, procedures and structure, and changes in the community's privacy expectations. It is not generally feasible to notify you of changes to this Data Protection Notice and as such, you can log on to [www.greateasternlife.com](http://www.greateasternlife.com) or contact the Company's Privacy Officer to obtain the latest version of the Data Protection Notice at any time.

*Syarikat mungkin menyemak semula dan mengemas kini Notis Perlindungan Data ini dari semasa ke semasa disebabkan perubahan undang-undang, perubahan dalam amalan perniagaan, prosedur dan struktur Syarikat serta perubahan terhadap jangkaan tahap privasi oleh masyarakat. Kami mungkin tidak dapat memaklumkan anda terhadap perubahan bagi Notis Perlindungan Data ini, oleh itu, anda boleh melayari [www.greateasternlife.com](http://www.greateasternlife.com) atau menghubungi Pegawai Privasi Syarikat bagi mendapatkan versi terkini Notis Perlindungan Data pada bila-bila masa.*

By signing this form you consent to such use of your personal information including sensitive personal data.

*Dengan menandatangani borang ini, anda membenarkan penggunaan maklumat peribadi anda termasuklah data peribadi yang sensitif.*

## VII. DECLARATION BY LIFE TO BE ASSURED / APPLICANT *PENGAKUAN HAYAT YANG DIASURANSKAN / PEMOHON*

1. I/We hereby authorize any doctor, medical practitioner, physician, hospital, laboratory, surgeon, nurse, medical staff, clinic, insurance company, organization or institution, that has any records or knowledge of me/us or my/our health, to disclose to the Company or its representative any information about me/us, my/our health, medical history and any hospitalization, advice treatment, disease or ailment, and I/we authorize the Company and its representative to give and release any such information to any party to process this application and for the administration, analysis or processing of claim. A photocopy of this authorization shall be effective and valid as the original.  
*Dengan ini saya/kami membenarkan mana-mana doktor, pengamal perubatan, pakar perubatan, hospital, makmal, pakar bedah, jururawat, kakitangan perubatan, klinik, syarikat insurans, organisasi atau institut yang mempunyai sebarang rekod atau pengetahuan berkenaan saya/kami atau kesihatan saya/kami, untuk mendedahkan sebarang maklumat kepada Syarikat atau wakilnya berkenaan saya/kami, kesihatan saya/kami, sejarah perubatan dan sebarang kemasukan hospital, nasihat rawatan, penyakit atau sakit, dan saya/kami membenarkan Syarikat dan wakilnya untuk memberi dan mengeluarkan sebarang maklumat kepada mana-mana pihak bagi memproses permohonan ini dan tujuan pentadbiran, analisis atau memproses tuntutan. Salinan fotostat pengesahan ini adalah berkuat kuasa dan sah seperti asal.*
2. All the foregoing statements and answers in this proposal form together with any other documents or questionnaires submitted in connection with this proposal form and all statements made and answers given to the Company's medical examiner(s), are complete and accurate ("the Information") and I understand that the Information given by me is relevant to the Company in deciding whether to accept my proposal or not and the rates and terms to be applied. The Company may terminate or void the policy contract (if issued), deny or reduce my claim, or change or vary the terms of the policy contract, if there is any non-disclosure, misrepresentation, misstatement, inaccuracy or omission.  
*Semua kenyataan dan jawapan dalam borang cadangan bersama-sama dokumen yang lain atau borang soal selidik yang dihantar berkaitan dengan borang cadangan ini dan semua kenyataan dan jawapan yang diberi kepada pemeriksa perubatan syarikat, adalah lengkap dan tepat dan saya faham bahawa maklumat yang saya beri adalah relevan kepada Syarikat bagi menentukan sama ada cadangan saya diterima atau tidak dan syarat yang akan dikenakan. Syarikat boleh menamatkan atau membatalkan kontrak polisi (jika dikeluarkan), menafikan atau mengurangkan tuntutan saya atau mengubah atau menukar syarat kontrak polisi jika terdapat sebarang perkara yang tidak didedahkan, kenyataan yang salah, ketidaktepatan atau tertinggal.*
3. I/We hereby confirm that save for the relevant sales brochures, sales illustrations and documents duly authorised by the Company, your agent has not given me/us any document or information to induce me/us to enter into a contract of assurance with your Company.  
*Dengan ini saya/kami mengesahkan bahawa selain risalah, ilustrasi jualan dan dokumen berkaitan yang telah diluluskan Syarikat, ejen tidak memberi sebarang dokumen atau maklumat lain yang mendorong saya/kami untuk membuat kontrak asurans dengan Syarikat anda.*
4. I/We hereby declare that all the statements and information given in this proposal form are true and complete as at the date hereof, and that I/we have given to your agent no other information in connection with this proposal form, except that written on or attached to this proposal form. I acknowledge and agree that only the information given in this form shall be relied on by the Company for the purpose of considering my application for insurance, and that no other information previously provided to the Company, directly or indirectly, shall be taken to have been disclosed to the Company for the purpose of this application for insurance.  
*Saya/Kami mengaku bahawa semua kenyataan dan maklumat yang diberi dalam borang cadangan ini adalah benar dan lengkap pada tarikh yang dinyatakan serta saya/kami tidak memberikan ejen anda maklumat lain yang tidak berkaitan dengan borang cadangan ini kecuali secara bertulis atau dilampirkan bersama borang cadangan ini. Saya mengaku dan bersetuju bahawa Syarikat hendaklah bergantung kepada maklumat yang diberi dalam borang ini semata-mata untuk mempertimbangkan permohonan insurans saya dan bukan maklumat lain yang pernah diberi kepada Syarikat sebelum ini, secara langsung atau tidak langsung dan dianggap sebagai telah mendedahkannya kepada Syarikat bagi tujuan permohonan insurans ini.*
5. The company must be informed of any material change in the state of my/our health or in the circumstances affecting the risk between the date of the proposal and the date the Company is on risk, the Company will then have the right to withdraw the acceptance or modify the terms of acceptance.  
*Pihak syarikat mestilah dimaklumkan mengenai sebarang perubahan berhubung kesihatan saya/kami atau dalam keadaan yang mengakibatkan risiko antara tarikh cadangan dan tarikh syarikat adalah dalam risiko, pihak setrusnya akan berhak menolak penerimaan atau perubahan syarat-syarat penerimaan.*
6. In the event the Company becomes aware that I am or have become a prohibited person, namely a person or an entity who is subject to sanction pursuant to any laws and/or regulations, administered by any governmental, regulatory or competent authority, or any law enforcement in any country; I agree that the Company may terminate and/or void the policy issued hereunder with immediate effect or from inception, as applicable at the sole discretion of the Company. Subject always to all applicable laws and/or regulatory requirements, the Company shall not thereafter be required to transact any business with me in connection with the policy, including but not limited to, making or receiving any payments under the policy or proposal submitted. Similarly, in the event the Company becomes aware that any of the Life Insured, Trustee, Assignee, Nominee and/or Beneficial Owner named in or connected with the policy, named in or connected with the policy, is or has become a prohibited person, I agree that the Company may terminate and/or void the policy with immediate effect or from inception, as applicable at the sole discretion of the Company; and subject always to all applicable laws and/or regulatory requirements, the Company shall not thereafter be required to transact any business in connection with the policy, including but not limited to, making or receiving any payments under the policy or proposal submitted. *Sekiranya Syarikat menyedari bahawa saya atau telah menjadi orang yang dilarang, iaitu orang atau entiti yang dikenakan hukuman menurut mana-mana undang-undang dan/atau peraturan-peraturan yang ditadbir oleh mana-mana pihak berkuasa kerajaan, peraturan atau yang berwajib, atau mana-mana penguatkuasaan undang-undang di mana-mana negara; Saya bersetuju bahawa Syarikat boleh menamatkan dan/atau membatalkan polisi yang dikeluarkan dengan serta-merta atau dari permulaan, seperti yang berkenaan mengikut budi bicara Syarikat. Sentiasa tertakluk kepada semua undang-undang dan/atau keperluan undang-undang. Selepas itu, Syarikat tidak perlu menjalankan sebarang perniagaan berkaitan dengan polisi tersebut dengan saya, termasuklah dan tidak terhad kepada, membuat atau menerima apa-apa bayaran di bawah polisi atau cadangan yang dikemukakan. Begitu juga, sekiranya Syarikat itu menyedari bahawa mana-mana Hayat yang Diasuranskan, Pemegang Amanah, Penerima, Penama dan/atau Pemunya Benefisial yang dinamakan dalam atau berkaitan dengan polisi, yang dinamakan dalam atau berkaitan dengan polisi, adalah atau telah menjadi orang yang dilarang, saya bersetuju bahawa Syarikat boleh menamatkan dan/atau membatalkan polisi itu dengan berkuatkuasa serta-merta atau dari permulaan, seperti yang berkenaan mengikut budi bicara Syarikat dan tertakluk kepada semua undang-undang dan/atau peraturan yang berkenaan, selepas itu, Syarikat tidak perlu menjalankan sebarang urusan berkaitan dengan polisi tersebut, termasuklah tetapi tidak terhad kepada, membuat atau menerima apa-apa bayaran di bawah polisi atau cadangan yang dikemukakan.*
7. I/We declare that any funds and/or assets I/we place with the Company, as well as any profits that they generate, comply with the tax laws of the country(ies) where I/we am/are resident(s), as well as the tax laws of the country(ies) of which I/we am/are citizen(s).  
*Saya/Kami mengisytiharkan bahawa mana-mana dana dan/atau aset yang saya/kami tempatkan dengan Syarikat, serta apa-apa keuntungan yang diperolehi, mematuhi undang-undang cukai negara (negara-negara lain) yang mana saya/kami bermastautin, serta undang-undang cukai negara (negara-negara lain) yang saya/kami merupakan warganegara.*



## VII. DECLARATION BY LIFE TO BE ASSURED / APPLICANT *PENGAKUAN HAYAT YANG DIASURANSKAN / PEMOHON*

### 8. **FATCA (US Foreign Account Tax Compliance Act) related clauses:**

#### *Fasal berkaitan FATCA (Akta Pematuhan Cukai Akaun Luar Negara Amerika Syarikat):*

I/We agree that I/we will update the Company promptly of any change or addition to the information provided herein about me/us, the life assured, the beneficiary named in this proposal or of the policy and any other relevant persons (if any, and collectively with the life assured and the beneficiary the "Relevant Persons") as the Company may reasonably require. I/We further agree, and represent to the Company that each Relevant Person has agreed when information about him is provided to the Company, that the Company may disclose such information for the purpose of its compliance with any applicable rules, laws and regulations, codes of practice or guidelines or to assist in law enforcement and investigations by relevant authorities.

*Saya/Kami bersetuju bahawa saya/kami akan memaklumkan Syarikat dengan segera jika terdapat sebarang perubahan atau pertambahan maklumat yang diberi di dalam ini berkenaan saya/kami, hayat yang diasuranskan, benefisiari yang dinamakan dalam cadangan ini atau polisi dan sebarang individu lain yang relevan (jika ada dan secara kolektif dengan hayat yang diasuranskan dan benefisiari "Individu yang Relevan") seperti yang mungkin diperlukan Syarikat. Selanjutnya, saya/kami bersetuju dan mewakili Syarikat bahawa setiap Individu yang Relevan telah bersetuju ke atas maklumat berkenaan dirinya yang diberi kepada Syarikat, bahawa Syarikat mungkin mendedahkan maklumat tersebut bagi tujuan pematuhan dengan sebarang peraturan, undang-undang dan pengawalan, kod amalan atau garis panduan atau membantu dalam penguatkuasaan undang-undang serta penyiasatan yang berkenaan oleh pihak berkuasa yang berkenaan.*

I/We understand that the Company will not be liable for any costs or losses that may be incurred to me/us or any of the Relevant Persons due to actions of the Company permitted herein. In this connection, I/We agree to indemnify the Company against all claims of the Relevant Persons for the aforesaid costs or losses. I/We further understand that my/our failure to fulfill any of the obligations herein, or any of untrue or inaccurate representations given herein, will entitle the Company to deduct or withhold such amount from any payment payable under the relevant policy, and/or to terminate the policy without being held liable, to the extent permitted by law, and I/we will indemnify the Company against all costs and losses that may be incurred to it therefrom.

*Saya/Kami faham bahawa Syarikat tidak akan bertanggungjawab ke atas sebarang kos atau kerugian yang mungkin ditanggung oleh saya/kami atau mana-mana Individu yang Relevan disebabkan tindakan Syarikat yang dibenarkan di dalam ini. Sehubungan itu, saya/kami bersetuju untuk membayar ganti rugi kepada Syarikat terhadap semua tuntutan bagi Individu yang Relevan untuk kos atau kerugian yang dinyatakan di atas. Saya/Kami juga faham bahawa kegagalan saya/kami untuk memenuhi sebarang kewajipan di dalam ini atau sebarang representasi yang tidak benar atau tidak tepat di dalam ini akan melayakkan Syarikat untuk menolak atau menahan amaun tersebut daripada membuat sebarang bayaran yang boleh dibayar di bawah polisi yang relevan dan/atau menamatkan polisi tanpa sebarang tanggungjawab, mengikut tahap yang dibenarkan undang-undang dan saya/kami akan membayar ganti rugi kepada Syarikat ke atas semua kos dan kerugian yang mungkin ditanggung akibat daripadanya.*

I/We agree to complete and sign such documents and do such things for purposes reasonably required by the Company to evaluate my/our proposal and to provide the products or services which I am/we are applying for.

*Saya/Kami bersetuju untuk melengkapkan dan menandatangani dokumen tersebut serta melakukannya atas tujuan yang diperlukan Syarikat bagi menilai cadangan saya/kami dan menyediakan produk atau perkhidmatan yang saya/kami pohon.*

Are you a US tax obligated person?

*Adakah anda seorang yang layak dikenakan cukai mengikut kewajipan AS?*

**Life to be Assured** *Hayat yang Diasuranskan*

☐ Yes Ya ☐ No Tidak

**Applicant** *Pemohon*

☐ Yes Ya ☐ No Tidak

Note: If Yes, please provide the completed relevant US IRS documents.

*Nota: Jika Ya, sila berikan dokumen-dokumen IRS AS yang berkaitan dengan lengkap.*

I/We would like to receive updates and information about the company, products, services, promotions, charitable causes or other marketing information from relevant third parties of the Company.

*Saya/Kami ingin menerima berita dan maklumat terkini berkenaan syarikat, produk, perkhidmatan, promosi, perihal kebajikan atau maklumat pemasaran lain dari pihak ketiga yang relevan dengan syarikat.*

☐ Please tick if applicable  
*Sila tandakan jika berkenaan*

I/We have fully read and understood the Data Protection Notice above and I/we agree that the Company may process the personal information in the manner set out in the said Notice.

*Saya/Kami telah membaca dan memahami sepenuhnya Notis Perlindungan Data di atas dan saya/kami bersetuju bahawa Syarikat boleh memproses maklumat peribadi dengan cara yang dinyatakan dalam Notis di atas.*

## VII. DECLARATION BY LIFE TO BE ASSURED / APPLICANT *PENGAKUAN HAYAT YANG DIASURANSKAN / PEMOHON*

Date  
Tarikh

		/			/				
Day Hari			Month Bulan			Year Tahun			

Signature of Applicant  
Tandatangan Pemohon

Signature of Spouse  
Tandatangan Suami/Isteri

### Mode of Payment *Cara Pembayaran (Sila Pilih Satu - A atau B)*

- A ☐ Salary Deduction.** Authorized for Salary Deduction as Premium Contribution by **Biro Perkhidmatan Angkasa**.  
Authorization Letter for Salary Deduction as Monthly Premium Contribution to Great Eastern Life Assurance (Malaysia) Berhad (93745-A) under NUTP Health Care Scheme.  
I, \_\_\_\_\_, I/C No. \_\_\_\_\_ hereby authorize to deduct from my monthly salary each month as monthly premium contribution under the scheme as above until otherwise advised from me to NUTP/KPPK.  
**Pemotongan Gaji.** Pemberian kuasa untuk Pemotongan Gaji bagi caruman premium oleh **Biro Perkhidmatan Angkasa**.  
Surat Pemberian Kuasa untuk Pemotongan Gaji sebagai caruman premium bulanan kepada Great Eastern Life Assurance (M) Berhad (93745-A) di bawah Skim NUTP Health Care  
Saya, \_\_\_\_\_, No. KP \_\_\_\_\_ dengan ini membenarkan premium dipotong daripada gaji bulanan saya sebagai caruman premium bulanan untuk skim di atas sehingga diberitahu kelak kepada NUTP/KPPK.
- B ☐ Contribution Payable by Cash / Cheque / Money Order** (valid until 31 December)  
All payment must be made in the name of **Great Eastern Life Assurance (Malaysia) Berhad**. Total payable premium begins from this month onwards until 31 December of the same year. Renewal must be done before 1 January of each following year. Please send the cheque or Money Order to **Tony Ng & Associates: 39 Lebuhr Bishop 10200 Penang**.  
**Bayaran secara Tunai / Cek / Wang Pos** (sah sehingga 31 Disember)  
Bayaran mesti atas nama **Great Eastern Life Assurance (M) Berhad**. Jumlah premium berbayar dikira bermula dari bulan ini sehingga 31 Disember tahun ini. Pembaharuan mesti dijelaskan sebelum 01 Januari tahun yang berikutnya. Sila hantar cek atau wang pos ke **Tony Ng & Associates: 39 Lebuhr Bishop 10200 Penang**.

Date  
Tarikh

		/			/				
Day Hari			Month Bulan			Year Tahun			

Member's Signature  
Tandatangan Ahli

#### Pertanyaan untuk manfaat skim:

Tony Ng & Associates (Group Sales Manager)  
Great Eastern Life Assurance (M) Berhad, 39, (1st Floor) Lebuhr Bishop, 10200, P. Pinang.  
Tel: 04-262 8998 (4 Hunting Lines) Fax: 04-263 1321 Tel Bimbit: 016-415 8889 atau 019-447 4448  
Website: www.tonyng.com.my Email: tonyge2@gmail.com

Claim Enquiries / Tuntutan  
Great Eastern Life  
1-300-1-300-18

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

Name of Financial Service Provider : Great Eastern Life Assurance (Malaysia) Berhad ("the Company")  
 Name of Product : Group Yearly Renewable Hospitalisation and Surgical Plan  
 Name of Master Policyholder : Kesatuan Perkhidmatan Perguruan Kebangsaan  
 Name of customer :  
 Date :

### 1. What is this product about?

Group Yearly Renewable Hospitalisation and Surgical Plan is a yearly renewable medical insurance plan that provides coverage for medical expenses incurred due to accidental injury or illness covered under the plan.

### 2. What are the covers / benefits provided?

There is only One (1) Plan with a daily Room and Board rate of RM200.

Note:

- a. Yearly renewable, and its renewability is not guaranteed.

Schedule of Benefits:

Item	Insured Benefits	PLAN A RNB200 (RM)
1	Hospital Room and Board (R&B) (Limit per day, subject to a maximum of 150 days per disability)	200
2	Intensive Care Unit (ICU) (Limit per day, subject to a maximum of 75 per any one disability)	400
3	Surgical Benefit (Maximum per any One Disability not subject to the Schedule Operations and Benefit)	37,500
	Anaesthetist's Fees	11,250
4	Hospital Supplies and Services (Maximum any One Disability)	As charged subject to Overall Aggregate Limit.
5	In Hospital Physician Visit (Maximum per any One Disability, Max 60 days)	Reimbursement of Reasonable and Customary Charges which is consistent with those usually charged to a ward or Room and Board accommodation which is approximate to and within the daily limit of the amount stated in Hospital Room and Board benefit under the plan insured.
6	Emergency Accident Outpatient Treatment (follow-up within 31 days)	
7	Pre-Hospitalisation Specialist Consultation Benefit (Within 60 days before hospitalisation)	
8	Pre-hospitalisation Diagnostic Test (Within 60 days before hospitalisation)	
9	Post-Hospitalisation Treatment (Within 31 days after hospital discharge)	Subject to RM200 deductible and 10% co-insurance, maximum out of pocket RM1,000 per eligible claim.
10	Outpatient Physiotherapy Treatment	
11	Ambulance Fees	200
12	Daily-Cash Allowance at Government Hospital (Maximum 150 days of confinement per policy year)	100
13	Medical Report	80
14	Monthly Outpatient Kidney Dialysis & Cancer Treatment	4,000
15	Organ Transplant	35,000
16	Overall Limit Per Disability 16.1 Per Member (Malaysia) 16.2 Per Member (Outside Malaysia)	50,000 80,000
	Annual Limit Per Family 16.3 Per Family (Malaysia) 16.4 Per Family (Outside Malaysia)	100,000 200,000
17	International SOS (Emergency Assistance Services)	In accordance with the benefit provisions in International SOS contract

**3. How much premium do I have to pay?****Monthly Premium Rate Table:**

Age (age next birthday)	Individual	*Family	Child Premium
18 - 55	RM 40.28	RM 85.86	RM12.72 per child per month. Children between 30 days and 19 years (23 if fulltime studying) of age next birthday.
56 - 60	RM 77.38	RM177.02	
61 - 65	RM108.12	RM258.64	
66 - 70	RM325.42	RM645.54	

\*Family refers to individual + spouse or individual + child, subject to additional RM12.72/month per child.

- The premium rates shown above are based on standard lives and subject to change annually.
- The premium is inclusive of 6% Goods and Services Tax.
- Annual Premiums must be paid yearly for continued protection.
- The premium you need to pay shall depend on the plan chosen, coverage type, i.e. individual or family, the attained age of the older applicant, be it proposer and/or spouse of proposer (if spouse is insured)
- In the event if child is insured, an addition of RM12.72 per child per month is charged to the standard premium of plan and coverage type chosen.
- Premium varies by age band and is calculated based on the attained age next birthday at each policy anniversary. However, the premium is non-guaranteed.
- The premium that you have to pay and the policy terms may vary depending on the underwriting requirements of the Company.

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

Type	Amount
- Goods and Services tax	6% of Total Gross Premium
- Commission paid to intermediary	10% of Total Gross Premium

Age (age next birthday)	Commission			Goods & Services Tax		
	Individual	*Family	Child	Individual	*Family	Child
18 - 55	RM 3.80/month	RM 8.10/month	RM1.20 per child per month	RM 2.28/month	RM 4.86/month	RM0.72 per child per month
56 - 60	RM 7.30/month	RM16.70/month		RM 4.38/month	RM10.02/month	
61 - 65	RM 10.20/month	RM24.40/month		RM 6.12/month	RM14.64/month	
66 - 70	RM30.70/month	RM60.90/month		RM18.42/month	RM36.54/month	

\*Family refers to individual + spouse or individual + child, subject to additional RM12.72/month per child.

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

- Importance of disclosure - you must disclose all material facts such as medical condition, your occupation and personal pursuits, which would affect your risk profile, and state your age correctly.
- Free-look period - you may cancel your plan within 15 days after you have received this plan. The premiums that you have paid (less any medical fee incurred) will be refunded to you.
- Waiting period - the eligibility for insured benefits due to illness will only start 30 days after the effective date of this plan. For specified illness, 120 days waiting period applies.
- Deductible, RM200 and 10% co-insurance for insured benefits, where applicable up to maximum of RM1000 per eligible claim.
- Grace period - there is no grace period and your plan will lapse if you do not pay your premiums at the end of the policy period.
- Coordination of benefits - the Company will provide compensation on a proportionate basis if you have any other hospitalization coverage on reimbursement basis with us or others, or is receiving compensation from either sources for injury or illness or disease.
- Validity - The proposal form is valid for a period of six (6) months from date of proposal.
- The Company reserves the right to amend the terms and provisions of the Policy by giving a 30 days prior notice in writing by ordinary post to the Policyholder's last known address in the Company's record, and such amendment will be applicable from the next Policy Anniversary Date. No alteration to the Policy shall be valid unless authorized by the Company and such approval is endorsed thereon.

**Note:** This list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this plan. The custodian of the master policy contract is Kesatuan Perkhidmatan Perguruan Kebangsaan.

**6. What are the major exclusions under this plan?**

- Pre-existing illness;
- specified illness occurring within first 120 days from the effective date of this plan;
- Any medical treatment outside Malaysia, if you reside or travel outside Malaysia for more than 90 consecutive days.

**Note:** This list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this plan. The custodian of the master policy contract is Kesatuan Perkhidmatan Perguruan Kebangsaan.

**7. Can I cancel my plan?**

You may cancel your plan by giving a written notice to the Company. Upon cancellation, you are entitled to a certain amount of refund of the unexpired premium paid provided that you have not made a claim on the plan.



**8. What do I need to do if there are changes to my contact details?**

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

**9. Where can I get further information?**

Should you require additional information, please refer to the relevant insuranceinfo booklet available at all our branches or you can obtain a copy from the insurance agent or visit [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my).

If you have any enquiries, please contact us at:

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

Head Office	: Menara Great Eastern 303, Jalan Ampang 50450 Kuala Lumpur.
Tel	: (603) 4813 3807
Fax	: (603) 4259 8899
E-mail	: grouplife@lifeisgreat.com

**10. Other similar types of cover available**

- You may check with your agent or contact the Company directly for similar types of cover available currently.

**IMPORTANT NOTE:**

**YOU SHOULD SATISFY THAT THIS PLAN WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH YOUR AGENT OR CONTACT THE COMPANY DIRECTLY FOR MORE INFORMATION.**

The information provided in this disclosure sheet is valid as at j - j - j - j - j - j - j - j - j -

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

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