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THE BENEFIT(S) PAYABLE UNDER ELIGIBLE CERTIFICATE IS PROTECTED BY PERBADANAN INSURANS DEPOSIT MALAYSIA (PIDM) UP TO LIMITS. PLEASE REFER TO PIDM'S TAKAFUL AND INSURANCE BENEFITS PROTECTION SYSTEM ("TIPS") BROCHURE OR CONTACT TAKAFUL MALAYSIA OR PIDM (VISIT WWW.PIDM.GOV.MY).

You as named in the e-Certificate Information Page (“e-CIP”) agree to participate in Takaful Malaysia Budi (hereinafter referred to as the “Basic Certificate”) and pay the Contribution into the Participant Account (“PA”) and the Investment-Linked Fund (“ILF”) (only if a single contribution top-up is made and/or *mySaver* is attached to Your Certificate). You also agree to donate a portion of the Contribution into the Participant Special Account (hereinafter referred to as “Risk Fund”) based on Tabarru’ according to the rates specified in this Certificate Wording.

You authorize Us based on Wakalah to manage the PA, Risk Fund and ILF and allow Us to receive the Wakalah fee, Fund Management Charge, Service Charge and a portion of investment profit arising from the PA as a performance incentive based on Ju’alah according to the rates specified in this Certificate Wording.

You agree that a portion of the distributable surplus arising from the Risk Fund will be distributed to eligible participants and a portion of the distributable surplus will be received by Us as a performance incentive based on Ju’alah. If the Risk Fund is in deficit, an interest-free loan will be provided by Us to the Risk Fund based on Qard.

DEFINITIONS

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

- 1.1 **“AGE AT ENTRY”** means the Person Covered’s age next birthday determined from the Commencement Date.
- 1.2 **“A-LEVEL”** refers to “Advanced Level”, which is the most widely recognized pre-university qualification worldwide, based on the United Kingdom education system.
- 1.3 **“ALLOCATED CONTRIBUTION”** means the single contribution top-up or the Regular Contribution Top-Up after deducting the Wakalah fee.
- 1.4 **“ATTAINED AGE”** means the Person Covered’s Age at Entry plus the number of Certificate Year from the Commencement Date.
- 1.5 **“BUSINESS DAY”** refers to a day (not being a Saturday, Sunday or a Public Holiday in Kuala Lumpur, Malaysia) on which Our head office is open for business in Malaysia and any reference to a “day”, “week”, “month” or “year” is to that day, week, month or year in accordance with the Gregorian calendar.
- 1.6 **“CERTIFICATE”** means this Certificate Wording, e-CIP, any Endorsement, any annexure, and any amendment to it that is signed by Our authorized officer.
- 1.7 **“CERTIFICATE ANNIVERSARY”** means the anniversary of the Commencement Date.
- 1.8 **“CERTIFICATE YEAR”** means the one (1) year period including the Commencement Date and immediately following that date. Each succeeding Certificate Year is the one (1) year period from the Certificate Anniversary to the next Certificate Anniversary.
- 1.9 **“COMMENCEMENT DATE”** means the Commencement Date, in respect of the benefits provided, as stated in the e-CIP or in a subsequent Endorsement issued by Us. However, Your coverage will only be effective from the Risk Effective Date.

- 1.10** **"CONTRIBUTION"** means the regular Contribution to be paid by You under Your Certificate or in a subsequent Endorsement issued by Us, in respect of the benefits provided, as stated in the e-CIP.
- 1.11** **"CONTRIBUTION PAYMENT TERM"** means the duration in which the Contribution is to be payable under Your Certificate or in a subsequent Endorsement issued by Us, in respect of the benefits provided, as stated in the e-CIP.
- 1.12** **"COVERAGE TERM"** means the duration from the Commencement Date up to the Expiry Date of the coverage under Your Certificate or in a subsequent Endorsement issued by Us, in respect of the benefits provided, as stated in the e-CIP.
- 1.13** **"e-CERTIFICATE INFORMATION PAGE"** and **"e-CIP"** means the document which contains the Participant, the Person Covered's information and details of the Takaful coverage.
- 1.14** **"ENDORSEMENT"** means written evidence of any amendment, variation or changes made to Your Certificate.
- 1.15** **"EXPIRY DATE"** means the Expiry Date / maturity date, in respect of the benefits provided, as stated in the e-CIP or in a subsequent Endorsement issued by Us on which the Person Covered's coverage under Your Certificate has ceased accordingly.
- 1.16** **"FUND APPORTIONMENT"** means the apportionment(s) of the Allocated Contribution into each ILF.
- 1.17** **"FUND MANAGEMENT CHARGE"** refers to charges imposed on Your Certificate for services rendered by Us in managing the ILF(s).
- 1.18** **"GCSE"** refers to General Certificate of Secondary Education on which examinations and qualifications are jointly set and administered by the following five (5) examination boards named as Assessment and Qualifications Alliance (AQA), Oxford, Cambridge and RSA Examinations (OCR), Pearson Edexcel, Welsh Joint Education Committee (WJEC) and Council for the Curriculum, Examinations & Assessment (CCEA).
- 1.19** **"HIBAH"** refers to a transfer of ownership of an asset from a donor to a recipient(s) without any consideration. Under Your Certificate, the benefits payable from the Risk Fund is based on Hibah. The nominee(s) may receive the benefits payable under Your Certificate if the nominee(s) is / are a beneficiary(ies) under conditional Hibah.
- 1.20** **"INVESTMENT-LINKED FUND"** or **"ILF(s)"** refers to a fund established for the purpose of investment into which the single contribution top-up and Regular Contribution Top-Up will be credited.
- 1.21** **"JU'ALAH"** refers to a contract where a party offers a specified reward to another party who achieved a determined result. Under Your Certificate, You allow Us to receive a portion of investment profit arising from the PA and a portion of distributable surplus arising from the Risk Fund as a performance incentive for Our achievement in managing the PA and Risk Fund which results in the profit and surplus.
- 1.22** **"MONTHLY ANNIVERSARY"** refers to the day in any subsequent calendar month where the day corresponds numerically with the Commencement Date. In the event that there is no day in the subsequent calendar month corresponding numerically with the Commencement Date, the Monthly Anniversary in that subsequent calendar month shall be the last date in that subsequent calendar month.
- 1.23** **"NET ASSET VALUE"** or **"NAV"** means the net value of an investment fund's assets less its liabilities.
- 1.24** **"PARTICIPANT"** refers to the certificate owner of this Certificate as stated in the e-CIP.

- 1.25** **"PARTICIPANT ACCOUNT"** or **"PA"** refers to a fund established for the purpose of investment into which the Contribution will be credited. This fund is individually owned by You.
- 1.26** **"PARTICIPANT SPECIAL ACCOUNT"** or **"RISK FUND"** refers to a fund established to pool portion of Contributions paid by participants, through deduction from the PA, on the basis of Tabarru' for the purpose of meeting claims associated with events or risks specified in this Certificate Wording. This fund is collectively owned by the pool of participants.
- 1.27** **"PERMISSIBLE TAKAFUL INTEREST"** means a concept that describes the relationship or interest between You and the Person Covered; where a loss of the Person Covered will result in Your financial loss.
- 1.28** **"PERSON COVERED"** refers to the person who is covered under this Certificate as stated in the e-CIP.
- 1.29** **"QARD"** refers to a loan without any interest. Under Your Certificate, We will lend an amount of money to the Risk Fund without interest if the Risk Fund is in deficit to pay claim.
- 1.30** **"REGULAR CONTRIBUTION TOP-UP"** means the regular Contribution to be paid by You as stated in the e-CIP in respect to *mySaver*, if applicable, or in a subsequent Endorsement issued by Us.
- 1.31** **"REINSTATEMENT DATE"** means the date when Your application for reinstatement is approved by Us.
- 1.32** **"RIDER"** means the additional benefits that You can attach to Your Certificate, as stated in the e-CIP, any Endorsement or any annexure.
- 1.33** **"RISK EFFECTIVE DATE"** means the Risk Effective Date, in respect of the benefits provided, as stated in the e-CIP or in a subsequent Endorsement issued by Us, on which the risk coverage of the Person Covered under Your Certificate has become effective.
- 1.34** **"SERVICE CHARGE"** refers to the administration charges imposed for managing Your Certificate.
- 1.35** **"SHARIAH"** refers to Islamic laws, rulings, and teachings. In the context of Your Certificate, "Shariah" shall refer to Islamic laws, rulings, and teachings applicable to Takaful business and products.
- 1.36** **"SPM"** refers to Sijil Pelajaran Malaysia as set and examined by Lembaga Peperiksaan Malaysia, Kementerian Pendidikan Malaysia.
- 1.37** **"STAM"** refers to Sijil Tinggi Agama Malaysia which is jointly organised and conducted by Jabatan Kemajuan Islam Malaysia and Lembaga Peperiksaan, Kementerian Pendidikan Malaysia.
- 1.38** **"STPM"** refers to Sijil Tinggi Persekolahan Malaysia as set and examined by Majlis Peperiksaan Malaysia, Kementerian Pendidikan Malaysia.
- 1.39** **"SUM COVERED"** means the amount of coverage in respect to the benefits provided under Your Certificate or in a subsequent Endorsement issued by Us.
- 1.40** **"TABARRU'"** means a donation for charitable purposes. Under Your Certificate, You donate an amount from the PA to the Risk Fund to help the other participants. Tabarru' takes into effect when You contribute to the Risk Fund.
- 1.41** **"TAKAFUL"** refers to a mutual assistance scheme based on the principles of brotherhood, solidarity and cooperation where each participant agrees to contribute a sum(s) of money on the basis of Tabarru' into a common fund to provide financial assistance payable to the participants, person covered(s), or the beneficiaries on the occurrence of pre-defined events.

- 1.42 "TOTAL AND PERMANENT DISABILITY" or "TPD"** refers to a state of incapacity arising from any one (1) of the following conditions:
- (i) For a gainfully employed Person Covered, a disability caused by injury or disease which totally and permanently prevents the Person Covered from performing his normal activities that is, engaging in any business, occupation, profession or performing any work, for wages, compensation or profit. Such disability must continue uninterrupted for a period of six (6) months and verified by Our appointed medical practitioner;
 - (ii) For a non-gainfully employed Person Covered, a disability caused by injury or disease which will require the Person Covered, for the remainder of his natural life, to be subject to constant medical care and attention and to be confined to a home, to a hospital or to a similar institution. Such disability must continue uninterrupted for a period of six (6) months and verified by Our appointed medical practitioner; or
 - (iii) Upon occurrence of any of the following to the Person Covered:
 - (a) Total and irrecoverable loss of sight of both eyes;
 - (b) Total and irrecoverable loss of use of two (2) limbs at or above the wrist or ankle; or
 - (c) Total and irrecoverable loss of sight of one (1) eye and loss of use of one (1) limb at or above the wrist or ankle.

For avoidance of doubt, a Person Covered is considered "Gainfully Employed" if he is working for others or being self-employed either on full time or part time basis, for wages, compensation or profit. In addition, any Person Covered whose age next birthday on the date of TPD occurrence is below eighteen (18) years shall be considered as non-gainfully employed Person Covered.

- 1.43 "TOTAL ACCOUNT VALUE"** means the aggregate values of all units allocated to the ILF of this Certificate.
- 1.44 "UNIT PRICE"** means the price of one (1) unit of the ILF(s) on any particular day as determined by Us, which shall be final and conclusive and shall be binding on You.
- 1.45 "VALUATION DATE"** means the date where We carry out a valuation of units to determine the Unit Price of the ILF(s). This will be done on a Business Day in Our head office.
- 1.46 "WAKALAH"** refers to a contract where a party, as principal authorizes another party as his agent to perform a particular task on matters that may be delegated, with or without the imposition of a fee. Under Your Certificate, You authorize Us to manage the Certificate and in return, We will receive a Wakalah fee and Service Charge. In addition, where applicable, the participant allows Takaful Malaysia to receive Fund Management Charge for managing the ILF(s).
- 1.47 "WE", "US" or "OUR"** refers to Syarikat Takaful Malaysia Keluarga Berhad.
- 1.48 "YOU" or "YOUR"** means the Participant as named in the e-CIP and to whom this Certificate is issued to. For avoidance of doubt, a Participant may also be a Person Covered.

DESCRIPTION OF CONTRIBUTION AND CHARGES

2.1 CONTRIBUTION

You shall pay the Contribution specified in the e-CIP or in a subsequent Endorsement issued by Us starting from the Commencement Date up to and including the final Contribution due date.

All Contributions are to be paid in advance on the due date based on the Sum Covered, Age at Entry and gender of the Person Covered throughout the Coverage Term of this Certificate. Extra Contribution may be imposed depending on the occupation and health conditions of the Person Covered, subject to Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

The Contribution payable will be credited to the PA. Thereafter, Wakalah fee, Tabarru' and Service Charge, as specified in Clause 2.3 and Clause 2.4 below, will be deducted subject to the terms and conditions of Your Certificate.

2.2 SINGLE CONTRIBUTION TOP-UP

Single contribution top-up is allowed after fifteen (15) days from the Risk Effective Date up to the end of the Coverage Term subject to a minimum of Ringgit Malaysia Five Hundred (RM 500) per transaction or the minimum amount as revised by Us from time to time. The payment of any single contribution top-up will not increase the Sum Covered.

2.2.1 ALLOCATED CONTRIBUTION

This portion of the single contribution top-up will be used to purchase units in the ILF(s), where the number of units to be credited will be determined by making reference to the Unit Price calculated on the day the single contribution top-up is paid.

2.3 FEES AND CHARGES

2.3.1 WAKALAH FEE

The Wakalah fee chargeable under Your Certificate is as stated in Your e-CIP.

The Wakalah fee will be deducted upon payment of the Contribution or single contribution top-up.

2.3.2 SERVICE CHARGE

Monthly Service Charge will be deducted monthly from the PA and/or ILF(s), where applicable, on each Monthly Anniversary of this Certificate, throughout the Coverage Term.

The Service Charge under this Basic Certificate is Ringgit Malaysia Five (RM5) per month.

2.3.3 FUND MANAGEMENT CHARGE

Fund Management Charge will be imposed on each of the ILF(s) as stated in the Schedule of Investment-Linked Funds.

It will be deducted at each Valuation Date and is reflected in the Unit Price.

2.4 TABARRU'

- 2.4.1 The monthly Tabarru' amount will be calculated based on:
- a) the Sum Covered; and
 - b) the Tabarru' rate at the Attained Age and gender of the Person Covered.
- 2.4.2 If the Person Covered is medically impaired and/or has a hazardous job or activity, extra Tabarru' may be charged subject to Our underwriting decision.
- 2.4.3 The monthly Tabarru' amount will be deducted monthly beginning from the Commencement Date up to and including the Monthly Anniversary immediately prior to the Expiry Date.
- 2.4.4 The monthly Tabarru' amount will continue to be deducted from the PA and/or ILF(s), where applicable, to the Risk Fund regardless of whether You have made further Contributions.
- 2.4.5 The Tabarru' rates are not guaranteed. We may revise the Tabarru' rates in the future in the event of high claims experience. The revision of Tabarru' rates will apply to all Person Covered regardless of their claims experience.

All the above fees, charges and Tabarru' are not guaranteed. If there is any revision, You will be notified by Us at least thirty (30) days before it takes effect. The revised fees, charges and Tabarru' will only apply at the next Certificate Anniversary.

DESCRIPTION OF INVESTMENT-LINKED FUND

3.1 INVESTMENT-LINKED FUND

- 3.1.1 The ILF(s) established by Us are shown in the Schedule of Investment-Linked Funds of this Certificate.
- 3.1.2 You may choose more than one (1) ILF for Your investment under this Certificate.
- 3.1.3 New ILF(s) may be established by Us from time to time where the provisions in this Certificate will apply (unless inappropriate) to these new funds. You may add some or all of these funds in Your investment portfolio of this Certificate subject to the terms and conditions which We may impose.

3.2 INVESTMENTS OF THE FUNDS

- 3.2.1 The selection of the investment portfolios of each of the ILF(s) will be based on the fund's objective strategy.
- 3.2.2 We may delegate all or any of Our discretionary and investment powers to any person or fund management organization on such terms as We deemed fit.
- 3.2.3 We will invest the ILF(s) in conformity with the Shariah.

3.3 VALUATION OF THE INVESTMENT-LINKED FUND

For the purpose of this Certificate, the NAV of the ILF(s) will be calculated as follows:

- 3.3.1 the amount for which in Our opinion after taking such independent advice as they consider appropriate, the investments of the ILF(s) could be transacted in the open market on the Valuation Date by reference where applicable to the market dealing prices quoted on a recognized stock exchange selected by Us with the addition of expenses which would be incurred, plus;
- 3.3.2 for the interests in the nature of land and other securities or properties of whatever nature held in the ILF(s), the amount which in Our opinion after taking such independent advice as they consider appropriate, is the value of such interests on the Valuation Date with the addition of the expenses which would be incurred if such interests were transacted on the day, plus;
- 3.3.3 the cash amount held uninvested in the ILF on the Valuation Date, less;
- 3.3.4 the amount (if any) which We will determine on the Valuation Date and will be treated as liabilities of the ILF, less;
- 3.3.5 such amount as We will consider adequate and equitable for the costs of valuation of any interests in the nature of land which comprised in the ILF(s) and other expenses and outgoings properly attributable to such interest, less; and
- 3.3.6 the Fund Management Charge.

3.4 FUND DEDUCTIONS

There will be deductions from the Total Account Value of such amounts as We considers appropriate, as due allowances for any levy, tax, duties or any other charges of whatever nature arising in respect of which the ILF(s) may become liable.

Units that are debited will be determined by reference to their Unit Price calculated on the Valuation Date immediately following the date of approval of the event for which the realisation arises.

3.5 UNITS

3.5.1 UNIT ALLOCATION

Each ILF(s) is divided into units of equal value. Units are allocated to You depending on the amount of the Allocated Contribution in respect of the contribution year, the Fund Apportionment; which is the apportionment(s) of the Allocated Contribution into each ILF(s) and the prevailing Unit Price. These allocations are made up to 1/10000th of a unit or other fraction as decided by Us.

3.5.2 CALCULATION OF UNIT PRICE

We will value each ILF(s) on every Business Day for its Unit Price determination. The Unit Price on any Valuation Date of the ILF(s) will be obtained by dividing the NAV on the Business Day before the Valuation Date by the number of units issued of the ILF(s).

3.5.3 CREATION OF UNITS

3.5.3.1 Units in any of the ILF may be created only if it is added to that ILF(s) assets in equal value to the value of the units created.

3.5.3.2 In case a request for creation of units and single contribution top-up or Regular Contribution Top-Up, if applicable, are received, accepted and approved by Us at Our head office, the number of units created will be determined by reference to the Unit Price on the next Valuation Date.

3.5.4 CANCELLATION OF UNITS

3.5.4.1 Units in any of the ILF may be cancelled only if it is withdrawn from that ILF(s) assets in equal value to the value of the units cancelled.

3.5.4.2 In case a request for cancellation of units is received, accepted and approved by Us at Our head office, the number of units to be cancelled will be determined by reference to the Unit Price on the next Valuation Date immediately following the date of approval of cancellation.

EVENTS UPON WHICH THE BENEFITS ARE TO BE PAID

While Your Certificate is in force and subject to its terms and conditions, We will pay the following benefits, upon occurrence of the following events prior to the Expiry Date:

4.1 DEATH BENEFIT

Upon death of the Person Covered, We will pay:

- 4.1.1 Accelerated Death Expense (ADE) benefit which is ten percent (10%) of the Sum Covered, up to Ringgit Malaysia Ten Thousand (RM10,000) immediately after receiving notification of death; and
- 4.1.2 a lump sum amount equivalent to the balance of Sum Covered, after deduction of the ADE benefit payout; and
- 4.1.3 the amount in PA and the Total Account Value, if any.

Provided that:

- (a) We receive the notification of death accompanied by the documentary evidence of death of the Person Covered;
- (b) if the Person Covered dies prior to the Certificate Anniversary on which he attains the age of five (5) years next birthday, the Sum Covered shall be reduced in accordance with the table below, based on his age next birthday:

Age Next Birthday on the Date of Death	Revised Amount of Benefit (Percentage (%) of Sum Covered)
One (1)	20
Two (2)	40
Three (3)	60
Four (4)	80
Five (5) and above	100

; and

- (c) upon the full payment of the revised amount of benefit as per the table above, this Certificate will be terminated automatically.

4.2 TOTAL AND PERMANENT DISABILITY (TPD) BENEFIT

In the event the Person Covered suffers TPD prior to the Certificate Anniversary on which he attains the age of seventy (70) years next birthday, We will pay:

- 4.2.1 the Sum Covered, subject to the maximum limit of Ringgit Malaysia Eight Million (RM 8,000,000) under this and all TPD coverage under any other product, covering the same Person Covered; and
- 4.2.2 the amount of PA and the Total Account Value, if any, following the date of approval for TPD claim.

Provided that:

- (a) We receive satisfactory proof of TPD on the Person Covered;
- (b) if TPD of the Person Covered occurs prior to the Certificate Anniversary on which he attains the age of five (5) years next birthday, the Sum Covered shall be reduced in accordance with the table below, based on his age next birthday:

Age Next Birthday on the Date of Occurrence of TPD	Revised Amount of Benefit (Percentage (%) of Sum Covered)
One (1)	20
Two (2)	40
Three (3)	60
Four (4)	80
Five (5) and above	100

; and

- (c) upon the full payment of the revised amount of benefit as per the table above, this Certificate will be terminated automatically.

4.3 EDUCATION EXCELLENCE REWARD BENEFIT

We will pay Education Excellence Reward Benefit by referring to the achievements in the examinations taken by the Person Covered in accordance with the table below:

Type of Examination	SPM / GCSE	STPM	STAM	A-Level
Minimum Required Distinction Grades equivalent to "Mumtaz", "Grade A-", "Grade A", "Grade A+" or "Grade A*"	At least seven (7) subjects with the minimum required distinction	At least three (3) subjects with the minimum required distinction	At least seven (7) subjects with the minimum required distinction	At least three (3) subjects with the minimum required distinction
Reward per Distinction	RM125			

Provided that

- 4.3.1 any one of the Riders below is attached to Your Certificate at inception;
 - 4.3.1.1 *myPayor*; or
 - 4.3.1.2 *myPayor Plus*;
- 4.3.2 Your Certificate must be in force for one (1) year or more as determined from the Commencement Date up to the date the Person Covered is sitting for his first paper for any Type of Examination (hereinafter referred to as "Eligibility Date");
- 4.3.3 all Contributions due under Your Certificate from the Commencement Date up to and inclusive of the due date immediately prior to or on the Eligibility Date are fully paid; and
- 4.3.4 if the Education Excellence Reward Benefit has been paid to a Person Covered under any Type of Examination, the same Person Covered will not be entitled for the Education Excellence Reward Benefit again under the same Type of Examination.

4.4 MATURITY BENEFIT

At the end of the Expiry Date, any balance in the PA and the Total Account Value will be payable.

Prior to the release of any of the above benefits as provided under Clauses 4.1, 4.2 and 4.4, the amount of any debt on Your Certificate shall be deducted from the claim proceed payable.

The death, TPD and Education Excellence Reward benefits will be payable from the Risk Fund.

EXCLUSIONS

5.1 DEATH

We will not be liable to pay any benefit under Your Certificate for death of the Person Covered due to suicide, while sane or insane, within the first (1) year from the Risk Effective Date or any Reinstatement Date, whichever is later.

5.2 TOTAL AND PERMANENT DISABILITY (TPD)

We will not be liable to pay any benefit under Your Certificate for TPD of the Person Covered:

- 5.2.1 that existed prior to or on the Risk Effective Date or any Reinstatement Date of Your Certificate, whichever is later; or
- 5.2.2 is resulting directly or indirectly from any of the following causes:
 - 5.2.2.1 attempted suicide or self-inflicted injuries, while sane or insane;
 - 5.2.2.2 aviation, gliding or any other form of aerial flight other than as a pilot, cabin crew or fare paying passenger of a recognized airline or chartered service;
 - 5.2.2.3 war (whether war be declared or not), revolution or any war like operation;
 - 5.2.2.4 any violation of law by the Person Covered or any assault or felony as committed, attempted or provoked by him;
 - 5.2.2.5 while under the influence of alcohol, narcotics, or mind altering substance; or
 - 5.2.2.6 Acquired Immunodeficiency Syndrome (AIDS), infection by Human Immunodeficiency Virus (HIV) or related conditions.

GENERAL PROVISIONS

6.1 THE CONTRACT

This Certificate together with Your application / proposal form and declaration(s) submitted to Us to participate in this plan shall form the entire contract between You and Us. All statements made will be representations and not warranties.

If there is any further change made to Your Certificate, it has to be approved and signed by Our authorised officer.

6.2 PERIOD OF COVER

The coverage under Your Certificate will commence from the Commencement Date and ends on the Expiry Date provided that it is not terminated in accordance with Clause 6.27, 'Termination of Your Certificate' below. Your Certificate is subject to the payment of the Contribution at the rate in effect at that time as notified by Us.

6.3 GEOGRAPHICAL TERRITORY

All benefits provided in Your Certificate are applicable worldwide, twenty-four (24) hours a day, unless specifically mentioned otherwise in any Endorsement or any annexure.

6.4 MISSTATEMENT OF AGE

If the Person Covered's age has been understated/overstated, it will be handled in accordance with Schedule 8 of the Islamic Financial Services Act 2013. Adjustments will be made in the relevant funds to reflect the revisions in Wakalah fee, Tabarru' amount and allotted surplus.

If at the true age, the Person Covered is not eligible to be covered under this Certificate, Our liability will be limited to the amount equivalent to the Contribution paid. If *mySaver* is attached to Your Certificate, We will refund You the following:

- 6.4.1 the Wakalah fee;
- 6.4.2 value of units that have been allocated (if any) at the Unit Price on the next Valuation Date depending on the claim date; and
- 6.4.3 value of the units which have been deducted to pay for any Tabarru' and Service Charge; less any expense incurred for medical examination in relation to the issuance of Your Certificate.

6.5 MISSTATEMENT OF GENDER

If the Person Covered's gender has been misstated, adjustments will be made in the relevant funds to reflect the revisions in the Wakalah fee, Tabarru' amount and allotted surplus.

6.6 MANAGEMENT OF FUND

Pursuant to the authorization given to Us by You and the rest of the participants, We will manage the PA, Risk Fund and ILF(s) in accordance with Shariah and in a manner that preserve the interest of the participants. We have the discretion to conduct any actions deemed necessary for the benefits of the participants and the funds, including but not limited to investing the funds and securing adequate retakaful, subject to Shariah and regulatory requirements.

6.7 PA INVESTMENT PROFIT

A performance incentive of fifteen percent (15%) of the investment profit arising from the PA will be received by Us based on Ju'alah. The balance of eighty-five percent (85%) of the investment profit arising from the PA will be accumulated in the PA and such amount will be payable upon claims, maturity or surrender.

The principal amount placed under the PA and the investment profit arising from the PA are not guaranteed and will be based on the actual fund performance.

6.8 DISTRIBUTION OF SURPLUS

Fifty percent (50%) of the distributable surplus arising from the Risk Fund as determined by Us will be distributed to eligible participants and credited into the PA. We will receive fifty percent (50%) of the distributable surplus as performance incentive based on Ju'alah.

The surplus arising from the Risk Fund is not guaranteed and will be based on Our actual claims experience and will first be applied to settle any Qard owing to Us.

6.9 DEFICIENCY AND LOSS RECTIFICATION

If the Risk Fund is in deficit, We will provide an interest-free loan to the Risk Fund based on Qard to rectify the deficit. No loan will be provided by Us if the PA and/or ILF is in deficit or suffer loss.

Any profit arising from the loan will be owned by Risk Fund (pool of participants) and the loan will be repaid when the Risk Fund returns to surplus position. We may waive Our rights to receive the repayment of the loan.

If the PA and Risk Fund is in deficit or suffers loss due to Our mismanagement or negligence, We will make an outright transfer to rectify the deficit or loss.

6.10 TREATMENT OF SMALL PAYMENT AMOUNTS

For any amount due and payable to You resulting from a refund / surrender / maturity / termination / claim that is to be made other than by way of electronic payment, such payment will only be made if the amount due and payable is Ringgit Malaysia Ten (RM10.00) and above. For any amount less than Ringgit Malaysia Ten (RM10.00), We will donate to charity as approved by Us.

6.11 CURRENCY OF PAYMENT

All payments under Your Certificate will be made in the legal currency of Malaysia.

6.12 NOTICE

Any correspondence, notice, request or instruction required by Us must be in writing via electronic means or in writing by ordinary post to Your last known address in Our records.

6.13 ALTERATIONS

We reserve the right to amend the terms and provisions of Your Certificate by giving You thirty (30) days advance notice. Such alteration will be applicable from the next Certificate Anniversary immediately following the expiry of the thirty (30) days advance notice.

If an application is required for variation to Your Certificate, We must be informed of any change to Your answers or any matter previously disclosed in Your application submitted before Your Certificate is varied.

No alteration to Your Certificate will be valid unless being approved, endorsed and signed by Our authorised officer.

6.14 EVIDENCE OF PERMISSIBLE TAKAFUL INTEREST

We will require satisfactory evidence of Permissible Takaful Interest between You and the Person Covered before a person is accepted for Takaful coverage and when the benefits are payable.

6.15 INCONTESTABILITY

6.15.1 Other than the exclusions set out in Clause 5.1, Clause 5.2 and Clause 6.15.2 or any other provisions set out in Your Certificate, the validity of Your Certificate will be indisputable after it has been in force for more than two (2) years from the Risk Effective Date.

- 6.15.2 If Your Certificate has been in force for a period of more than two (2) years from the Risk Effective Date, it will not be voided by Us based on the statement(s) made or which has not been made;
- 6.15.2.1 in the proposal stage;
 - 6.15.2.2 in a report of a doctor referee, or any other person; or
 - 6.15.2.3 in a document leading to the issuance of Your Certificate,

that is inaccurate or false or misleading. However, Your Certificate may be voided if We are able to show that the statement was on a material matter or You or the Person Covered has suppressed a Material Fact (set out in Clause 6.15.3) and that it was fraudulently made or suppressed by You or the Person Covered.

- 6.15.3 For clarification purpose, "Material Fact" means a matter of fact which, if known by Us, would have led to Our refusal to issue Your Certificate or would have led to Your Certificate to be issued with terms less favourable to You or the Person Covered.

6.16 MISREPRESENTATION / FRAUD

In the event of a misrepresentation by You or the Person Covered where Your Certificate has been in force for a period of two (2) years or less, it will be handled in accordance with Schedule 9 of the Islamic Financial Services Act 2013, whereby it may result in the following:

- 6.16.1 Your Certificate being voided and all claims refused;
- 6.16.2 a variation of terms of Your Certificate;
- 6.16.3 a change in the Contribution amount; or
- 6.16.4 any other options that are appropriate based on the misrepresentation.

6.17 CHANGE IN RISK

You shall notify Us of any material change in the Person Covered's occupation, business, duties or pursuits, and pay any additional Contribution that We may require. Such notification will become effective only on the next Certificate Anniversary provided such change in risk has been approved by Us. Where the Person Covered's occupation had changed to a higher class but such change was not notified to Us until a claim is made, We shall be entitled to adjust the claim accordingly.

6.18 CERTIFICATE SERVICING

Financial changes to Your Certificate, as below, as well as non-financial changes i.e. change of address, phone number etc., are allowed.

- 6.18.1 Increase / reduction in Sum Covered;
- 6.18.2 Addition / deletion of Rider(s);
- 6.18.3 Change in date of birth;
- 6.18.4 Change in Contribution mode; or
- 6.18.5 Change in occupation.

You may submit Your request for any of the above changes to Us. Satisfactory evidence of the health of the Participant and the Person Covered, where applicable, as well as payment of additional Contribution may be required whenever there is a request for any of the above changes to Your Certificate. If the medical evidence proves to be unsatisfactory, We have the right to make a counter-offer or decline the request in accordance with Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

6.19 SWITCHING

You may submit Your request to Us to cancel some units in any ILF and with the value of the units cancelled to purchase units in any other ILF or some other new ILF which may have been established by Us. The relevant Unit Prices will be used in the calculations. The minimum amount sold to purchase units in another ILF must be equal to Ringgit Malaysia One Thousand (RM1,000).

The number of units to be credited to the chosen ILF will be determined by reference to the Unit Price calculated on the Valuation Date immediately following the approval date of such request.

6.20 PARTIAL WITHDRAWAL

You may request to withdraw an amount from the ILF, subject to the following conditions:

6.20.1 the withdrawal can be made anytime and the amount must be at a minimum amount of Ringgit Malaysia Five Hundred (RM 500), in multiples of Ringgit Malaysia Ten (RM10); and

6.20.2 there is no minimum requirement for the amount remaining in the ILF after the withdrawal.

We may review the limits in Clause 6.20.1 and Clause 6.20.2 from time to time, and You may check with Us on the applicable limits before submitting such requests to Us.

6.21 ASSIGNMENT

You cannot transfer Your rights in Your Certificate that affect Us unless written notice is given to Us. All transfer of rights is subject to any amount owed under Your Certificate. We will not be responsible for the validity of any assignment or charge by just acknowledging the notice.

6.22 NO-LAPSE PROVISION

The Contribution duly paid by You within the first five (5) years of the Coverage Term (the "Initial Term") may not be sufficient to pay for the Tabarru' and Service Charge (the "Charges") for a certain period of time during the Initial Term. The outstanding Charges during this period of time will then be accumulated. However, this situation will not cause Your Certificate to lapse within the Initial Term provided that You always pay Your Contribution in full and the payment of the Contribution is up to date during the Initial Term. Otherwise, the No-Lapse Provision as described in this Clause will no longer be applicable, and the Certificate shall lapse in accordance with Clause 6.23 below.

The outstanding Charges will then be subsequently deducted;

6.22.1 from Your PA; or

6.22.2 from any payment amount payable to You under the Certificate due to refund / surrender / termination / claim.

6.23 LAPSES

If on the Monthly Anniversary Your PA and/or ILF(s), where applicable, is insufficient to pay in full the monthly Tabarru' amount and Service Charge, the total available PA and/or ILF(s), where applicable, balance will still be deducted and Your Certificate will continue for period determined on a pro-rated basis plus a further grace period of thirty (30) days. Your Certificate will then lapse and the Person Covered's coverage will be terminated.

6.24 REINSTATEMENT

If Your Certificate lapses, You may request to reinstate it within one (1) year from the date of lapse of Your Certificate. For avoidance of doubt, upon Our approval of such reinstatement request, We will only cover the Person Covered for any of the covered events occurring after the Reinstatement Date, subject to the terms and conditions of Your Certificate.

The approval for reinstatement is subject to the receipt by Us of the following:

- 6.24.1 An application for reinstatement;
- 6.24.2 Any outstanding Contribution amount as determined by Us; and
- 6.24.3 Evidence of the Person Covered's health to Our satisfaction.

The effective date of the reinstatement will be determined by Us.

6.25 NOTICE OF CLAIM

A written notice of claim with particulars sufficient to identify the Person Covered must be given to Us, within ninety (90) days from the date of occurrence or commencement of the claim except for hospitalization / medical plans.

For hospitalization plans, written notice of any hospital confinement that incurs claimable expenses must be submitted together with supporting documents to Us within thirty (30) days from the date of commencement of such hospital confinement.

For medical plans, You / the Person Covered shall within thirty (30) days of a disability that incurs claimable expenses, give written notice to Us stating full particulars of such event, including all original bills and receipts, and a full physician's report stipulating the diagnosis of the condition treated and the date the disability commenced in the physician's opinion and the physician's summary of the cost of treatment including prescribed medicines and services rendered. The Person Covered shall immediately procure and act on proper medical advice and We shall not be held liable in the event a treatment or service becomes necessary due to failure of the Person Covered to do so.

Failure to give such notice as mentioned above, within the stated period, shall not invalidate the claim if there is a valid reason acceptable to Us that it is not to have been reasonably possible to give such notice and that notice was given as soon as it was reasonably possible.

6.26 PROOF OF CLAIM

Satisfactory proof of the claim together with fully completed claim forms furnished by Us must be submitted to Us within one (1) year from the date of occurrence or commencement of the claim except for hospital cash benefit. For hospital cash benefit, affirmative proof of loss for which claim may be made must be furnished to Us within one (1) month after completion of the event for which claim is made.

6.27 CERTIFICATE, INFORMATION AND EVIDENCE

All certificates, information, medical reports and evidence as required by Us shall be furnished at Your or the Person Covered's expense, and in such a form that We may require. In any event, all notices, which We shall require You or the Person Covered to give, must be in writing and addressed to Us. A Person Covered shall, at Our request and expense, submit to Us a medical examination whenever such is deemed necessary.

6.28 PAYMENT OF CLAIM

Before We make any payment under Your Certificate, We shall deduct any amount owed to Us. Such payment, if any, will be payable to You / Your nominee / Your lawful executor or administrator of estate according to the terms and conditions of Your Certificate.

In the event We have guaranteed payment to the hospital based on the cashless facility granted to You and/or the Person Covered, We will pay the claim directly to the hospital.

It is further agreed that any authorization to effect payment to the hospital is a facility granted to You. Such payment will not waive or be construed as a waiver of Our right to contest subsequent claims and/or validity of Your Certificate or to recover from You the amount of hospital expenses paid should there be any misrepresentation or concealment of fact which is material to the acceptance of risk of Your Certificate.

After We have made the payment, Our responsibility will be fully discharged.

We reserve the right to repudiate a claim where We are not satisfied with the evidence available to validate either:

- 6.28.1 The existence of Permissible Takaful Interest between You and the Person Covered under Your Certificate; or
- 6.28.2 The circumstance of the loss.

If any claim is fraudulent or of any fraudulent means, including false declaration or statement, inflating or exaggerating of the claim or submission of forged or falsified documents, are used to obtain benefits under Your Certificate, We will not pay the claim and all cover under Your Certificate will be forfeited.

6.29 SURRENDER

You may request to surrender Your Certificate to Us to effect the surrender accordingly. You will be entitled to the PA and Total Account Value and the Person Covered's coverage will cease.

6.30 OUR RIGHTS

6.30.1 We reserve the right to defer the purchase or withdrawal of units in any ILF(s) for a period not exceeding six (6) months from the approval of purchase or redemption date.

6.30.2 Subject to at least three (3) months' written notice, We may:

- 6.30.2.1 withdraw or close any of the ILF(s) or cease to allow the allocation of additional single contribution top-up or Regular Contribution Top-Up, if applicable, into it or to transfer its assets to a new fund which has similar investment objectives. Should You have any unit in that particular ILF(s), You may redeem those units or transfer those units to another ILF(s). We will decide at Our sole discretion to transfer the remaining units in that particular ILF(s) to any other ILF(s) if no instruction is being given to Us within the time frame set by Us;
- 6.30.2.2 change the name of any of the ILF(s);
- 6.30.2.3 split or combine existing units of any of the ILF(s); or
- 6.30.2.3 make any change that may be required due to regulatory requirements and/or the legislation changes, statutory modifications which may be enacted from time to time.

6.30.3 We may also choose to, without prior notice:

- 6.30.3.1 suspend unit pricing and single contribution top-up or Regular Contribution Top-Up transactions, if applicable, if any of the exchanges in which the ILF(s) is invested is temporarily suspended for trading; or
- 6.30.3.2 refund of monies contributed to a new fund after its initial offer period with profits (if any), when the minimum required fund size is not reached.

6.31 AVAILABILITY OF UNIT PRICE

You may refer to Our website for the latest information on the Unit Price for ILF(s) (applicable only if a single contribution top-up is made and/or *mySaver* is attached to Your Certificate). Alternatively, You may contact Our Customer Service Unit (CSU) or visit Our nearest branch.

6.32 TERMINATION OF YOUR CERTIFICATE

Your Certificate shall automatically terminate;

- 6.32.1 upon payment of surrender;
 - 6.32.2 when Your Certificate lapses;
 - 6.32.3 upon death of the Person Covered;
 - 6.32.4 upon claim approval of TPD of the Person Covered; or
 - 6.32.5 when Your Certificate matures on the Expiry Date;
- and We will not refund You the Wakalah fee.

Any Contribution receipt by Us after the termination of Your Certificate will not create any liability to Us, but We will refund such Contribution to You without profit.

6.33 SANCTIONS EXCLUSION

We shall not be deemed to provide cover nor be liable to pay any claim or any benefit as contained in Your Certificate to the extent that the provision of such cover, payment of such claim or such benefit would expose Us to:

- 6.33.1 any sanction, prohibition or restriction under United Nations resolutions;
- 6.33.2 the trade or economic sanctions, laws or regulations of the:
 - 6.33.2.1 European Union;
 - 6.33.2.2 United Kingdom;
 - 6.33.2.3 United States of America; orany of the states of the above countries; or
- 6.33.3 any other locally applicable laws or regulations.

We may terminate Your Certificate with immediate effect and shall not thereafter be required to transact any business with You in connection with Your Certificate, including but not limited to, making or receiving any payments under Your Certificate.

6.34 RIGHT TO TERMINATE DUE TO ANTI-MONEY LAUNDERING AND COUNTER FINANCING OF TERRORISM

If We discover, or have justified suspicion, that Your Certificate is exploited for money laundering activities or to finance terrorism, We reserve the right to terminate Your Certificate immediately. We shall deal with all Contributions paid and all benefits or sums payable in respect of Your Certificate in any manner which We deem appropriate, including but not limited to handing it over to the relevant authorities.

6.35 LEGAL PROCEEDINGS

No action at law or in equity shall be brought to recover on Your Certificate prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of Your Certificate. If You / the Person Covered / Your nominee / Your lawful executor or administrator of estate shall fail to supply the requisite proof of loss as stipulated by the terms and conditions of Your Certificate, he may, within a grace period of one (1) calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to Us with cogent reason(s) for the failure to comply with Your Certificate terms and conditions. The acceptance of such proof of loss shall be at the sole and entire discretion of Us. After such grace period has expired, We will not accept, for any reason whatsoever, such written proof of loss.

6.36 TAX

We reserve the right to levy any applicable taxes allowable under the Laws of Malaysia. All taxes, including but not limited to any sales and service tax, and / or other forms of sales or consumption tax, whether currently in force or implemented after the date of Your Certificate will be charged in accordance with the applicable legislation at the prevailing rate. Such applicable taxes payable shall be paid in addition to the applicable Contributions and other charges.

6.37 PERSONAL DATA PROTECTION ACT 2010

You may make inquiries or request for access to or correction of Your / the Person Covered's Personal Data or limit the processing of Your / the Person Covered's Personal Data at any time by submitting such inquiry or request to Us via email to csu@takaful-malaysia.com.my. We will retain Your / the Person Covered's personal information only for as long as necessary to fulfill the purpose for which it was collected or to comply with legal, regulatory or internal policy requirements.

You and the Person Covered have expressly consented for Your / the Person Covered's Personal Data to be collected and processed by Us for the purposes and in accordance with Our Privacy Notice as published on Our website.

6.38 APPLICABLE LAW

This Certificate Wording, and all rights, obligations and liabilities arising under Your Certificate, shall be construed, determined and enforced in accordance with the Laws of Malaysia.

6.39 CUSTOMER SERVICE CHARTER

You may visit Our website to know more about Our Customer Service Charter.

SCHEDULE OF INVESTMENT-LINKED FUNDS

We have established the following ILF(s) together with details on their respective objectives, strategies and Fund Management Charge:

If there is any revision to the objectives, strategies and Fund Management Charge, You will be notified by Us at least three (3) months before it takes effect.

(i) *myBalanced Fund*

Type of Fund	Balanced Fund								
Fund Objective	<ul style="list-style-type: none"> To obtain moderate stream of income and consistent capital growth over the medium-to-long term period by investing in a diversified portfolio of both equities and fixed income investments that adhere to Shariah requirements. The diversified portfolio has a “balanced” mixture of equities and fixed income securities such as Shariah-approved shares listed in Bursa Malaysia, corporate sukuk, Malaysia Government Investment Issue (MGII) and Islamic money market instruments. 								
Fund Strategy	<ul style="list-style-type: none"> Scope of investments into a balanced asset allocation comprising of both Shariah-compliant equity and debt securities. Selection of equity investment with strong earnings prospect over medium-to-long term and high dividend income comprising primarily on the Shariah-compliant blue-chip stocks and solid companies with strong earnings growth prospects and attractive dividend yields that are listed on Bursa Malaysia. Asset allocation approach: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <thead> <tr style="background-color: #4CAF50; color: white;"> <th style="text-align: left;">Asset class</th> <th style="text-align: left;">Range (%)</th> </tr> </thead> <tbody> <tr> <td>Shariah-approved listed shares</td> <td style="text-align: center;">10 - 40</td> </tr> <tr> <td>Corporate sukuk and MGII</td> <td style="text-align: center;">10 - 60</td> </tr> <tr> <td>Shariah-approved money market instruments</td> <td style="text-align: center;">Balance</td> </tr> </tbody> </table> 	Asset class	Range (%)	Shariah-approved listed shares	10 - 40	Corporate sukuk and MGII	10 - 60	Shariah-approved money market instruments	Balance
Asset class	Range (%)								
Shariah-approved listed shares	10 - 40								
Corporate sukuk and MGII	10 - 60								
Shariah-approved money market instruments	Balance								
Fund Manager	<ul style="list-style-type: none"> Managed internally by Syarikat Takaful Malaysia Keluarga Berhad. 								
Fund Management Charge	The Fund Management Charge is 1.20% of NAV per annum								

(ii) *myBlue Chips Fund*

Type of Fund	Blue Chips Fund
Fund Objective	<ul style="list-style-type: none"> To offer consistent capital growth over the long term through investment in Shariah-compliant companies with higher market capitalisation.
Fund Strategy	<ul style="list-style-type: none"> Scope of investment primarily in Shariah-compliant companies with high market capitalisation to achieve long-term capital growth. Allocation made up to ninety percent (90%) into Shariah-approved shares (balance into Islamic money market): <ul style="list-style-type: none"> Minimum equity allocation of forty percent (40%). Maximum equity allocation of ninety percent (90%). Active portfolio management – Constant review on asset allocation and stock holding in search of stocks that meet the objective of the fund.
Fund Manager	<ul style="list-style-type: none"> Managed internally by Syarikat Takaful Malaysia Keluarga Berhad.
Fund Management Charge	<p>The Fund Management Charge is based on the proportion of equities and fixed income subject to the following range:</p> <p>Minimum charge : 1.00% of NAV per annum Maximum charge : 1.50% of NAV per annum</p>

(iii) myDividend Fund

Type of Fund	Dividend Yielders Fund
Fund Objective	<ul style="list-style-type: none"> The fund will invest in Shariah-compliant shares with emphasis on high dividend yielding and blue chip stocks to provide consistent annual dividend payment and potential capital appreciation in the long term.
Fund Strategy	<ul style="list-style-type: none"> Invest primarily in high dividend yield stocks that provide an annual gross dividend of four percent (4%) as well as blue chip stocks that could potentially provide capital growth in the long run. Allocation made up to ninety percent (90%) into Shariah-approved shares (balance into Islamic money market): <ul style="list-style-type: none"> Minimum equity allocation of forty percent (40%). Maximum equity allocation of ninety percent (90%). At all times, minimum equity exposure in high dividend yield stocks (four percent (4%) gross dividend) shall be at fifty percent (50%) of the equity exposure. Active portfolio management - Constant review on asset allocation and stocks holding in search of stocks that meet the objective of the fund.
Fund Manager	<ul style="list-style-type: none"> Managed internally by Syarikat Takaful Malaysia Keluarga Berhad.
Fund Management Charge	<p>The Fund Management Charge is based on the proportion of equities and fixed income subject to the following range:</p> <p>Minimum charge : 1.00% of NAV per annum</p> <p>Maximum charge : 1.50% of NAV per annum</p>

(iv) *myEquity* Index Fund

Type of Fund	Index Tracker Fund
Fund Objective	<ul style="list-style-type: none"> To consistently track the Benchmark (Financial Times Stock Exchange Bursa Malaysia Emas Shariah Index (FBMSI)) in the medium to long term. The fund will invest in Shariah-compliant shares with emphasis on high weighted FBMSI component stocks to closely track the Benchmark.
Fund Strategy	<ul style="list-style-type: none"> Invest primarily in the top forty (40) of the FBMSI component stocks to mirror the movement of the Benchmark in the medium to long term. Equity exposure will be high at all time with allocation made up to ninety-five percent (95%) into Shariah-approved shares (balance into Islamic money market): <ul style="list-style-type: none"> Minimum equity allocation of ninety percent (90%). Maximum equity allocation of ninety-five percent (95%). Constant rebalancing of the component stocks to ensure that the fund meets its objective of closely tracking the Benchmark.
Fund Manager	<ul style="list-style-type: none"> Managed internally by Syarikat Takaful Malaysia Keluarga Berhad.
Fund Management Charge	<p>The Fund Management Charge is based on the proportion of equities and fixed income subject to the following range:</p> <p>Minimum charge : 1.00% of NAV per annum</p> <p>Maximum charge : 1.50% of NAV per annum</p>

(v) myGrowth Fund

Type of Fund	Growth Fund
Fund Objective	<ul style="list-style-type: none"> To obtain capital growth opportunities and dividend income through selective investment in the listed Shariah-approved shares listed in Bursa Malaysia. The fund will invest in shares with emphasis on superior growth stocks to provide both capital appreciation and high dividend yielding shares to offer consistent realised income stream.
Fund Strategy	<ul style="list-style-type: none"> Invest primarily in selected Shariah-compliant equities that comprise of a diversified portfolio of index-linked companies, blue-chip stocks and companies with strong growth prospects and attractive dividend yields that are listed on Bursa Malaysia. Allocation made up to ninety-five percent (95%) into Shariah-approved shares (balance into Islamic money market): <ul style="list-style-type: none"> Minimum equity allocation of fifty percent (50%). Maximum equity allocation of ninety-five percent (95%). Active portfolio management – Constant review on asset allocation and stocks holding. Stock/portfolio turnover ratio would be practically high in search for opportunities in capital gain and dividend yield stocks. Investment of the fund in any one listed security should be restricted to not more than five percent (5%) of the paid-up capital of the investee company or not more than five percent (5%) of the total assets of the fund, whichever is lower.
Fund Manager	<ul style="list-style-type: none"> Managed internally by Syarikat Takaful Malaysia Keluarga Berhad.
Fund Management Charge	<p>The Fund Management Charge is based on the proportion of equities and fixed income subject to the following range:</p> <p>Minimum charge : 1.00% of NAV per annum</p> <p>Maximum charge : 1.50% of NAV per annum</p>

CERTIFICATE INFORMATION STATEMENT

1. FREE-LOOK PERIOD

If You are not satisfied with Your Certificate for any reason, You may return it to Us within fifteen (15) days from the date of delivery of Your Certificate. Your Certificate will be cancelled and We will refund You all Contributions paid (except when a single contribution top-up is made and/or *mySaver* is attached to Your Certificate), which is inclusive of the Wakalah fee, less any expenses incurred for medical examination in relation to the issuance of Your Certificate.

If *mySaver* is attached to Your Certificate, We will refund You the following:

- (a) the Wakalah fee;
- (b) value of units that have been allocated (if any) at the Unit Price on the next Valuation Date after such request for cancellation has been approved by Us; and
- (c) value of the units which have been deducted to pay for any Tabarru' and Service Charge; less any expense incurred for medical examination in relation to the issuance of this Certificate.

The Person Covered's coverage will then cease and You will not be able to claim any benefit under the Certificate.

2. PROOF OF AGE

Proof of age of the Person Covered will be required by Us before any benefit is payable under Your Certificate unless this information has been previously verified and confirmed by **Us** to be correct.

3. NOMINATION

- 3.1 You who are also the Person Covered may nominate any natural person to receive benefits payable upon Your death, either as an executor or as a beneficiary under a conditional Hibah.
- 3.2 You may from time to time revoke any such nomination(s) and / or to name another nominee(s) with written notification duly received and registered by Us.
- 3.3 If You have nominated more than one (1) nominee, the benefits payable, if any, shall be paid to the surviving nominees at the time of Your death in equal shares unless otherwise specified by You; and such payment shall be deemed as a valid discharge of Our liability under Your Certificate.
- 3.4 Upon death of any nominee after Your death but prior to any payment of the benefits, We shall pay the benefits to:
 - i. Your estate if the nominee is an executor; or
 - ii. the estate of the deceased nominee if the nominee is a beneficiary under conditional Hibah.
- 3.5 If there is no effective nomination in force upon Your death, the benefits payable may be paid to Your lawful executor or administrator of estate. If there is no lawful executor or administrator of estate at the time of payment of the benefits, We may pay to a proper claimant up to the maximum amount allowable under the Laws of Malaysia, and the balance, if any, will be paid to the person named as Your lawful executor or administrator of estate in accordance with the court order received by Us subsequently.

4. CHANGE OF ADDRESS

It is important that You inform Us immediately of any change of Your address so that We can keep You informed of important information. You should also notify Us through *myTakaful* Customer portal, email us at csu@takaful-malaysia.com.my or contact our Customer Service Unit (CSU) at 1-300 88 252 385 of any change in the address(es) of the nominee(s) in order to make it easier for payment of claims.

5. FACILITIES OF PAYING CONTRIBUTION

You can pay the Contribution by either credit / debit card or current / savings account. You have the option to pay the Contribution by monthly, quarterly, semi-annually or annually.

6. CASH SURRENDER

Your Certificate will have a surrender value, and You may surrender it at any time throughout the Coverage Term. Please consider carefully as You will make a loss of certain benefits should You surrender Your Certificate. Please contact Us immediately if You are approached by someone encouraging to surrender any of Your Certificate.

7. INQUIRIES / COMPLAINTS HANDLING

If You have any inquiry or complaint pertaining to any matter related to Your Certificate, You may refer to Our Customer Service Unit (CSU) at:

Customer Service Unit (CSU)

Syarikat Takaful Malaysia Keluarga Berhad [198401019089 (131646-K)]

27th Floor, Annexe Block,

Menara Takaful Malaysia,

No. 4, Jalan Sultan Sulaiman,

50000 Kuala Lumpur.

P.O. Box 11483, 50746 Kuala Lumpur.

Tel: 1-300 88 252 385

Email: csu@takaful-malaysia.com.my

Website: takaful-malaysia.com.my

8. INFORMATION ON THE PROCEDURES FOR SUBMISSION OF CLAIM

In the event of a claim under this Certificate, any rightful claimant is advised to notify us immediately. You may refer to the provision under Clause 6.25 and Clause 6.26 of this Certificate Wording for the detailed claims procedures.

9. AVENUE OF CLAIM APPEAL

If You need further clarification or You are not satisfied with Our claim decision, please contact Our Customer Service Unit at 1-300 88 252 385 or email Us at csu@takaful-malaysia.com.my and We will provide Our response accordingly. For appeal cases, We will escalate the same to Our senior management for review and provide Our response once Your appeal has been decided / concluded by Us.

In the event that You are not satisfied with the final decision with regard to Your appeal, You may refer the case either to the Financial Markets Ombudsman Service (FMOS) or to BNMLINK, Bank Negara Malaysia (BNM), at the following addresses within six (6) months from Our decision.

Financial Markets Ombudsman Service (FMOS) [200401025885 (664393-P)]

14th Floor, Main Block, Menara Takaful Malaysia,

No. 4, Jalan Sultan Sulaiman,

50000 Kuala Lumpur.

Tel: 603 2272 2811

Webform Address: complaint.fmos.org.my

Website: www.fmos.org.my

BNM Laman Informasi Nasihat dan Khidmat (BNMLINK)

4th Floor, Podium Bangunan AICB,
No. 10, Jalan Dato' Onn,
50480 Kuala Lumpur.

Tel: 1-300-88-5465 (LINK)

Webform Address: bnmlink.bnm.gov.my

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The coverage under this Annexure is provided to the Person Covered as named in the e-CIP of the Basic Certificate managed by Us to which this Annexure is attached.

This Annexure forms part of the Basic Certificate and is valid only if the Basic Certificate is valid. In addition, this Annexure is subject to the terms and conditions of the Basic Certificate unless stated otherwise in this Annexure.

DEFINITIONS

Unless otherwise indicated in this Annexure, the terms and expressions used in this Annexure shall bear the same meanings as the terms and expressions used in the Basic Certificate.

- 1.1 **"ACCIDENT"** means a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily Injury.
- 1.2 **"ANY ONE DISABILITY"** means all of the periods of Disability arising from the same cause, including any and all complications therefrom except that if the Person Covered completely recovers and remains free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the Disability for at least ninety (90) days following the latest date of discharge and subsequent Disability from the same cause shall be considered as though it were a new Disability.
- 1.3 **"CANCER"** is defined as any malignant tumor characterized by the uncontrollable growth of malignant cells and invasion of tissue. The term malignant tumor includes leukemia, lymphoma and sarcoma.
- 1.4 **"CLINIC"** means an establishment duly constituted and registered as a Clinic, which is operated for the treatment of injured or ill patients and provides facilities for diagnosis, minor Surgery and dispensing facilities. Such establishment must be operated by a Physician who is legally registered with the Medical Council of Malaysia.
- 1.5 **"CONGENITAL CONDITION"** means any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. This will include hernias of all types (up to the age of six (6) years old) and epilepsy except when caused by a trauma which occurred after the date the Person Covered was continuously covered under this Annexure.
- 1.6 **"DENTIST"** means a person who is duly licensed or registered to practice dentistry in the geographical area in which a service is provided, but excluding a Physician or Surgeon or Dentist who is the Participant / Person Covered himself.
- 1.7 **"DISABILITY"** means a sickness, disease, illness, or the entire Injury arising out of a single or continuous series of causes.
- 1.8 **"DOCTOR", "PHYSICIAN" or "SURGEON"** means a registered Medical Practitioner qualified and licensed to practice western medicine and who, in rendering his service, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a Doctor, Physician or Surgeon who is the Participant / Person Covered himself.
- 1.9 **"ELIGIBLE EXPENSES"** means Reasonable and Customary Charges incurred due to a covered Disability but not exceeding the limits stated in the Schedule of Benefits of this Annexure.
- 1.10 **"EMERGENCY"** means immediate medical treatment attention is required within twenty-four (24) hours for preservation of life or limb which are sudden and severe failing which will be life-threatening or lead to serious deterioration of health.

- 1.11 "GOVERNMENT HOSPITAL"** refers to a Hospital established, maintained, operated or provided by the Malaysian Government but excludes privatised or corporatised Malaysian Government Hospitals.
- 1.12 "HOSPITAL"** means only an establishment duly constituted and registered as a Hospital for the care and treatment of a sick and injured person as paying bed-patients, and which:
- (a) has facilities for diagnosis and major Surgery;
 - (b) provides twenty-four (24) hour a day nursing services by registered and graduate nurses;
 - (c) is under the supervision of a Medical Practitioner; and
 - (d) is not primarily a Clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.
- 1.13 "HOSPITALISATION"** means admission to a Hospital as a registered in-patient for a continuous period of at least six (6) consecutive hours on Medically Necessary treatments for a covered Disability upon recommendation of a Medical Practitioner. A patient shall not be considered as an in-patient if the patient does not physically stay in the Hospital for the whole period of confinement.
- 1.14 "ILLNESS"** means a physical condition marked by a pathological deviation from the normal healthy state. Illness could also mean sickness or disease.
- 1.15 "INJURY"** means bodily Injury caused solely by Accident.
- 1.16 "INTENSIVE CARE UNIT"** means a section within a Hospital which is designated as an Intensive Care Unit by the Hospital, and which is maintained on a twenty-four (24) hour basis solely for the treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.
- 1.17 "KIDNEY FAILURE"** means end-stage renal failure presenting as a chronic, irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.
- 1.18 "MEDICALLY NECESSARY"** means a medical service which is:
- (a) consistent with the diagnosis and customary medical treatment for a covered Disability;
 - (b) in accordance with standards of good medical practice, consistent with current standards of professional medical care, and of proven medical benefits;
 - (c) not for the convenience of the Person Covered or the Medical Practitioner, and unable to be reasonably rendered out of Hospital (if admitted as an in-patient)
 - (d) not of an experimental, investigational or research nature, preventive or screening nature; and
 - (e) for which the changes are fair and reasonable and customary for the Disability.
- 1.19 "MEDICAL PRACTITIONER"** means a person who is qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a Doctor, Physician or Surgeon who is the Participant or the Person Covered.
- 1.20 "MMA GUIDELINES"** means the latest available schedule of fees or charges for various descriptions of medical services and/or treatment which is provided by the Malaysian Medical Association (MMA) for the guidance of the medical profession in Malaysia.
- 1.21 "OUT-PATIENT"** means the Person Covered is receiving medical care or treatment (including treatment in a daycare centre) without being hospitalised in a Hospital.
- 1.22 "OVERALL ANNUAL LIMIT"** means benefit payable in respect of expenses incurred for services and/or treatments provided to the Person Covered during the Certificate Year will be limited to the Overall Annual

Limit as stated in the Schedule of Benefits of this Annexure irrespective of the type/types of Disability. In the event the Overall Annual Limit has been paid, all benefits for the Person Covered under this Annexure will immediately cease to be payable for the remaining Certificate Year.

1.23 "OVERALL LIFETIME LIMIT" means the total accumulated benefits payable in respect of expenses incurred for services and/or treatments provided to the Person Covered under this Annexure, including all past renewals, during the lifetime of the Person Covered will be limited to Overall Lifetime Limit as stated in the Schedule of Benefits of this Annexure irrespective of the type/types of Disability.

For the avoidance of doubt, no Overall Lifetime Limit under this Annexure.

1.24 "PLAN TYPE" means the plan that You have participated under this Annexure shown as the Sum Covered under the Schedule of Benefits and Contributions in the e-CIP or in a subsequent Endorsement issued by Us.

1.25 "PRE-EXISTING ILLNESS" means any Disability, Injury, sickness, disease or Illness (physical or mental) that the Person Covered has reasonable knowledge of prior to the Risk Effective Date or any Reinstatement Date of this Annexure, whichever is later. A Person Covered may be considered to have reasonable knowledge of a pre-existing condition where the condition is one (1) for which:

- (a) the Person Covered had received or is receiving treatment;
- (b) medical advice, diagnosis, care or treatment has been recommended;
- (c) clear and distinct symptoms are or were evident; or
- (d) its existence would have been apparent to a reasonable person in the circumstances.

1.26 "PRESCRIBED MEDICINES" means medicines that are dispensed by a Physician, a registered pharmacist or a Hospital and which have been prescribed by a Physician or Specialist in respect of treatment for a covered Disability.

1.27 "REASONABLE AND CUSTOMARY CHARGES" means Medically Necessary charges for medical care which are considered reasonable and customary to the extent that they do not exceed the general level of charges being made by others of the same standing in the locality where the charges are incurred, when furnishing the same or comparable treatment, services or supplies to an individual of the same sex and comparable age for a similar Illness or Injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Person Covered's medical condition. This shall be consistent and in the same level as those recommended in the MMA Guidelines.

1.28 "SPECIALIST" means a medical or dental practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry, but excluding a Physician, Surgeon or Dentist who is the Participant/Person Covered himself.

1.29 "SPECIFIED ILLNESS" means the following disabilities and its related complications, occurring within the first one hundred and twenty (120) days from the Risk Effective Date or any Reinstatement Date of this Annexure:

- (a) Hypertension, diabetes mellitus and cardiovascular disease;
- (b) All tumours, Cancers, cysts, nodules, polyps, stones of the urinary system and biliary system;
- (c) All ear, nose (including sinuses) and throat conditions;
- (d) Hernias, haemorrhoids, fistulae, hydrocele or varicocele;
- (e) Endometriosis, including Disease of the female reproduction system; or
- (f) Vertebro-spinal disorders (including disc) and knee conditions.

1.30 "SURGERY" means any of the following medical procedures:

- (a) To incise, excise or electro cauterize any organ or body part, except for dental services;
- (b) To repair, revise or reconstruct any organ or body part;
- (c) To reduce by manipulation a fracture or dislocation; or
- (d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

1.31 "WAITING PERIOD" means the first thirty (30) days between the beginning of a Person Covered's Disability and the Risk Effective Date or any Reinstatement Date of this Annexure, whichever is later, except for Accidental Injury and Specified Illness. For Specified Illness, the Waiting Period is one hundred and twenty (120) days.

If there is a break in coverage, the Waiting Period shall apply again from any Reinstatement Date of this Annexure.

There is no Waiting Period for Accidental Injury.

DESCRIPTION OF CONTRIBUTION AND CHARGES

2.1 CONTRIBUTION

This Annexure is issued in consideration of Your application and the payment of the additional Contribution specified in the e-CIP or in a subsequent Endorsement issued by Us at the same interval and on the same due date as the Contribution under the Basic Certificate starting from the Commencement Date of this Annexure up to and including the final Contribution due date.

While this Annexure is in force, all Contributions are to be paid in advance on the due date based on the Plan Type, Age at Entry and gender of the Person Covered throughout the Coverage Term of this Annexure. Extra Contribution may be imposed depending on the occupation and health conditions of the Person Covered, subject to Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

The Contribution payable will be credited to the PA. Thereafter, Wakalah fee, Tabarru' and Service Charge, as specified in Clause 2.2 and Clause 2.3 below, will be deducted subject to the terms and conditions of the Basic Certificate and this Annexure.

2.2 FEES AND CHARGES

2.2.1 WAKALAH FEE

The Wakalah fee chargeable under this Annexure is as stated in Your e-CIP.

The Wakalah fee will be deducted upon payment of the Contribution.

2.2.2 SERVICE CHARGE

Monthly Service Charge will be deducted monthly, from the PA and/or ILF(s), where applicable, on each Monthly Anniversary of this Certificate, throughout the Coverage Term of this Annexure.

The Service Charge under this Annexure is Ringgit Malaysia Five (RM5) per month.

2.3 TABARRU'

- 2.3.1 The monthly Tabarru' amount will be calculated based on:
- (a) the Plan Type; and
 - (b) the Tabarru' rate at the Attained Age and gender of the Person Covered.
- 2.3.2 If the Person Covered is medically impaired and/or has a hazardous job or activity, extra Tabarru' may be charged subject to Our underwriting decision.
- 2.3.3 The monthly Tabarru' amount will be deducted monthly beginning from the Commencement Date up to and including the Monthly Anniversary immediately prior to the Expiry Date.
- 2.3.4 The monthly Tabarru' amount will continue to be deducted from the PA and/or ILF(s), where applicable, to the Risk Fund regardless of whether You have made further Contribution under this Annexure.
- 2.3.5 The Tabarru' rates are not guaranteed. We may revise the Tabarru' rates in the future in the event of high claims experience. The revision of Tabarru' rates will apply to all Person Covered regardless of their claims experience.

All the above fees, charges and Tabarru' are not guaranteed. If there is any revision, You will be notified by Us at least thirty (30) days before it takes effect. The revised fees, charges and Tabarru' will only apply at the next Certificate Anniversary.

EVENTS UPON WHICH THE BENEFITS ARE TO BE PAID

- 3.1. While this Annexure is in force and subject to its terms and conditions, We will, after applying the appropriate limits for each covered benefit in respect of a Disability, pay the Eligible Expenses up to the Overall Annual Limit and Overall Lifetime Limit, where applicable, as provided under this Annexure for:
- (a) Illness which existed or was diagnosed after the Waiting Period;
 - (b) Injury which occurred on or after the Risk Effective Date of this Annexure; and
 - (c) Person Covered is confined to a Hospital or is seeking medical services and/or treatments at a Hospital/Clinic/legally registered Cancer /dialysis treatment centre for Medically Necessary services and/or treatments in relation to any of the covered benefits described below as a result of an Illness or Injury.

Provided that the receipt and approval of due proof such as original bills, receipts and/or other evidence are satisfactory to Us.

- 3.2. Any reimbursement of any Eligible Expenses under this Annexure is always subject to deductible, if applicable. Deductible refers to the fixed amount that You have selected as stated in the e-CIP. You are liable to settle it at Your own expense during Any One Disability before any benefit is payable under this Annexure.

We shall pay the remaining Eligible Expenses after Your payment of the deductible, subject to the Overall Annual Limit of Your chosen plan.

Deductible is not applicable to the following benefits:

- (i) Daily Hospital Room and Board
- (ii) Out-Patient Cancer Treatment;
- (iii) Out-Patient Kidney Dialysis Treatment;

- (iv) Emergency Accidental Out-Patient Treatment;
- (v) Emergency Accidental Dental Treatment;
- (vi) Emergency Treatment; and
- (vii) Daily Cash Allowance at Malaysian Government Hospital

If You are admitted to or seek treatment at any Government Hospital, the deductible required for Your Certificate will be waived.

3.3. The covered benefits are:

3.3.1. DAILY HOSPITAL ROOM AND BOARD

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary room accommodation and meals. The benefit amount payable will be equal to the actual charges made by the Hospital during Hospitalisation of the Person Covered, subject to the maximum rate of Daily Hospital Room and Board and the limits stated in the Schedule of Benefits. The Person Covered will only be entitled to this benefit while confined to a Hospital as an in-patient. If the Person Covered is hospitalised at a published room and board rate which is higher than his eligible benefit limit, the Person Covered shall pay the difference in the room and board charge and the benefit limit.

3.3.2. INTENSIVE CARE UNIT

Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during confinement of the Person Covered as an in-patient in the Intensive Care Unit of the Hospital. The benefit amount payable will be equal to the actual charges made by the Hospital, subject to the maximum number of days and the limits as stated in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit exceeds the maximum limit set in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Hospital Room and Board rate.

No Daily Hospital Room and Board benefit will be paid for the same confinement period where the daily Intensive Care Unit benefit is payable.

3.3.3. SURGICAL FEES

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary surgery by the Specialists, including pre-surgical assessment Specialists' visits to the Person Covered and post-surgery care, subject to the maximum number of days from the date of Surgery and the limits stated in the Schedule of Benefits. If more than one (1) Surgery is performed, the total payments for all the surgeries performed shall not exceed the limits stated in the Schedule of Benefits.

3.3.4. ANAESTHETIST FEES

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary administration of anaesthesia by the anaesthetist, subject to the limits stated in the Schedule of Benefits.

3.3.5. OPERATING THEATRE

Reimbursement of the Reasonable and Customary Charges incurred for operating room

incidental to the Medically Necessary surgical procedure, subject to the limits stated in the Schedule of Benefits.

3.3.6. HOSPITAL SUPPLIES AND SERVICES

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma including the cost of blood and blood plasma, administration fees and admission kit whilst the Person Covered is confined as an in-patient in a Hospital, up to the limits stated in the Schedule of Benefits.

3.3.7. IN-HOSPITAL PHYSICIAN'S VISIT AND SPECIALIST'S VISIT

Reimbursement of the Reasonable and Customary Charges by a Physician and Specialist for Medically Necessary in-hospital visitation while confined for a non-surgical Disability subject to the limits stated in the Schedule of Benefits. For a surgical Disability, it is subjected to The Thirteenth Schedule of Private Healthcare Facilities and Services (Private Hospitals and Other Private Healthcare Facilities) Regulations 2006.

3.3.8. AMBULANCE FEES

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary domestic ambulance services (inclusive of attendant) to and/or from the Hospital of confinement. No payment will be made if the Person Covered is not hospitalised and is subject to the limits stated in the Schedule of Benefits.

3.3.9. DAY SURGERY

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment to the Person Covered on the use of recovery facility for a surgical procedure on a pre-plan basis at the Hospital/Specialist Clinic in the Hospital (but not for an overnight stay), subject to the limits stated in the Schedule of Benefits.

3.3.10. MEDICAL REPORT FEES

Reimbursement of the actual fee incurred for the completion of Medical Report up to the limits stated in the Schedule of Benefits.

3.3.11. DAILY CASH ALLOWANCE AT MALAYSIAN GOVERNMENT HOSPITAL

Payment of a cash allowance for each complete day of confinement of a covered Disability in a Malaysian Government Hospital, subject to the limits stated in the Schedule of Benefits.

3.3.12. PRE-HOSPITAL DIAGNOSTIC TESTS

Reimbursement of the Reasonable and Customary Charges incurred within sixty (60) days preceding Hospitalisation, for Medically Necessary electrocardiograms (ECG), x-ray and laboratory tests which are recommended by a qualified Medical Practitioner to perform for diagnostic purposes on account of an Injury or Illness in connection with a covered Disability, subject to the limits stated in the Schedule of Benefits.

No payment shall be made if the Person Covered does not result in Hospitalisation for the treatment of the medical condition diagnosed upon such diagnostic services. In addition, medications and consultation charged by the Medical Practitioner will not be payable.

3.3.13. PRE-HOSPITAL SPECIALIST CONSULTATION

Reimbursement of the Reasonable and Customary Charges incurred within sixty (60) days preceding Hospitalisation, for Medically Necessary first time consultation by a Specialist in connection with a covered Disability provided that such consultation has been recommended in writing by the attending Medical Practitioner, subject to the limits stated in the Schedule of Benefits.

No payment shall be made for clinical treatment (including medications and subsequent consultation after the illness is diagnosed) or where the Person Covered does not result in Hospitalisation for the treatment of the medical condition diagnosed.

3.3.14. POST-HOSPITALISATION TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred within ninety (90) days immediately following discharge from Hospital on Medically Necessary follow-up treatment by the same attending Physician, subject to the limits stated in the Schedule of Benefits. This will include Prescribed Medicines during the follow-up treatment but will not exceed the supply needed for the maximum of ninety (90) days from the date of discharge.

3.3.15. OUT-PATIENT CANCER TREATMENT

If the Person Covered is diagnosed with Cancer, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of Cancer performed at a legally registered Cancer treatment centre subject to the limits stated in the Schedule of Benefits.

Such treatment (radiotherapy or chemotherapy excluding consultation, examination tests and take home drugs) must be received at the Out-Patient department of a Hospital or a registered Cancer treatment centre immediately following discharge from Hospital confinement or Surgery.

It is a specific condition of this benefit that despite the exclusion of Pre-Existing Illness, this benefit will not be payable for any Person Covered who had been diagnosed as a Cancer patient and/or is receiving Cancer treatment prior to the Risk Effective Date of this Annexure.

3.3.16. OUT-PATIENT KIDNEY DIALYSIS TREATMENT

If the Person Covered is diagnosed with Kidney Failure, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of kidney dialysis performed at a legally registered dialysis treatment centre subject to the limits stated in the Schedule of Benefits.

Such treatment (dialysis excluding consultation, examination tests and take home drugs) must be received at the Out-Patient department of a Hospital or a registered dialysis treatment centre immediately following discharge from Hospital confinement or Surgery.

It is a specific condition of this benefit that despite the exclusion of Pre-Existing Illness, this benefit will not be payable for any Person Covered who has developed chronic renal diseases and/or is receiving dialysis treatment prior to the Risk Effective Date of this Annexure.

3.3.17. EMERGENCY ACCIDENTAL OUT-PATIENT TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment as an Out-Patient at any registered Clinic or Hospital as a result of a covered bodily Injury arising from an Accident, within twenty-four (24) hours of such Accident and subject to the limits stated in the Schedule of Benefits. Follow-up treatment by the same Doctor or same registered Clinic or Hospital for the same covered bodily Injury shall be provided up to the maximum of thirty (30) days from the date of an Accident, subject to the limits stated in the Schedule of Benefits.

3.3.18. EMERGENCY ACCIDENTAL DENTAL TREATMENT

Reimbursement of the Reasonable and Customary Charges charged by a legally registered Dentist or at a dental Clinic or Hospital within twenty-four (24) hours of the Accident for the treatment of accidental injuries to sound natural teeth subject to the limits stated in the Schedule of Benefits. Subsequent restorative, periodontal, orthodontal and prosthodontal services are not covered. Follow-up treatment by the same Dentist or same registered Clinic or Hospital for the same accidental injuries to sound natural teeth will be provided up to the maximum fourteen (14) days from the date of Accident and subject to the limits stated in the Schedule of Benefits.

3.3.19. HOME NURSING CARE BENEFIT

Reimbursement of the actual charges incurred for Medically Necessary nursing care or service rendered by a medically qualified and licensed nurse in the Person Covered's home, within seven (7) days immediately following discharge from Hospital after Hospitalisation for a period of three (3) days or more, provided that:

- 3.3.19.1. Such nursing care or service must be recommended by the attending Physician for a minimum duration of three (3) hours each day; and
- 3.3.19.2. The amount payable for this benefit shall be equal to the actual charges incurred, subject to the maximum number of days and the limits stated in the Schedule of Benefits.

Home Nursing Care provided under this Annexure includes:

- (a) Physical, occupation or speech therapies by a registered therapist; and/or
- (b) Part-time or intermittent nursing care provided under the supervision of a registered nurse; and/or
- (c) Medical social services provided under the direct supervision of a Physician.

3.3.20. ORGAN TRANSPLANT

Reimbursement of the Reasonable and Customary Charges incurred on transplantation surgery for the Person Covered being the recipient of the transplant of a kidney, heart, lung, liver or bone marrow. Payment for this benefit is applicable only once per lifetime whilst this Annexure is in force and will be subjected to the limits as stated in the Schedule of Benefits. The cost of acquisition of the organs and all costs incurred by the donors are not covered.

The above benefits will be payable from the Risk Fund.

SCHEDULE OF BENEFITS

No.	Descriptions of Benefits	Maximum Amount (in RM)							
		Plan 150	Plan 250	Plan 350	Plan 500				
A. HOSPITAL AND SURGICAL BENEFITS									
1.	Daily Hospital Room and Board <i>(No limit on number of days)</i>	150 per day	250 per day	350 per day	500 per day				
2.	Intensive Care Unit <i>(Maximum 60 days per any one disability)</i>	As charged, subject to the deductible							
3.	Surgical Fees <i>(Post-Surgery care limited to 90 days after hospital discharge)</i>								
4.	Anaesthetist Fees								
5.	Operating Theatre								
6.	Hospital Supplies and Services								
7.	In-Hospital Physician's and Specialist's Visit								
8.	Ambulance Fees								
9.	Day Surgery								
10.	Medical Report Fees					100 per disability			
11.	Daily Cash Allowance at Malaysian Government Hospital <i>(No limit on number of days)</i>					100 per day			
B. OUTPATIENT TREATMENT									
1.	Pre-Hospital Diagnostic Tests <i>(Within 60 days prior to hospitalisation)</i>	As charged, subject to the deductible							
2.	Pre-Hospital Specialist Consultation <i>(Within 60 days prior to hospitalisation)</i>								
3.	Post-Hospitalisation Benefits <i>(Within 90 days after hospital discharge)</i>								
4.	Home Nursing Care Benefit <i>(Up to 180 days lifetime)</i>								
5.	Organ Transplant <i>(Once per lifetime)</i>								
6.	Out-patient Cancer Treatment	As charged							
7.	Out-patient Kidney Dialysis Treatment								
8.	Emergency Accidental Out-patient Treatment <i>(Within 24 hours of an Accident, up to 30 days follow-up treatment)</i>								
9.	Emergency Accidental Dental Treatment <i>(Within 24 hours of an Accident, up to 14 days follow-up treatment)</i>								
C. OVERALL LIMITS [Applicable to items under both (A) & (B)]									
1.	Overall Annual Limit	300,000	500,000	700,000	1,000,000				
2.	Overall Lifetime Limit	No lifetime limit							
D. ADDITIONAL BENEFITS									
1.	International Emergency Medical Assistance Services	Yes							

EXCLUSIONS

We will not be liable to pay any benefit under this Annexure for any Hospitalisation, Surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- 4.1** Any claim caused by Pre-Existing Illness;
- 4.2** Any claim due to Illness or Specified Illnesses which occurs within the Waiting Period;
- 4.3** Any circumcision, plastic/cosmetic Surgery and related treatment (including but not limited to double eyelids, acne, keloids, scars, skin tags, diffused alopecia and hair loss) or its complications except as necessitated by Injury. Eye examination, corrective glasses, intraocular lens, Lasik, Intralase, Zyoptix, Orthoptics, visual repairmen due to refractive errors including but not limited to near-sightedness, farsightedness or astigmatism (Radial Keratotomy); the use or acquisition of external appliances or devices such as artificial limbs, external fixator, hearing aids (including cochlear apparatus) and any other internal implantable devices implanted pacemakers and prescriptions and the rental charges of such devices except during Hospital confinement;
- 4.4** Dental conditions including dental treatment or oral Surgery except as necessitated by accidental injuries to sound natural teeth, however to exclude the replacement of artificial teeth, placement of denture and prosthetic service such as implants, bridges & crowns of their replacement for accidental Injury cases;
- 4.5** Private nursing care or house calls, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related diseases, and any communicable diseases requiring quarantine by law. Diseases such as the Hand, Foot and Mouth Disease (HFMD), dengue fever and measles are not considered as communicable diseases requiring quarantine by law;
- 4.6** Any treatment, therapy or surgical operation for Congenital Condition or hereditary diseases, deformities or disabilities including but not limited to any disease or Disability of a new born contracted prior to or during birth including any of the resulted complications;
- 4.7** Pregnancy or childbirth (including any diagnostic tests), abortion, miscarriage, or prenatal or postnatal care, surgical, mechanical or chemical contraceptive methods of birth control, test or treatment related to infertility or sterilization or sexual dysfunction or sex change procedures, including any of the resulted complications;
- 4.8** Any medical care or treatment received primarily for experimental or investigative purposes, any blood and topical allergy test including patch test, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines, stem cell therapy, or examinations carried out by a Physician, or treatments specifically for weight reduction or gain or bariatric Surgery;
- 4.9** Any Out-Patient treatment unless specifically provided under this Annexure;
- 4.10** Treatment for injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind altering substance or injuries which are self-inflicted while sane or insane;
- 4.11** War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection;

- 4.12 Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
- 4.13 Expenses incurred for donation of any body organ by a Person Covered and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;
- 4.14 Investigation and treatment of sleep apnoea and snoring disorders, hyperhidrosis treatment, hormone replacement therapy including but not limited to sex hormone therapy and other alternative therapy or treatment such as but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, podiatric, herbalist treatment, hyperbaric oxygen therapy, massage or aroma therapy;
- 4.15 Care or treatment for which payment is not required or to the extent which is payable by any other takaful/insurance or indemnity covering the Person Covered and disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation takaful/insurance contract;
- 4.16 Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations);
- 4.17 Costs/expenses of services of a non-medical nature, such as television, telephones, broadband services, radios or similar facilities and other ineligible non-medical items;
- 4.18 Illness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities; or
- 4.19 Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.

GENERAL PROVISIONS

5.1 GEOGRAPHICAL TERRITORY

All benefits provided in this Annexure are applicable worldwide, twenty-four (24) hours a day subject to Clause 5.2 and Clause 5.3.

5.2 RESIDENCE OVERSEAS

No benefit will be payable for any medical treatment received by the Person Covered outside Malaysia, if the Person Covered resides or travels outside Malaysia for more than ninety (90) consecutive days.

5.3 OVERSEAS TREATMENT

If the Person Covered seeks treatment outside Malaysia for a Disability, We will reimburse an amount which is a Reasonable and Customary Charges incurred for the Medically Necessary equivalent treatment of that Disability in a Hospital in Malaysia. However, if the treatment for that Disability is not available in Malaysia, We will only reimburse an amount equivalent to the charges for the closest comparable medical care and services for the treatment of that Disability which is available in a Hospital in Malaysia.

We will not reimburse any cost of transportation to or from the place of treatment.

5.4 INCONTESTABILITY

- 5.4.1 Other than the exclusions set out in Clause 4, Clause 5.4.2 or any other provisions set out in Your Certificate, the validity of this Annexure will be indisputable after it has been in force for more than two (2) years from the Risk Effective Date of this Annexure.
- 5.4.2 If this Annexure has been in force for a period of more than two (2) years from the Risk Effective Date of this Annexure, it will not be voided by Us based on the statement(s) made or which has not been made;
- 5.4.2.1 in the proposal stage;
 - 5.4.2.2 in a report of a doctor referee, or any other person; or
 - 5.4.2.3 in a document leading to the issuance of Your Certificate,
- that is inaccurate or false or misleading. However, Your Certificate may be voided if We are able to show that the statement was on a material matter or You or the Person Covered has suppressed a Material Fact (set out in Clause 5.4.3) and that it was fraudulently made or suppressed by You or the Person Covered.
- 5.4.3 For clarification purpose, "Material Fact" means a matter of fact which, if known by Us, would have led to Our refusal to issue Your Certificate or would have led to Your Certificate to be issued with terms less favourable to You or the Person Covered.

5.5 MISREPRESENTATION / FRAUD

In the event of a misrepresentation by You or the Person Covered where this Annexure has been in force for a period of two (2) years or less, it will be handled in accordance with Schedule 9 of the Islamic Financial Services Act 2013, whereby it may result in the following:

- 5.5.1 Your Certificate being voided and all claims refused;
- 5.5.2 a variation of terms of Your Certificate;
- 5.5.3 a change in the Contribution amount; or
- 5.5.4 any other options that are appropriate based on the misrepresentation.

5.6 CERTIFICATE SERVICING

Financial changes to this Annexure, as below, as well as non-financial changes i.e. change of address, phone number etc., are allowed.

You may submit Your request to change the Plan Type to Us. Satisfactory evidence of the health of the Person Covered as well as additional Contribution may be required whenever there is a request for such change to Your Certificate. If the medical evidence proves to be unsatisfactory, We have the right to make a counter-offer or decline the request in accordance with Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

5.7 CANCELLATION OF THIS ANNEXURE

You may submit Your request to cancel this Annexure to Us. You will not be entitled to a refund of the Contribution and Your coverage will cease on the next Contribution due date.

Cancellation of this Annexure will not have any adverse effect or any impact to the validity of the claim, which has been duly admitted by Us before the effective date of cancellation of this Annexure.

5.8 SURRENDER

This Annexure will be surrendered together with the Basic Certificate once any request of surrender is submitted by You.

Surrender of this Annexure will not have any adverse effect or any impact to the validity of the claim which has been duly admitted by Us before the effective date of surrender of this Annexure.

5.9 COORDINATION OF BENEFITS

If the Person Covered received any compensation or reimbursement of medical expenses incurred from the other medical insurance/takaful or any government law or program, the benefit payable shall be limited to those medical expenses which are not fully reimbursed under such scheme.

After We have made the payment, Our responsibility will be fully discharged.

5.10 TERMINATION OF THIS ANNEXURE

The coverage under this Annexure shall terminate automatically;

- 5.10.1 upon cancellation of this Annexure;
 - 5.10.2 when the Certificate lapses;
 - 5.10.3 upon payment of surrender of the Certificate;
 - 5.10.4 upon termination of the Basic Certificate; or
 - 5.10.5 when the Certificate matures on the Expiry Date;
- and We will not refund You the Wakalah fee.

Any Contribution receipt by Us after the termination of this Annexure will not create any liability to Us but We will refund such Contribution to You without profit.

DEFINITIONS

- 1.1 “SERIOUS MEDICAL CONDITION”** means a condition which in the opinion of the Third Party Administrator (TPA) assigned by Us, constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Person Covered’s immediate or long term health prospects. The seriousness of the medical condition will be judged within the context of the Person Covered’s geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facility.

SCOPE OF SERVICES

We have entered into an agreement with the TPA where an e-medical card will be issued to the Person Covered on which to be used as a verification of the eligibility for services under this Endorsement as well as any requests for issuance of guarantee letter to the Hospital. The Person Covered must always identify himself by stating his full name and identity card number. Upon request by You and/or the Person Covered, the TPA will provide the following International Emergency Medical Assistance Services to the Person Covered, twenty-four (24) hours a day and seven (7) days a week:

2.1 INTERNATIONAL EMERGENCY MEDICAL ASSISTANCE SERVICES

The following services are applicable to the Person Covered who is traveling outside Malaysia for a period not exceeding ninety (90) consecutive days on any one (1) trip.

2.1.1 Emergency Medical Evacuation

Following a medical emergency and Hospitalisation on the Person Covered and after the consultation with the attending Medical Practitioner who determines that the local medical facility is inadequate to treat the Person Covered, the TPA will arrange for medical evacuation under constant medical supervision from the inadequate Hospital where the Person Covered is treated to the nearest Hospital with adequate medical facility which is to be decided by the TPA after duly assessment of all facts and circumstances of which the TPA is aware of at the relevant time.

We will be responsible to pay for the costs incurred as a result of such evacuation up to a maximum limit of United States Dollar One Million (USD1,000,000) only.

2.1.2 Medically Supervised Repatriation

After the consultation with the local attending Medical Practitioner, should the treatment be able to continue at a Hospital nearer to the home following stabilisation of the Person Covered, the TPA will arrange for the repatriation under constant medical supervision.

All decision as to the means of transportation and the final destination will be made by the TPA, and will be based solely upon medical necessity and all assessed facts and circumstances of which the TPA is aware of at the relevant time.

We will be responsible to pay for the costs incurred as a result of such repatriation up to a maximum limit of United States Dollar One Million (USD1,000,000) only.

2.1.3 Repatriation of Mortal Remains

On the death of the Person Covered while travelling outside his home country of origin, the TPA will arrange for the transporting of the mortal remains of the Person Covered from the place of death only to his home country of origin or the cost of local burial at the place of death as approved by the TPA.

We will be responsible for the payment to all expenses reasonably and unavoidably incurred which are applicable to this and similar services under this and all Certificates on the same Person Covered up to a maximum limit of United States Dollar Thirty Thousand (USD 30,000) only.

CONDITIONS

3.1 The provisions of services described in Section 2 are subject to the following conditions:

3.1.1 The TPA and Us will not be responsible for any third party expenses which will be Your responsibility and/or the responsibility of the Person Covered.

3.1.2 The TPA will use its best effort to provide in a timely and accurate manner the above information and referral services to the Person Covered and will exercise care and diligence in selecting the above service providers. However, the TPA cannot guarantee the quality of the above service providers and the final selection of the service provider will be Your responsibility and/or the responsibility of the Person Covered. The TPA will not be responsible for any consequential loss to You and/or the Person Covered resulting from the use of such service providers by the Person Covered or delay in communicating the above information or message.

3.2 We may revise, change and cancel any of the provisions under this Endorsement at any time without prior notice. In addition, We further reserve the right to withdraw any or all services under Section 2 above at any time by giving thirty (30) days' notice in writing to You.

EXCLUSIONS

The following treatments, events or conditions are specifically excluded:

4.1 Pre-Existing Illness as defined in the Annexure to which this Endorsement is attached.

4.2 International Emergency Medical Assistance Services or costs not approved in advance and in writing by the TPA and/or not arranged by the TPA. This exclusion will not apply to emergency medical evacuation from remote or primitive areas which the TPA cannot be contacted in advance and delay might reasonably be expected to result in loss of life or extreme prejudice to the Person Covered's prospects.

4.3 Any event occurring when the Person Covered is within the territory of Malaysia or his usual country of residence or home country.

4.4 Any expense if the Person Covered is traveling outside Malaysia or the usual country of residence which differs from the advice of a Medical Practitioner or for the purpose of obtaining medical treatment or for rest and recuperation following any prior Accident or Illness.

4.5 Any expense if the Person Covered is not suffering from a Serious Medical Condition or if the treatment can be reasonably delayed until the Person Covered returns to Malaysia or usual country of residence.

- 4.6 Any treatment or expenses related to childbirth, miscarriage (spontaneous abortion) and pregnancy (except abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn children).
- 4.7 Any expenses related to sickness or Injury arising from racing of any kind (except foot racing), sports exhibitions, bungee jumping, mountaineering or rock climbing necessitating use of guides or ropes. Scuba diving, aeronautics or aviation activities other than as a fare paying passenger in a properly licensed commercial or private aircraft or professional sports.
- 4.8 Any expenses incurred for emotional, mental illness and psychiatric disorder as opposed to physical and strictly medical reason.
- 4.9 Self-inflicted Injury, suicide or attempted suicide, drug addiction or abuse, alcohol abuse, sexually transmitted diseases, acquired immune deficiency syndrome (AIDS) or any AIDS related conditions or diseases.
- 4.10 The cost of burial in the Person Covered's home country.
- 4.11 If the Person Covered is participating or engaging in war or any act of war, whether the war is declared or not, invasion acts of foreign enemies, hostilities, rebellion, revolution, insurrection, military or usurped power, active servicing in any of the military or armed forces other than peace time reservist training and illegal activities.
- 4.12 If the Person Covered is suffering from any condition resulting from ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- 4.13 Failure by the Person Covered to take reasonable precautions following warnings of any intended strike, riot or civil commotion via the mass media.
- 4.14 The cost of transporting the Person Covered by means of the Person Covered's owned or leased watercraft unless is agreed in writing by the TPA prior to making such transportation arrangement.

CANCELLATION

This Endorsement is cancelled on the date of termination of the Annexure to which this Endorsement is attached.

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The coverage under this Annexure is provided to the Person Covered as named in the e-CIP of the Basic Certificate managed by Us to which this Annexure is attached.

This Annexure forms part of the Basic Certificate and is valid only if the Basic Certificate is valid. In addition, this Annexure is subject to the terms and conditions of the Basic Certificate unless stated otherwise in this Annexure.

DEFINITIONS

Unless otherwise indicated in this Annexure, the terms and expressions used in this Annexure shall bear the same meanings as the terms and expressions used in the Basic Certificate.

- 1.1 "ACCIDENT"** means a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily Injury.
- 1.2 "DAILY HOSPITAL CASH BENEFIT"** means a daily cash amount provided to the Person Covered under this Annexure shown as Sum Covered under the Schedule of Benefits and Contributions in the e-CIP or in a subsequent Endorsement issued by Us.
- 1.3 "DISABILITY"** means a sickness, disease, illness, or the entire Injury arising out of a single or continuous series of causes.
- 1.4 "HOSPITAL"** means only an establishment duly constituted and registered as a Hospital for the care and treatment of a sick and injured person as paying bed-patients, and which:
- (a) has facilities for diagnosis and major surgery;
 - (b) provides twenty-four (24) hour a day nursing services by registered and graduate nurses;
 - (c) is under the supervision of a Medical Practitioner; and
 - (d) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.
- 1.5 "HOSPITALISATION"** means admission to a Hospital as a registered in-patient for a continuous period of at least twenty-four (24) consecutive hours on Medically Necessary treatments for a covered Disability upon recommendation of a Medical Practitioner. A patient shall not be considered as an in-patient if the patient does not physically stay in the Hospital for the whole period of confinement.
- 1.6 "INJURY"** means bodily Injury caused solely by Accident.
- 1.7 "ILLNESS"** means a physical condition marked by a pathological deviation from the normal healthy state. Illness could also mean sickness or disease.
- 1.8 "INTENSIVE CARE UNIT" or "ICU"** means a section within a Hospital which is designated as an Intensive Care Unit by the Hospital, and which is maintained on a twenty-four (24) hour basis solely for the treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.
- 1.9 "MEDICALLY NECESSARY"** means a medical service which is:
- (a) consistent with the diagnosis and customary medical treatment for a covered Disability;
 - (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
 - (c) not for the convenience of the Person Covered or the Medical Practitioner, and unable to be reasonably rendered out of Hospital (if admitted as an in-patient)
 - (d) not of an experimental, investigational or research nature, preventive or screening nature; and
 - (e) for which the charges are fair and reasonable and customary for the Disability.

- 1.10 “MEDICAL PRACTITIONER”** means a person who is qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Participant or the Person Covered.
- 1.11 “PRE-EXISTING ILLNESS”** means any Disability, Injury, sickness, disease or Illness (physical or mental) that You or the Person Covered has reasonable knowledge of prior to the Risk Effective Date or any Reinstatement Date of this Annexure, whichever is later. You or the Person Covered may be considered to have reasonable knowledge of a pre-existing condition where the condition is one (1) for which:
- (a) the Person Covered had received or is receiving treatment;
 - (b) medical advice, diagnosis, care or treatment has been recommended;
 - (c) clear and distinct symptoms are or were evident; or
 - (d) its existence would have been apparent to a reasonable person in the circumstances.
- 1.12 “SPECIFIED ILLNESS”** means the following disabilities and its related complications, occurring within the first one hundred and twenty (120) days from the Risk Effective Date or the Reinstatement Date of this Annexure:
- (a) Hypertension, diabetes mellitus and cardiovascular Disease;
 - (b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system;
 - (c) All ear, nose (including sinuses) and throat conditions;
 - (d) Hernias, haemorrhoids, fistulae, hydrocele or varicocele;
 - (e) Endometriosis, including Disease of the female reproduction system; or
 - (f) Vertebro-spinal disorders (including disc) and knee conditions.
- 1.13 “WAITING PERIOD”** means the first thirty (30) days between the beginning of a Person Covered's Disability and the Risk Effective Date or any Reinstatement Date of this Annexure, whichever is later, except for Accidental Injury and Specified Illness. For Specified Illness, the Waiting Period is one hundred and twenty (120) days.

If there is a break in coverage, the Waiting Period shall apply again from the Reinstatement Date of this Annexure.

There is no Waiting Period for Accidental Injury.

DESCRIPTION OF CONTRIBUTION AND CHARGES

2.1 CONTRIBUTION

This Annexure is issued in consideration of Your application and the payment of the additional Contribution specified in the e-CIP or in a subsequent Endorsement issued by Us at the same interval and on the same due date as the Contribution under the Basic Certificate starting from the Commencement Date of this Annexure up to and including the final Contribution due date.

While this Annexure is in force, all Contributions are to be paid in advance on the due date based on the Daily Hospital Cash Benefit, Age at Entry and gender of the Person Covered throughout the Coverage Term of this Annexure. Extra Contribution may be imposed depending on the occupation and health conditions of the Person Covered, subject to Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

The Contribution payable will be credited to the PA. Thereafter, Wakalah fee, Tabarru' and Service Charge, as specified in Clause 2.2 and Clause 2.3 below, will be deducted subject to the terms and conditions of

the Basic Certificate and this Annexure.

2.2 FEES AND CHARGES

2.2.1 WAKALAH FEE

The Wakalah fee chargeable under this Annexure is as stated in Your e-CIP.

The Wakalah fee will be deducted upon payment of the Contribution.

2.2.2 SERVICE CHARGE

Monthly Service Charge will be deducted monthly, from the PA and/or ILF(s), where applicable, on each Monthly Anniversary of this Certificate throughout the Coverage Term of this Annexure.

The Service Charge under this Annexure is Ringgit Malaysia One (RM1) per month.

2.3 TABARRU'

2.3.1 The monthly Tabarru' amount will be calculated based on:

- (a) the Daily Hospital Cash Benefit; and
- (b) the Tabarru' rate at the Attained Age and gender of the Person Covered.

2.3.2 If the Person Covered is medically impaired and/or has a hazardous job or activity, extra Tabarru' may be charged subject to Our underwriting decision.

2.3.3 The monthly Tabarru' amount will be deducted monthly beginning from the Commencement Date up to and including the Monthly Anniversary immediately prior to the Expiry Date.

2.3.4 The monthly Tabarru' amount will continue to be deducted from the PA and/or ILF(s), where applicable, to the Risk Fund regardless of whether You have made further Contribution under this Annexure.

2.3.5 The Tabarru' rates are not guaranteed. We may revise the Tabarru' rates in the future in the event of high claims experience. The revision of Tabarru' rates will apply to all Person Covered regardless of their claims experience.

All the above fees, charges and Tabarru' are not guaranteed. If there is any revision, You will be notified by Us at least thirty (30) days before it takes effect. The revised fees, charges and Tabarru' will only apply at the next Certificate Anniversary.

EVENTS UPON WHICH THE BENEFITS ARE TO BE PAID

While this Annexure is in force and subject to its terms and conditions, We will pay the following benefits prior to the Expiry Date:

3.1 One hundred percent (100%) of the Daily Hospital Cash Benefit for each complete day of admission in the normal ward of a Hospital, up to a maximum of one hundred and eighty (180) days of Hospitalisation per Certificate Year; or

- 3.2** Two hundred percent (200%) of the Daily Hospital Cash Benefit for each complete day of admission in the ICU of a Hospital, up to a maximum of thirty (30) days for any one (1) Disability.

If the admission of the Person Covered occurred prior to the Certificate Anniversary on which the Person Covered attains the age of one (1) or two (2) years next birthday, the Daily Hospital Cash Benefit shall be adjusted as below:

- (a) Fifty percent (50%) of the Daily Hospital Cash Benefit for each complete day of admission in the normal ward of a Hospital, up to a maximum of one hundred and eighty (180) days of Hospitalisation per Certificate Year; or
- (b) Seventy-five percent (75%) of the Daily Hospital Cash Benefit for each complete day of admission in the ICU of a Hospital, up to a maximum of thirty (30) days for any one (1) Disability.

Provided that:

- (a) the Person Covered is hospitalized for a minimum period of twenty-four (24) hours consecutively due to any Disability after the Waiting Period or Accident; and
- (b) receipt and approval of due proof that the Person Covered is confined to a Hospital in Malaysia as an in-patient on the recommendation of a Medical Practitioner is furnished to Us.

For the avoidance of doubt, no Daily Hospital Cash Benefit in the normal ward shall be paid for the same confinement period where the Daily Hospital Cash Benefit for ICU admission is payable and vice versa.

Total amount of Daily Hospital Cash Benefit payable by Us shall be limited to Ringgit Malaysia Five Hundred (RM 500) under this and all myHospital Cash coverage as well as any future Hospital cash/income plan coverage by any name or descriptions, covering the same Person Covered.

The above benefits will be payable from the Risk Fund.

EXCLUSIONS

We will not be liable to pay any benefit under this Annexure for Hospitalisation caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- 4.1 Pre-Existing Illness;
- 4.2 Hospitalisation caused by Illness or Specified Illness which occurs within the Waiting Period;
- 4.3 Pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical, or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilisation.
- 4.4 Psychotic, mental, or nervous disorders, including any neuroses and their physiological or psychosomatic manifestation.
- 4.5 Illness or Injury arising under the influence of alcohol, narcotics, or mind altering substance.
- 4.6 War or any act of war, declared or undeclared, criminal, or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
- 4.7 Ionising, radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- 4.8 Any breach of law by the Person Covered or any assault provoked by him.
- 4.9 Attempted suicide or intentionally self-inflicted Injury whilst sane or insane.
- 4.10 Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- 4.11 Illness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
- 4.12 Acquired Immunodeficiency Syndrome (AIDS), infection by Human Immunodeficiency Virus (HIV) or related conditions.
- 4.13 Hospitalisation that is considered as not reasonable and Medically Necessary in accordance with the diagnosis and treatment of the condition.
- 4.14 Routine medical examination or consultation, cosmetic or dental care and treatment or plastic surgery, organ or tissue donation, gender transformation, experimental or elective surgery or congenital anomalies.

GENERAL PROVISIONS

5.1 INCONTESTABILITY

5.1.1 Other than the exclusions set out in Clause 4, Clause 5.1.2 or any other provisions set out in Your Certificate, the validity of this Annexure will be indisputable after it has been in force for more than two (2) years from the Risk Effective Date of this Annexure.

5.1.2 If this Annexure has been in force for a period of more than two (2) years from the Risk Effective Date of this Annexure, it will not be voided by Us based on the statement(s) made or which has not been made;

5.1.2.1 in the proposal stage;

5.1.2.2 in a report of a doctor referee, or any other person; or

5.1.2.3 in a document leading to the issuance of Your Certificate,

that is inaccurate or false or misleading. However, Your Certificate may be voided if We are able to show that the statement was on a material matter or You or the Person Covered has suppressed a Material Fact (set out in Clause 5.1.3) and that it was fraudulently made or suppressed by You or the Person Covered.

5.1.3 For clarification purpose, "Material Fact" means a matter of fact which, if known by Us, would have led to Our refusal to issue Your Certificate or would have led to Your Certificate to be issued with terms less favourable to You or the Person Covered.

5.2 MISREPRESENTATION / FRAUD

In the event of a misrepresentation by You or the Person Covered where this Annexure has been in force for a period of two (2) years or less, it will be handled in accordance with Schedule 9 of the Islamic Financial Services Act 2013, whereby it may result in the following:

5.2.1 Your Certificate being voided and all claims refused;

5.2.2 a variation of terms of Your Certificate;

5.2.3 a change in the Contribution amount; or

5.2.4 any other options that are appropriate based on the misrepresentation.

5.3 CERTIFICATE SERVICING

Financial changes to this Annexure, as below, as well as non-financial changes i.e. change of address, phone number etc., are allowed.

You may submit Your request to revise the Daily Hospital Cash Benefit to Us. Satisfactory evidence of the health of the Person Covered as well as additional Contribution may be required whenever there is a request for such change to Your Certificate. If the medical evidence proves to be unsatisfactory, We have the right to make a counter-offer or decline the request in accordance with Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

5.4 CANCELLATION OF THIS ANNEXURE

You may submit Your request to cancel this Annexure to Us. You will not be entitled to a refund of the Contribution and Your coverage will cease on the next Contribution due date.

Cancellation of this Annexure will not have any adverse effect or any impact to the validity of the claim, which has been duly admitted by Us before the effective date of cancellation of this Annexure.

5.5 SURRENDER

This Annexure will be surrendered together with the Basic Certificate once any request of surrender is submitted by You.

Surrender of this Annexure will not have any adverse effect or any impact to the validity of the claim which has been duly admitted by Us before the effective date of surrender of this Annexure.

5.6 TERMINATION OF THIS ANNEXURE

The coverage under this Annexure shall terminate automatically;

- 5.6.1 upon cancellation of this Annexure;
 - 5.6.2 when the Certificate lapses;
 - 5.6.3 upon payment of surrender of the Certificate;
 - 5.6.4 upon termination of the Basic Certificate; or
 - 5.6.5 when the Certificate matures on the Expiry Date;
- and We will not refund You the Wakalah fee.

Any Contribution receipt by Us after the termination of this Annexure will not create any liability to Us but We will refund such Contribution to You without profit.

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The coverage under this Annexure is provided to the Person Covered as named in the e-CIP of the Basic Certificate managed by Us to which this Annexure is attached.

This Annexure forms part of the Basic Certificate and is valid only if the Basic Certificate is valid. In addition, this Annexure is subject to the terms and conditions of the Basic Certificate unless stated otherwise in this Annexure.

DEFINITIONS

Unless otherwise indicated in this Annexure, the terms and expressions used in this Annexure shall bear the same meanings as the terms and expressions used in the Basic Certificate.

- 1.1 "ACCIDENT"** means a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily Injury.
- 1.2 "ACTIVITIES OF DAILY LIVING"** are as follows:
- (a) Transfer
Getting in and out of a chair without requiring physical assistance.
 - (b) Mobility
The ability to move from room to room without requiring any physical assistance.
 - (c) Continence
The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
 - (d) Dressing
Putting on and taking off all necessary items of clothing without requiring assistance of another person.
 - (e) Bathing / Washing
The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
 - (f) Eating
All tasks of getting food into the body once it has been prepared.
- 1.3 "ASSESSMENT PERIOD"** means the period during which We will assess a condition before deciding whether or not the condition qualifies as being Permanent. The Assessment Period will be for the minimum period time frame stated in the relevant definition and will not be longer than twelve (12) months (provided all required evidence has been submitted).
- 1.4 "INJURY"** means bodily Injury caused solely by Accident.
- 1.5 "IRREVERSIBLE"** means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.
- 1.6 "MEDICAL PRACTITIONER"** means a person who is qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Participant or the Person Covered.
- 1.7 "MEDICAL STAFF"** is defined as doctors (general physicians and specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentists, dental nurses or ambulance workers who are working in a medical centre or hospital or dental clinic/ polyclinic in Malaysia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health of Malaysia.

- 1.8** **"NEUROLOGIST"** means a Medical Practitioner who is board certified in neurology and a Fellow of the Neurological Society in either the United Kingdom, the United States of America, Canada or Australia.
- 1.9** **"PERMANENT"** means expected to last throughout the lifetime of the Person Covered.
- 1.10** **"PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS"** means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Person Covered. Symptoms that are covered include numbness, paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
- 1.11** **"WAITING PERIOD"** means the first sixty (60) days from the Risk Effective Date or Reinstatement Date of this Annexure, whichever is later, for Cancer, heart attack, coronary artery by-pass surgery, serious coronary artery disease and angioplasty and other invasive treatments for coronary artery disease. For critical illnesses (as defined in Clause 3.2) other than the above, the Waiting Period means the first thirty (30) days from the Risk Effective Date or Reinstatement Date of this Annexure, whichever is later. If there is a break in coverage, the Waiting Period shall apply again from the Reinstatement Date of this Annexure.

DESCRIPTION OF CONTRIBUTION AND CHARGES

2.1 CONTRIBUTION

This Annexure is issued in consideration of Your application and the payment of the additional Contribution specified in the e-CIP or in a subsequent Endorsement issued by Us at the same interval and on the same due date as the Contribution under the Basic Certificate starting from the Commencement Date of this Annexure up to and including the final Contribution due date.

While this Annexure is in force, all Contributions are to be paid in advance on the due date based on the Sum Covered of this Annexure, Age at Entry and gender of the Person Covered throughout the Coverage Term of this Annexure. Extra Contribution may be imposed depending on the occupation and health conditions of the Person Covered, subject to Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

The Contribution payable will be credited to the PA. Thereafter, Wakalah fee, Tabarru' and Service Charge, as specified in Clause 2.2 and Clause 2.3 below, will be deducted subject to the terms and conditions of the Basic Certificate and this Annexure.

2.2 FEES AND CHARGES

2.2.1 WAKALAH FEE

The Wakalah fee chargeable under this Annexure is as stated in Your e-CIP.

The Wakalah fee will be deducted upon payment of the Contribution.

2.2.2 SERVICE CHARGE

Monthly Service Charge will be deducted monthly, from the PA and/or ILF(s), where applicable, on each Monthly Anniversary of this Certificate, throughout the Coverage Term of this Annexure.

The Service Charge under this Annexure is Ringgit Malaysia One (RM1) per month.

2.3 TABARRU'

- 2.3.1 The monthly Tabarru' amount will be calculated based on:
- (a) the Sum Covered of this Annexure; and
 - (b) the Tabarru' rate at the Attained Age and gender of the Person Covered.
- 2.3.2 If the Person Covered is medically impaired and/or has a hazardous job or activity, extra Tabarru' may be charged subject to Our underwriting decision.
- 2.3.3 The monthly Tabarru' amount will be deducted monthly beginning from the Commencement Date up to and including the Monthly Anniversary immediately prior to the Expiry Date.
- 2.3.4 The monthly Tabarru' amount will continue to be deducted from the PA and/or ILF(s), where applicable, to the Risk Fund regardless of whether You have made further Contribution under this Annexure.
- 2.3.5 The Tabarru' rates are not guaranteed. We may revise the Tabarru' rates in the future in the event of high claims experience. The revision of Tabarru' rates will apply to all Person Covered regardless of their claims experience.

All the above fees, charges and Tabarru' are not guaranteed. If there is any revision, You will be notified by Us at least thirty (30) days before it takes effect. The revised fees, charges and Tabarru' will only apply at the next Certificate Anniversary.

EVENTS UPON WHICH THE BENEFITS ARE TO BE PAID

3.1 CRITICAL ILLNESS BENEFIT

While this Annexure is in force and subject to its terms, conditions and the Waiting Period, in the event the Person Covered is diagnosed with a critical illness as defined in Clause 3.2 below prior to the Expiry Date, We will pay the Sum Covered of this Annexure.

Provided that:

- 3.1.1 The critical illness for which a claim is made must be diagnosed by a Medical Practitioner and supported by acceptable clinical, radiological, histological and laboratory evidence satisfactory to Us.
- 3.1.2 If a valid critical illness claim has been made under this Annexure, no future benefit will be payable for the same critical illness.
- 3.1.3 The aggregate amount of benefits paid under this Annexure taken together should not exceed a total of one hundred percent (100%) of the Sum Covered of this Annexure regardless of the number of critical illnesses the Person Covered has suffered at any time.
- 3.1.4 A claim made under this Annexure will reduce the Sum Covered of the Basic Certificate for the same amount paid under this Annexure. Once the Sum Covered of the Basic Certificate has been fully paid, the Basic Certificate will be terminated automatically.
- 3.1.5 If the critical illness occurred prior to the Certificate Anniversary on which the Person Covered attains the age of five (5) years next birthday, the Sum Covered of this Annexure shall be reduced in accordance with the table below, based on his age next birthday

Age Next Birthday on the Date of Diagnosis of the Critical Illness	Revised Amount of Benefit (% of the Sum Covered of this Annexure)
One (1)	20
Two (2)	40
Three (3)	60
Four (4)	80
Five (5) and above	100

Upon the full payment of the revised amount of benefit as per the table above, this Annexure will be terminated automatically.

- 3.1.6 Total amount of Sum Covered payable by Us shall be limited to Ringgit Malaysia Two Million (RM2,000,000) under this and all myCritical Illness coverage, myMultipay Critical Illness coverage and any future critical illness coverage by any name or descriptions, covering the same Person Covered.

3.2 DEFINITION OF CRITICAL ILLNESSES

3.2.1 HEART ATTACK - OF SPECIFIED SEVERITY

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

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

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

For the above definition, the following are not covered:

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

3.2.2 STROKE – RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in Permanent Neurological Deficit With Persisting Clinical Symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a Neurologist. A minimum Assessment Period of three (3) months applies.

For the above definition, the following are not covered:

- (a) Transient ischemic attacks;
- (b) Cerebral symptoms due to migraine;
- (c) Traumatic Injury to brain tissue or blood vessels; and
- (d) Vascular disease affecting the eye or optic nerve or vestibular functions.

3.2.3 **CANCER – OF SPECIFIED SEVERITY AND DOES NOT COVER VERY EARLY CANCERS**

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

For the above definition, the following are not covered:

- (a) All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - carcinoma in situ;
 - having borderline malignancy; and/or
 - having malignant potential;
- (b) All tumors of the prostate histologically classified as T1N0M0 (TNM classification);
- (c) All tumors of the thyroid histologically classified as T1N0M0 (TNM classification);
- (d) All tumors of the urinary bladder histologically classified as T1N0M0 (TNM classification);
- (e) Chronic Lymphocytic Leukemia less than RAI Stage 3;
- (f) All cancers in the presence of HIV; and
- (g) Any skin cancer other than malignant melanoma.

3.2.4 **CORONARY ARTERY BY-PASS SURGERY**

Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.

For the above definition, the following are not covered:

- (a) angioplasty;
- (b) other intra-arterial or catheter based techniques;
- (c) keyhole procedures; and
- (d) laser procedures.

3.2.5 **SERIOUS CORONARY ARTERY DISEASE**

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

3.2.6 **ANGIOPLASTY AND OTHER INVASIVE TREATMENTS FOR CORONARY ARTERY DISEASE**

The actual undergoing of Coronary Artery Balloon Angioplasty, atherectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one (1) or more coronary arteries as shown by angiographic evidence, for the first time.

Intra-arterial investigative procedures are not covered. Payment under this clause is limited to ten percent (10%) of the critical illness coverage under this Annexure subject to a maximum of Ringgit Malaysia Twenty Five Thousand (RM 25,000). This covered event is payable only once and shall be deducted from the Sum Covered amount of this Annexure, thereby reducing the amount of the Sum Covered which may be payable subsequently under this Annexure.

3.2.7 **CARDIOMYOPATHY – OF SPECIFIED SEVERITY**

A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in Permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.

The New York Heart Association Classification of Cardiac Impairment for Class III and Class IV means the following:

- (a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- (b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Cardiomyopathy directly related to alcohol or drug abuse is not covered.

3.2.8 **HEART VALVE SURGERY**

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

For the above definition, the following are not covered:

- (a) Repair via intra-arterial procedure; and
- (b) Repair via key-hole surgery or any other similar techniques.

3.2.9 **SURGERY TO AORTA**

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

For the above definition, the following are not covered:

- (a) angioplasty;
- (b) other intra-arterial or catheter based techniques;
- (c) other keyhole procedures; and
- (d) laser procedures.

3.2.10 **PRIMARY PULMONARY ARTERIAL HYPERTENSION – OF SPECIFIED SEVERITY**

A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in Permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.

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

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

- (a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- (b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

3.2.11 MULTIPLE SCLEROSIS

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

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

3.2.12 ALZHEIMER'S DISEASE / SEVERE DEMENTIA

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

From the above definition, the following are not covered:

- (a) Non organic brain disorders such as neurosis;
- (b) Psychiatric illnesses; and
- (c) Drug or alcohol related brain damage.

3.2.13 MOTOR NEURON DISEASE - PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

A definite diagnosis of motor neuron disease by a Neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be Permanent Neurological Deficit With Persisting Clinical Symptoms.

3.2.14 PARKINSON'S DISEASE - RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

- (a) Cannot be controlled with medication;
- (b) Shows signs of progressive impairment; and
- (c) Confirmation of the Permanent inability of the Person Covered to perform without assistance three (3) or more of the Activities of Daily Living.

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

3.2.15 ENCEPHALITIS - RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

Encephalitis in the presence of HIV infection is not covered.

3.2.16 BACTERIAL MENINGITIS – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

The diagnosis must be confirmed by:

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

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

3.2.17 BENIGN BRAIN TUMOR - OF SPECIFIED SEVERITY

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

- (a) It is life threatening;
- (b) It has caused damage to the brain;
- (c) It has undergone surgical removal or has caused Permanent Neurological Deficit With Persisting Clinical Symptoms; and
- (d) Its presence must be confirmed by a Neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.

The following are not covered:

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

3.2.18 BRAIN SURGERY

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

For the above definition, the following are not covered:

- (a) Burr hole procedures;
- (b) Transsphenoidal procedures;
- (c) Endoscopic assisted procedures or any other minimally invasive procedures; and
- (d) Brain surgery as a result of an Accident.

3.2.19 MAJOR HEAD TRAUMA - RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

3.2.20 FULMINANT VIRAL HEPATITIS

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

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

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

3.2.21 END-STAGE LIVER FAILURE

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

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

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

3.2.22 END-STAGE LUNG DISEASE

End-stage lung disease causing chronic respiratory failure.

All of the following criteria must be met:

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

3.2.23 CHRONIC APLASTIC ANEMIA - RESULTING IN PERMANENT BONE MARROW FAILURE

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

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

The diagnosis must be confirmed by a bone marrow biopsy.

3.2.24 MUSCULAR DYSTROPHY

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

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

No benefit will be payable under this covered event before the Person Covered has reached the age of twelve (12) years next birthday.

3.2.25 **KIDNEY FAILURE - REQUIRING DIALYSIS OR KIDNEY TRANSPLANT**

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

3.2.26 **BLINDNESS – PERMANENT AND IRREVERSIBLE**

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

3.2.27 **DEAFNESS – PERMANENT AND IRREVERSIBLE**

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

3.2.28 **LOSS OF SPEECH**

Total, Permanent and Irreversible loss of the ability to speak as a result of Injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm Injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.

All psychiatric related causes are not covered.

3.2.29 **THIRD DEGREE BURNS – OF SPECIFIED SEVERITY**

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

3.2.30 **MAJOR ORGAN / BONE MARROW TRANSPLANT**

The receipt of a transplant of:

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

Other stem cell transplants are not covered.

3.2.31 **PARALYSIS OF LIMBS**

Total, Permanent and Irreversible loss of use of both arms or both legs, or of one (1) arm and one (1) leg, through paralysis caused by illness or Injury. A minimum Assessment Period of six (6) months applies.

3.2.32 **COMA – RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS**

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety-six (96) hours, requiring the use of life support systems and resulting in a Permanent Neurological Deficit With Persisting Clinical Symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a Neurologist must be present.

The following is not covered:

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

3.2.33 **SYSTEMIC LUPUS ERYTHEMATOSUS WITH SEVERE KIDNEY COMPLICATIONS**

A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist.

For this definition, the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered.

WHO Lupus Classification:

Type III - Focal Segmental glomerulonephritis

Type IV - Diffuse glomerulonephritis

Type V - Membranous glomerulonephritis

3.2.34 **LOSS OF INDEPENDENT EXISTENCE**

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

3.2.35 **HIV INFECTION DUE TO BLOOD TRANSFUSION**

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

- (a) The blood transfusion was medically necessary or given as part of a medical treatment;
- (b) The blood transfusion was received in Malaysia or Singapore after the commencement of this Annexure;
- (c) The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;
- (d) The Person Covered does not suffer from hemophilia; and
- (e) The Person Covered is not a member of any high risk groups including but not limited to intravenous drug users.

3.2.36 **FULL-BLOWN AIDS**

The clinical manifestation of AIDS (Acquired Immuno-Deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, the Person Covered must have a CD4 cell count of less than two hundred (200)/ μ L and one (1) or more of the following criteria are met:

- (a) Weight loss of more than ten percent (10%) of body weight over a period of six (6) months or less (wasting syndrome);

- (b) Kaposi Sarcoma;
- (c) Pneumocystis Carinii Pneumonia;
- (d) Progressive multifocal leukoencephalopathy;
- (e) Active Tuberculosis;
- (f) Less than one-thousand (1000) Lymphocytes; and
- (g) Malignant Lymphoma.

3.2.37 OCCUPATIONALLY ACQUIRED HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

Infection with the Human Immunodeficiency Virus (only if the Person Covered is a Medical Staff), where it was acquired as a result of an Accident occurring within six (6) months of the Accident. Any Accident giving rise to a potential claim must be reported to Us within thirty (30) days of the Accident taking place supported by a negative HIV test taken within seven (7) days of the Accident.

3.2.38 TERMINAL ILLNESS

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

3.2.39 MEDULLARY CYSTIC DISEASE

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

3.2.40 APALLIC SYNDROME (i.e. Persistent Vegetative State)

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be confirmed by a consultant Neurologist holding such an appointment at an approved hospital. This condition must be medically documented for at least one (1) month.

3.2.41 CHRONIC AUTOIMMUNE HEPATITIS

A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The diagnosis must be based on all of the following criteria:

- (a) Hypergammaglobulinaemia;
- (b) The presence of at least one (1) of the following autoantibodies:
 - (i) Anti-nuclear antibodies;
 - (ii) Anti-smooth muscle antibodies;
 - (iii) Anti-actin antibodies;
 - (iv) Anti-LKM-1 antibodies;
 - (v) Anti-LC1 antibodies; or
 - (vi) Anti-SLA/LP antibodies
- (c) Liver biopsy confirmation of the diagnosis of auto-immune hepatitis.

This is only covered if the Person Covered has been put on continuous immunosuppressive therapy for a period of at least six (6) months and the diagnosis must be confirmed by a specialist in gastroenterology or hepatology.

3.2.42 **CHRONIC RELAPSING PANCREATITIS**

More than three (3) attacks of pancreatitis resulting in Permanent pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP).

Chronic Relapsing Pancreatitis caused by alcohol consumption or drug abuse is excluded.

3.2.43 **CREUTZFELDT-JAKOB DISEASE**

The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, accompanied by signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis which is solely responsible for the Person Covered's Permanent inability to perform at least three (3) of the listed Activities of Daily Living.

These conditions have to be medically documented for at least six (6) months and confirmed by a consultant Neurologist based on conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computerized Tomography (CT) scan and Magnetic Resonance Imaging (MRI).

Sickness caused by human growth hormone treatment is excluded.

3.2.44 **EBOLA HEMORRHAGIC FEVER**

The infection with the Ebola virus causing fever and internal or external bleeding.

All of the following criteria must be met:

- (a) Presence of the Ebola virus has been confirmed by laboratory testing;
- (b) Mucosal or gastrointestinal bleeding has occurred; and
- (c) The diagnosis of Ebola Hemorrhagic Fever must be confirmed by a specialist Medical Practitioner.

3.2.45 **ELEPHANTIASIS**

The Elephantiasis is the result and complication of filariasis, characterized by massive swelling in the tissues of the body as a result of Permanent obstructed circulation in lymphatic vessels, resulting in Permanent inability of the Person Covered to perform at least three (3) of the listed Activities of Daily Living.

Unequivocal diagnosis of Elephantiasis must be clinically confirmed by a specialist in infectious disease or specialist in the relevant field, including laboratory confirmation of microfilariae.

Lymphoedema caused by infection with a sexually transmitted disease, trauma, postoperative scarring, congestive heart failure or congenital lymphatic system abnormalities are excluded.

3.2.46 **POLIOMYELITIS**

The occurrence of Poliomyelitis where the following conditions are met:

- (a) Poliovirus is identified as the cause; and
- (b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months.

3.2.47 **PROGRESSIVE SCLERODERMA**

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

3.2.48 **SEVERE EISENMENGER'S SYNDROME**

Severe Eisenmenger's Syndrome shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder.

Both of the following criteria must be met:

- (a) Presence of Permanent physical impairment classified as NYHA IV; and
- (b) The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered Medical Practitioner who is a cardiologist.

The above benefits will be payable from the Risk Fund.

EXCLUSIONS

We will not be liable to pay any benefit under this Annexure for critical illness resulting directly or indirectly from any of the following causes:

- 4.1** Critical illness which has existed at the Risk Effective Date or at any Reinstatement Date of this Annexure, whichever is later;
- 4.2** Critical illness for which:
 - 4.2.1** Any condition which existed or was diagnosed during the Waiting Period or after the expiry of the Waiting Period but which is related to a condition which existed or was diagnosed during the Waiting Period, except for critical illness contracted due to Injury; or
 - 4.2.2** signs and symptoms existed before or during the Waiting Period which would prompt a reasonable person to seek medical care or attention, though the resulting diagnosis may occur before or after the expiry of the Waiting Period.
- 4.3** A claim for a critical illness described in 4.2.1 and/or 4.2.2 above will not be admissible only because notification of the said claim was given to Us after the expiry of the Waiting Period.
- 4.4** Any diseases directly or indirectly, caused by or contributed to by nuclear weapons material, ionising, radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. Solely for the purpose of this exclusion, combustion will include any self-sustaining process of nuclear fission.
- 4.5** While under the influence of alcohol, narcotics, or mind altering substance.
- 4.6** Self-inflicted injuries, while sane or insane.

GENERAL PROVISIONS

5.1 INCONTESTABILITY

- 5.1.1** Other than the exclusions set out in Clause 4, Clause 5.1.2 or any other provisions set out in Your Certificate, the validity of this Annexure will be indisputable after it has been in force for more than two (2) years from the Risk Effective Date of this Annexure.
- 5.1.2** If this Annexure has been in force for a period of more than two (2) years from the Risk Effective Date of this Annexure, it will not be voided by Us based on the statement(s) made or which has not been made;
 - 5.1.2.1** in the proposal stage;
 - 5.1.2.2** in a report of a doctor referee, or any other person; or
 - 5.1.2.3** in a document leading to the issuance of Your Certificate,

that is inaccurate or false or misleading. However, Your Certificate may be voided if We are able to show that the statement was on a material matter or You or the Person Covered has suppressed a Material Fact (set out in Clause 5.1.3) and that it was fraudulently made or suppressed by You or the Person Covered.

5.1.3 For clarification purpose, "Material Fact" means a matter of fact which, if known by Us, would have led to Our refusal to issue Your Certificate or would have led to Your Certificate to be issued with terms less favourable to You or the Person Covered.

5.2 MISREPRESENTATION / FRAUD

In the event of a misrepresentation by You or the Person Covered where this Annexure has been in force for a period of two (2) years or less, it will be handled in accordance with Schedule 9 of the Islamic Financial Services Act 2013, whereby it may result in the following:

- 5.2.1 Your Certificate being voided and all claims refused;
- 5.2.2 a variation of terms of Your Certificate;
- 5.2.3 a change in the Contribution amount; or
- 5.2.4 any other options that are appropriate based on the misrepresentation.

5.3 CERTIFICATE SERVICING

Financial changes to this Annexure, as below, as well as non-financial changes i.e. change of address, phone number etc., are allowed.

You may submit Your request to revise the Sum Covered of this Annexure to Us. Satisfactory evidence of the health of the Person Covered as well as additional Contribution may be required whenever there is a request for such change to Your Certificate. If the medical evidence proves to be unsatisfactory, We have the right to make a counter-offer or decline the request in accordance with Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

5.4 CANCELLATION OF THIS ANNEXURE

You may submit Your request to cancel this Annexure to Us. You will not be entitled to a refund of the Contribution and Your coverage will cease on the next Contribution due date.

Cancellation of this Annexure will not have any adverse effect or any impact to the validity of the claim, which has been duly admitted by Us before the effective date of cancellation of this Annexure.

5.5 SURRENDER

This Annexure will be surrendered together with the Basic Certificate once any request of surrender is submitted by You.

Surrender of this Annexure will not have any adverse effect or any impact to the validity of the claim which has been duly admitted by Us before the effective date of surrender of this Annexure.

5.6 TERMINATION OF THIS ANNEXURE

The coverage under this Annexure shall terminate automatically;

- 5.6.1 upon cancellation of this Annexure;
- 5.6.2 when the accumulated claims under this Annexure have reached one hundred percent (100%) of the Sum Covered of this Annexure;
- 5.6.3 when the Certificate lapses;
- 5.6.4 upon payment of surrender of the Certificate;
- 5.6.5 upon termination of the Basic Certificate; or

5.6.6 when the Certificate matures on the Expiry Date;
and We will not refund You the Wakalah fee.

Any Contribution receipt by Us after the termination of this Annexure will not create any liability to Us but We will refund such Contribution to You without profit.

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The coverage under this Annexure is provided to the Person Covered as named in the e-CIP of the Basic Certificate managed by Us to which this Annexure is attached.

This Annexure forms part of the Basic Certificate and is valid only if the Basic Certificate is valid. In addition, this Annexure is subject to the terms and conditions of the Basic Certificate unless stated otherwise in this Annexure.

DEFINITIONS

Unless otherwise indicated in this Annexure, the terms and expressions used in this Annexure shall bear the same meanings as the terms and expressions used in the Basic Certificate.

- 1.1 "ACCIDENT"** means a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily Injury.
- 1.2 "ACTIVITIES OF DAILY LIVING"** are as follows:
- (a) Transfer
Getting in and out of a chair without requiring physical assistance.
 - (b) Mobility
The ability to move from room to room without requiring any physical assistance.
 - (c) Continence
The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
 - (d) Dressing
Putting on and taking off all necessary items of clothing without requiring assistance of another person.
 - (e) Bathing / Washing
The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
 - (f) Eating
All tasks of getting food into the body once it has been prepared.
- 1.3 "ASSESSMENT PERIOD"** means the period during which We will assess a condition before deciding whether or not the condition qualifies as being Permanent. The Assessment Period will be for the minimum period time frame stated in the relevant definition and will not be longer than twelve (12) months (provided all required evidence has been submitted).
- 1.4 "INJURY"** means bodily Injury caused solely by Accident.
- 1.5 "IRREVERSIBLE"** means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.
- 1.6 "MEDICAL PRACTITIONER"** means a person who is qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Participant or the Person Covered.
- 1.7 "MEDICAL STAFF"** is defined as doctors (general physicians and specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentists, dental nurses or ambulance workers who are working in a medical centre or hospital or dental clinic/ polyclinic in Malaysia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health of Malaysia.
- 1.8 "NEUROLOGIST"** means a Medical Practitioner who is board certified in neurology and a Fellow of the

Neurological Society in either the United Kingdom, the United States of America, Canada or Australia.

- 1.9 “PERMANENT”** means expected to last throughout the lifetime of the Person Covered.
- 1.10 “PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS”** means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Person Covered. Symptoms that are covered include numbness, paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
- 1.11 “WAITING PERIOD”** means the first sixty (60) days from the Risk Effective Date or Reinstatement Date of this Annexure, whichever is later, for Cancer, heart attack, coronary artery by-pass surgery and serious coronary artery disease. For critical illnesses (as defined in Clause 3.2) other than the above, the Waiting Period means the first thirty (30) days from the Risk Effective Date or Reinstatement Date of this Annexure, whichever is later. If there is a break in coverage, the Waiting Period shall apply again from the Reinstatement Date of this Annexure.
- 1.12 “SURVIVAL PERIOD”** means the Person Covered must survive thirty (30) days after he has been diagnosed with a covered critical illness (as defined in Clause 3.2).

DESCRIPTION OF CONTRIBUTION AND CHARGES

2.1 CONTRIBUTION

This Annexure is issued in consideration of Your application and the payment of the additional Contribution specified in the e-CIP or in a subsequent Endorsement issued by Us at the same interval and on the same due date as the Contribution under the Basic Certificate starting from the Commencement Date of this Annexure up to and including the final Contribution due date.

While this Annexure is in force, all Contributions are to be paid in advance on the due date based on the Sum Covered of this Annexure, Age at Entry and gender of the Person Covered throughout the Coverage Term of this Annexure. Extra Contribution may be imposed depending on the occupation and health conditions of the Person Covered, subject to Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

The Contribution payable will be credited to the PA. Thereafter, Wakalah fee, Tabarru' and Service Charge, as specified in Clause 2.2 and Clause 2.3 below, will be deducted subject to the terms and conditions of the Basic Certificate and this Annexure.

2.2 FEES AND CHARGES

2.2.1 WAKALAH FEE

The Wakalah fee chargeable under this Annexure is as stated in Your e-CIP.

The Wakalah fee will be deducted upon payment of the Contribution.

2.2.2 SERVICE CHARGE

Monthly Service Charge will be deducted monthly, from the PA and/or ILF(s), where applicable, on

each Monthly Anniversary of this Certificate, throughout the Coverage Term of this Annexure.

The Service Charge under this Annexure is Ringgit Malaysia One (RM1) per month.

2.3 TABARRU'

- 2.3.1 The monthly Tabarru' amount will be calculated based on:
- (a) the Sum Covered of this Annexure; and
 - (b) the Tabarru' rate at the Attained Age and gender of the Person Covered.
- 2.3.2 If the Person Covered is medically impaired and/or has a hazardous job or activity, extra Tabarru' may be charged subject to Our underwriting decision.
- 2.3.3 The monthly Tabarru' amount will be deducted monthly beginning from the Commencement Date up to and including the Monthly Anniversary immediately prior to the Expiry Date.
- 2.3.4 Tabarru' will continue to be deducted from the PA and/or ILF(s), where applicable, to the Risk Fund regardless of whether You have made further Contribution under this Annexure.
- 2.3.5 The Tabarru' rates are not guaranteed. We may revise the Tabarru' rates in the future in the event of high claims experience. The revision of Tabarru' rates will apply to all Person Covered regardless of their claims experience.

All the above fees, charges and Tabarru' are not guaranteed. If there is any revision, You will be notified by Us at least thirty (30) days before it takes effect. The revised fees, charges and Tabarru' will only apply at the next Certificate Anniversary.

EVENTS UPON WHICH THE BENEFITS ARE TO BE PAID

2.4 CRITICAL ILLNESS BENEFIT

While this Annexure is in force and subject to its terms, conditions and the Waiting Period, in the event the Person Covered is diagnosed with a critical illness as defined in Clause 3.2 below prior to the Expiry Date, We will pay the Sum Covered of this Annexure.

Provided that:

- 2.4.1 The critical illness for which a claim is made must be diagnosed by a Medical Practitioner and supported by acceptable clinical, radiological, histological and laboratory evidence satisfactory to Us.
- 2.4.2 If a valid critical illness claim has been made under this Annexure, no future benefit will be payable for the same critical illness.
- 2.4.3 A total of one hundred percent (100%) of the Sum Covered of this Annexure will be payable after the Survival Period. The Person Covered is allowed to make three (3) claims and up to three (3) times of the Sum Covered throughout the Coverage Term of this Annexure. Each critical illness condition is claimable only once and a minimum of a twelve (12) months waiting period shall apply between each critical illness claim.
- 2.4.4 The maximum amount payable for total claim arising from the same event, illness or Injury under this Annexure is one hundred percent (100%) of the Sum Covered of this Annexure. If there is more than one (1) critical illness diagnosed on the same date, We will only pay for one (1) critical

illness claim.

- 2.4.5 If the total payment for critical illness have reached one hundred percent (100%) of the Sum Covered of this Annexure or more, no benefit is payable for any claim arising from 'Terminal Illness' (as defined in Clause 3.37) and 'Loss of Independent Existence' (as defined in Clause 3.2.33).
- 2.4.6 If the critical illness occurred prior to the Certificate Anniversary on which the Person Covered attains the age of five (5) years next birthday, the Sum Covered of this Annexure shall be reduced in accordance with the table below, based on his age next birthday:

Age Next Birthday on the Date of Diagnosis of the Critical Illness	Revised Amount of Benefit (% of the Sum Covered of this Annexure)
One (1)	20
Two (2)	40
Three (3)	60
Four (4)	80
Five (5) and above	100

Upon the full payment of the revised amount of benefit as per the table above, this Annexure will be terminated automatically, subject to Clause 3.1.3.

- 2.4.7 Total amount of Sum Covered payable by Us shall be limited to Ringgit Malaysia Two Million (RM2,000,000) under this and all myMultipay Critical Illness coverage, myCritical Illness coverage and any future critical illness coverage by any name or descriptions, covering the same Person Covered.

2.5 DEFINITION OF CRITICAL ILLNESSES

2.5.1 HEART ATTACK - OF SPECIFIED SEVERITY

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

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

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

For the above definition, the following are not covered:

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

2.5.2 **STROKE – RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS**

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in Permanent Neurological Deficit With Persisting Clinical Symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a Neurologist. A minimum Assessment Period of three (3) months applies.

For the above definition, the following are not covered:

- (a) Transient ischemic attacks;
- (b) Cerebral symptoms due to migraine;
- (c) Traumatic Injury to brain tissue or blood vessels; and
- (d) Vascular disease affecting the eye or optic nerve or vestibular functions.

2.5.3 **CANCER – OF SPECIFIED SEVERITY AND DOES NOT COVER VERY EARLY CANCERS**

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

For the above definition, the following are not covered:

- (a) All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - carcinoma in situ;
 - having borderline malignancy; and/or
 - having malignant potential;
- (b) All tumors of the prostate histologically classified as T1N0M0 (TNM classification);
- (c) All tumors of the thyroid histologically classified as T1N0M0 (TNM classification);
- (d) All tumors of the urinary bladder histologically classified as T1N0M0 (TNM classification);
- (e) Chronic Lymphocytic Leukemia less than RAI Stage 3;
- (f) All cancers in the presence of HIV; and
- (g) Any skin cancer other than malignant melanoma.

2.5.4 **CORONARY ARTERY BY-PASS SURGERY**

Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.

For the above definition, the following are not covered:

- (a) angioplasty;
- (b) other intra-arterial or catheter based techniques;
- (c) keyhole procedures; and
- (d) laser procedures.

2.5.5 **SERIOUS CORONARY ARTERY DISEASE**

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

Artery. This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.

2.5.6 **CARDIOMYOPATHY – OF SPECIFIED SEVERITY**

A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in Permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.

The New York Heart Association Classification of Cardiac Impairment for Class III and Class IV means the following:

- (a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- (b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Cardiomyopathy directly related to alcohol or drug abuse is not covered.

2.5.7 **HEART VALVE SURGERY**

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

For the above definition, the following are not covered:

- (a) Repair via intra-arterial procedure; and
- (b) Repair via key-hole surgery or any other similar techniques.

2.5.8 **SURGERY TO AORTA**

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

For the above definition, the following are not covered:

- (a) angioplasty;
- (b) other intra-arterial or catheter based techniques;
- (c) other keyhole procedures; and
- (d) laser procedures.

2.5.9 **PRIMARY PULMONARY ARTERIAL HYPERTENSION – OF SPECIFIED SEVERITY**

A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in Permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.

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

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

- (a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary

- activity causes symptoms.
- (b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

2.5.10 **MULTIPLE SCLEROSIS**

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

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

2.5.11 **ALZHEIMER'S DISEASE / SEVERE DEMENTIA**

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

From the above definition, the following are not covered:

- (a) Non organic brain disorders such as neurosis;
- (b) Psychiatric illnesses; and
- (c) Drug or alcohol related brain damage.

2.5.12 **MOTOR NEURON DISEASE - PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS**

A definite diagnosis of motor neuron disease by a Neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be Permanent Neurological Deficit With Persisting Clinical Symptoms.

2.5.13 **PARKINSON'S DISEASE - RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING**

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

- (a) Cannot be controlled with medication;
- (b) Shows signs of progressive impairment; and
- (c) Confirmation of the Permanent inability of the Person Covered to perform without assistance three (3) or more of the Activities of Daily Living.

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

2.5.14 **ENCEPHALITIS - RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING**

Severe inflammation of brain substance, resulting in Permanent functional impairment. The Permanent functional impairment must result in an inability to perform at least three (3) of the

Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The covered event must be certified by a Neurologist.

Encephalitis in the presence of HIV infection is not covered.

2.5.15 **BACTERIAL MENINGITIS – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING**

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

The diagnosis must be confirmed by:

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

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

2.5.16 **BENIGN BRAIN TUMOR - OF SPECIFIED SEVERITY**

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

- (a) It is life threatening;
- (b) It has caused damage to the brain;
- (c) It has undergone surgical removal or has caused Permanent Neurological Deficit With Persisting Clinical Symptoms; and
- (d) Its presence must be confirmed by a Neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.

The following are not covered:

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

2.5.17 **BRAIN SURGERY**

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

For the above definition, the following are not covered:

- (a) Burr hole procedures;
- (b) Transsphenoidal procedures;
- (c) Endoscopic assisted procedures or any other minimally invasive procedures; and
- (d) Brain surgery as a result of an Accident.

2.5.18 MAJOR HEAD TRAUMA - RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

2.5.19 FULMINANT VIRAL HEPATITIS

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

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

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

2.5.20 END-STAGE LIVER FAILURE

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

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

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

2.5.21 END-STAGE LUNG DISEASE

End-stage lung disease causing chronic respiratory failure.

All of the following criteria must be met:

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

2.5.22 CHRONIC APLASTIC ANEMIA - RESULTING IN PERMANENT BONE MARROW FAILURE

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

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

The diagnosis must be confirmed by a bone marrow biopsy.

2.5.23 MUSCULAR DYSTROPHY

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

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

No benefit will be payable under this covered event before the Person Covered has reached the age of twelve (12) years next birthday.

2.5.24 KIDNEY FAILURE - REQUIRING DIALYSIS OR KIDNEY TRANSPLANT

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

2.5.25 BLINDNESS – PERMANENT AND IRREVERSIBLE

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

2.5.26 DEAFNESS – PERMANENT AND IRREVERSIBLE

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

2.5.27 LOSS OF SPEECH

Total, Permanent and Irreversible loss of the ability to speak as a result of Injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm Injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.

All psychiatric related causes are not covered.

2.5.28 THIRD DEGREE BURNS – OF SPECIFIED SEVERITY

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

2.5.29 MAJOR ORGAN / BONE MARROW TRANSPLANT

The receipt of a transplant of:

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

Other stem cell transplants are not covered.

2.5.30 PARALYSIS OF LIMBS

Total, Permanent and Irreversible loss of use of both arms or both legs, or of one (1) arm and one (1) leg, through paralysis caused by illness or Injury. A minimum Assessment Period of six (6) months applies.

2.5.31 COMA - RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety-six (96) hours, requiring the use of life support systems and resulting in a Permanent Neurological Deficit With Persisting Clinical Symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a Neurologist must be present.

The following is not covered:

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

2.5.32 SYSTEMIC LUPUS ERYTHEMATOSUS WITH SEVERE KIDNEY COMPLICATIONS

A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist.

For this definition, the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered.

WHO Lupus Classification:

Type III - Focal Segmental glomerulonephritis

Type IV - Diffuse glomerulonephritis

Type V - Membranous glomerulonephritis

2.5.33 LOSS OF INDEPENDENT EXISTENCE

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

2.5.34 HIV INFECTION DUE TO BLOOD TRANSFUSION

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

- (a) The blood transfusion was medically necessary or given as part of a medical treatment;
- (b) The blood transfusion was received in Malaysia or Singapore after the commencement of this Annexure;
- (c) The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;
- (d) The Person Covered does not suffer from hemophilia; and
- (e) The Person Covered is not a member of any high risk groups including but not limited to intravenous drug users.

2.5.35 FULL-BLOWN AIDS

The clinical manifestation of AIDS (Acquired Immuno-Deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, the Person Covered must have a CD4 cell count of less than two hundred (200)/ μ L and one (1) or more of the following criteria are met:

- (a) Weight loss of more than ten percent (10%) of body weight over a period of six (6) months or less (wasting syndrome);
- (b) Kaposi Sarcoma;
- (c) Pneumocystis Carinii Pneumonia;
- (d) Progressive multifocal leukoencephalopathy;
- (e) Active Tuberculosis;
- (f) Less than one-thousand (1000) Lymphocytes; and
- (g) Malignant Lymphoma

2.5.36 OCCUPATIONALLY ACQUIRED HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

Infection with the Human Immunodeficiency Virus (only if the Person Covered is a Medical Staff), where it was acquired as a result of an Accident occurring within six (6) months of the Accident. Any Accident giving rise to a potential claim must be reported to Us within thirty (30) days of the Accident taking place supported by a negative HIV test taken within seven (7) days of the Accident.

2.5.37 TERMINAL ILLNESS

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

2.5.38 MEDULLARY CYSTIC DISEASE

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

2.5.39 APALLIC SYNDROME (i.e. Persistent Vegetative State)

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be confirmed by a consultant Neurologist holding such an appointment at an approved hospital. This condition must be medically documented for at least one (1) month.

2.5.40 CHRONIC AUTOIMMUNE HEPATITIS

A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The diagnosis must be based on all of the following criteria:

- (a) Hypergammaglobulinaemia;
- (b) The presence of at least one (1) of the following autoantibodies:
 - (i) Anti-nuclear antibodies;
 - (ii) Anti-smooth muscle antibodies;
 - (iii) Anti-actin antibodies;

- (iv) Anti-LKM-1 antibodies;
 - (v) Anti-LC1 antibodies; or
 - (vi) Anti-SLA/LP antibodies
- (c) Liver biopsy confirmation of the diagnosis of auto-immune hepatitis.

This is only covered if the Person Covered has been put on continuous immunosuppressive therapy for a period of at least six (6) months and the diagnosis must be confirmed by a specialist in gastroenterology or hepatology.

2.5.41 **CHRONIC RELAPSING PANCREATITIS**

More than three (3) attacks of pancreatitis resulting in Permanent pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP).

Chronic Relapsing Pancreatitis caused by alcohol consumption or drug abuse is excluded.

2.5.42 **CREUTZFELDT-JAKOB DISEASE**

The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, accompanied by signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis which is solely responsible for the Person Covered's Permanent inability to perform at least three (3) of the listed Activities of Daily Living.

These conditions have to be medically documented for at least six (6) months and confirmed by a consultant Neurologist based on conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computerized Tomography (CT) scan and Magnetic Resonance Imaging (MRI).

Sickness caused by human growth hormone treatment is excluded.

2.5.43 **EBOLA HEMORRHAGIC FEVER**

The infection with the Ebola virus causing fever and internal or external bleeding.

All of the following criteria must be met:

- (a) Presence of the Ebola virus has been confirmed by laboratory testing;
- (b) Mucosal or gastrointestinal bleeding has occurred; and
- (c) The diagnosis of Ebola Hemorrhagic Fever must be confirmed by a specialist Medical Practitioner.

2.5.44 **ELEPHANTIASIS**

The Elephantiasis is the result and complication of filariasis, characterized by massive swelling in the tissues of the body as a result of Permanent obstructed circulation in lymphatic vessels, resulting in Permanent inability of the Person Covered to perform at least three (3) of the listed Activities of Daily Living.

Unequivocal diagnosis of Elephantiasis must be clinically confirmed by a specialist in infectious

disease or specialist in the relevant field, including laboratory confirmation of microfilariae.

Lymphoedema caused by infection with a sexually transmitted disease, trauma, postoperative scarring, congestive heart failure or congenital lymphatic system abnormalities are excluded.

2.5.45 **POLIOMYELITIS**

The occurrence of Poliomyelitis where the following conditions are met:

- (a) Poliovirus is identified as the cause; and
- (b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months.

2.5.46 **PROGRESSIVE SCLERODERMA**

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

2.5.47 **SEVERE EISENMENGER'S SYNDROME**

Severe Eisenmenger's Syndrome shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder.

Both of the following criteria must be met:

- (a) Presence of Permanent physical impairment classified as NYHA IV; and
- (b) The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered Medical Practitioner who is a cardiologist.

The above benefits will be payable from the Risk Fund.

EXCLUSIONS

We will not be liable to pay any benefit under this Annexure for critical illness resulting directly or indirectly from any of the following causes:

- 3.1** Critical illness which has existed at the Risk Effective Date or at any Reinstatement Date of this Annexure, whichever is later.
- 3.2** Critical illness for which:
 - 3.2.1** Any condition which existed or was diagnosed during the Waiting Period or after the expiry of the Waiting Period but which is related to a condition which existed or was diagnosed during the Waiting Period, except for critical illness contracted due to Injury; or
 - 3.2.2** signs and symptoms existed before or during the Waiting Period which would prompt a reasonable person to seek medical care or attention, though the resulting diagnosis may occur before or after the expiry of the Waiting Period.
- 3.3** A claim for a critical illness described in 4.2.1 and/or 4.2.2 above will not be admissible only because notification of the said claim was given to Us after the expiry of the Waiting Period.
- 3.4** Any diseases directly or indirectly, caused by or contributed to by nuclear weapons material, ionising, radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. Solely for the purpose of this exclusion, combustion will include any self-sustaining process of nuclear fission.
- 3.5** While under the influence of alcohol, narcotics, or mind altering substance.
- 3.6** Self-inflicted injuries, while sane or insane.

GENERAL PROVISIONS

4.1 INCONTESTABILITY

- 4.1.1** Other than the exclusions set out in Clause 4, Clause 5.1.2 or any other provisions set out in Your Certificate, the validity of this Annexure will be indisputable after it has been in force for more than two (2) years from the Risk Effective Date of this Annexure.
- 4.1.2** If this Annexure has been in force for a period of more than two (2) years from the Risk Effective Date of this Annexure, it will not be voided by Us based on the statement(s) made or which has not been made;
 - 4.1.2.1** in the proposal stage;
 - 4.1.2.2** in a report of a doctor referee, or any other person; or
 - 4.1.2.3** in a document leading to the issuance of Your Certificate,

that is inaccurate or false or misleading. However, Your Certificate may be voided if We are able to show that the statement was on a material matter or You or the Person Covered has suppressed a Material Fact (set out in Clause 5.1.3) and that it was fraudulently made or suppressed by You or the Person Covered.

4.1.3 For clarification purpose, "Material Fact" means a matter of fact which, if known by Us, would have led to Our refusal to issue Your Certificate or would have led to Your Certificate to be issued with terms less favourable to You or the Person Covered.

4.2 MISREPRESENTATION / FRAUD

In the event of a misrepresentation by You or the Person Covered where this Annexure has been in force for a period of two (2) years or less, it will be handled in accordance with Schedule 9 of the Islamic Financial Services Act 2013, whereby it may result in the following:

- 4.2.1 Your Certificate being voided and all claims refused;
- 4.2.2 a variation of terms of Your Certificate;
- 4.2.3 a change in the Contribution amount; or
- 4.2.4 any other options that are appropriate based on the misrepresentation.

4.3 CERTIFICATE SERVICING

Financial changes to this Annexure, as below, as well as non-financial changes i.e. change of address, phone number etc., are allowed.

You may submit Your request to revise the Sum Covered of this Annexure to Us. Satisfactory evidence of the health of the Person Covered as well as additional Contribution may be required whenever there is a request for such change to Your Certificate. If the medical evidence proves to be unsatisfactory, We have the right to make a counter-offer or decline the request in accordance with Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

4.4 CANCELLATION OF THIS ANNEXURE

You may submit Your request to cancel this Annexure to Us. You will not be entitled to a refund of the Contribution and Your coverage will cease on the next Contribution due date.

Cancellation of this Annexure will not have any adverse effect or any impact to the validity of the claim, which has been duly admitted by Us before the effective date of cancellation of this Annexure.

4.5 SURRENDER

This Annexure will be surrendered together with the Basic Certificate once any request of surrender is submitted by You.

Surrender of this Annexure will not have any adverse effect or any impact to the validity of the claim which has been duly admitted by Us before the effective date of surrender of this Annexure.

4.6 TERMINATION OF THIS ANNEXURE

The coverage under this Annexure shall terminate automatically;

- 4.6.1 upon cancellation of this Annexure;
 - 4.6.2 when three (3) times of the Sum Covered amount of this Annexure is paid;
 - 4.6.3 when the Certificate lapses;
 - 4.6.4 upon payment of surrender of the Certificate;
 - 4.6.5 upon termination of the Basic Certificate; or
 - 4.6.6 when the Certificate matures on the Expiry Date;
- and We will not refund You the Wakalah fee.

Any Contribution receipt by Us after the termination of this Annexure will not create any liability to Us but We will refund such Contribution to You without profit.

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The coverage under this Annexure is provided to the Person Covered as named in the e-CIP of the Basic Certificate managed by Us to which this Annexure is attached.

This Annexure forms part of the Basic Certificate and is valid only if the Basic Certificate is valid. In addition, this Annexure is subject to the terms and conditions of the Basic Certificate unless stated otherwise in this Annexure.

DEFINITIONS

Unless otherwise indicated in this Annexure, the terms and expressions used in this Annexure shall bear the same meanings as the terms and expressions used in the Basic Certificate.

- 1.1 "ACCIDENT"** means a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily Injury.
- 1.2 "INJURY"** means bodily Injury caused solely by Accident.
- 1.3 "LOSS"** means:
- (a) actual severance of a specified body part as stated in the Scale of Indemnity of this Annexure; or
 - (b) total and irrecoverable permanent loss of use of a specified body part or function as stated in the Scale of Indemnity of this Annexure.
- 1.4 "PUBLIC CONVEYANCE"** means a licensed commercial airline operating on a regular scheduled route or a commercially licensed public transportation (limited to vehicles and trains that are operating on the road and railway only) over an established route with regular schedule such as bus, train or monorail. A cable car, taxi, hired car, or any form of transport chartered for private travel, is excluded.

DESCRIPTION OF CONTRIBUTION AND CHARGES

2.1 CONTRIBUTION

This Annexure is issued in consideration of Your application and the payment of the additional Contribution specified in the e-CIP or in a subsequent Endorsement issued by Us at the same interval and on the same due date as the Contribution under the Basic Certificate starting from the Commencement Date of this Annexure up to and including the final Contribution due date.

While this Annexure is in force, all Contributions are to be paid in advance on the due date based on the Sum Covered of this Annexure, Age at Entry and occupational class of the Person Covered throughout the Coverage Term of this Annexure. Extra Contribution may be imposed depending on the occupation and health conditions of the Person Covered, subject to Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

The Contribution payable will be credited to the PA. Thereafter, Wakalah fee, Tabarru' and Service Charge, as specified in Clause 2.2 and Clause 2.3 below, will be deducted subject to the terms and conditions of the Basic Certificate and this Annexure.

2.2 FEES AND CHARGES

2.2.1 WAKALAH FEE

The Wakalah fee chargeable under this Annexure is as stated in Your e-CIP.

The Wakalah fee will be deducted upon payment of the Contribution.

2.2.2 SERVICE CHARGE

Monthly Service Charge will be deducted monthly, from the PA and/or ILF(s), where applicable, on each Monthly Anniversary of this Certificate, throughout the Coverage Term of this Annexure.

The Service Charge under this Annexure is Ringgit Malaysia One (RM1) per month.

2.3 TABARRU'

2.3.1 The monthly Tabarru' amount will be calculated based on:

- (a) the Sum Covered of this Annexure; and
- (b) the Tabarru' rate at the Attained Age and the occupational class of the Person Covered.

2.3.2 If the Person Covered is medically impaired and/or has a hazardous job or activity, extra Tabarru' may be charged subject to Our underwriting decision.

2.3.3 The monthly Tabarru' amount will be deducted monthly beginning from the Commencement Date up to and including the Monthly Anniversary immediately prior to the Expiry Date.

2.3.4 The monthly Tabarru' amount will continue to be deducted from the PA and/or ILF(s), where applicable, to the Risk Fund regardless of whether You have made further Contribution under this Annexure.

2.3.5 The Tabarru' rates are not guaranteed. We may revise the Tabarru' rates in the future in the event of high claims experience. The revision of Tabarru' rates will apply to all Person Covered regardless of their claims experience.

All the above fees, charges and Tabarru' are not guaranteed. If there is any revision, You will be notified by Us at least thirty (30) days before it takes effect. The revised fees, charges and Tabarru' will only apply at the next Certificate Anniversary.

EVENTS UPON WHICH THE BENEFITS ARE TO BE PAID

While this Annexure is in force and subject to its terms and conditions, We will pay the following benefits, upon occurrence of the following events prior to the Expiry Date:

3.1 ACCIDENTAL DEATH BENEFIT

Upon death of the Person Covered due to an Accident, We will pay a percentage of the Sum Covered of this Annexure, in accordance with the Scale of Indemnity, provided that We receive the notification of death accompanied by the documentary evidence where death of the Person Covered occurred within ninety (90) days from the date of an Accident.

3.2 ACCIDENTAL DEATH BENEFIT – DOUBLE INDEMNITY

Upon death of the Person Covered due to an Accident, as a result of:

- 3.2.1 travelling as a passenger in a Public Conveyance;
- 3.2.2 riding as a passenger in an elevator or electric lift (elevator or electric lift in mines or in a building under construction is excluded); or
- 3.2.3 in consequence of the burning of any theatre, cinema, hotel or other public building in which the Person Covered shall be present at the time of commencement of the fire,

We will pay a percentage of the Sum Covered of this Annexure, in accordance with the Scale of Indemnity, provided that the receipt and approval of due proof that We receive the notification of death accompanied by the documentary evidence where death of the Person Covered occurred within ninety (90) days from the date of an Accident.

3.3 ACCIDENTAL PERMANENT DISABLEMENT BENEFIT

We will pay a percentage of the Sum Covered of this Annexure, in accordance with the Scale of Indemnity, provided that the receipt and approval of due proof that the Person Covered sustains an Injury resulting in any Loss within ninety (90) days from the date of an Accident.

Total amount of Sum Covered payable by Us shall be limited to Ringgit Malaysia Two Million (RM2,000,000) under this and all myPA coverage as well as any future personal accident coverage by any name or descriptions, covering the same Person Covered.

The above benefits will be payable from the Risk Fund.

EXCLUSIONS

We will not be liable to pay any benefit under this Annexure for any death or Loss of the Person Covered resulting directly or indirectly from any of the following causes:

- 4.1 war (whether war be declared or not) or warlike operations, invasion, act of foreign enemies, hostilities, civil war, mutiny, civil commotion assuming the military uprising, insurrection, rebellion, military or usurped power or any act of the Person Covered acting on behalf of or in connection with any organisation actively directed towards the overthrow by force of any government or to the influencing of it by terrorism or violence;
- 4.2 nuclear weapons material, ionising, radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. Solely for the purpose of this exclusion, combustion will include any self-sustaining process of nuclear fission;
- 4.3 the Person Covered breaking any law or any assault provoked by him;
- 4.4 suicide, attempted suicide or self-inflicted Injury whilst sane or insane;
- 4.5 misuse of drugs or alcohol;
- 4.6 any physical defect or infirmity;
- 4.7 childbirth or miscarriage, pregnancy;

- 4.8 aviation, gliding or any other form of aerial flight other than as a pilot, cabin crew or fare paying passenger of a recognised airline or charter service;
- 4.9 participation in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition;
- 4.10 anthrax, blood-poisoning, erysipelas, ptomaine poisoning, pyaemia, septicemia and/or tetanus;
- 4.11 military or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order; or
- 4.12 Acquired Immunodeficiency Syndrome (AIDS), infection by Human Immunodeficiency Virus (HIV) or related conditions.

GENERAL PROVISIONS

5.1 INCONTESTABILITY

- 5.1.1 Other than the exclusions set out in Clause 4, Clause 5.1.2 or any other provisions set out in Your Certificate, the validity of this Annexure will be indisputable after it has been in force for more than two (2) years from the Risk Effective Date of this Annexure.
- 5.1.2 If this Annexure has been in force for a period of more than two (2) years from the Risk Effective Date of this Annexure, it will not be voided by Us based on the statement(s) made or which has not been made;
 - 5.1.2.1 in the proposal stage;
 - 5.1.2.2 in a report of a doctor referee, or any other person; or
 - 5.1.2.3 in a document leading to the issuance of Your Certificate;that is inaccurate or false or misleading. However, Your Certificate may be voided if We are able to show that the statement was on a material matter or You or the Person Covered has suppressed a Material Fact (set out in Clause 5.1.3) and that it was fraudulently made or suppressed by You or the Person Covered.
- 5.1.3 For clarification purpose, "Material Fact" means a matter of fact which, if known by Us, would have led to Our refusal to issue Your Certificate or would have led to Your Certificate to be issued with terms less favourable to You or the Person Covered.

5.2 MISREPRESENTATION / FRAUD

In the event of a misrepresentation by You or the Person Covered where this Annexure has been in force for a period of two (2) years or less, it will be handled in accordance with Schedule 9 of the Islamic Financial Services Act 2013, whereby it may result in the following:

- 5.2.1 Your Certificate being voided and all claims refused;
- 5.2.2 a variation of terms of Your Certificate;
- 5.2.3 a change in the Contribution amount; or
- 5.2.4 any other options that are appropriate based on the misrepresentation.

5.3 CERTIFICATE SERVICING

Financial changes to this Annexure, as below, as well as non-financial changes i.e. change of address, phone number etc., are allowed.

You may submit Your request to revise the Sum Covered of this Annexure to Us. Satisfactory evidence of the health of the Person Covered as well as additional Contribution may be required whenever there is a request for such change to Your Certificate. If the medical evidence proves to be unsatisfactory, We have the right to make a counter-offer or decline the request in accordance with Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

5.4 CANCELLATION OF THIS ANNEXURE

You may submit Your request to cancel this Annexure to Us. You will not be entitled to a refund of the Contribution and Your coverage will cease on the next Contribution due date.

Cancellation of this Annexure will not have any adverse effect or any impact to the validity of the claim, which has been duly admitted by Us before the effective date of cancellation of this Annexure.

5.5 SURRENDER

This Annexure will be surrendered together with the Basic Certificate once any request of surrender is submitted by You.

Surrender of this Annexure will not have any adverse effect or any impact to the validity of the claim which has been duly admitted by Us before the effective date of surrender of this Annexure.

5.6 TERMINATION OF THIS ANNEXURE

The coverage under this Annexure shall terminate automatically;

5.6.1 upon cancellation of this Annexure;

5.6.2 when accumulated claims have reached one hundred percent (100%) of the Sum Covered of this Annexure under Section A and Section C of the Scale of Indemnity or two hundred percent (200%) of the Sum Covered of this Annexure under Section B and Section C of the Scale of Indemnity;

5.6.3 when the Certificate lapses;

5.6.4 upon payment of surrender of the Certificate;

5.6.5 upon termination of the Basic Certificate; or

5.6.6 when the Certificate matures on the Expiry Date;

and We will not refund You the Wakalah fee.

Any Contribution receipt by Us after the termination of this Annexure will not create any liability to Us but We will refund such Contribution to You without profit.

SCALE OF INDEMNITY

Section	Description of Payable Events	Percentage of Sum Covered
A.	Accidental Death	100%
B.	Accidental Death – Double Indemnity	200%
C.	Accidental Permanent Disablement	
	1. Loss of two limbs	100%
	2. Loss of both hands, or all fingers and both thumbs	100%
	3. Total loss of sight of both eyes	100%
	4. Total paralysis	100%
	5. Loss of sight of one eye	50%
	6. Loss of arm	
	a. at shoulder	100%
	b. between shoulder and elbow	100%
	c. at elbow	100%
	d. between elbow and wrist	100%
	e. at wrist	100%
	7. Loss of leg	
	a. at hip	100%
	b. between knee and hip	100%
	c. below knee	100%
	8. Loss of hearing	
	a. both ears	75%
	b. one ear	15%
	9. Loss of speech	50%
	10. Loss of fingers	
	a. Four finger and thumb of one hand	50%
	b. Four fingers of one hand	40%
	c. Thumb	
	i. both phalanges	25%
	ii. one phalanx	10%
	d. Index finger	
	i. three phalanges	10%
	ii. two phalanges	8%
	iii. one phalanx	4%
	e. Middle finger	
	i. three phalanges	6%
	ii. two phalanges	4%
	iii. one phalanx	2%
	f. Ring finger	
	i. three phalanges	5%
	ii. two phalanges	4%
	iii. one phalanx	2%
	g. Little finger	
	i. three phalanges	4%
	ii. two phalanges	3%
	iii. one phalanx	2%
	h. Metacarpals	
	i. first or second (additional)	3%
	ii. third, fourth or fifth (additional)	2%
	i. Toes	
	i. all of one foot	15%
	ii. great, both phalanges	5%
	iii. great one phalanx	2%
	iv. other than great if more than one toe lost, each	1%

The aggregate amount of benefits payable under the Scale of Indemnity of this Annexure taken together should not exceed one hundred percent (100%) of the Sum Covered of this Annexure under Section A and Section C, or two hundred percent (200%) of the Sum Covered of this Annexure under Section B and Section C.

Where any permanent partial disablement not specified above other than loss of sense of taste or smell, We will adopt a percentage of disablement which, in Our opinion, is not inconsistent with the provisions of the above.

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The coverage under this Annexure is provided to the Person Covered as named in the e-CIP of the Basic Certificate managed by Us to which this Annexure is attached.

This Annexure forms part of the Basic Certificate and is valid only if the Basic Certificate is valid. In addition, this Annexure is subject to the terms and conditions of the Basic Certificate unless stated otherwise in this Annexure.

DEFINITIONS

Unless otherwise indicated in this Annexure, the terms and expressions used in this Annexure shall bear the same meanings as the terms and expressions used in the Basic Certificate.

- 1.1 "ACCIDENT"** means a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily Injury.
- 1.2 "INJURY"** means bodily Injury caused solely by Accident.

DESCRIPTION OF CONTRIBUTION AND CHARGES

2.1 CONTRIBUTION

This Annexure is issued in consideration of Your application and the payment of the additional Contribution specified in the e-CIP or in a subsequent Endorsement issued by Us at the same interval and on the same due date as the Contribution under the Basic Certificate starting from the Commencement Date of this Annexure up to and including the final Contribution due date.

While this Annexure is in force, all Contributions are to be paid in advance on the due date based on the Sum Covered of this Annexure, Age at Entry and gender of the Person Covered throughout the Coverage Term of this Annexure. Extra Contribution may be imposed depending on the occupation and health conditions of the Person Covered, subject to Our underwriting decision as stated in the relevant documentary declarations and/or statements sent to You.

The Contribution payable will be credited to the PA. Thereafter, Wakalah fee, Tabarru' and Service Charge, as specified in Clause 2.2 and Clause 2.3 below, will be deducted subject to the terms and conditions of the Basic Certificate and this Annexure.

2.2 FEES AND CHARGES

2.2.1 WAKALAH FEE

The Wakalah fee chargeable under this Annexure is as stated in Your e-CIP.

The Wakalah fee will be deducted upon payment of the Contribution.

2.2.2 SERVICE CHARGE

Monthly Service Charge will be deducted monthly, from the PA and/or ILF(s), where applicable, on each Monthly Anniversary of this Certificate, throughout the Coverage Term of this Annexure.

The Service Charge under this Annexure is Ringgit Malaysia One (RM1) per month.

2.3 TABARRU'

- 2.3.1 The monthly Tabarru' amount will be calculated based on:
- (a) the Sum Covered of this Annexure; and
 - (b) the Tabarru' rate at the Attained Age and gender of the Person Covered.
- 2.3.2 If the Person Covered is medically impaired and/or has a hazardous job or activity, extra Tabarru' may be charged subject to Our underwriting decision.
- 2.3.3 The monthly Tabarru' amount will be deducted monthly beginning from the Commencement Date up to and including the Monthly Anniversary immediately prior to the Expiry Date.
- 2.3.4 The monthly Tabarru' amount will continue to be deducted from the PA and/or ILF(s), where applicable, to the Risk Fund regardless of whether You have made further Contribution under this Annexure.
- 2.3.5 The Tabarru' rates are not guaranteed. We may revise the Tabarru' rates in the future in the event of high claims experience. The revision of Tabarru' rates will apply to all Person Covered regardless of their claims experience.

All the above fees, charges and Tabarru' are not guaranteed. If there is any revision, You will be notified by Us at least thirty (30) days before it takes effect. The revised fees, charges and Tabarru' will only apply at the next Certificate Anniversary.

EVENTS UPON WHICH THE BENEFITS ARE TO BE PAID

While this Annexure is in force and subject to its terms and conditions, We will pay the following benefits, upon occurrence of the following events prior to the Expiry Date:

3.1 DEATH BENEFIT

Upon death of the Person Covered, We will pay a lump sum amount equivalent to:

- 3.1.1 One hundred percent (100%) of the Sum Covered of this Annexure; or
- 3.1.2 Two hundred percent (200%) of the Sum Covered of this Annexure if the death of the Person Covered is resulting from an Accident which happened within the validity period of the visa which has been issued to the Person Covered solely for the purpose of performing Hajj or Umrah.

Provided that:

- (a) We receive the notification of death accompanied by the documentary evidence of death together with the corresponding visa for performing Hajj or Umrah; and
- (b) If the Person Covered dies prior to the Certificate Anniversary on which he attains the age of five (5) years next birthday, the Sum Covered of this Annexure shall be reduced in accordance with the table below, based on his age next birthday:

Age Next Birthday on the Date of Death	Revised Amount of Benefit (% of the Sum Covered of this Annexure)
One (1)	20
Two (2)	40
Three (3)	60
Four (4)	80
Five (5) and above	100

- (c) Upon the full payment of the revised amount of benefit as per the table above, this Annexure will be terminated automatically.

3.2 TOTAL AND PERMANENT DISABILITY (TPD) BENEFIT

In the event the Person Covered suffers TPD prior to the Certificate Anniversary on which he attains the age of seventy (70) years next birthday, We will pay:

- 3.2.1 One hundred percent (100%) of the Sum Covered of this Annexure; or
 3.2.2 Two hundred percent (200%) of the Sum Covered of this Annexure if the TPD of the Person Covered is resulting from an Accident which happened within the validity period of the visa which has been issued to the Person Covered solely for the purpose of performing Hajj or Umrah.

Provided that:

- (a) We receive satisfactory proof of TPD on the Person Covered together with the corresponding visa for performing Hajj or Umrah.
 (b) If TPD of the Person Covered occurs prior to the Certificate Anniversary on which he attains the age of five (5) years next birthday, the Sum Covered of this Annexure shall be reduced in accordance with the table below, based on his age next birthday:

Age Next Birthday on the Date of Occurrence of TPD	Revised Amount of Benefit (Percentage (%) of the Sum Covered of this Annexure)
One (1)	20
Two (2)	40
Three (3)	60
Four (4)	80
Five (5) and above	100

- (c) Upon the full payment of the revised amount of benefit as per the table above, this Annexure will be terminated automatically.

Total amount of Sum Covered payable by Us shall be limited to Ringgit Malaysia Three Hundred Thousand (RM 300,000) under this and all mylhram coverage as well as any future similar coverage by any name or descriptions, covering the same Person Covered.

The above benefits will be payable from the PSA.

EXCLUSIONS

4.1 DEATH

We will not be liable to pay any benefit under this Annexure for death of the Person Covered due to suicide, while sane or insane, within the first (1) year from the Risk Effective Date or any Reinstatement Date of this Annexure, whichever is later.

4.2 TOTAL AND PERMANENT DISABILITY (TPD)

We will not be liable to pay any benefit under this Annexure for TPD of the Person Covered:

- 4.2.1 that existed prior to or on the Risk Effective Date or any Reinstatement Date of this Annexure,

- whichever is later; or
- 4.2.2 is resulting directly or indirectly from any of the following causes:
- 4.2.2.1 attempted suicide or self-inflicted injuries, while sane or insane;
 - 4.2.2.2 aviation, gliding or any other form of aerial flight other than as a pilot, cabin crew or fare paying passenger of a recognized airline or chartered service;
 - 4.2.2.3 war (whether war be declared or not), revolution or any war like operation;
 - 4.2.2.4 any violation of law by You or any assault or felony as committed, attempted or provoked by You;
 - 4.2.2.5 while under the influence of alcohol, narcotics, or mind altering substance; or
 - 4.2.2.6 Acquired Immunodeficiency Syndrome (AIDS), infection by Human Immunodeficiency Virus (HIV) or related conditions.

4.3 DEATH DUE TO ACCIDENTAL CAUSE / TPD DUE TO ACCIDENTAL CAUSE

We will not be liable to pay the additional one hundred percent (100%) accidental death or TPD under this Annexure resulted directly or indirectly from any of the following causes:

- 4.3.1 war (whether war be declared or not) or warlike operations, invasion, act of foreign enemies, hostilities, civil war, mutiny, civil commotion assuming the military uprising, insurrection, rebellion, military or usurped power or any act of the Person Covered acting on behalf of or in connection with any organisation actively directed towards the overthrow by force of any government or to the influencing of it by terrorism or violence;
- 4.3.2 nuclear weapons material, ionising, radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. Solely for the purpose of this exclusion, combustion will include any self-sustaining process of nuclear fission;
- 4.3.3 the Person Covered breaking any law or any assault provoked by him;
- 4.3.4 suicide, attempted suicide or self-inflicted Injury whilst sane or insane;
- 4.3.5 misuse of drugs or alcohol;
- 4.3.6 any physical defect or infirmity;
- 4.3.7 childbirth or miscarriage, pregnancy;
- 4.3.8 aviation, gliding or any other form of aerial flight other than as a pilot, cabin crew or fare paying passenger of a recognised airline or charter service;
- 4.3.9 participation in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition;
- 4.3.10 anthrax, blood-poisoning, erysipelas, ptomaine poisoning, pyaemia, septicemia and/or tetanus;
- 4.3.11 military or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order; or
- 4.3.12 Acquired Immunodeficiency Syndrome (AIDS), infection by Human Immunodeficiency Virus (HIV)

or related conditions.

GENERAL PROVISIONS

5.1 INCONTESTABILITY

- 5.1.1 Other than the exclusions set out in Clause 4.1, Clause 4.2, Clause 4.3 and Clause 5.1.2 or any other provisions set out in Your Certificate, the validity of this Annexure will be indisputable after it has been in force for more than two (2) years from the Risk Effective Date of this Annexure.
- 5.1.2 If this Annexure has been in force for a period of more than two (2) years from the Risk Effective Date of this Annexure, it will not be voided by Us based on the statement(s) made or which has not been made;
- 5.1.2.1 in the proposal stage;
- 5.1.2.2 in a report of a doctor referee, or any other person; or
- 5.1.2.3 in a document leading to the issuance of Your Certificate;
- that is inaccurate or false or misleading. However, Your Certificate may be voided if We are able to show that the statement was on a material matter or You or the Person Covered has suppressed a Material Fact (set out in Clause 5.1.3) and that it was fraudulently made or suppressed by You or the Person Covered.
- 5.1.3 For clarification purpose, "Material Fact" means a matter of fact which, if known by Us, would have led to Our refusal to issue Your Certificate or would have led to Your Certificate to be issued with terms less favourable to You or the Person Covered.

5.2 MISREPRESENTATION / FRAUD

In the event of a misrepresentation by You or the Person Covered where this Annexure has been in force for a period of two (2) years or less, it will be handled in accordance with Schedule 9 of the Islamic Financial Services Act 2013, whereby it may result in the following:

- 5.2.1 Your Certificate being voided and all claims refused;
- 5.2.2 a variation of terms of Your Certificate;
- 5.2.3 a change in the Contribution amount; or
- 5.2.4 any other options that are appropriate based on the misrepresentation.

5.3 CERTIFICATE SERVICING

Financial changes to this Annexure, as below, as well as non-financial changes i.e. change of address, phone number etc., are allowed.

You may submit Your request to revise the Sum Covered of this Annexure to Us. Satisfactory evidence of the health of the Person Covered as well as additional Contribution may be required whenever there is a request for such change to Your Certificate. If the medical evidence proves to be unsatisfactory, We have the right to make a counter-offer or decline the request in accordance with Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

5.4 CANCELLATION OF THIS ANNEXURE

You may submit Your request to cancel this Annexure to Us. You will not be entitled to a refund of the Contribution and Your coverage will cease on the next Contribution due date.

Cancellation of this Annexure will not have any adverse effect or any impact to the validity of the claim which has been duly admitted by Us before the effective date of cancellation of this Annexure.

5.5 SURRENDER

This Annexure will be surrendered together with the Basic Certificate once any request of surrender is submitted by You.

Surrender of this Annexure will not have any adverse effect or any impact to the validity of the claim, which has been duly admitted by Us before the effective date of surrender of this Annexure.

5.6 TERMINATION OF THIS ANNEXURE

The coverage under this Annexure shall terminate automatically;

- 5.6.1 upon cancellation of this Annexure;
 - 5.6.2 when the Certificate lapses;
 - 5.6.3 upon payment of surrender of the Certificate;
 - 5.6.4 upon termination of the Basic Certificate; or
 - 5.6.5 when the Certificate matures on the Expiry Date;
- and We will not refund You the Wakalah fee.

Any Contribution receipt by Us after the termination of this Annexure will not create any liability to Us but We will refund such Contribution to You without profit.

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The coverage under this Annexure is provided to the Person Covered as named in the e-CIP of the Basic Certificate managed by Us to which this Annexure is attached.

This Annexure forms part of the Basic Certificate and is valid only if the Basic Certificate is valid. In addition, this Annexure is subject to the terms and conditions of the Basic Certificate unless stated otherwise in this Annexure.

DEFINITIONS

Unless otherwise indicated in this Annexure, the terms and expressions used in this Annexure shall bear the same meanings as the terms and expressions used in the Basic Certificate.

- 1.1 "ACCIDENT"** means a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily Injury.
- 1.2 "ACTIVITIES OF DAILY LIVING"** are as follows:
- (a) Transfer
Getting in and out of a chair without requiring physical assistance.
 - (b) Mobility
The ability to move from room to room without requiring any physical assistance.
 - (c) Contenance
The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
 - (d) Dressing
Putting on and taking off all necessary items of clothing without requiring assistance of another person.
 - (e) Bathing / Washing
The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
 - (f) Eating
All tasks of getting food into the body once it has been prepared.
- 1.3 "AMOUNT OF BENEFIT"** means the Sum Covered of this Annexure as stated in the e-CIP, from the next Contribution due date until the Expiry Date of this Annexure.
- 1.4 "ASSESSMENT PERIOD"** means the period during which We will assess a condition before deciding whether or not the condition qualifies as being Permanent. The Assessment Period will be for the minimum period time frame stated in the relevant definition and will not be longer than twelve (12) months (provided all required evidence has been submitted).
- 1.5 "INJURY"** means bodily Injury caused solely by Accident.
- 1.6 "IRREVERSIBLE"** means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.
- 1.7 "MEDICAL PRACTITIONER"** means a person who is qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Person Covered himself.
- 1.8 "MEDICAL STAFF"** is defined as doctors (general physicians and specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentist, dental nurses or ambulance workers who are working in a medical centre or hospital or dental clinic/ polyclinic in Malaysia. Doctors, traditional practitioners,

nurses and dentists must be registered with the Ministry of Health of Malaysia.

- 1.9 “NEUROLOGIST”** means a Medical Practitioner who is board certified in neurology and a Fellow of the Neurological Society in either the United Kingdom, the United States of America, Canada or Australia.
- 1.10 “PERMANENT”** means expected to last throughout the lifetime of the Person Covered.
- 1.11 “PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS”** means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Person Covered. Symptoms that are covered include numbness, paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
- 1.12 “WAITING PERIOD”** means the first sixty (60) days from the Risk Effective Date or Reinstatement Date of this Annexure, whichever is later, for Cancer, heart attack, coronary artery by-pass surgery and serious coronary artery disease. For critical illnesses (as defined in Clause 3) other than the above, the Waiting Period means the first thirty (30) days from the Risk Effective Date or Reinstatement Date of this Annexure, whichever is later. If there is a break in coverage, the Waiting Period shall apply again from the Reinstatement Date of this Annexure.

DESCRIPTION OF CONTRIBUTION AND CHARGES

2.1 CONTRIBUTION

This Annexure is issued in consideration of Your application and the payment of the additional Contribution specified in the e-CIP or in a subsequent Endorsement issued by Us at the same interval and on the same due date as the Contribution under the Basic Certificate starting from the Commencement Date of this Annexure up to and including the final Contribution due date.

While this Annexure is in force, all Contributions are to be paid in advance on the due date based on the Sum Covered of this Annexure, Age at Entry and gender of the Person Covered throughout the Coverage Term of this Annexure. Extra Contribution may be imposed depending on the occupation and health conditions of the Person Covered, subject to Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

The Contribution payable will be credited to the PA. Thereafter, Wakalah fee, Tabarru' and Service Charge, as specified in Clause 2.2 and Clause 2.3 below, will be deducted subject to the terms and conditions of the Basic Certificate and this Annexure.

2.2 FEES AND CHARGES

2.2.1 WAKALAH FEE

The Wakalah fee chargeable under this Annexure is as stated in Your e-CIP.

The Wakalah fee will be deducted upon payment of the Contribution.

2.2.2 SERVICE CHARGE

Monthly Service Charge will be deducted monthly, from the PA and/or ILF(s), where applicable, on each Monthly Anniversary of this Certificate, throughout the Coverage Term of this Annexure.

The Service Charge under this Annexure is Ringgit Malaysia One (RM1) per month.

2.3 TABARRU'

- 2.3.1 The monthly Tabarru' amount will be calculated based on:
- (a) the Amount of Benefit; and
 - (b) the Tabarru' rate at the Attained Age and gender of the Person Covered.
- 2.3.2 If the Person Covered is medically impaired and/or has a hazardous job or activity, extra Tabarru' may be charged subject to Our underwriting decision.
- 2.3.3 The monthly Tabarru' amount will be deducted monthly beginning from the Commencement Date up to and including the Monthly Anniversary immediately prior to the Expiry Date of this Annexure.
- 2.3.4 The monthly Tabarru' amount will continue to be deducted from the PA and/or ILF(s), where applicable, to the Risk Fund regardless of whether You have made further Contribution under this Annexure.
- 2.3.5 The Tabarru' rates are not guaranteed. We may revise the Tabarru' rates in the future in the event of high claims experience. The revision of Tabarru' rates will apply to all Person Covered regardless of their claims experience.

All the above fees, charges and Tabarru' are not guaranteed. If there is any revision, You will be notified by Us at least thirty (30) days before it takes effect. The revised fees, charges and Tabarru' will only apply at the next Certificate Anniversary.

EVENTS UPON WHICH THE BENEFITS ARE TO BE PAID

While this Annexure is in force and subject to its terms, conditions and the Waiting Period, We will waive the Amount of Benefit when the Person Covered is diagnosed of having a critical illness as defined under the 'Definition of Critical Illnesses' below, provided that the critical illness for which a claim is to be made must be diagnosed by a Medical Practitioner or Neurologist and duly supported by an acceptable clinical, radiological, histological and laboratory evidence satisfactory to Us.

Provided that:

- 3.1** Payment of the Amount of Benefit will be made by Us starting from the next Contribution due date immediately following the date of occurrence of the critical illness and ending at the Contribution due date immediately preceding the Expiry Date.
- 3.2** Payment of the Amount of Benefit falling due on or after the Expiry Date shall not be waived, and the payment must be continued by You.

DEFINITION OF CRITICAL ILLNESSES**1. HEART ATTACK - OF SPECIFIED SEVERITY**

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

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

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

For the above definition, the following are not covered:

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

2. STROKE – RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in Permanent Neurological Deficit With Persisting Clinical Symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a Neurologist. A minimum Assessment Period of three (3) months applies.

For the above definition, the following are not covered:

- (a) Transient ischemic attacks;
- (b) Cerebral symptoms due to migraine;
- (c) Traumatic Injury to brain tissue or blood vessels; and
- (d) Vascular disease affecting the eye or optic nerve or vestibular functions.

3. CANCER – OF SPECIFIED SEVERITY AND DOES NOT COVER VERY EARLY CANCERS

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

For the above definition, the following are not covered:

- (a) All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - carcinoma in situ;
 - having borderline malignancy; and/or
 - having malignant potential;
- (b) All tumors of the prostate histologically classified as T1N0M0 (TNM classification);
- (c) All tumors of the thyroid histologically classified as T1N0M0 (TNM classification);
- (d) All tumors of the urinary bladder histologically classified as T1N0M0 (TNM classification);
- (e) Chronic Lymphocytic Leukemia less than RAI Stage 3;

- (f) All cancers in the presence of HIV; and
- (g) Any skin cancer other than malignant melanoma.

4. CORONARY ARTERY BY-PASS SURGERY

Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.

For the above definition, the following are not covered:

- (a) angioplasty;
- (b) other intra-arterial or catheter based techniques;
- (c) keyhole procedures; and
- (d) laser procedures.

5. SERIOUS CORONARY ARTERY DISEASE

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

6. CARDIOMYOPATHY – OF SPECIFIED SEVERITY

A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in Permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.

The New York Heart Association Classification of Cardiac Impairment for Class III and Class IV means the following:

- (a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- (b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Cardiomyopathy directly related to alcohol or drug abuse is not covered.

7. HEART VALVE SURGERY

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

For the above definition, the following are not covered:

- (a) Repair via intra-arterial procedure; and
- (b) Repair via key-hole surgery or any other similar techniques.

8. SURGERY TO AORTA

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

For the above definition, the following are not covered:

- (a) angioplasty;
- (b) other intra-arterial or catheter based techniques;
- (c) other keyhole procedures; and
- (d) laser procedures.

9. PRIMARY PULMONARY ARTERIAL HYPERTENSION - OF SPECIFIED SEVERITY

A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in Permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.

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

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

- (a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- (b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

10. MULTIPLE SCLEROSIS

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

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

11. ALZHEIMER'S DISEASE / SEVERE DEMENTIA

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

From the above definition, the following are not covered:

- (a) Non organic brain disorders such as neurosis;
- (b) Psychiatric illnesses; and
- (c) Drug or alcohol related brain damage.

12. MOTOR NEURON DISEASE – PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

A definite diagnosis of motor neuron disease by a Neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be Permanent Neurological Deficit With Persisting Clinical Symptoms.

13. PARKINSON'S DISEASE – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

- (a) Cannot be controlled with medication;
- (b) Shows signs of progressive impairment; and
- (c) Confirmation of the Permanent inability of the Person Covered to perform without assistance three (3) or more of the Activities of Daily Living.

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

14. ENCEPHALITIS – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

Encephalitis in the presence of HIV infection is not covered.

15. BACTERIAL MENINGITIS – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

The diagnosis must be confirmed by:

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

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

16. BENIGN BRAIN TUMOR - OF SPECIFIED SEVERITY

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

- (a) It is life threatening;
- (b) It has caused damage to the brain;
- (c) It has undergone surgical removal or has caused Permanent Neurological Deficit With Persisting Clinical Symptoms; and
- (d) Its presence must be confirmed by a Neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.

The following are not covered:

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

17. BRAIN SURGERY

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

For the above definition, the following are not covered:

- (a) Burr hole procedures;
- (b) Transsphenoidal procedures;
- (c) Endoscopic assisted procedures or any other minimally invasive procedures; and
- (d) Brain surgery as a result of an Accident.

18. MAJOR HEAD TRAUMA - RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

19. FULMINANT VIRAL HEPATITIS

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

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

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

20. END-STAGE LIVER FAILURE

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

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

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

21. END-STAGE LUNG DISEASE

End-stage lung disease causing chronic respiratory failure.

All of the following criteria must be met:

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

22. CHRONIC APLASTIC ANEMIA - RESULTING IN PERMANENT BONE MARROW FAILURE

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

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

The diagnosis must be confirmed by a bone marrow biopsy.

23. MUSCULAR DYSTROPHY

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

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

No benefit will be payable under this covered event before the Person Covered has reached the age of twelve (12) years next birthday.

24. KIDNEY FAILURE - REQUIRING DIALYSIS OR KIDNEY TRANSPLANT

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

25. BLINDNESS – PERMANENT AND IRREVERSIBLE

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

26. DEAFNESS – PERMANENT AND IRREVERSIBLE

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

27. LOSS OF SPEECH

Total, Permanent and Irreversible loss of the ability to speak as a result of Injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm Injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.

All psychiatric related causes are not covered.

28. THIRD DEGREE BURNS – OF SPECIFIED SEVERITY

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

29. MAJOR ORGAN / BONE MARROW TRANSPLANT

The receipt of a transplant of:

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

Other stem cell transplants are not covered.

30. PARALYSIS OF LIMBS

Total, Permanent and Irreversible loss of use of both arms or both legs, or of one (1) arm and one (1) leg, through paralysis caused by illness or Injury. A minimum Assessment Period of six (6) months applies.

31. COMA - RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety-six (96) hours, requiring the use of life support systems and resulting in a Permanent Neurological Deficit With Persisting Clinical Symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a Neurologist must be present.

The following is not covered:

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

32. SYSTEMIC LUPUS ERYTHEMATOSUS WITH SEVERE KIDNEY COMPLICATIONS

A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist.

For this definition, the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered.

WHO Lupus Classification:

Type III - Focal Segmental glomerulonephritis

Type IV - Diffuse glomerulonephritis

Type V - Membranous glomerulonephritis

33. LOSS OF INDEPENDENT EXISTENCE

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

34. HIV INFECTION DUE TO BLOOD TRANSFUSION

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

- (a) The blood transfusion was medically necessary or given as part of a medical treatment;
- (b) The blood transfusion was received in Malaysia or Singapore after the commencement of this Annexure;
- (c) The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;
- (d) The Person Covered does not suffer from hemophilia; and
- (e) The Person Covered is not a member of any high risk groups including but not limited to intravenous drug users.

35. FULL-BLOWN AIDS

The clinical manifestation of AIDS (Acquired Immuno-Deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, the Person Covered must have a CD4 cell count of less than two hundred (200)/ μL and one (1) or more of the following criteria are met:

- (a) Weight loss of more than ten percent (10%) of body weight over a period of six (6) months or less (wasting syndrome);
- (b) Kaposi Sarcoma;
- (c) Pneumocystis Carinii Pneumonia;
- (d) Progressive multifocal leukoencephalopathy;
- (e) Active Tuberculosis;
- (f) Less than one-thousand (1000) Lymphocytes; and
- (g) Malignant Lymphoma

36. OCCUPATIONALLY ACQUIRED HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

Infection with the Human Immunodeficiency Virus (only if the Person Covered is a Medical Staff), where it was acquired as a result of an Accident occurring within six (6) months of the Accident. Any Accident giving rise to a potential claim must be reported to Us within thirty (30) days of the Accident taking place supported by a negative HIV test taken within seven (7) days of the Accident.

37. TERMINAL ILLNESS

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

38. MEDULLARY CYSTIC DISEASE

A progressive hereditary disease of the kidney characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss

of sodium, progressing to chronic kidney failure. Diagnosis must be supported by a renal biopsy.

39. APALLIC SYNDROME (i.e. Persistent Vegetative State)

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be confirmed by a consultant Neurologist holding such an appointment at an approved hospital. This condition must be medically documented for at least one (1) month.

40. CHRONIC AUTOIMMUNE HEPATITIS

A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The diagnosis must be based on all of the following criteria:

- (a) Hypergammaglobulinaemia;
- (b) The presence of at least one (1) of the following autoantibodies:
 - (i) Anti-nuclear antibodies;
 - (ii) Anti-smooth muscle antibodies;
 - (iii) Anti-actin antibodies;
 - (iv) Anti-LKM-1 antibodies;
 - (v) Anti-LC1 antibodies; or
 - (vi) Anti-SLA/LP antibodies
- (c) Liver biopsy confirmation of the diagnosis of auto-immune hepatitis.

This is only covered if the Person Covered has been put on continuous immunosuppressive therapy for a period of at least six (6) months and the diagnosis must be confirmed by a specialist in gastroenterology or hepatology.

41. CHRONIC RELAPSING PANCREATITIS

More than three (3) attacks of pancreatitis resulting in Permanent pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP).

Chronic Relapsing Pancreatitis caused by alcohol consumption or drug abuse is excluded.

42. CREUTZFELDT-JAKOB DISEASE

The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, accompanied by signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis which is solely responsible for the Person Covered's Permanent inability to perform at least three (3) of the listed Activities of Daily Living.

These conditions have to be medically documented for at least six (6) months and confirmed by a consultant Neurologist based on conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computerized Tomography (CT) scan and Magnetic Resonance Imaging (MRI).

Sickness caused by human growth hormone treatment is excluded.

43. EBOLA HEMORRHAGIC FEVER

The infection with the Ebola virus causing fever and internal or external bleeding.

All of the following criteria must be met:

- (a) Presence of the Ebola virus has been confirmed by laboratory testing;
- (b) Mucosal or gastrointestinal bleeding has occurred; and
- (c) The diagnosis of Ebola Hemorrhagic Fever must be confirmed by a specialist Medical Practitioner.

44. ELEPHANTIASIS

The Elephantiasis is the result and complication of filariasis, characterized by massive swelling in the tissues of the body as a result of Permanent obstructed circulation in lymphatic vessels, resulting in Permanent inability of the Person Covered to perform at least three (3) of the listed Activities of Daily Living.

Unequivocal diagnosis of Elephantiasis must be clinically confirmed by a specialist in infectious disease or specialist in the relevant field, including laboratory confirmation of microfilariae.

Lymphoedema caused by infection with a sexually transmitted disease, trauma, postoperative scarring, congestive heart failure or congenital lymphatic system abnormalities are excluded.

45. POLIOMYELITIS

The occurrence of Poliomyelitis where the following conditions are met:

- (a) Poliovirus is identified as the cause; and
- (b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months.

46. PROGRESSIVE SCLERODERMA

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

47. SEVERE EISENMENGER'S SYNDROME

Severe Eisenmenger's Syndrome shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder.

Both of the following criteria must be met:

- (a) Presence of Permanent physical impairment classified as NYHA IV; and
- (b) The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered Medical Practitioner who is a cardiologist.

The above benefits will be payable from the Risk Fund.

EXCLUSIONS

We will not be liable to pay any benefit under this Annexure for critical illness resulting directly or indirectly from any of the following causes:

- 4.1** Critical illness which has existed at the Commencement Date or at any Reinstatement Date of this Annexure, whichever is later.
- 4.2** Critical illness for which:
 - 4.2.1** Any condition which existed or was diagnosed during the Waiting Period or after the expiry of the Waiting Period but which is related to a condition which existed or was diagnosed during the Waiting Period, except for critical illness contracted due to Injury; or
 - 4.2.2** signs and symptoms existed before or during the Waiting Period which would prompt a reasonable person to seek medical care or attention, though the resulting diagnosis may occur before or after the expiry of the Waiting Period.
- 4.3** A claim for a critical illness described in 4.2.1 and/or 4.2.2 above will not be admissible only because notification of the said claim was given to Us after the expiry of the Waiting Period.
- 4.4** Any diseases directly or indirectly, caused by or contributed to by nuclear weapons material, ionising, radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. Solely for the purpose of this exclusion, combustion will include any self-sustaining process of nuclear fission.
- 4.5** While under the influence of alcohol, narcotics, or mind altering substance.
- 4.6** Self-inflicted injuries, while sane or insane.

GENERAL PROVISIONS

5.1 INCONTESTABILITY

- 5.1.1** Other than the exclusions set out in Clause 4, Clause 5.1.2 or any other provisions set out in Your Certificate, the validity of this Annexure will be indisputable after it has been in force for more than two (2) years from the Risk Effective Date of this Annexure.
- 5.1.2** If this Annexure has been in force for a period of more than two (2) years from the Risk Effective Date of this Annexure, it will not be voided by Us based on the statement(s) made or which has not been made;
 - 5.1.2.1** in the proposal stage;
 - 5.1.2.2** in a report of a doctor referee, or any other person; or
 - 5.1.2.3** in a document leading to the issuance of Your Certificate,

that is inaccurate or false or misleading. However, Your Certificate may be voided if We are able to show that the statement was on a material matter or You or the Person Covered has suppressed a Material Fact (set out in Clause 5.1.3) and that it was fraudulently made or suppressed by You or the Person Covered.

5.1.3 For clarification purpose, "Material Fact" means a matter of fact which, if known by Us, would have led to Our refusal to issue Your Certificate or would have led to Your Certificate to be issued with terms less favourable to You or the Person Covered.

5.2 MISREPRESENTATION / FRAUD

In the event of a misrepresentation by You or the Person Covered where this Annexure has been in force for a period of two (2) years or less, it will be handled in accordance with Schedule 9 of the Islamic Financial Services Act 2013, whereby it may result in the following:

- 5.2.1 Your Certificate being voided and all claims refused;
- 5.2.2 a variation of terms of Your Certificate;
- 5.2.3 a change in the Contribution amount; or
- 5.2.4 any other options that are appropriate based on the misrepresentation.

5.3 CERTIFICATE SERVICING

Financial changes to this Annexure, as below, as well as non-financial changes i.e. change of address, phone number etc., are allowed.

The Sum Covered of this Annexure will be automatically adjusted if there are financial changes made to the Basic Certificate or the other Riders. Satisfactory evidence of the health of the Person Covered, where applicable, as well as additional Contribution may be required whenever there is a request for such change to Your Certificate. If the medical evidence proves to be unsatisfactory, We have the right to make a counter-offer or decline the request in accordance with Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

5.4 CANCELLATION OF THIS ANNEXURE

You may submit Your request to cancel this Annexure to Us. You will not be entitled to a refund of the Contribution and Your coverage will cease on the next Contribution due date.

Cancellation of this Annexure will not have any adverse effect or any impact to the validity of the claim, which has been duly admitted by Us before the effective date of cancellation of this Annexure.

5.5 SURRENDER

This Annexure will be surrendered together with the Basic Certificate once any request of surrender is submitted by You.

Surrender of this Annexure will not have any adverse effect or any impact to the validity of the claim which has been duly admitted by Us before the effective date of surrender of this Annexure.

5.6 TERMINATION OF THIS ANNEXURE

The coverage under this Annexure shall terminate automatically;

- 5.6.1 upon cancellation of this Annexure;
- 5.6.2 when a claim under this Annexure is admitted;
- 5.6.3 when the Certificate lapses;
- 5.6.4 upon payment of surrender of the Certificate;
- 5.6.5 upon termination of the Basic Certificate; or
- 5.6.6 when the Certificate matures on the Expiry Date;

and We will not refund You the Wakalah fee.

Any Contribution receipt by Us after the termination of this Annexure will not create any liability to Us but We will refund such Contribution to You without profit.

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The coverage under this Annexure is provided to You, the Participant, as named in the e-CIP of the Basic Certificate managed by Us to which this Annexure is attached.

This Annexure forms part of the Basic Certificate and is valid only if the Basic Certificate is valid. In addition, this Annexure is subject to the terms and conditions of the Basic Certificate unless stated otherwise in this Annexure.

DEFINITIONS

Unless otherwise indicated in this Annexure, the terms and expressions used in this Annexure shall bear the same meanings as the terms and expressions used in the Basic Certificate.

- 1.1 "AGE AT ENTRY"** means Your age next birthday determined from the Commencement Date.
- 1.2 "AMOUNT OF BENEFIT"** means the Sum Covered of this Annexure as stated in the e-CIP, from the next Contribution due date until the Expiry Date of this Annexure.
- 1.3 "ATTAINED AGE"** means Your Age at Entry plus the number of Certificate Year from the Commencement Date.

DESCRIPTION OF CONTRIBUTION AND CHARGES

2.1 CONTRIBUTION

This Annexure is issued in consideration of Your application and the payment of the additional Contribution specified in the e-CIP or in a subsequent Endorsement issued by Us at the same interval and on the same due date as the Contribution under the Basic Certificate starting from the Commencement Date of this Annexure up to and including the final Contribution due date.

While this Annexure is in force, all Contributions are to be paid in advance on the due date based on the Sum Covered of this Annexure, Age at Entry and gender of the Participant throughout the Coverage Term of this Annexure. Extra Contribution may be imposed depending on the occupation and health conditions of the Participant, subject to Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

The Contribution payable will be credited to the PA. Thereafter, Wakalah fee, Tabarru' and Service Charge, as specified in Clause 2.2 and Clause 2.3 below, will be deducted subject to the terms and conditions of the Basic Certificate and this Annexure.

2.2 FEES AND CHARGES

2.2.1 WAKALAH FEE

The Wakalah fee chargeable under this Annexure is as stated in Your e-CIP.

The Wakalah fee will be deducted upon payment of the Contribution.

2.2.2 SERVICE CHARGE

Monthly Service Charge will be deducted monthly, from the PA and/or ILF(s), where applicable, on each Monthly Anniversary of this Certificate, throughout the Coverage Term of this Annexure.

The Service Charge under this Annexure is Ringgit Malaysia One (RM1) per month.

2.3 TABARRU'

2.3.1 The monthly Tabarru' amount will be calculated based on:

- (a) the Amount of Benefit; and
- (b) the Tabarru' rate at Your Attained Age and gender.

2.3.2 If You are medically impaired and/or has a hazardous job or activity, extra Tabarru' may be charged subject to Our underwriting decision.

2.3.3 The monthly Tabarru' amount will be deducted monthly beginning from the Commencement Date up to and including the Monthly Anniversary immediately prior to the Expiry Date of this Annexure.

2.3.4 The monthly Tabarru' amount will continue to be deducted from the PA and/or ILF(s), where applicable, to the Risk Fund regardless of whether You have made further Contribution under this Annexure.

2.3.5 The Tabarru' rates are not guaranteed. We may revise the Tabarru' rates in the future in the event of high claims experience. The revision of Tabarru' rates will apply to all Participant regardless of their claims experience.

All the above fees, charges and Tabarru' are not guaranteed. If there is any revision, You will be notified by Us at least thirty (30) days before it takes effect. The revised fees, charges and Tabarru' will only apply at the next Certificate Anniversary.

EVENTS UPON WHICH THE BENEFITS ARE TO BE PAID

While this Annexure is in force and subject to its terms and conditions, We will waive the Amount of Benefit upon the occurrence of any of the following events prior to the Expiry Date of this Annexure:

- (a) We receive the notification accompanied by the documentary evidence of Your Death; or
- (b) Receipt and approval of satisfactory proof that You have suffered from TPD prior to age seventy (70) years next birthday.

Provided that:

- 3.1** Payment of the Amount of Benefit will be made by Us starting from the next Contribution due date immediately following the date of occurrence on any of the abovementioned covered events and ending at the Contribution due date immediately preceding the Expiry Date of this Annexure.
- 3.2** Payment of the Amount of Benefit falling due on or after the Expiry Date of this Annexure shall not be waived and the payment must be continued by You.

The above benefits will be payable from the Risk Fund.

EXCLUSIONS

4.1 DEATH

We will not be liable to pay any benefit under this Annexure for Your death due to suicide, while sane or insane, within the first (1) year from the Risk Effective Date or any Reinstatement Date of this Annexure, whichever is later.

4.2 TOTAL AND PERMANENT DISABILITY (TPD)

We will not be liable to pay any benefit under this Annexure for Your TPD:

- 4.2.1 that existed prior to or on the Risk Effective Date or any Reinstatement Date of this Annexure, whichever is later; or
- 4.2.2 is resulting directly or indirectly from any of the following causes:
 - 4.2.2.1 attempted suicide or self-inflicted injuries, while sane or insane;
 - 4.2.2.2 aviation, gliding or any other form of aerial flight other than as a pilot, cabin crew or fare paying passenger of a recognized airline or chartered service;
 - 4.2.2.3 war (whether war be declared or not), revolution or any war like operation;
 - 4.2.2.4 any violation of law by You or any assault or felony as committed, attempted or provoked by You;
 - 4.2.2.5 while under the influence of alcohol, narcotics, or mind altering substance; or
 - 4.2.2.6 Acquired Immunodeficiency Syndrome (AIDS), infection by Human Immunodeficiency Virus (HIV) or related conditions.

GENERAL PROVISIONS

5.1 INCONTESTABILITY

- 5.1.1 Other than the exclusions set out in Clause 4.1, Clause 4.2 and Clause 5.1.2 or any other provisions set out in Your Certificate, the validity of this Annexure will be indisputable after it has been in force for more than two (2) years from the Risk Effective Date of this Annexure.
- 5.1.2 If this Annexure has been in force for a period of more than two (2) years from the Risk Effective Date of this Annexure, it will not be voided by Us based on the statement(s) made or which has not been made;
 - 5.1.2.1 in the proposal stage;
 - 5.1.2.2 in a report of a doctor referee, or any other person; or
 - 5.1.2.3 in a document leading to the issuance of Your Certificate, that is inaccurate or false or misleading. However, Your Certificate may be voided if We are able to show that the statement was on a material matter or You or the Person Covered has suppressed a Material Fact (set out in Clause 5.1.3) and that it was fraudulently made or suppressed by You or the Person Covered.
- 5.1.3 For clarification purpose, "Material Fact" means a matter of fact which, if known by Us, would have led to Our refusal to issue Your Certificate or would have led to Your Certificate to be issued with terms less favourable to You or the Person Covered.

5.2 MISREPRESENTATION / FRAUD

In the event of a misrepresentation by You or the Person Covered where this Annexure has been in force for a period of two (2) years or less, it will be handled in accordance with Schedule 9 of the Islamic Financial Services Act 2013, whereby it may result in the following:

- 5.2.1 Your Certificate being voided and all claims refused;
- 5.2.2 a variation of terms of Your Certificate;
- 5.2.3 a change in the Contribution amount; or
- 5.2.4 any other options that are appropriate based on the misrepresentation.

5.3 CERTIFICATE SERVICING

Financial changes to this Annexure, as below, as well as non-financial changes i.e. change of address, phone number etc., are allowed.

The Sum Covered of this Annexure will be automatically adjusted if there are financial changes made to the Basic Certificate or the other Riders. Satisfactory evidence of the health of the Participant and the Person Covered, where applicable, as well as additional Contribution may be required whenever there is a request for such change to Your Certificate. If the medical evidence proves to be unsatisfactory, We have the right to make a counter-offer or decline the request in accordance with Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

5.4 CANCELLATION OF THIS ANNEXURE

You may submit Your request to cancel this Annexure to Us. You will not be entitled to a refund of the Contribution and Your coverage will cease on the next Contribution due date.

Cancellation of this Annexure will not have any adverse effect or any impact to the validity of the claim, which has been duly admitted by Us before the effective date of cancellation of this Annexure.

5.5 SURRENDER

This Annexure will be surrendered together with the Basic Certificate once any request of surrender is submitted by You.

Surrender of this Annexure will not have any adverse effect or any impact to the validity of the claim which has been duly admitted by Us before the effective date of surrender of this Annexure.

5.6 TERMINATION OF THIS ANNEXURE

The coverage under this Annexure shall terminate automatically;

- 5.6.1 upon cancellation of this Annexure;
 - 5.6.2 when a claim under this Annexure is admitted;
 - 5.6.3 when the Certificate lapses;
 - 5.6.4 upon payment of surrender of the Certificate;
 - 5.6.5 upon termination of the Basic Certificate; or
 - 5.6.6 when this Annexure matures on its Expiry Date;
- and We will not refund You the Wakalah fee.

Any Contribution receipt by Us after the termination of this Annexure will not create any liability to Us but We will refund such Contribution to You without profit.

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The coverage under this Annexure is provided to You, the Participant, as named in the e-CIP of the Basic Certificate managed by Us to which this Annexure is attached.

This Annexure forms part of the Basic Certificate and is valid only if the Basic Certificate is valid. In addition, this Annexure is subject to the terms and conditions of the Basic Certificate unless stated otherwise in this Annexure.

DEFINITIONS

Unless otherwise indicated in this Annexure, the terms and expressions used in this Annexure shall bear the same meanings as the terms and expressions used in the Basic Certificate.

- 1.1 "ACCIDENT"** means a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily Injury.
- 1.2 "ACTIVITIES OF DAILY LIVING"** are as follows:
- (a) Transfer
Getting in and out of a chair without requiring physical assistance.
 - (b) Mobility
The ability to move from room to room without requiring any physical assistance.
 - (c) Continence
The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
 - (d) Dressing
Putting on and taking off all necessary items of clothing without requiring assistance of another person.
 - (e) Bathing / Washing
The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
 - (f) Eating
All tasks of getting food into the body once it has been prepared.
- 1.3 "AGE AT ENTRY"** means Your age next birthday determined from the Commencement Date.
- 1.4 "AMOUNT OF BENEFIT"** means the Sum Covered of this Annexure as stated in the e-CIP, from the next Contribution due date until the Expiry Date of this Annexure.
- 1.5 "ASSESSMENT PERIOD"** means the period during which We will assess a condition before deciding whether or not the condition qualifies as being Permanent. The Assessment Period will be for the minimum period time frame stated in the relevant definition and will not be longer than twelve (12) months (provided all required evidence has been submitted).
- 1.6 "ATTAINED AGE"** means Your Age at Entry plus the number of Certificate Year from the Commencement Date.
- 1.7 "INJURY"** means bodily Injury caused solely by Accident.
- 1.8 "IRREVERSIBLE"** means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.
- 1.9 "MEDICAL PRACTITIONER"** means a person who is qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Participant.

- 1.10** **"MEDICAL STAFF"** is defined as doctors (general physicians and specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentist, dental nurses or ambulance workers who are working in a medical centre or hospital or dental clinic/ polyclinic in Malaysia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health of Malaysia.
- 1.11** **"NEUROLOGIST"** means a Medical Practitioner who is board certified in neurology and a Fellow of the Neurological Society in either the United Kingdom, the United States of America, Canada or Australia.
- 1.12** **"PERMANENT"** means expected to last throughout Your lifetime.
- 1.13** **"PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS"** means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout Your lifetime. Symptoms that are covered include numbness, paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
- 1.14** **"WAITING PERIOD"** means the first sixty (60) days from the Risk Effective Date or Reinstatement Date of this Annexure, whichever is later, for Cancer, heart attack, coronary artery by-pass surgery and serious coronary artery disease. For critical illnesses (as defined in Clause 3) other than the above, the Waiting Period means the first thirty (30) days from the Risk Effective Date or Reinstatement Date of this Annexure, whichever is later. If there is a break in coverage, the Waiting Period shall apply again from the Reinstatement Date of this Annexure.

DESCRIPTION OF CONTRIBUTION AND CHARGES

2.1 CONTRIBUTION

This Annexure is issued in consideration of Your application and the payment of the additional Contribution specified in the e-CIP or in a subsequent Endorsement issued by Us at the same interval and on the same due date as the Contribution under the Basic Certificate starting from the Commencement Date of this Annexure up to and including the final Contribution due date.

While this Annexure is in force, all Contributions are to be paid in advance on the due date based on the Sum Covered of this Annexure, Age at Entry and gender of the Participant throughout the Coverage Term of this Annexure. Extra Contribution may be imposed depending on the occupation and health conditions of the Participant, subject to Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

The Contribution payable will be credited to the PA. Thereafter, Wakalah fee, Tabarru' and Service Charge, as specified in Clause 2.2 and Clause 2.3 below, will be deducted subject to the terms and conditions of the Basic Certificate and this Annexure.

2.2 FEES AND CHARGES

2.2.1 WAKALAH FEE

The Wakalah fee chargeable under this Annexure is as stated in Your e-CIP.

The Wakalah fee will be deducted upon payment of the Contribution.

2.2.2 SERVICE CHARGE

Monthly Service Charge will be deducted monthly, from the PA and/or ILF(s), where applicable, on each Monthly Anniversary of this Certificate, throughout the Coverage Term of this Annexure.

The Service Charge under this Annexure is Ringgit Malaysia One (RM1) per month.

2.3 TABARRU'

2.3.1 The monthly Tabarru' amount will be calculated based on:

- (a) the Amount of Benefit; and
- (b) the Tabarru' rate at Your Attained Age and gender.

2.3.2 If You are medically impaired and/or has a hazardous job or activity, extra Tabarru' may be charged subject to Our underwriting decision.

2.3.3 The monthly Tabarru' amount will be deducted monthly beginning from the Commencement Date up to and including the Monthly Anniversary immediately prior to the Expiry Date of this Annexure.

2.3.4 The monthly Tabarru' amount will continue to be deducted from the PA and/or ILF(s), where applicable, to the Risk Fund regardless of whether You have made further Contribution under this Annexure.

2.3.5 The Tabarru' rates are not guaranteed. We may revise the Tabarru' rates in the future in the event of high claims experience. The revision of Tabarru' rates will apply to all Participant regardless of their claims experience.

All the above fees, charges and Tabarru' are not guaranteed. If there is any revision, You will be notified by Us at least thirty (30) days before it takes effect. The revised fees, charges and Tabarru' will only apply at the next Certificate Anniversary.

EVENTS UPON WHICH THE BENEFITS ARE TO BE PAID

While this Annexure is in force and subject to its terms, conditions and the Waiting Period, We will waive the Amount of Benefit upon the occurrence of any of the following events prior to the Expiry Date of this Annexure:

- (a) We receive the notification accompanied by the documentary evidence of Your death;
- (b) Receipt and approval of satisfactory proof that You have suffered from TPD prior to age seventy (70) years next birthday; or
- (c) When You are diagnosed of having a critical illness as defined in the 'Definition of Critical Illnesses' below, provided that the critical illness for which a claim is to be made must be diagnosed by a Medical Practitioner or Neurologist and duly supported by an acceptable clinical, radiological, histological and laboratory evidence satisfactory to Us.

Provided that:

- 3.1** Payment of the Amount of Benefit will be made by Us starting from the next Contribution due date immediately following the date of occurrence on any of the abovementioned covered events and ending at the Contribution due date immediately preceding the Expiry Date of this Annexure.
- 3.2** Payment of the Amount of Benefit falling due on or after the Expiry Date of this Annexure shall not be waived and the payment must be continued by You.

DEFINITION OF CRITICAL ILLNESS**1. HEART ATTACK - OF SPECIFIED SEVERITY**

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

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

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

For the above definition, the following are not covered:

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

2. STROKE – RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in Permanent Neurological Deficit With Persisting Clinical Symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a Neurologist. A minimum Assessment Period of three (3) months applies.

For the above definition, the following are not covered:

- (a) Transient ischemic attacks;
- (b) Cerebral symptoms due to migraine;
- (c) Traumatic Injury to brain tissue or blood vessels; and
- (d) Vascular disease affecting the eye or optic nerve or vestibular functions.

3. CANCER – OF SPECIFIED SEVERITY AND DOES NOT COVER VERY EARLY CANCERS

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

For the above definition, the following are not covered:

- (a) All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - carcinoma in situ;
 - having borderline malignancy; and/or
 - having malignant potential;
- (b) All tumors of the prostate histologically classified as T1N0M0 (TNM classification);
- (c) All tumors of the thyroid histologically classified as T1N0M0 (TNM classification);
- (d) All tumors of the urinary bladder histologically classified as T1N0M0 (TNM classification);
- (e) Chronic Lymphocytic Leukemia less than RAI Stage 3;

- (f) All cancers in the presence of HIV; and
- (g) Any skin cancer other than malignant melanoma.

4. CORONARY ARTERY BY-PASS SURGERY

Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.

For the above definition, the following are not covered:

- (a) angioplasty;
- (b) other intra-arterial or catheter based techniques;
- (c) keyhole procedures; and
- (d) laser procedures.

5. SERIOUS CORONARY ARTERY DISEASE

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

6. CARDIOMYOPATHY – OF SPECIFIED SEVERITY

A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in Permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.

The New York Heart Association Classification of Cardiac Impairment for Class III and Class IV means the following:

- (a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- (b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Cardiomyopathy directly related to alcohol or drug abuse is not covered.

7. HEART VALVE SURGERY

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

For the above definition, the following are not covered:

- (a) Repair via intra-arterial procedure; and
- (b) Repair via key-hole surgery or any other similar techniques.

8. SURGERY TO AORTA

The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta.

For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:

- (a) angioplasty;
- (b) other intra-arterial or catheter based techniques;
- (c) other keyhole procedures; and
- (d) laser procedures.

9. PRIMARY PULMONARY ARTERIAL HYPERTENSION – OF SPECIFIED SEVERITY

A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in Permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.

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

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

- (a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- (b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

10. MULTIPLE SCLEROSIS

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

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

11. ALZHEIMER'S DISEASE / SEVERE DEMENTIA

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

From the above definition, the following are not covered:

- (a) Non organic brain disorders such as neurosis;
- (b) Psychiatric illnesses; and
- (c) Drug or alcohol related brain damage.

12. MOTOR NEURON DISEASE – PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

A definite diagnosis of motor neuron disease by a Neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be Permanent Neurological Deficit With Persisting Clinical Symptoms.

13. PARKINSON'S DISEASE – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

- (a) Cannot be controlled with medication;
- (b) Shows signs of progressive impairment; and
- (c) Confirmation of the Permanent inability of the Participant to perform without assistance three (3) or more of the Activities of Daily Living.

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

14. ENCEPHALITIS – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

Encephalitis in the presence of HIV infection is not covered.

15. BACTERIAL MENINGITIS – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

The diagnosis must be confirmed by:

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

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

16. BENIGN BRAIN TUMOR - OF SPECIFIED SEVERITY

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

- (a) It is life threatening;
- (b) It has caused damage to the brain;
- (c) It has undergone surgical removal or has caused Permanent Neurological Deficit With Persisting Clinical Symptoms; and
- (d) Its presence must be confirmed by a Neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.

The following are not covered:

- (i) Cysts;
- (ii) Granulomas;
- (iii) Malformations in or of the arteries or veins of the brain;
- (iv) Hematomas;
- (v) Tumors in the pituitary gland;
- (vi) Tumors in the spine; and

(vii) Tumors of the acoustic nerve.

17. BRAIN SURGERY

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

For the above definition, the following are not covered:

- (a) Burr hole procedures;
- (b) Transsphenoidal procedures;
- (c) Endoscopic assisted procedures or any other minimally invasive procedures; and
- (d) Brain surgery as a result of an Accident.

18. MAJOR HEAD TRAUMA - RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

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

19. FULMINANT VIRAL HEPATITIS

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

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

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

20. END-STAGE LIVER FAILURE

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

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

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

21. END-STAGE LUNG DISEASE

End-stage lung disease causing chronic respiratory failure.

All of the following criteria must be met:

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

22. CHRONIC APLASTIC ANEMIA - RESULTING IN PERMANENT BONE MARROW FAILURE

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

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

The diagnosis must be confirmed by a bone marrow biopsy.

23. MUSCULAR DYSTROPHY

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

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

No benefit will be payable under this covered event before the Participant has reached the age of twelve (12) years next birthday.

24. KIDNEY FAILURE - REQUIRING DIALYSIS OR KIDNEY TRANSPLANT

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

25. BLINDNESS – PERMANENT AND IRREVERSIBLE

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

26. DEAFNESS – PERMANENT AND IRREVERSIBLE

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

27. LOSS OF SPEECH

Total, Permanent and Irreversible loss of the ability to speak as a result of Injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm Injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.

All psychiatric related causes are not covered.

28. THIRD DEGREE BURNS – OF SPECIFIED SEVERITY

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

29. MAJOR ORGAN / BONE MARROW TRANSPLANT

The receipt of a transplant of:

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

Other stem cell transplants are not covered.

30. PARALYSIS OF LIMBS

Total, Permanent and Irreversible loss of use of both arms or both legs, or of one (1) arm and one (1) leg, through paralysis caused by illness or Injury. A minimum Assessment Period of six (6) months applies.

31. COMA - RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety-six (96) hours, requiring the use of life support systems and resulting in a Permanent Neurological Deficit With Persisting Clinical Symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a Neurologist must be present.

The following is not covered:

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

32. SYSTEMIC LUPUS ERYTHEMATOSUS WITH SEVERE KIDNEY COMPLICATIONS

A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist.

For this definition, the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered.

WHO Lupus Classification:

Type III - Focal Segmental glomerulonephritis

Type IV - Diffuse glomerulonephritis

Type V - Membranous glomerulonephritis

33. LOSS OF INDEPENDENT EXISTENCE

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

34. HIV INFECTION DUE TO BLOOD TRANSFUSION

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

- (a) The blood transfusion was medically necessary or given as part of a medical treatment;
- (b) The blood transfusion was received in Malaysia or Singapore after the commencement of this Annexure;
- (c) The source of the infection is established to be from the institution that provided the blood

- transfusion and the institution is able to trace the origin of the HIV tainted blood;
- (d) The Participant does not suffer from hemophilia; and
 - (e) The Participant is not a member of any high risk groups including but not limited to intravenous drug users.

35. FULL-BLOWN AIDS

The clinical manifestation of AIDS (Acquired Immuno-Deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, the Participant must have a CD4 cell count of less than two hundred (200)/ μL and one (1) or more of the following criteria are met:

- (a) Weight loss of more than ten percent (10%) of body weight over a period of six (6) months or less (wasting syndrome);
- (b) Kaposi Sarcoma;
- (c) Pneumocystis Carinii Pneumonia;
- (d) Progressive multifocal leukoencephalopathy;
- (e) Active Tuberculosis;
- (f) Less than one-thousand (1000) Lymphocytes; and
- (g) Malignant Lymphoma

36. OCCUPATIONALLY ACQUIRED HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

Infection with the Human Immunodeficiency Virus (only if the Participant is a Medical Staff), where it was acquired as a result of an Accident occurring within six (6) months of the Accident. Any Accident giving rise to a potential claim must be reported to Us within thirty (30) days of the Accident taking place supported by a negative HIV test taken within seven (7) days of the Accident.

37. TERMINAL ILLNESS

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

38. MEDULLARY CYSTIC DISEASE

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

39. APALLIC SYNDROME (i.e. Persistent Vegetative State)

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be confirmed by a consultant Neurologist holding such an appointment at an approved hospital. This condition must be medically documented for at least one (1) month.

40. CHRONIC AUTOIMMUNE HEPATITIS

A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The diagnosis must be based on all of the following criteria:

- (a) Hypergammaglobulinaemia;
- (b) The presence of at least one (1) of the following autoantibodies:

- (i) Anti-nuclear antibodies;
 - (ii) Anti-smooth muscle antibodies;
 - (iii) Anti-actin antibodies;
 - (iv) Anti-LKM-1 antibodies;
 - (v) Anti-LC1 antibodies; or
 - (vi) Anti-SLA/LP antibodies
- (c) Liver biopsy confirmation of the diagnosis of auto-immune hepatitis.

This is only covered if the Participant has been put on continuous immunosuppressive therapy for a period of at least six (6) months and the diagnosis must be confirmed by a specialist in gastroenterology or hepatology.

41. CHRONIC RELAPSING PANCREATITIS

More than three (3) attacks of pancreatitis resulting in Permanent pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP).

Chronic Relapsing Pancreatitis caused by alcohol consumption or drug abuse is excluded.

42. CREUTZFELDT-JAKOB DISEASE

The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, accompanied by signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis which is solely responsible for the Participant's Permanent inability to perform at least three (3) of the listed Activities of Daily Living.

These conditions have to be medically documented for at least six (6) months and confirmed by a consultant Neurologist based on conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computerized Tomography (CT) scan and Magnetic Resonance Imaging (MRI).

Sickness caused by human growth hormone treatment is excluded.

43. EBOLA HEMORRHAGIC FEVER

The infection with the Ebola virus causing fever and internal or external bleeding.

All of the following criteria must be met:

- (a) Presence of the Ebola virus has been confirmed by laboratory testing;
- (b) Mucosal or gastrointestinal bleeding has occurred; and
- (c) The diagnosis of Ebola Hemorrhagic Fever must be confirmed by a specialist Medical Practitioner.

44. ELEPHANTIASIS

The Elephantiasis is the result and complication of filariasis, characterized by massive swelling in the tissues of the body as a result of Permanent obstructed circulation in lymphatic vessels, resulting in Permanent inability of the Participant to perform at least three (3) of the listed Activities of Daily Living.

Unequivocal diagnosis of Elephantiasis must be clinically confirmed by a specialist in infectious disease or

specialist in the relevant field, including laboratory confirmation of microfilariae.

Lymphoedema caused by infection with a sexually transmitted disease, trauma, postoperative scarring, congestive heart failure or congenital lymphatic system abnormalities are excluded.

45. POLIOMYELITIS

The occurrence of Poliomyelitis where the following conditions are met:

- (a) Poliovirus is identified as the cause; and
- (b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months.

46. PROGRESSIVE SCLERODERMA

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

47. SEVERE EISENMENGER'S SYNDROME

Severe Eisenmenger's Syndrome shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder.

Both of the following criteria must be met:

- (a) Presence of Permanent physical impairment classified as NYHA IV; and
- (b) The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered Medical Practitioner who is a cardiologist.

The above benefits will be payable from the Risk Fund.

EXCLUSIONS

4.1 DEATH

We will not be liable to pay any benefit under this Annexure for Your death due to suicide, while sane or insane, within the first (1) year from the Risk Effective Date or any Reinstatement Date of this Annexure, whichever is later.

4.2 TOTAL AND PERMANENT DISABILITY (TPD)

We will not be liable to pay any benefit under this Annexure for Your TPD:

- 4.2.1 that existed prior to or on the Risk Effective Date or any Reinstatement Date of this Annexure, whichever is later; or
- 4.2.2 is resulting directly or indirectly from any of the following causes:
 - 4.2.2.1 attempted suicide or self-inflicted injuries, while sane or insane;
 - 4.2.2.2 aviation, gliding or any other form of aerial flight other than as a pilot, cabin crew or fare paying passenger of a recognized airline or chartered service;
 - 4.2.2.3 war (whether war be declared or not), revolution or any war like operation;
 - 4.2.2.4 any violation of law by You or any assault or felony as committed, attempted or provoked by You;
 - 4.2.2.5 while under the influence of alcohol, narcotics, or mind altering substance; or
 - 4.2.2.6 Acquired Immunodeficiency Syndrome (AIDS), infection by Human Immunodeficiency Virus (HIV) or related conditions.

4.3 CRITICAL ILLNESS

We will not be liable to pay any benefit under this Annexure for critical illness resulting directly or indirectly from any of the following causes:

- 4.3.1 Critical illness which has existed at the Risk Effective Date or at any Reinstatement Date of this Annexure, whichever is later;
- 4.3.2 Critical illness for which:
 - 4.3.2.1 Any condition which existed or was diagnosed during the Waiting Period or after the expiry of the Waiting Period but which is related to a condition which existed or was diagnosed during the Waiting Period, except for critical illness contracted due to Injury; or
 - 4.3.2.2 signs and symptoms existed before or during the Waiting Period which would prompt a reasonable person to seek medical care or attention, though the resulting diagnosis may occur before or after the expiry of the Waiting Period.
- 4.3.3 A claim for a critical illness described in 4.3.2.1 and/or 4.3.2.2 above will not be admissible only because notification of the said claim was given to Us after the expiry of the Waiting Period.
- 4.3.4 Any diseases directly or indirectly, caused by or contributed to by nuclear weapons material, ionising, radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. Solely for the purpose of this exclusion, combustion will include any self-sustaining process of nuclear fission.
- 4.3.5 While under the influence of alcohol, narcotics, or mind altering substance.
- 4.3.6 Self-inflicted injuries, while sane or insane.

GENERAL PROVISIONS

5.1 INCONTESTABILITY

- 5.1.1 Other than the exclusions set out in Clause 4.1, Clause 4.2, Clause 4.3 and Clause 5.1.2 or any other provisions set out in Your Certificate, the validity of this Annexure will be indisputable after it has been in force for more than two (2) years from the Risk Effective Date of this Annexure.
- 5.1.2 If this Annexure has been in force for a period of more than two (2) years from the Risk Effective Date of this Annexure, it will not be voided by Us based on the statement(s) made or which has not been made;
- 5.1.2.1 in the proposal stage;
- 5.1.2.2 in a report of a doctor referee, or any other person; or
- 5.1.2.3 in a document leading to the issuance of Your Certificate,
- that is inaccurate or false or misleading. However, Your Certificate may be voided if We are able to show that the statement was on a material matter or You or the Person Covered has suppressed a Material Fact (set out in Clause 5.1.3) and that it was fraudulently made or suppressed by You or the Person Covered.
- 5.1.3 For clarification purpose, "Material Fact" means a matter of fact which, if known by Us, would have led to Our refusal to issue Your Certificate or would have led to Your Certificate to be issued with terms less favourable to You or the Person Covered.

5.2 MISREPRESENTATION / FRAUD

In the event of a misrepresentation by You or the Person Covered where this Annexure has been in force for a period of two (2) years or less, it will be handled in accordance with Schedule 9 of the Islamic Financial Services Act 2013, whereby it may result in the following:

- 5.2.1 Your Certificate being voided and all claims refused;
- 5.2.2 a variation of terms of Your Certificate;
- 5.2.3 a change in the Contribution amount; or
- 5.2.4 any other options that are appropriate based on the misrepresentation.

5.3 CERTIFICATE SERVICING

Financial changes to this Annexure, as below, as well as non-financial changes i.e. change of address, phone number etc., are allowed.

The Sum Covered of this Annexure will be automatically adjusted if there are financial changes made to the Basic Certificate or the other Riders. Satisfactory evidence of the health of the Participant and the Person Covered, where applicable, as well as additional Contribution may be required whenever there is a request for such change to Your Certificate. If the medical evidence proves to be unsatisfactory, We have the right to make a counter-offer or decline the request in accordance with Our underwriting decision as stated in the relevant documentary declarations and / or statements sent to You.

5.4 CANCELLATION OF THIS ANNEXURE

You may submit Your request to cancel this Annexure to Us. You will not be entitled to a refund of the Contribution and Your coverage will cease on the next Contribution due date.

Cancellation of this Annexure will not have any adverse effect or any impact to the validity of the claim, which

has been duly admitted by Us before the effective date of cancellation of this Annexure.

5.5 SURRENDER

This Annexure will be surrendered together with the Basic Certificate once any request of surrender is submitted by You.

Surrender of this Annexure will not have any adverse effect or any impact to the validity of the claim which has been duly admitted by Us before the effective date of surrender of this Annexure.

5.6 TERMINATION OF THIS ANNEXURE

The coverage under this Annexure shall terminate automatically;

- 5.6.1 upon cancellation of this Annexure;
 - 5.6.2 when a claim under this Annexure is admitted;
 - 5.6.3 when the Certificate lapses;
 - 5.6.4 upon payment of surrender of the Certificate;
 - 5.6.5 upon termination of the Basic Certificate; or
 - 5.6.6 when this Annexure matures on its Expiry Date;
- and We will not refund You the Wakalah fee.

Any Contribution receipt by Us after the termination of this Annexure will not create any liability to Us but We will refund such Contribution to You without profit.

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The coverage under this Annexure is provided to the Person Covered as named in the e-CIP of the Basic Certificate managed by Us to which this Annexure is attached.

This Annexure forms part of the Basic Certificate and is valid only if the Basic Certificate is valid. In addition, this Annexure is subject to the terms and conditions of the Basic Certificate unless stated otherwise in this Annexure.

DEFINITIONS

Unless otherwise indicated in this Annexure, the terms and expressions used in this Annexure shall bear the same meanings as the terms and expressions used in the Basic Certificate.

DESCRIPTION OF CONTRIBUTION AND CHARGES

2.1 CONTRIBUTION

This Annexure is issued in consideration of Your application and the payment of the Regular Contribution Top-Up specified in the e-CIP or in a subsequent Endorsement issued by Us at the same interval and on the same due date as the Contribution under the Basic Certificate starting from the Commencement Date of this Annexure up to and including the final Contribution due date.

While this Annexure is in force, all Regular Contribution Top-Up are to be paid in advance on the due date throughout the Coverage Term of this Annexure.

The Regular Contribution Top-Up payable under this Annexure is divided into the following:

2.1.1 ALLOCATED CONTRIBUTION

This portion of the Regular Contribution Top-Up will be used to purchase units in the ILF, where the number of units to be credited will be determined by making reference to the Unit Price calculated on the day:

- 2.1.1.1 Your application is approved by Us, for new business; or
- 2.1.1.2 the Regular Contribution Top-Up is paid, for in force business, whichever is later.

You may choose more than one ILF for Your investment under this Annexure.

2.2 FEES AND CHARGES

2.2.1 WAKALAH FEE

The Wakalah fee chargeable under this Annexure is as stated in Your e-CIP.

The Wakalah fee will be deducted upon payment of the Regular Contribution Top-Up.

The Wakalah fee are not guaranteed. If there is any revision, You will be notified by Us at least three (3) months before it takes effect. The revised Wakalah fee will only apply at the next Certificate Anniversary.

2.2.2 FUND MANAGEMENT CHARGE

Fund Management Charge will be imposed on each of the ILF(s) as stated in the Schedule of Investment-Linked Funds in the Basic Certificate.

It will be deducted at each Valuation Date and is reflected in the Unit Price. We reserve the right to change the said percentage by giving You three (3) months prior written notice.

GENERAL PROVISIONS

3.1 CHANGE IN FUND APPORTIONMENT

You may request to change the apportionment of the ILF(s) purchase on future Regular Contribution Top-Up payable to Us in the form specified by Us or in any other document for the purpose of amending the Fund Apportionment accepted by Us.

3.2 CERTIFICATE SERVICING

Financial changes to this Annexure, as below, as well as non-financial changes i.e. change of address, phone number etc., are allowed.

You may submit Your request to revise the Regular Contribution Top-Up amount to Us.

3.3 CANCELLATION OF THIS ANNEXURE

You may submit Your request to cancel this Annexure to Us. You will be entitled to the Total Account Value which will be determined by reference to the Unit Price calculated on the Valuation Date immediately following the approval date of such request.

3.4 SURRENDER

This Annexure will be surrendered together with the Basic Certificate once any request of surrender is submitted by You and You will be entitled to the Total Account Value.

3.5 TERMINATION OF THIS ANNEXURE

This Annexure shall terminate automatically;

- 3.5.1 upon cancellation of this Annexure;
 - 3.5.2 when the Certificate lapses;
 - 3.5.3 upon payment of surrender of the Certificate;
 - 3.5.4 upon termination of the Basic Certificate; or
 - 3.5.5 when the Certificate matures on the Expiry Date;
- and We will not refund You the Wakalah fee.

Any Regular Contribution Top-Up receipt by Us after the termination of this Annexure will not create any liability to Us but We will refund such Regular Contribution Top-Up to You without profit.