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POLICY INFORMATION STATEMENT

Dear policy Owner,

You should read and study Your policy, including its Policy Information Page, the terms and conditions in the General Provision, and that of any attaching riders, carefully. Your attention is drawn to the following:

1. Under Schedule 8, Paragraph 2(1) of the Financial Services Act 2013, You may give written notice to Us within fifteen (15) days from the date of receipt. We will cancel the policy and refund any premium that has been paid without interest after deducting the medical examination expenses (if any).
2. Age admission by way of proof of age of the Insured is required before the payment of any claim. If You have not already admitted Your age, please submit certified true copy of any of the following as proof of age: NRIC, passport, or birth certificate.
3. Premiums payable during the lifetime of the Insured are as specified on the Policy Information Page or Endorsement Page. Subject to Your written request and upon Our consent, premiums may be paid monthly, quarterly, semi-annually or annually.
4. All premiums are payable on or before their due dates. We will allow a grace period of thirty (30) days from the due date for the payment of each premium. During this period, the benefits under this policy shall continue to apply. If any premium remains unpaid at the end of the said grace period, this policy will immediately lapse and cease to be in force except as provided for under the Non-Forfeiture Options (if any).
5. You may pay Your premiums by:
   (a) Autobilling/direct debit service available at Our authorised banks. We will automatically deduct Your premiums from Your designated bank account or credit/debit card;
   (b) Internet banking & JomPAY through Our authorised banks;
   (c) Standing instruction arrangements with Your bank; or
   (d) Over-the-Counter payment at Our authorised banks.

   We will issue You with an annual statement of premiums paid. You are advised to refer to Your bank statement (if remittance is made through paragraphs 5(a) to 5(c)) to ensure that premiums have been deducted. Should You need any assistance, You may contact Our customer service staff at any of Our offices.
6. If Your policy is eligible for a policy loan (after Your policy has been in force) and its Table of Non-Forfeiture Values states that cash values are available, You may apply for a policy loan on the available cash value as security. Please enquire about the applicable premium loan rates if you plan to apply for a policy loan. Alternatively, You may surrender Your policy for its cash value (if any). However, You may receive cash value less than the amount You have paid, if You surrender Your policy before its maturity or expiry date.
7. You may nominate natural persons to receive policy moneys that become payable upon death. Nomination forms are available at all Our offices and Our website (www.manulife.com.my).
8. If You or Your nominee make any changes to Your/their corresponding address, please inform Us in writing immediately so that Our services to You/them will not be interrupted, and claims may be expedited.
9. Kindly contact Our servicing agent, customer service centre or Regional Support Centres for any assistance or inquiries about Your policy.
10. Should there be any dispute arising from this policy, You may refer such dispute to:
    (a) Manulife Customer Service at Level 12, Menara Manulife, 6, Jalan Gelenggang, Damansara Heights, 50490 Kuala Lumpur. (Tel: 03-27199112, E-mail: MYCARE@manulife.com);
    (b) Financial Markets Ombudsman Service (FMOS) at Level 14, Main Block Menara Takaful Malaysia, No. 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur. (Tel: 03-2272 2811, Website: www.fmos.org.my); or
    (c) Contact Centre (BNMLINK), 4th Floor, Podium Bangunan AICB, No. 10, Jalan Dato' Onn, 50480 Kuala Lumpur. Tel:1300-88-5465, Web form: bnm.gov.my/BNMLINK

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GENERAL PROVISION

This provision is not applicable unless the Form Number is specified on the Policy Information Page or Endorsement Page.

THE CONTRACT

This policy is issued in consideration of the payment of premium as specified in the Schedule of Premiums and Benefits and pursuant to:

(a) the answers given by You and/or the Insured in Your application/proposal form or any subsequent questionnaires given by Us on any matters relating to Your application/proposal and any disclosures made by You and/or the Insured between the time of submission of Your proposal and the time this contract is entered into; and
(b) any other reports and questionnaires,

(collectively "Material Information").

Such Material Information shall form part of this contract of insurance. However, in the event of any pre-contractual misrepresentation made in relation to such Material Information, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

If You are required by Us, before the policy is renewed or varied, to answer any questions or if You are required to confirm or amend any matter previously disclosed by You to Us in relation to this policy, it is Your duty to take reasonable care not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.

NOTICE OF CLAIMS

Written notice of claims must be given to the Company within twenty (20) days of death or ninety (90) days after the diagnosis date of a Covered Critical Illness or Admission Event or within such longer periods as the Company may in writing allow.

CLAIM FORMS

The Company, upon receipt of a notice of claim, will furnish the claimant the claim forms. Affirmative proof of Covered Critical Illness or Admission Event in such forms must be fully completed at claimant's own expense and returned to the Company within ninety (90) days of receipt of the said forms.

LEGAL PROCEEDINGS

No action in law or equity shall be brought against the Company to recover on this policy prior to the expiration of nine (9) months after proof of death or diagnosis of Covered Critical Illness or Admission Event has been filed in accordance with the requirements of the provisions herein.

ALTERATION

Alteration or waiver of the policy provisions will not be valid unless made by a policy or rider endorsement and duly authorised by an authorised person of the Company. No agent has the authority to make any alteration or to waive any of the provisions in this policy. Notwithstanding this, where the introduction, imposition or variation of any law, order, regulation or official directive renders it unlawful or impractical for the Company to continue this policy, without breaching such law, order, regulation or official directive, the Company may alter and/or waive the policy provisions in its sole and absolute discretion where necessary or appropriate to comply with such law, order, regulation or official directive upon serving an advance written notice to the Owner.

INCONTESTABILITY

Except for fraud or non-payment of premiums, this policy will be incontestable after it has been in force during the lifetime of the Insured for two (2) years from the Issue Date or any reinstatement date, whichever is later.

REQUIREMENTS OF DIAGNOSIS OF A COVERED CRITICAL ILLNESS

The Company must be furnished in writing, at the Owner's own expense, a diagnosis of conditions by a Physician licensed in Malaysia including documentation supported by clinical, radiological, histological, or laboratory evidence acceptable to the Company. The Company may require, at its own expense, an additional examination by a Physician of its choice. Diagnosis of Cancer must be established according to the medically accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumour, tissue or specimen.

SUICIDE

If the Insured whether sane or insane, commits suicide, within thirteen (13) months after the Issue Date or any reinstatement date, whichever is later, this policy will become void and the Company will return the total modal premiums paid without interest.

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MISSTATEMENT OF AGE OR GENDER

If the age or gender of the Insured has been misstated, the Company's liability under this policy will be determined based on the amount of premiums paid if the policy was purchased using the correct age and gender provided that the Company would have issued this policy in accordance with its normal rules and regulations applicable at the time the policy was issued. Otherwise, the Company will return the premiums paid without interest.

REINSTATEMENT

The policy may be reinstated at the policy Owner's own expense at any time within three (3) years after the due date of the premium in default, subject to the Company's underwriting rules, evidence of insurability satisfactory to the Company, repayment of all overdue premiums with interest and reinstatement of any indebtedness outstanding as at the due dates of the premiums in default with interest. We will determine the interest rate charged on the said repayment of overdue premiums and reinstatement of indebtedness. Such reinstatement shall only cover the event(s) stated under the Benefits section that occur thereafter.

PAYMENTS BY THE COMPANY

The Company will pay the benefits under this policy at its Head Office or Regional Support Centres. In making any payment, the Company reserves the right to deduct from the benefit payment any indebtedness to the Company on this policy.

A receipt for any benefit proceeds under this policy, signed by the designated nominee(s)/trustee(s)/public trustee(s)/any person the Company deems fit, will be a good and valid discharge to the Company. Such a receipt will be final and conclusive evidence that such proceeds have been duly paid to and received by those lawfully entitled to them and that all claims and demands against the Company with respect to them have been fully satisfied.

OWNER

The Owner of this policy is as designated on the Policy Information Page or Endorsement Page. During the lifetime of the Insured, only the Owner can exercise all rights and privileges available under this policy, without affecting the rights of any Trustee or Assignee on record.

CHANGE OF OWNERSHIP AND ASSIGNMENT

While the Insured is living, the Owner may change the ownership of this policy or assign this policy by completing the form prescribed by the Company. The change will be effective only after the policy is endorsed by the Company. The Company assumes no responsibility for the validity of any assignment.

THE NOMINEE

The Nominee is as designated on the Policy Information Page or Endorsement Page and this designation will remain in effect unless subsequently changed.

CHANGE OF NOMINEE

While the Insured is living, the Owner may change the Nominee of this Policy by completing the form prescribed by the Company. The change will be effective only after the Policy is endorsed by the Company.

GRACE PERIOD

The Company will allow a grace period of thirty (30) days from the due date for the payment of each premium under this policy ("Grace Period"). During the Grace Period, the benefits under this policy shall continue to apply. If any premium remains unpaid at the end of the Grace Period, this policy will lapse and cease to be in force.

TAX

The premium and/or Policy Charges, whichever applicable, may be subject to taxes introduced by the Government of Malaysia from time to time. The Company reserves the right to collect from the Owner an amount equivalent to the prevailing rate of taxes payable for the premium and/or Policy Charges, as applicable. Such tax, duties, levies or imposts payable shall be paid in addition to the applicable premiums and/or Policy Charges. All provisions in this policy on payment of premiums and/or Policy Charges, and default thereof shall apply equally to such taxes and any other duties, taxes levies or imposts.

PREMIUM DEDUCTION

The Company will deduct any premium due and unpaid at the date of any claim for the full Policy Year from the proceeds payable under this policy.

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LAW
This policy is issued under and will be construed in accordance with the laws of Malaysia.

CURRENCY
All payments to be made under this policy to or by the Company shall be made in the legal currency of Malaysia.

CHANGE OF ADDRESS
The Company is to be notified of any change of address of the Owner, Nominee(s), Trustee(s) or Assignee(s).

FREE LOOK PERIOD
The Owner may cancel this policy by giving written notice to the Company for cancellation within fifteen (15) calendar days from the date of receipt. The Company will refund all premiums paid without interest (less any medical examination fees incurred) to the Owner and this policy shall be cancelled.

PROOF OF AGE
Satisfactory proof of age of the Insured and Owner (if extension of insurance is made to the Owner) must be furnished to the Company before any payment of benefits under this policy is payable.

BENEFITS
Subject to the terms and conditions of this policy, the Company shall pay the Critical Illness Benefit, Early Critical Illness Benefit, Admission Event Benefit, Guaranteed Survival Benefit and Bereavement Benefit as stipulated below. Each benefit may only be claimed once. The total benefit payable from Critical Illness Benefit, Early Critical Illness Benefit, Admission Event Benefit and Bereavement Benefit is capped at one hundred percent (100%) of the Face Amount (as shown on the Policy Information Page or Endorsement Page).

(a) Critical Illness Benefit

Upon being diagnosed with an Advanced Stage Covered Critical Illness as stated in the Definition Of A Covered Critical Illness, while this provision is in force and subject to the Waiting Period and Survival Period as stated in this provision, a lump sum benefit of one hundred percent (100%) of the Face Amount (as shown on the Policy Information Page or Endorsement Page) shall be payable.

The claimable amount of this benefit and the aggregate claimable amount of critical illness benefit under the same life shall not exceed Ringgit Malaysia five million (RM5,000,000). The policy shall terminate upon Insured being diagnosed with any one of the Covered Critical Illness as the Face Amount will be fully claimed.

(b) Early Critical Illness Benefit

Upon being diagnosed with an Early Stage or Intermediate Stage Covered Critical Illness as stated in the Definition Of A Covered Critical Illness, while this provision is in force and subject to the Waiting Period and Survival Period as stated in this provision, a lump sum benefit of twenty-five percent (25%) of the Face Amount (as shown on the Policy Information Page or Endorsement Page) shall be payable.

(c) Admission Event Benefit

Upon a continuous Hospitalisation period of seven (7) days or more in the Intensive Care Unit, in which the admission is in Malaysia where it is deemed medically necessary by a registered Doctor in Malaysia, while this provision is in force and subject to the Waiting Period and Survival Period as stated in this provision, a lump sum benefit of twenty-five percent (25%) of the Face Amount (as shown on the Policy Information Page or Endorsement Page) but not exceeding Ringgit Malaysia fifty thousand (RM50,000) per life shall be payable.

(d) Bereavement Benefit

The Company will pay Ringgit Malaysia twenty thousand (RM20,000) (as shown on the Policy Information Page or Endorsement Page) in the event of death of the Insured.

(e) Guaranteed Survival Benefit

While the policy is in force and provided the premiums are paid to date, a guaranteed survival benefit of 50% of annualised premium will be payable at the end of every five (5) Policy Years, until the Face Amount of this policy is fully exhausted or until the Expiry Date of the policy, whichever occurs first. “Annualised premium” shall refer to the premium payable for the Policy Year.

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CHANGE OF FACE AMOUNT

The Owner may by notice in writing, subject to the Company's rules and regulations, decrease the Face Amount of the policy. The effective date of the change of Face Amount will be the first day of the subsequent policy month or such later date as the Company may decide. The new Face Amount will be endorsed on the policy and the premium will be determined based on the prevailing Face Amount. Please take note, increasing the Face Amount is not allowed for this policy.

AMENDMENT OF PREMIUM RATES

The Company reserves the right to amend the premium rates and will notify the Owner at least thirty (30) days prior to the policy anniversary date, by which these amended rates are deemed to apply.

RISK EXCLUDED

No benefit is payable under this provision:

1. If any stage of the Covered Critical Illnesses or condition is:
   (a) due to a Pre-Existing Illness prior to the Issue Date or Reinstatement Date, whichever is the later. For the avoidance of doubt, Endorsement Date will not be taken into account; or
   (b) caused directly or indirectly, by alcohol or substance abuse, congenital abnormalities including physical defects present from birth, attempted suicide or intentional self-inflicted Injury; or
   (c) due to participation in any hazardous pursuit such as, but not limited to, mountaineering, scuba diving, hang gliding, racing on horse or wheels, etc.

2. If the Admission Event is:
   (a) due to a Pre-Existing Illness prior to the Issue Date or Reinstatement Date, whichever is the later. For the avoidance of doubt, Endorsement Date will not be taken into account; or
   (b) due to any treatment or surgical procedure for congenital abnormalities or deformities, including hereditary and development conditions; or
   (c) due to pregnancy or pregnancy related conditions including childbirth (whether surgical or otherwise), 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 sterilization; or
   (d) elective surgeries or procedures such as but not limited to plastic/cosmetic surgery, gender changes, bariatric surgery or any experimental, investigational or surgery of research nature; or
   (e) rest cures or sanitaria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS-Related Complex) and HIV-related diseases; or
   (f) due to suicide, attempted suicide or intentionally self-inflicted Injuries while sane or insane; or
   (g) caused directly or indirectly, by alcohol or substance abuse, congenital abnormalities including physical defects present from birth, attempted suicide or intentional self-inflicted Injury; or
   (h) due to psychotic, mental or nervous disorders (including psychosis, neurosis and their physiological or psychosomatic manifestations); or
   (i) due to non-compliance with prescribed medication or treatment; or
   (j) due to 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; or
   (k) due to ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material; or
   (l) due to communicable disease requiring quarantine by law or any infectious diseases declared as a Public Health Emergency of International Concern (PHEIC) according to World Health Organisation, unless it requires an ICU stay necessitating mechanical ventilation for at least 10 consecutive days.

3. If death occurs due to Insured, whether sane or insane, committing suicide, within 13 months after the Issue Date or any reinstatement date, whichever is later.

WAITING PERIOD

The Company will not pay the benefits under this provision if the signs or symptoms of the Covered Critical Illness existed prior to or within the following Waiting Period from the Issue Date or Reinstatement Date of this provision, whichever is later:

Waiting Period	Covered Critical Illness
Thirty (30) days	(a) All Admission Events except for cancer and cardiac-related conditions (b) Advanced stage Stroke (c) Advanced stage Kidney Failure

Sixty (60) days	(a) Cancer and cardiac-related conditions under Admission Events (b) Covered Critical Illness under Early Stage and Intermediate Stage (c) Advanced stage Cancer (d) Advanced stage Heart Attack (e) Advanced stage Coronary Artery Surgery

SURVIVAL PERIOD

The Company will not pay the benefits under this provision if the Insured dies within the following Survival Period from the Issue Date or Reinstatement Date of this provision, whichever is later:

Survival Period	Covered Critical Illness
Seven (7) days	First diagnosis of the Covered Critical Illness under Early Stage and Intermediate Stage
Fourteen (14) days	First diagnosis of the Covered Critical Illness under Advanced Stage
Thirty (30) days	First day of admission to Intensive Care Unit for Admission Events Benefit.

DISCONTINUANCE

This policy shall automatically terminate on the first occurrence of any of the following:

(a) the Owner gives the Company written notice requesting discontinuance; or
(b) upon the death of the Insured; or
(c) upon the full payment of benefit stipulated under Benefits Provision; or
(d) the Face Amount of this policy is fully exhausted; or
(e) on the Expiry Date of this policy as shown on the Policy Information Page or Endorsement Page; or
(f) if any premium remains unpaid at the end of Grace Period.

The termination shall be without prejudice to any claim arising prior to such termination.

GENERAL

Notwithstanding anything in this provision to the contrary, it is hereby further stipulated and agreed that:

(a) Any Physician appointed or approved by the Company shall be allowed to examine the Insured in respect of any Covered Critical Illness claimed, in such manner and at such time before and/or after the Covered Critical Illness is accepted by the Company as the Company may require.
(b) The decision of the Company as to the Covered Critical Illness claim is final.

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DEFINITION OF A COVERED CRITICAL ILLNESS

This provision is not applicable unless the Form Number is specified on the Policy Information Page or Endorsement Page.

The definition of the Stages of Critical Illness for Manulife Easy 5 are set out in the table below.

NO.	CRITICAL ILLNESS	STAGES OF CRITICAL ILLNESS
1	**CANCER**	**Early Stage**: **Carcinoma In-Situ** The focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and have not yet resulted in the invasion and/or destruction of surrounding tissues. "Invasion" means an infiltration and/or active destruction of normal tissue beyond the basement membrane. All reports confirming diagnosis of Carcinoma In-Situ, including but not limited to histological or microscopic examination must be submitted. Furthermore, the diagnosis of Carcinoma In-Situ must always be positively diagnosed upon the basis of microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard. In the case of the cervix uteri, pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of Carcinoma In-Situ (CIS). Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe Dysplasia without Carcinoma In-Situ) does not meet the required definition and are specifically excluded. Non-melanoma Carcinoma In-Situ is also specifically excluded. This coverage is available to the first occurrence of CIS only. **Early Prostate Cancer** Prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or prostate cancers described using another equivalent classification. **Early Thyroid Cancer** Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than one (1) cm in diameter. **Early Bladder Cancer** Papillary microcarcinoma of Bladder. **Early Chronic Lymphocytic Leukemia** Chronic Lymphocytic Leukemia (CLL) RAI Stage one (1) or two (2). CLL RAI stage 0 or lower is excluded. **Early Melanoma** Invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level three (3). Non-invasive melanoma histologically described as "in-situ" is excluded.

Intermediate Stage:

Carcinoma In-Situ of Specified Organs Treated with Radical Surgery
The actual undergoing of a Radical Surgery to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment.

"Radical Surgery" is defined in this Policy as the total and complete removal of one (1) of the following organs: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oopherectomy), fallopian tube (salpingectomy), colon (partial colectomy with end to end anastomosis) or stomach (partial gastrectomy with end to end anastomosis). The diagnosis of the Carcinoma In-Situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissues additionally supported by a biopsy of the removed organ. Clinical diagnosis does not meet this standard.

Early prostate cancer that is histologically described using the TNM Classification as T1a or T1b or T1c or Prostate cancers described using another equivalent classification is also covered if it has been treated with a radical prostatectomy. All grades of cervical intraepithelial neoplasia (CIN) and prostatic intraepithelial neoplasia (PIN) are specifically excluded.

The actual undergoing of the surgeries listed above and the surgery must be certified to be absolutely necessary by the relevant Specialist. Partial surgical removal such as lumpectomy and partial mastectomy and partial prostatectomy are specifically excluded.

Carcinoma In-Situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma In-Situ must always be supported by a histopathological report.

Furthermore, the diagnosis of Carcinoma In-Situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

Advanced Stage:

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

The following are not covered:
(a) all cancers which are histologically classified as any of the following:
    i. pre-malignant
    ii. non-invasive
    iii. carcinoma in situ
    iv. having borderline malignancy
    v. having malignant potential
(b) all tumours of the prostate histologically classified as T1N0M0 (TNM classification)
(c) all tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
(d) all tumours 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
(g) any skin cancer other than malignant melanoma

2	**STROKE**	**Early Stage** **Brain Aneurysm Surgery** The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio- venous malformation via endovascular procedures. The surgical intervention must be certified to be absolutely necessary by a Specialist in the relevant field. **Cerebral Shunt Insertion** The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a Specialist in the relevant field. **Stroke Treatment by Carotid Angioplasty and Stent Placement** Means the actual undergoing of an endovascular intervention in the form of angioplasty with stenting to treat stenosis of seventy five percent (75%) or above, as proven by angiographic evidence, of one (1) or more carotid arteries. The Diagnosis and medical necessity of the treatment must be confirmed by a Specialist in the relevant field.
		Intermediate Stage **Carotid Artery Surgery** The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the carotid artery and/or percutaneous carotid angioplasty are specifically excluded.
		Advanced Stage **Stroke** 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. The following are not covered: (a) transient ischemic attacks (b) cerebral symptoms due to migraine (c) traumatic injury to brain tissue or blood vessels (d) vascular disease affecting the eye or optic nerve or vestibular functions
3	**HEART ATTACK**	**Early Stage** **Cardiac Pacemaker Insertion** Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a Specialist in the relevant field. **Pericardiectomy** The undergoing of a pericardiectomy or undergoing of any surgical procedure requiring keyhole cardiac surgery as a result of pericardial disease. Both of these surgical procedures must be certified to be absolutely necessary by a consultant cardiologist. Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration are excluded.

		Intermediate Stage **Cardiac Defibrillator Insertion** Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a Specialist in the relevant field.
		Advanced Stage **Heart Attack** The death of the 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: i. ST elevation or depression ii. T wave inversion iii. 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 cardiologist or Physician. The following are not covered: (a) occurrence of an acute coronary syndrome including but not limited to unstable angina (b) a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease
4	**KIDNEY FAILURE**	**Early Stage** **Surgical Removal of One Kidney** The complete surgical removal of one (1) kidney necessitated by any illness or accident. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a Specialist in the relevant field. Kidney donation is excluded.
		Intermediate Stage **Chronic Kidney Disease** A nephrologist must make a diagnosis of chronic kidney disease with permanently impaired renal function. There must be laboratory evidence that shows that renal function is severely decreased with an eGFR less than fifteen (15)ml/min/1.73m2 body surface area, persisting for a period of six (6) months or more.
		Advanced Stage **Kidney Failure** 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.

5	**CORONARY ARTERY SURGERY**	**Early Stage** **Transmyocardial Laser Theraphy** The actual undergoing of transmyocardial laser therapy for the treatment of refractory angina. Refractory angina (RA) is conventionally defined as a chronic condition (≥three (3) months in duration) characterized by angina in the setting of coronary artery disease, which cannot be controlled by a combination of optimal medical therapy, angioplasty or bypass surgery, and where reversible myocardial ischaemia has been clinically established to be the cause of the symptoms.
		Intermediate Stage **Minimally Invasive Direct Coronary Artery Bypass Grafting (MIDCAB)** Coronary Artery Bypass Grafting performed by port access procedures (thoracoscopic techniques) or MIDCAB procedures (open coronary artery bypass grafting where median sternotomy is not required) to correct blockages in the coronary arteries. All intravascular procedures are excluded.
		Advanced Stage **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. The following are not covered: (a) angioplasty (b) other intra-arterial or catheter based techniques (c) keyhole procedures (d) laser procedures

The Company reserves the right to revise the Definitions of A Covered Critical Illness by giving ninety (90) days prior written notice to the Owner. Only an event sustained by the Insured that is herein defined will be considered a Critical Illness.

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DEFINITION PAGE

This is a general definition page and the definitions stated herein are only applicable if the plans or riders are specified on the Policy Information Page or Endorsement Page.

1. **"Accident"** or **"Accidental"** is defined as an event caused solely and independently of all other causes, and directly by violent, unexpected, external and visible means.

2. **"Activities of Daily Living"** are defined as:
   (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.

3. **"Assessment Period"** means the period during which the Company 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).

4. **"Child/Children"** is defined as the child/children from union of Owner and Spouse.

5. **"Congenital Conditions"** means any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within 6 months from the time of birth. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the Insured was continuously covered under this policy.

6. **"Disability"** means a sickness, disease, illness or the entire Injuries arising out of a single or continuous series of causes.

7. **"Gainfully Employed"** is defined as being employed on a full-time or part-time basis and being able to produce documentary evidence of earnings which includes, but is not limited to, KWSP (EPF) contribution statements and income tax returns.

8. **"Hospital"** is defined as an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons 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 Physician, 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.

9. **"Hospitalisation"** or **"Hospitalised"** is defined as warded in a Hospital for a minimum of six (6) continuous hours on a particular day.

10. **"Injuries"** is defined as bodily injuries sustained directly and independently of all other causes by Accident for which, except in the case of drowning or of internal injury revealed by an autopsy, there is evidence of a visible contusion or wound on the exterior of the body.

11. **"In-patient"** is defined as being warded in a Hospital for a minimum of six (6) continuous hours on a particular day and in respect of which confinement to a hospital room and board charge is made.

12. **"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 treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

13. **"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.

14. **"Loss of fingers"** is defined as complete and Permanent loss of function in a phalanx of a finger or the physical severance of a phalanx at or above the metacarpo-phalangeal joints connecting that phalanx to the body.

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

16. **"Loss of one member"** is defined as:
    (a) loss of a hand or foot by severance at or above wrist or ankle; or
    (b) total and Permanent loss of use of the hand or foot as certified by a Physician, approved or appointed by the Company, at least six (6) months after the date of the Accident. Such certification is final and conclusive; or
    (c) Loss of sight in one eye.

17. **"Loss of sight"** is defined as 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.

18. **"Loss of speech"** is defined as total, Permanent and Irreversible loss of 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 (ENT) specialist.

19. **"Loss of toes"** is defined as complete and Permanent loss of function in a phalanx of a toe or the physical severance of a phalanx at or above the metatarso-phalangeal joints connecting that phalanx to the body.

20. **"Medically Necessary Condition"** means a situation in which the medical treatment is consistent with the condition and diagnosis of a Disability and is according to the standard of prevailing good medical practice and professional medical care. It must not be for the convenience of the Insured or the Specialist or be for research or be experimental or investigational.

21. **"Not Gainfully Employed"** is defined as being unemployed, or being a full-time student, or working from home and being unable to produce satisfactory documentary evidence of earnings which may include, but is not limited to, KWSP (EPF) contribution statements and income tax returns.

22. **"Out-patient"** is defined as receiving treatment at the out-patient department or emergency treatment room of a Hospital and excludes any In-patient treatment.

23. **"Permanent"** means expected to last throughout the lifetime of the Insured.

24. **"Permanent neurological deficit with persisting clinical symptoms"** means symptoms of dysfunction in the nervous system that are present upon clinical examination and expected to last throughout the lifetime of the Insured. 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.

25. **"Physical Assistance"** is defined as actual physical participation of another person in the activity or activities and not merely his or her supervision or encouragement.

26. **"Physician"**, **"Doctor"** or **"Surgeon"** is defined as a registered medical practitioner 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, excluding a doctor, physician or surgeon who is the Insured/Owner himself/herself.

27. **"Policy Year"** is defined as a period of twelve (12) months from any policy anniversary.

28. **"Pre-Existing Illness"** means Disabilities of which the Insured has reasonable knowledge and are pre-existing conditions prior to the Issue Date or Reinstatement Date or endorsement date, whichever is later, where the condition is one for which:
    (a) the Insured 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.

29. **"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 Hospitalisation.

30. **"Presumptive Total and Permanent Disability"** is defined as:
    (a) Loss of sight of both eyes, or
    (b) Loss of two or more members; or
    (c) Loss of sight of one eye and Loss of one member.

31. **"Reasonable and Customary Charges"** means charges for medical care and services for the treatment of a Disability that do not exceed the general level of charges made by other medical care and service providers for the treatment of the same Medically Necessary Condition in that locality.

32. **"Specialist"** is defined as a medical 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, excluding a physician or surgeon who is the Insured/Owner himself/herself.

33. **"Spouse"** is defined as the legal wife or husband of the Owner at the time of application. The name of the Spouse should appear on the application form.

34. **"Surgery"** means any of the following medical procedures:
    (a) To incise, excise or electrocauterize 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.
    (d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

35. **"Total and Permanent Disability" (TPD)** is defined as:
    (a) If the Insured or Owner (if applicable) is Gainfully Employed and 16 years of age (next birthday) or above at the date of Disability, then "Total and Permanent Disability" is defined as Disability caused by Accidental bodily Injury, sickness or disease, and result in the complete and continuous inability of the Insured or Owner at the time of Disability and at any time thereafter to engage in any business, occupation, work or profession of any or every kind for profit, compensation, wage or remuneration. It is further provided that such Disability must last for not less than six (6) months in duration.
    (b) If the Insured or Owner (if applicable) is Not Gainfully Employed but 16 years of age (next birthday) or above at the date of Disability, then "Total and Permanent Disability" is defined as being totally unable by reason of Accident or illness to perform independently at least four (4) of the six (6) Activities of Daily Living for a continuous period of at least six (6) months, without the frequent attention of a third party, and in the opinion of the Company such Disability will remain Permanent.
    (c) If the Insured is less than 16 years of age (next birthday) but above 6 years of age (next birthday) at the date of Disability, then "Total and Permanent Disability" is defined as Disability such that the Insured is in need of constant care and attention and is confined by reason of Accident or illness to his home under medical supervision or in a Hospital or similar institution, and such Disability must last for at least six (6) months continuously, and in the opinion of the Company such Disability will remain Permanent.

36. **"We"**, **"Us"**, **"Our"** or **"Company"** means Manulife Insurance Berhad.

37. **"You"**, **"Your"** or **"Owner"** is defined as the person whose name appears on the Policy Information Page or Endorsement Page.