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CERTIFICATE SUMMARY

Individual Information

Participant Name	YOUNG ANDREW
Registration (New / Old)	1153 / 122345
Covered Person Name	YOUNG ANDREW
Registration (New / Old)	1153 / 122345

Plan Information

Product Name	HealthPlan1		
Certificate Number	95389019	Term	79 years
Date of Certificate	30 November 2011	Commencement Date	01 December 2011
Maturity Date	01 December 2090	Payment Mode	
Payment Frequency	PayFrequency-M	Contribution Payable	\$1,180.00

Benefits Information

Benefits Covered	Coverage Amount
<p>“ Death benefit: <i>"Regularly" prints once only, provided either one of the two regular amounts is present. Both may be missing.</i></p> <ul style="list-style-type: none">- Lump sum- Regularly	<p><i>amount is aligned to the non-breaking space (hex A0) after the amount, insert non-breaking space via a copy from Charmap.exe</i></p> <p>\$300,000 \$50,000 p.a. for 20 years \$100,000 per month for 120 months</p>
<p>“ Total and permanent disability benefit:</p> <ul style="list-style-type: none">- Lump sum- Regularly	<p>\$400,000 \$10,000 p.a. \$50,000 per month for 120 months</p>
<p>“ Critical illness benefit:</p> <ul style="list-style-type: none">- Lump sum- Regularly	<p>\$500,000 \$12,000 p.a. \$55,000 per month for 120 months</p>
<p>“ Accidental benefit:</p> <ul style="list-style-type: none">- Death- Medical reimbursement- Temporary total disability- Temporary partial disability	<p>\$300,000 As charged (subject to a maximum of \$500 per day) \$1,000 per week \$800 per week</p>
<p>“ Female Illness benefit:</p>	<p>\$350,000</p>

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Benefits Information

Benefits Covered	Coverage Amount
“ Medical benefit(1) - Hospital Attendance: <ul style="list-style-type: none"> - Hospital daily room and board - Hospital and surgical benefit - Outpatient treatment benefit - Reimbursement of medical expenses up to: <ul style="list-style-type: none"> Annual limit on benefits payable Aggregate lifetime limit on benefits payable 	<p style="text-align: center;">\$500</p> <p>As charged (see www.healthplan1.com/whichhosp.html for details)</p> <p>As charged (see www.healthplan1.com/whichhosp.html for details)</p> <p style="text-align: center;">\$500,000</p> <p style="text-align: center;">\$1,500,000</p>
“ Medical benefit(2) - Overseas: <ul style="list-style-type: none"> - Hospital daily room and board - Hospital and surgical benefit - Outpatient treatment benefit - Reimbursement of medical expenses up to: <ul style="list-style-type: none"> Annual limit on benefits payable Aggregate lifetime limit on benefits payable - Well-being benefit 	<p>As charged</p> <p>As charged</p> <p>As charged</p> <p style="text-align: center;">\$500,000 p.a.</p> <p style="text-align: center;">\$1,500,000</p> <p style="text-align: center;">\$25,000</p>
“ Medical benefit(3) - Medic Essential: <ul style="list-style-type: none"> - Hospital daily room and board - ICU benefit - Surgical and in Hospital & Related Service - Day Surgery benefit - Emergency Accidental Treatment benefit - Reimbursement of medical expenses up to: <ul style="list-style-type: none"> Annual limit on benefits payable 	<p style="text-align: center;">\$500</p> <p style="text-align: center;">\$1,250</p> <p>As charged</p> <p>As charged</p> <p style="text-align: center;">\$1,000</p> <p style="text-align: center;">\$25,000</p>
“ Hospital income benefit: <ul style="list-style-type: none"> - Normal hospitalization - ICU hospitalization - Surgical procedure 	<p style="text-align: center;">\$300 per day</p> <p style="text-align: center;">\$1,000 per day</p> <p style="text-align: center;">\$1,500 per procedure</p>
“ Parent's death, critical illness and total and permanent disability benefit:	<p style="text-align: center;">\$20,000 p.a.</p>
“ Spouse's death, critical illness and total and permanent disability benefit:	<p style="text-align: center;">\$30,000 p.a.</p>
“ Joint covered parent's death, critical illness and total and permanent disability benefit:	<p style="text-align: center;">\$50,000 p.a.</p>

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Main Terms and Conditions

General

- " It is your duty to inform us important facts . you must give us all important facts such as medical condition, and state your age correctly. We will not pay any claims where important information was not disclosed at the proposal stage.
- " Free-look period you may cancel your certificate by returning the certificate document within 15 days from the delivery date of the certificate documents. We will then refund the contributions inclusive of any charges that we have taken. We will take off any medical expenses we have had to pay.
- " Lapse of certificate . This certificate will end when the value of your account is not enough to pay for charges.
- " In the event of Total and Permanent Disability before maturity date, we will only pay one lump sum amount of up to one million per person. Any excess is paid on the first anniversary of the covered person's Total and Permanent Disability subject to proof of continued disability. If Death happens during the disability period, the balance of any unpaid installments is paid immediately. The maximum payable under all certificates is four million per person.

Main Exclusions

Death

If the Death is due to suicide within the first certificate year, no coverage will be payable. Instead we will pay the value of Units in the PUA and IUA at the Valuation Date after the date of your notification.

Total and Permanent Disability

No coverage is payable if disability is due to:

- " Attempted suicide or self-inflicted injuries while sane or insane; or
- " Taking part in aerial flights (including parachuting and skydiving) other than as a crew member of or as a fare-paying passenger on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route.

Critical Illness

No benefit will be payable:

- " If you suffer symptoms of a critical illness before or within sixty (60) days from the date as stated in Annex 200 for heart attack, coronary artery heart disease that needs surgery, cancer or other serious coronary artery heart disease.
- " For all other critical illnesses listed in Annex 200, it is before or within thirty (30) days from the date as stated in Annex 200.
- " If you are diagnosed as having a critical illness that is caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or any Human Immuno-deficiency Virus (HIV) infection. The exception is when AIDS is full blown or is caused by blood transfusion.

Accident

No benefit accidental benefit will be payable for:

- " War, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, direct participation in riot, strike or civil commotion;
- " Any violation or attempted violation of the law or resistance to arrest;
- " Attempted suicide or self-inflicted injuries while sane or insane;
- " Pregnancy, childbirth, miscarriage or any complications resulting from them;
- " Pre-existing physical or mental illness or infirmity;
- " Engaging in professional sports , scuba diving, racing of any kind, aerial flights other than as a crew member of or as a fare-paying passenger on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route or any dangerous activities or sports (including bungee jumping, hang-gliding, ballooning, parachuting and sky-diving), unless we agree in a special endorsement;
- " Taking drugs or narcotic unless taken as prescribed by a qualified Doctor or Physician;
- " Alcohol intoxication.

Medical Benefit

No benefit will be payable if hospitalisation is not directly or indirectly, wholly or partly caused by any one of the following:

- " Pre-existing condition if such condition was not disclosed in the proposal form or any other forms in relation to your health status after the certificate is in-force.
- " Specified Illnesses occurring during the first one hundred twenty (120) days of continuous cover.
- " Any medical or physical conditions occurring within the first thirty (30) days of the Covered Person's cover date or date of reinstatement, whichever is latest, except for accidental injuries.
- " Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers (external pacemakers) and prescriptions thereof.
- " Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Takaful.

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- “ Private nursing (save and except for Home Nursing Care Benefit), rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases requiring quarantine by law.
- “ Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- “ Pregnancy (and related complications), child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control, treatment pertaining to infertility as well as erectile dysfunction, and tests or treatment related to impotence or sterilization.
- “ Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not deemed medically necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
- “ Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- “ 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.
- “ Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- “ Expenses incurred for donation of any body organ by a Covered Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- “ Investigation and treatment of sleep and snoring disorders, hormone replacement therapy, hyperbaric oxygen therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
- “ Care or treatment for which payment is not required or to the extent which is payable by any other or indemnity covering the Covered Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Contract.
- “ Psychotic, mental or nervous disorders and those due to senile disorders (including any neuroses and their physiological or psychosomatic manifestations).
- “ Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items
- “ Sickness 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.
- “ Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- “ Expenses incurred for sex changes.

Hospitalisation Income

No benefit will be payable if hospitalisation is not directly or indirectly, wholly or partly caused by any one of the following:

- “ Routine medical examinations or consultations;
- “ Cosmetic or plastic surgery, dental care and treatment, organ and tissue donation, gender transformation and exploratory or experimental surgery or any other elective procedures other than as a result of an accidental injury, surgery or illness; Treatments or procedures relating to pregnancy or childbirth and its complications;
- “ Tests or treatment related to infertility, contraception, sterilisation, birth defects, congenital anomalies, hereditary conditions, circumcision or any abortion performed due to psychological or social reasons, and any consequences of any of these procedures;
- “ Treatment of mental illness and psychiatric disorders, self-inflicted injury while sane or insane, attempted suicide, abuse of alcohol, and drug addiction and abuse;
- “ Any treatment or test in connection with AIDS or the presence of any Human Immuno-deficiency Virus (HIV) infection and all sexually transmitted diseases;
- “ Injuries or sickness arising from professional sports, racing of any kind, scuba-diving, bungee jumping, aerial flights other than as a crew member or as a fare-paying passenger, on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route, or any dangerous activities or sports (including hang-gliding, ballooning, parachuting and sky-diving), unless we agree differently in a special endorsement;
- “ Any injury or illness caused by war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, direct participation in a riot, strike or civil commotion;
- “ Any violation, or attempted violation of the law or to resist arrest; or
- “ Any existing illness or condition for which medical advice or treatment was received or recommended by a Doctor, Physician or Surgeon within the two (2) years before we issued this Annex or which was not disclosed in your application for the Benefit.

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Female Related Illnesses

No benefit will be payable for female related illnesses for:

- “ condition, illness or injury if there was any manifestation, symptom or diagnosis of it before this Annex came into force or when this Annex is not in force; or
- “ event which happened before this Annex came into force or when this Annex is not in force; or
- “ condition, disease, illness, injury or event, which the Covered Person has ever suffered before participating in this plan.

No benefit will be payable for Lady Care Benefit for any condition, illness, injury or event, which is caused directly or indirectly by or in connection with any of the following:

- “ any self-inflicted injury or self-inflicted illness, whether inflicted while sane or insane;
- “ any injury or illness caused by war (inclusive of civil war), invasion, act of foreign enemy hostilities whether it is declared or not, rebellion or riot or revolution or any similar event, military or usurped power, or the Covered Person takes part in any riot, strike or civil commotion;
- “ the existence of Acquired Immune Deficiency Syndrome or by the presence of any Human Immuno-deficiency Virus (HIV) infection;
- “ any surgery you have chosen that is not medically necessary (whether cosmetic, plastic or otherwise) unless we cover it under this Annex;
- “ any violation or attempted violation of the law, or resistance to arrest;
- “ alcohol or substance abuse or addiction;
- “ nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionizing radiation;
- “ injuries or sickness arising from professional sports, racing of any kind, scuba-diving, aerial sport activities such as hang-gliding, ballooning, and any other dangerous activities or sports, unless we agree differently in a special endorsement;
- “ failure to ask for or follow reasonable medical advice.

No benefit will be payable for Mother Care Benefit (if applicable) if:

- “ the Covered Person opts for elective termination of pregnancy other than for medical reasons; or
- “ the Covered Person's pregnancy is achieved from fertility treatment, whether by in-vitro fertilisation or otherwise.