

PRODUCT DISCLOSURE SHEET



LONPAC INSURANCE BHD 199401021735 (307414-T)

(Please read this Product Disclosure Sheet before you decide to take out **MediSecure Centurial**. Be sure to also read the general terms and conditions.)

MediSecure Centurial
(Hospitalisation and Surgical Insurance)

1 March 2024

1. What is this product about?

This is an individual medical insurance product providing for expenses incurred due to hospitalisation or surgery.

2. What are the covers / benefits provided?

Duration of cover is for one year. Once your application has been accepted, LONPAC INSURANCE BHD would not change the terms and conditions at the subsequent renewals. You have the option to renew the policy subject to the terms and conditions of the policy.

This product shall only be valid for 100 years from the launch date. The launch date is 01 April 2016 and the product will no longer be valid after 31 March 2116.

The Room and Board Limit and Overall Annual Limit will increase every three years as stipulated in the Schedule of Limits. The respective new limits will only apply to new policies issued or policies renewed on or after the effective date of the respective increase in limits.

The effective limits for policies commencing within 01 April 2022 and 31 March 2025 is as follows:

Description of Benefits	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)	Plan 7 (RM)	Plan 8 (RM)	Plan 9 (RM)	Plan 10 (RM)
Room & Board	1,200	1,080	960	840	720	600	480	360	240	120
Overall Annual Limit	600,000	540,000	480,000	420,000	360,000	300,000	240,000	180,000	120,000	60,000

Example:

Mr. Tan purchases Plan 8 on 01 April 2022. His insurance coverage will be as follows:

Revision Effective Date	Room & Board (RM)	Overall Annual Limit (RM)	Revision Effective Date	Room & Board (RM)	Overall Annual Limit (RM)
01/04/2022	360	180,000	01/04/2070	840	420,000
01/04/2025	390	195,000	01/04/2073	870	435,000
01/04/2028	420	210,000	01/04/2076	900	450,000
01/04/2031	450	225,000	01/04/2079	930	465,000
01/04/2034	480	240,000	01/04/2082	960	480,000
01/04/2037	510	255,000	01/04/2085	990	495,000
01/04/2040	540	270,000	01/04/2088	1,020	510,000
01/04/2043	570	285,000	01/04/2091	1,050	525,000
01/04/2046	600	300,000	01/04/2094	1,080	540,000
01/04/2049	630	315,000	01/04/2097	1,110	555,000
01/04/2052	660	330,000	01/04/2100	1,140	570,000
01/04/2055	690	345,000	01/04/2103	1,170	585,000
01/04/2058	720	360,000	01/04/2106	1,200	600,000
01/04/2061	750	375,000	01/04/2109	1,230	615,000
01/04/2064	780	390,000	01/04/2112	1,260	630,000
01/04/2067	810	405,000	01/04/2115	1,290	645,000

The renewal premium payable is not guaranteed and the Company shall revise the premium rate every three years at the same time of the increase in benefit limits. The respective revised premium shall be applicable at the time of renewal.

Such changes, if any, shall be applicable to all policyholders irrespective of their claim experience and shall be in accordance with Company's risk assessment.

SCHEDULE OF BENEFITS (01 April 2016)

Description of Benefits	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)	Plan 7 (RM)	Plan 8 (RM)	Plan 9 (RM)	Plan 10 (RM)
Room & Board, daily limit incurred during the policy period of insurance	1,000	900	800	700	600	500	400	300	200	100
Overall Annual Limit	500,000	450,000	400,000	350,000	300,000	250,000	200,000	150,000	100,000	50,000

DESCRIPTION OF BENEFITS

Before the patient is admitted to hospital or surgically treated in a hospital, the following benefits will be payable subject to reasonable, customary and necessary expenses incurred for consultation prior to hospital admission or surgery.

- Pre-Surgical Consultation & Diagnosis, limited to one consultation prior to surgery
- Pre-Hospital Specialist Consultation, limited to one consultation prior to hospitalisation
- Pre-Hospital Diagnostic Tests, limited to one consultation prior to hospital admission
- Second Surgical Opinion, limited to one consultation prior to surgery

When the patient is being treated as a bed-paying patient in a hospital or is surgically treated, the following benefits will be payable subject to reasonable, customary and necessary expenses incurred.

- Room and Board, subject to daily limit
- Intensive Care Unit, incurred during the policy period of insurance
- Hospital Supplies & Services, incurred during the policy period of insurance
- Surgical Fees, with post-surgery care up to 60 days from the date of surgery
- Anaesthetist Fees
- Operating Theatre Fees
- In-Hospital Physician Visit, subject to two visits a day

After the patient is discharged from hospital for a non-surgical treatment, the following benefits will be payable subject to reasonable, customary and necessary expenses incurred.

- Post Hospitalisation Treatment, incurred within 60 days following discharge from hospital

If the patient needs to be moved by road ambulance to an appropriate location for treatment or diagnosis.

- Ambulance Fees, incurred during the policy period of insurance

The following additional benefits incurred during the policy period of insurance will be payable subject to reasonable, customary and necessary expenses incurred but shall be payable as part of the Overall Annual Limit.

- Organ Transplant
- Sales and Services Tax (where applicable)
- Medical Report Fee
- Nursing at Home
- Outpatient Cancer Treatment
- Outpatient Kidney Dialysis Treatment

If the patient needs to be hospitalised or surgically treated, you may call our 24-Hour Call Centre.

- Hospital Admission Assistance

3. How much premium do I have to pay?

The premium you have to pay may vary depending on your choice of plan, occupation, age group and our underwriting requirements.

The premium payable is based on age next birthday but a premium loading may apply depending on underwriting requirements of LONPAC INSURANCE BHD.

Renewal premium will automatically be adjusted on entering the next age group. Premium may also be adjusted should there be changes to your occupation at the time of renewal.

The annual premium rate is non-guaranteed and will be revised every three (3) years. The Company will give thirty (30) days written notice prior to Policy renewal in the event of premium revision.

You can choose to pay your premium on a monthly frequency but this is only available by way of a standing instruction to pay from a Credit Card. Monthly payment frequency is not allowed for monthly payment less than RM50.00.

The premium for standard risk is as per the Table of Premium:

TABLE OF ANNUAL PREMIUM
(For policies commencing within 01 April 2022 and 31 March 2023)

Age Next Birthday	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)	Plan 7 (RM)	Plan 8 (RM)	Plan 9 (RM)	Plan 10 (RM)
30 days - 18 years	1,530	1,452	1,369	1,307	1,211	1,111	1,012	935	818	712
19 years - 25 years	1,531	1,452	1,368	1,306	1,209	1,108	1,009	885	775	672
26 years - 30 years	1,550	1,469	1,383	1,319	1,221	1,117	1,017	890	779	674
31 years - 35 years	1,735	1,645	1,549	1,477	1,367	1,250	1,138	995	870	752
36 years - 40 years	2,156	2,041	1,918	1,825	1,684	1,536	1,393	1,209	1,051	901
41 years - 45 years	2,679	2,535	2,381	2,265	2,089	1,904	1,726	1,494	1,299	1,109
46 years - 50 years	3,329	3,147	2,953	2,805	2,583	2,349	2,125	1,828	1,585	1,346
51 years - 55 years	4,298	4,062	3,810	3,619	3,330	3,027	2,738	2,351	2,037	1,726
56 years - 60 years	5,854	5,528	5,182	4,917	4,520	4,103	3,706	3,172	2,741	2,314
61 years - 65 years	8,200	7,740	7,251	6,877	6,316	5,728	5,170	4,408	3,806	3,203
66 years - 70 years	10,439	9,850	9,224	8,743	8,025	7,271	6,557	5,580	4,811	4,036
71 years - 75 years (renewal only)	13,849	13,066	12,235	11,596	10,643	9,640	8,692	7,393	6,374	5,343
76 years - 80 years (renewal only)	18,172	17,144	16,052	15,212	13,959	12,643	11,398	9,689	8,353	6,997
81 years and above (renewal only)	29,031	27,381	25,628	24,277	22,268	20,155	18,161	15,408	13,272	11,096

TABLE OF MONTHLY PREMIUM
(For policies commencing within 01 April 2022 and 31 March 2023)

Age Next Birthday	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)	Plan 7 (RM)	Plan 8 (RM)	Plan 9 (RM)	Plan 10 (RM)
30 days - 18 years	135	128	121	115	107	98	89	83	72	63
19 years - 25 years	135	128	121	115	107	98	89	78	68	59
26 years - 30 years	137	130	122	117	108	99	90	79	69	60
31 years - 35 years	153	145	137	130	121	110	101	88	77	66
36 years - 40 years	190	180	169	161	149	136	123	107	93	80
41 years - 45 years	237	224	210	200	185	168	152	132	115	98
46 years - 50 years	294	278	261	248	228	207	188	161	140	119
51 years - 55 years	380	359	337	320	294	267	242	208	180	152
56 years - 60 years	517	488	458	434	399	362	327	280	242	204
61 years - 65 years	724	684	641	607	558	506	457	389	336	283
66 years - 70 years	922	870	815	772	709	642	579	493	425	357
71 years - 75 years (renewal only)	1,223	1,154	1,081	1,024	940	852	768	653	563	472
76 years - 80 years (renewal only)	1,605	1,514	1,418	1,344	1,233	1,117	1,007	856	738	618
81 years and above (renewal only)	2,564	2,419	2,264	2,144	1,967	1,780	1,604	1,361	1,172	980

TABLE OF ANNUAL PREMIUM
(For policies commencing within 01 April 2023 and 31 March 2024)

Age Next Birthday	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)	Plan 7 (RM)	Plan 8 (RM)	Plan 9 (RM)	Plan 10 (RM)
30 days - 18 years	1,530	1,452	1,369	1,307	1,211	1,111	1,042	963	867	755
19 years - 25 years	1,531	1,452	1,368	1,306	1,209	1,108	1,039	912	822	712
26 years - 30 years	1,550	1,469	1,383	1,319	1,221	1,117	1,048	917	826	714
31 years - 35 years	1,735	1,645	1,549	1,477	1,367	1,250	1,172	1,025	922	797
36 years - 40 years	2,156	2,041	1,918	1,825	1,684	1,536	1,435	1,245	1,114	955
41 years - 45 years	2,679	2,535	2,381	2,265	2,089	1,904	1,778	1,539	1,377	1,176
46 years - 50 years	3,329	3,147	2,953	2,805	2,583	2,349	2,189	1,883	1,680	1,427
51 years - 55 years	4,298	4,062	3,810	3,619	3,330	3,027	2,820	2,422	2,159	1,830
56 years - 60 years	5,854	5,528	5,182	4,917	4,520	4,103	3,817	3,267	2,905	2,453
61 years - 65 years	8,200	7,740	7,251	6,877	6,316	5,728	5,325	4,540	4,034	3,395
66 years - 70 years	10,439	9,850	9,224	8,743	8,025	7,271	6,754	5,747	5,100	4,278
71 years - 75 years (renewal only)	13,849	13,066	12,235	11,596	10,643	9,640	8,953	7,615	6,756	5,664
76 years - 80 years (renewal only)	18,172	17,144	16,052	15,212	13,959	12,643	11,740	9,980	8,854	7,417
81 years and above (renewal only)	29,031	27,381	25,628	24,277	22,268	20,155	18,706	15,870	14,068	11,762

TABLE OF MONTHLY PREMIUM
(For policies commencing within 01 April 2023 and 31 March 2024)

Age Next Birthday	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)	Plan 7 (RM)	Plan 8 (RM)	Plan 9 (RM)	Plan 10 (RM)
30 days - 18 years	135	128	121	115	107	98	92	85	77	67
19 years - 25 years	135	128	121	115	107	98	92	81	73	63
26 years - 30 years	137	130	122	117	108	99	93	81	73	63
31 years - 35 years	153	145	137	130	121	110	104	91	81	70
36 years - 40 years	190	180	169	161	149	136	127	110	98	84
41 years - 45 years	237	224	210	200	185	168	157	136	122	104
46 years - 50 years	294	278	261	248	228	207	193	166	148	126
51 years - 55 years	380	359	337	320	294	267	249	214	191	162
56 years - 60 years	517	488	458	434	399	362	337	289	257	217
61 years - 65 years	724	684	641	607	558	506	470	401	356	300
66 years - 70 years	922	870	815	772	709	642	597	508	451	378
71 years - 75 years (renewal only)	1,223	1,154	1,081	1,024	940	852	791	673	597	500
76 years - 80 years (renewal only)	1,605	1,514	1,418	1,344	1,233	1,117	1,037	882	782	655
81 years and above (renewal only)	2,564	2,419	2,264	2,144	1,967	1,780	1,652	1,402	1,243	1,039

TABLE OF ANNUAL PREMIUM
(For policies commencing within 01 April 2024 and 31 March 2025)

Age Next Birthday	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)	Plan 7 (RM)	Plan 8 (RM)	Plan 9 (RM)	Plan 10 (RM)
30 days - 18 years	1,530	1,452	1,369	1,307	1,211	1,111	1,073	991	916	797
19 years - 25 years	1,531	1,452	1,368	1,306	1,209	1,108	1,070	938	868	753
26 years - 30 years	1,550	1,469	1,383	1,319	1,221	1,117	1,078	943	872	755
31 years - 35 years	1,735	1,645	1,549	1,477	1,367	1,250	1,206	1,055	974	842
36 years - 40 years	2,156	2,041	1,918	1,825	1,684	1,536	1,477	1,282	1,177	1,009
41 years - 45 years	2,679	2,535	2,381	2,265	2,089	1,904	1,830	1,584	1,455	1,242
46 years - 50 years	3,329	3,147	2,953	2,805	2,583	2,349	2,253	1,938	1,775	1,508
51 years - 55 years	4,298	4,062	3,810	3,619	3,330	3,027	2,902	2,492	2,281	1,933
56 years - 60 years	5,854	5,528	5,182	4,917	4,520	4,103	3,928	3,362	3,070	2,592
61 years - 65 years	8,200	7,740	7,251	6,877	6,316	5,728	5,480	4,672	4,263	3,587
66 years - 70 years	10,439	9,850	9,224	8,743	8,025	7,271	6,950	5,915	5,388	4,520
71 years - 75 years (renewal only)	13,849	13,066	12,235	11,596	10,643	9,640	9,214	7,837	7,139	5,984
76 years - 80 years (renewal only)	18,172	17,144	16,052	15,212	13,959	12,643	12,082	10,270	9,355	7,837
81 years and above (renewal only)	29,031	27,381	25,628	24,277	22,268	20,155	19,251	16,332	14,865	12,428

TABLE OF MONTHLY PREMIUM
(For policies commencing within 01 April 2024 and 31 March 2025)

Age Next Birthday	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)	Plan 7 (RM)	Plan 8 (RM)	Plan 9 (RM)	Plan 10 (RM)
30 days - 18 years	135	128	121	115	107	98	95	88	81	70
19 years - 25 years	135	128	121	115	107	98	95	83	77	67
26 years - 30 years	137	130	122	117	108	99	95	83	77	67
31 years - 35 years	153	145	137	130	121	110	107	93	86	74
36 years - 40 years	190	180	169	161	149	136	130	113	104	89
41 years - 45 years	237	224	210	200	185	168	162	140	129	110
46 years - 50 years	294	278	261	248	228	207	199	171	157	133
51 years - 55 years	380	359	337	320	294	267	256	220	201	171
56 years - 60 years	517	488	458	434	399	362	347	297	271	229
61 years - 65 years	724	684	641	607	558	506	484	413	377	317
66 years - 70 years	922	870	815	772	709	642	614	522	476	399
71 years - 75 years (renewal only)	1,223	1,154	1,081	1,024	940	852	814	692	631	529
76 years - 80 years (renewal only)	1,605	1,514	1,418	1,344	1,233	1,117	1,067	907	826	692
81 years and above (renewal only)	2,564	2,419	2,264	2,144	1,967	1,780	1,701	1,443	1,313	1,098

Cash-Before-Cover

This insurance product is sold on a Cash-Before-Cover basis. Full premium must be paid before the effective date of the policy.

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

- | | |
|---|--|
| • Commission to the insurance agent (included in Gross Premium) | 15% of Gross Premium |
| • Service Tax | 0% (if the Policyholder is an Individual)
8% (if the Policyholder is a Company) |
| • Stamp Duty | RM10 |

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

Duty of disclosure

Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for yourself/family/dependants, you have a duty to take reasonable care not to make a misrepresentation in

answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for the purpose of providing insurance benefits to your employees and their family/dependants, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

Cooling-Off Period

If this policy shall have been issued and for any reason whatsoever You shall decide not to take up the policy, You may return the policy to LONPAC INSURANCE BHD for cancellation provided such request for cancellation is delivered by You to LONPAC INSURANCE BHD within fifteen (15) days from the date of delivery of the policy. You are entitled to the return of the full premium paid less deduction of medical expenses (medical examinations or medical report fees) incurred by LONPAC INSURANCE BHD in the issuance of the policy.

Qualifying or Waiting Period

The eligibility for benefits under the policy will only start thirty (30) days after the effective date of the policy except for accident. Unless renewed, the coverage will cease on the expiry date and LONPAC INSURANCE BHD shall strictly not be liable for any expenses that take place after the expiry date.

Upgraded Room and Board Co-Payment

You will have to pay 20% of the eligible expenses if you are hospitalised at a published room and board rate which is higher than your eligible benefit.

Upgraded Policies

If you choose to replace your existing policy with a higher plan, you will need to submit a new **Proposal Form** and the **Takeover Policy Form**. Your application will be re-underwritten and a new policy will be issued as your existing policy only guarantees renewal subject to no change in plan, terms and conditions. The Takeover Policy Condition may be applicable at the discretion of the Company.

Note:

This list is non-exhaustive. Please refer to the policy contract for the full list of terms and conditions under this policy.

6. Can I choose to be treated overseas?

The policy provides protection whilst you travel or reside overseas for not more than ninety (90) consecutive days. However, no benefit shall be payable if your intention is to seek treatment overseas when treatment is available locally except when it is due to a medical emergency or upon recommendation of a physician for the need to be transferred to a hospital outside Malaysia because of the specialised nature of treatment, aid, information or decision which cannot be rendered, furnished or taken in Malaysia.

Overseas treatment of a disease, sickness or injury which is diagnosed in Malaysia and non-emergency or chronic conditions where treatment can reasonably be postponed until return to Malaysia is not covered.

You may request for your policy to be extended to cover elective treatment in Singapore and Brunei by paying a premium loading as imposed by LONPAC INSURANCE BHD.

7. What are the major exclusions under this policy?

- Pre-existing illness.
- Any medical or physical conditions arising within the first 30 days of the Insured Person's cover 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 or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted 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 Insurance.
- Private nursing, 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 required quarantine by law.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Pregnancy, child birth (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 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 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 an Insured 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 and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, massage or aromatherapy or other alternative treatment.
- Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
- Psychotic, mental or nervous 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 change.

8. Can I cancel my policy?

You may cancel the policy at any time by giving written notice to us. Provided that no claim(s) have been made during the policy year, you shall be entitled to a refund of the premium as follow:

<u>Policy Period</u>	<u>Refund</u>
Period Not exceeding 15 days	90% Refund of Annual Premium (applicable to renewal only)
Period Not exceeding 1 month	80% Refund of Annual Premium
Period Not exceeding 2 months	70% Refund of Annual Premium
Period Not exceeding 3 months	60% Refund of Annual Premium
Period Not exceeding 4 months	50% Refund of Annual Premium
Period Not exceeding 5 months	40% Refund of Annual Premium
Period Not exceeding 6 months	30% Refund of Annual Premium
Period Not exceeding 7 months	25% Refund of Annual Premium
Period Not exceeding 8 months	20% Refund of Annual Premium
Period Not exceeding 9 months	15% Refund of Annual Premium
Period Not exceeding 10 months	10% Refund of Annual Premium
Period Not exceeding 11 months	5% Refund of Annual Premium
Period exceeding 11 months	No Refund of Premium

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

It is important that you inform us of any change in your life profile including your occupation and personal pursuits which would affect the risk profile.

10. Where can I get further information?

If you have any enquiries, please contact us at:

Customer Service Department
Lonpac Insurance Bhd
9th Floor, Bangunan Public Bank
6 Jalan Sultan Sulaiman
50000 Kuala Lumpur
Tel : 03 2262 8666
Fax : 03 2715 1332
E-mail : customerservice@lonpac.com
Website: www.lonpac.com

Authorised agent:

11. Other types of Hospitalisation and Surgical Insurance cover available

- MediSecure Plus 2015
- MediSecure Booster

IMPORTANT NOTE:

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

Lonpac Insurance Bhd is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia to transact all classes of general insurance business.

This Product Disclosure Sheet is for general information only and is valid as at 01.03.2024.