

Rider Name: Shield Medi Care Max

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PRODUCT DISCLOSURE SHEET

The Product Disclosure Sheet (PDS) provides some of the key information that you should consider before you buy a medical insurance rider that best meet your needs. You should read your insurance policy carefully for full details on your coverage.

FIND OUT MORE:


<https://www.sunlifemalaysia.com/insurance-and-takaful/life-insurance/sun-shield-link/>

Step 1 Is this rider right for you?

- This rider covers hospitalisation and surgical expenses ("H&S") incurred due to illnesses covered under the rider until age 70.
- Units will be deducted from your investment-linked account value into the insurance risk fund to pay for cost of insurance (COI). Your COI will be pooled with other policy owners' COI to pay claims. If the total claims paid out from the pool of COI is high, the COI for all policy owners in the same pool may increase, including your COI **even if you did not make a claim**.

Step 2 Does it meet your needs?

What is covered?

- Hospital room and board : Plan 500
 - Surgical expenses : As charged
- Benefits payable are on cashless basis subject to:
- Overall annual limit : RM4,000,000
 - Overall lifetime limit : No lifetime limit

What is not covered?

- Medical conditions that you had, or had symptoms of, before buying the plan (i.e. pre-existing condition)
- Specified illnesses (e.g. hypertension, diabetes)
- Diseases required quarantine by law (e.g. COVID-19)

This is not a complete list. Please read your policy document carefully for full details on what is and is not covered.

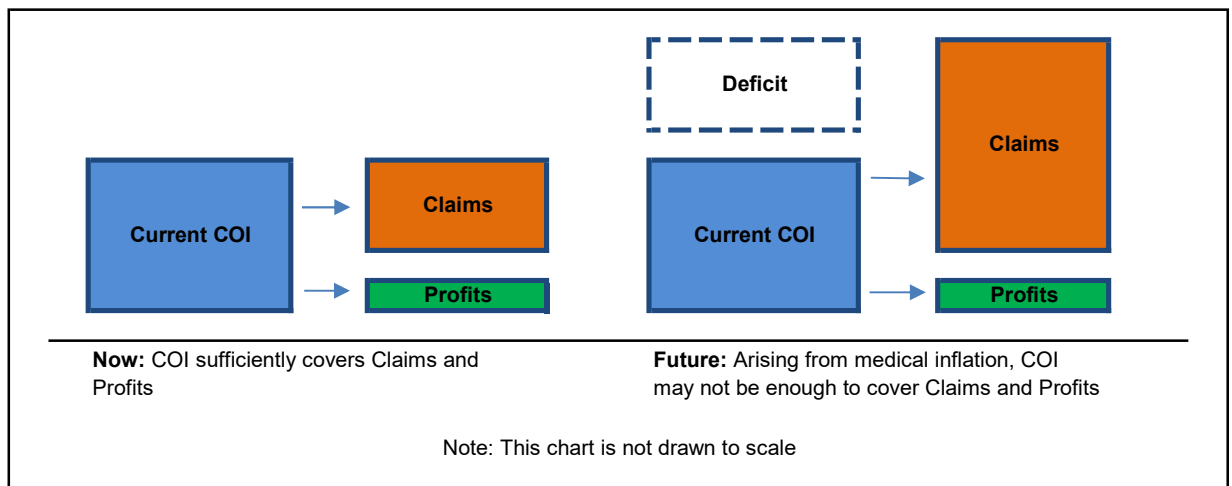
Protection by PIDM on benefits payable from the unit portion of this certificate/policy/contract is subject to limitations. Please refer to PIDM's Takaful and Insurance Benefits Protection System (TIPS) Brochure or contact Sun Life Malaysia Assurance Berhad or PIDM (visit www.pidm.gov.my).

Step 3 Can you afford the increase in cost of insurance (COI) over time?

	COI Projection Table			Over the long term, you can reduce COI payable by choosing plans with:
Age	Current COI upon attained age (RM)	Estimated COI		
		Based on medical inflation of 7% ¹ per annum (RM)	Based on medical inflation of 10% per annum (RM)	
30	2,867	2,867	2,867	(a) A higher deductible. (b) A lower annual limit.
35	3,317	4,652	5,342	
40	3,911	7,693	10,144	
45	5,075	14,003	21,201	
50	6,659	25,770	44,801	

- The projection above is solely for **illustration purposes only**.
- The estimated COI is calculated on the compounding basis. COI rates are affected by both the increase in treatment costs and the increased use of healthcare services by policy owners. This can result in actual medical inflation rate being higher or lower than the above illustration. We are undertaking the necessary cost containment measures in co-operation with other stakeholders to manage COI increases over time.
- The actual COI you will have to pay depends on the actual medical inflation of the plan you purchased.
Arising from medical inflation, current COI level may not be enough to cover future claims.

¹ This is the year-on-year increase in the average treatment cost as billed by hospitals to the insurance and takaful industry from years 2020 to 2023.



Step 4 What else should you be aware of?

- You must answer the questions that we ask fully and accurately. Failure to take reasonable care in answering the questions may result in rejection of your claim or termination of your policy.
- If you decide you do not want this policy within 15 calendar days after the policy has been delivered to you, you can contact us to cancel your policy and receive a full refund (less any medical examination expenses incurred).
- Your coverage will only start 30 calendar days after the rider's benefit start date or reinstatement date, whichever is later, except for accidental injuries.
- The commissions paid to the agent forms part of your premium for your base policy. Please refer to the Sales Illustration for more information.

This is not a complete list. Please read your policy documents carefully for full details on the key terms and conditions.

Step 5 Have you considered other products that might suit your needs?

Name	Recommended Product	Alternative Product Options	
		Option 1	Option 2
	Shield Medi Care Max	Shield Medi Care Max	Shield Medi Care Max
	Plan 500 (RM500 deductible)	Plan 500 (RM10,000 deductible)	Plan 500 (RM30,000 deductible)
Annual Premium* (inclusive of scheduled top-up)	RM8,880 <i>This includes the yearly premium for basic coverage.</i>	RM6,840 <i>The yearly premium is lower by RM2,040</i>	RM5,880 <i>The yearly premium is lower by RM3,000</i>
Type	Cashless facility <i>We pay direct to hospitals</i>	Cashless facility <i>We pay direct to hospitals</i>	Cashless facility <i>We pay direct to hospitals</i>
Coverage Term	40 years	40 years	40 years
	<i>Note: Renewal is guaranteed but the cost of insurance are not guaranteed.</i>		
Deductible	RM500	RM10,000	RM30,000
Hospital Room & Board	RM500 per day	RM500 per day	RM500 per day
Surgical Expenses	As charged	As charged	As charged
Overall Annual Limit	RM4,000,000	RM4,000,000	RM4,000,000
Overall Lifetime Limit	No lifetime limit	No lifetime limit	No lifetime limit

* The premium illustrated is exclusive of service tax and single top-up premium.

- Deductible:** Fixed amount you have to pay before your actual coverage begins. E.g. RM500 deductible means you have to pay RM500 out of your own pocket and we will pay the balance (up to the relevant limits).
- Overall annual limit:** Maximum amount you can claim in a year.
- Overall lifetime limit:** Maximum amount you can claim throughout your lifetime.

This table does not capture all of the features of products compared. Please ask your agent for more information on the differences in features of these products.

This plan is underwritten by Sun Life Malaysia Assurance Berhad <Registration Number: 199001005930 (197499-U)>, an insurer regulated by Bank Negara Malaysia and licensed under the Financial Services Act 2013.



Sun Life

Sun Life Malaysia Assurance Berhad

Registration Number: 199001005930 (197499-U)

Client's Acknowledgement* (Optional)

Please ensure you are filling this section yourself and are aware of what you are placing your signature for:

☐

I acknowledge that Sun Life Malaysia Assurance Berhad has provided me with a copy of the PDS.

☐

I have read and understood the key information contained in this PDS.

* A client's acknowledgement of this PDS shall not prejudice his/her right to seek redress in the event of subsequent disputes over the product terms and conditions.

Signature of policy owner

Name:

Date: