

**REPRICED MEDICAL PLAN ALTERATION FORM**  
**BORANG PINDAAN PELAN PERUBATAN YANG DISEMAK SEMULA**



Policy No. <i>No. Polisi</i>	<input type="text"/>
New NRIC No./ Birth Certificate No./ Passport No./ Registration of Company or Business No. <i>No. Kad Pengenalan Baharu/ No. Sijil Kelahiran/No. Pasport/ No. Pendaftaran Syarikat atau Perniagaan</i>	<input type="text"/>
Name of Life Assured <i>Nama Hayat yang Diasuranskan</i>	<input type="text"/>

**IMPORTANT NOTICE:**  
**NOTIS PENTING:**

- This offer will be provided to owners of selected re-priced medical plans, who have been affected by the COVID-19 pandemic. Please refer to Section A for the qualification checklist. If you fulfil the conditions in Section A, you may proceed to complete the alteration request under Section B.  
*Tawaran ini akan disediakan untuk pemilik pelan perubatan tertentu yang telah disemak semula, serta terjejas dengan pandemik COVID-19. Sila rujuk Bahagian A untuk senarai semak kelayakan. Jika anda memenuhi syarat dalam Bahagian A, anda boleh melengkapkan permohonan pindaan pada Bahagian B.*
- Please submit the completed form and documents through My Mailbox in e-Connect.  
*Sila serahkan borang dan dokumen yang telah dilengkapkan melalui 'My Mailbox' pada e-Connect.*
- Please refer to our website at [www.greataeasternlife.com.my](http://www.greataeasternlife.com.my) for Frequently Asked Questions (FAQ).  
*Sila layari laman web kami di [www.greataeasternlife.com.my](http://www.greataeasternlife.com.my) dan rujuk 'Frequently Asked Questions (FAQ)'.*
- For more information on how the Company processes your personal information and your rights over your personal information, please log on to our website at [www.greataeasternlife.com.my](http://www.greataeasternlife.com.my) and refer to our Personal Data Protection Notice.  
*Untuk keterangan lanjut bagaimana Syarikat memproses maklumat peribadi anda dan hak anda ke atas maklumat peribadi anda, sila layari laman sesawang kami di [www.greataeasternlife.com](http://www.greataeasternlife.com) dan rujuk Notis Perlindungan Data Peribadi.*

**SECTION A**  
**BAHAGIAN A**

I have been infected by COVID-19, or have been subject to mandatory home quarantine due to COVID-19, or have suffered a loss of income or I am owner of a small or medium enterprise (SME) which has suffered a loss of income, as a result of the economic impact of the COVID-19 pandemic.  
*Saya telah dijangkiti COVID-19 atau telah dikenakan kuarantin wajib di rumah akibat COVID-19 atau telah mengalami kehilangan pendapatan atau pemilik perusahaan kecil atau sederhana (PKS) yang telah mengalami kehilangan pendapatan, akibat kesan ekonomi daripada pandemik COVID-19.*

Please select the box below where appropriate and submit the selected documents:  
*Sila tandakan kotak yang bersesuaian dan hantar dokumen yang diperlukan:*

- A report or letter by a medical doctor confirming COVID-19 infection of the policy owner, or  
*Laporan atau surat daripada doktor perubatan yang mengesahkan pemilik polisi dijangkiti COVID-19, atau*
- A report or letter certified by a medical doctor confirming home quarantine is required due to COVID-19 of the policy owner, or  
*Laporan atau surat yang diperakui oleh doktor perubatan yang mengesahkan pemiliki polisi dikehendaki menjalani kuarantin di rumah akibat COVID-19, atau*
- Employer's letter of salary reduction or termination/retrenchment, or  
*Surat majikan yang menyatakan pengurangan gaji atau penamatan/pemberhentian, atau*
- Letter or evidence of commission reduction, or  
*Surat atau bukti pengurangan komisen, atau*
- Evidence of loss of income for business (e.g. closure of food court or shops, drop in revenue, etc.), or  
*Bukti kehilangan pendapatan bagi perniagaan (contohnya penutupan medan selera atau kedai, penurunan hasil dapatan, dsb), atau*
- Any other document or evidence that can substantiate the application.  
*Sebarang dokumen atau bukti yang boleh menyokong permohonan.*

Remark: \_\_\_\_\_  
*Catatan:*

CSD-ASREPMED-V00-112021

## SECTION B BAHAGIAN B

I have read and understood the Terms and Conditions below and I would like to:

*Saya telah membaca dan memahami Terma dan Syarat di bawah dan saya ingin:*

(i) downgrade my existing medical rider/plan to:

*menurunkan rider/pelan perubatan sedia ada saya kepada:*

Please select box where appropriate.

*Sila pilih kotak yang bersesuaian.*

	<b>Hospital Room &amp; Board (RM)</b> <i>Bilik &amp; Hidangan Hospital (RM)</i>
<input type="checkbox"/>	100*
<input type="checkbox"/>	150
<input type="checkbox"/>	200
<input type="checkbox"/>	300

**Note:** *Nota:*

\*Hospital Room & Board RM100 does not apply for SmartMedic Xtra (U119 – U122).

*\*Bilik & Hidangan Hospital RM100 tidak berkenaan untuk SmartMedic Xtra (U119 – U122).*

You may log in to e-Connect at <https://econnect-my.greateasternlife.com> to view your current policy benefit coverage.

*Anda boleh log masuk melalui e-Connect di <https://econnect-my.greateasternlife.com> untuk melihat perlindungan manfaat polisi semasa anda.*

**AND DAN**

(ii) revert to my medical rider/plan's original coverage twelve (12) months from the effective date of downgrade.

*menukar semula kepada rider/pelan perubatan asal dalam tempoh dua belas (12) bulan dari tarikh berkuat kuasa bagi penurunan.*

## TERMS AND CONDITIONS TERMA DAN SYARAT

1. Applicable to in-force medical rider/plan which have been repriced between **01/06/2020** to **31/05/2021** as listed below:

*Berkenaan untuk rider/pelan perubatan yang berkuat kuasa dan caj insurans/kadar premium telah disemak semula antara 01/06/2020 hingga 31/05/2021 seperti senarai di bawah:*

<b>Product Name</b> <i>Nama Produk</i>	<b>Product Code</b> <i>Kod Produk</i>	<b>Hospital Room &amp; Board (RM)</b> <i>Bilik &amp; Hidangan Hospital (RM)</i>
<b>Investment-Linked Rider(s)</b> <i>Rider Berkaitan Pelaburan</i>		
SmartMedic (SM)	U154 – U157, U66 – U69	150, 200, 300 & 400
SmartMedic Xtra (SMX)	U159 – U161, U120 – U122	200, 300 & 400
<b>Standalone Medical Plan</b> <i>Pelan Perubatan Kendiri</i>		
Health Protector (HP)	H52 – H54	150, 200 & 300
Health Protector (HPI)	HC07, HC10, HC13	150, 200 & 300

2. Upon receiving the duly completed application and fulfillment of all criteria, the downgrade of medical rider/plan will take effect from:

*Setelah permohonan yang lengkap diterima dan semua kriteria dipenuhi, penurunan rider/pelan perubatan akan berkuat kuasa seperti berikut:*

(a) Investment-Linked rider(s) – the next monthly insurance charge date

*Rider Berkaitan Pelaburan – dari tarikh caj insurans bulanan berikutnya*

(b) Standalone Medical plan – the next premium due date

*Pelan Perubatan Kendiri – dari tarikh premium berikutnya perlu dibayar*

3. For Investment-Linked plan, the downgrade of Room and Board will result in lower insurance charges being charged from your policy's total investment value for better sustainability. You are advised to continue to pay the same premium before the alteration.

*Untuk pelan Berkaitan Pelaburan, penurunan Bilik dan Hidangan akan menyebabkan caj insurans yang lebih rendah dikenakan daripada jumlah nilai pelaburan polisi anda untuk kelangsungan polisi yang lebih baik. Anda dinasihatkan untuk terus membayar premium yang sama sebelum pindaan.*

4. For standalone medical plan, the downgrade of Room and Board will result in reduced premium.

*Untuk pelan perubatan sendiri, penurunan Bilik dan Hidangan akan menyebabkan pengurangan premium.*

## TERMS AND CONDITIONS TERMA DAN SYARAT

5. If the medical rider/plan is attached with a secondary supplementary rider/supplementary benefit, the attaching rider or supplementary benefit will be downgraded following the main plan.  
*Jika rider/pelan perubatan dilampirkan dengan rider tambahan/manfaat tambahan sekunder, rider atau manfaat tambahan yang dilampirkan akan diturunkan mengikut pelan utama.*
6. The medical rider/plan of the downgraded rider/plan shall follow the underwriting decision of the initial medical rider/plan.  
*Rider/pelan perubatan bagi penurunan rider/plan hendaklah berdasarkan keputusan pengunderaitan rider/pelan perubatan permulaan.*
7. The downgraded medical rider/plan will revert to its original coverage twelve (12) months from the effective date of downgrade, without new or additional underwriting. The original coverage will take effect from:  
*Rider/pelan perubatan yang diturunkan akan ditukar semula kepada perlindungan asal dalam tempoh dua belas (12) bulan dari tarikh berkuat kuasa penurunan, tanpa pengunderaitan baharu atau tambahan. Perlindungan asal akan berkuat kuasa seperti berikut:*
  - (a) Investment-Linked rider(s) – the next monthly insurance charge date;  
*Rider Berkaitan Pelaburan – dari tarikh caj insurans bulanan berikutnya;*
  - (b) Standalone Medical plan – the next policy anniversary date;  
*Pelan Perubatan Kendiri – dari tarikh ulang tahun polisi berikutnya;*after the twelfth month of downgrade.  
*selepas bulan kedua belas penurunan.*
8. In the event of policy lapsed before the completion of twelve (12) months, reinstatement of policy is subject to underwriting requirement. Should the policy is imposed with conditions upon reinstatement, the policy conditions will be applied upon reversion of coverage to original Room and Board.  
*Sekiranya polisi luput sebelum dua belas (12) bulan genap, penguatkuasaan semula polisi tertakluk pada keperluan pengunderaitan. Sekiranya polisi dikenakan syarat semasa penguatkuasaan semula, syarat polisi akan digunakan apabila perlindungan ditukar semula kepada Bilik dan Hidangan yang asal.*
9. If you wish to revert to the original coverage before the end of the twelve (12)-month period, please notify us in writing via My Mailbox in e-Connect.  
*Jika anda ingin menukar semula kepada perlindungan asal sebelum tempoh dua belas (12) bulan tamat, sila maklumkan kami secara bertulis melalui My Mailbox pada e-Connect.*
10. It is understood and agreed that the delivery of any communication/ documentation may be done via e-Connect.  
*Difahamkan dan dipersetujui bahawa penghantaran sebarang komunikasi/ dokumentasi mungkin dilakukan melalui e-Connect.*
11. An Endorsement will be issued to include this benefit to your policy. To view and download the endorsement, please log in to e-Connect at <http://econnect.my.greataeasternlife.com>. (if applicable)  
*Suatu endorsmen akan dikeluarkan untuk memasukkan manfaat ini pada polisi anda. Untuk melihat dan memuat turun endorsmen, sila log masuk melalui e-Connect di <http://econnect.my.greataeasternlife.com>. (jika berkenaan)*

Alternatively, you may consider other options such as changing your premium payment frequency# or reverting to your regular premium before repricing for Investment-Linked plan. However, we would strongly encourage you to adhere to the existing premium to ensure that your policy is able to stay in force for the entirety of the policy term. You may consult your servicing agent/representative to assist in reviewing your policy sustainability according to your affordability. If you wish to proceed with either of these alternative options, please complete the 'Request For Contractual Changes' form which can be obtained from Great Eastern Corporate Website at

<https://www.greataeasternlife.com/my/en/personal-insurance/get-help/customer-service.html#eforms>

*Sebagai alternatif, anda boleh mempertimbangkan pilihan lain seperti menukar kekerapan pembayaran premium anda# atau menukar semula kepada jumlah premium biasa anda sebelum semakan semula pelan Berkaitan Pelaburan. Walau bagaimanapun, kami ingin menggalakkan anda untuk mengekalkan premium sedia ada bagi memastikan polisi anda dapat terus berkuat kuasa sepanjang tempoh polisi. Anda boleh berunding dengan ejen/wakil perkhidmatan untuk menyemak kelangsungan polisi anda berdasarkan kemampuan. Jika anda ingin meneruskan salah satu daripada pilihan alternatif ini, sila lengkapkan borang 'Permohonan Bagi Perubahan Kontrak' yang boleh didapati daripada Laman Sesawang Korporat Great Eastern di <https://www.greataeasternlife.com/my/en/personal-insurance/get-help/customer-service.html#eforms>*

#Not applicable for Health Protector (HP) and Health Protector (HPI).

#Tidak berkaitan untuk Health Protector (HP) and Health Protector (HPI).

I hereby declare and agree to the following on behalf of myself and any person or entity who may have or claim any interest in the policy.  
*Dengan ini saya mengisytiharkan dan bersetuju dengan perkara berikut bagi pihak saya dan mana-mana individu atau entiti yang mungkin mempunyai atau menuntut sebarang kepentingan dalam polisi ini.*

1. All the information provided in the application form by me are complete and accurate.  
*Semua maklumat yang saya beri dalam borang permohonan adalah lengkap dan tepat.*
2. I have fully read, understood and agreed with the contents of and the Terms and Conditions contained in this form.  
*Saya telah membaca sepenuhnya, memahami dan bersetuju dengan kandungan dan Terma dan Syarat yang terkandung dalam borang ini.*

Signature of Policy Owner  
*Tandatangan Pemilik Polisi*

Name: \_\_\_\_\_  
*Nama*

NRIC No.: \_\_\_\_\_  
*No.KP*

Email Address: \_\_\_\_\_  
*Alamat Emel*

Tel No.: \_\_\_\_\_  
*No. Tel*

Date: \_\_\_\_\_  
*Tarikh*

**Note Nota:**

The email address and telephone number provided by you will be updated into our records and use for all future communications.  
*Alamat emel dan nombor telefon yang anda beri akan dikemas kini dalam rekod kami dan digunakan untuk semua komunikasi pada masa hadapan.*

**Nominee and Trustee's consent is only applicable for Health Protector (HP) and Health Protector (HPI)**  
*Persetujuan Penama dan Pemegang Amanah hanya berkenaan untuk Health Protector (HP) and Health Protector (HPI)*

**CONSENT TO APPLICATION FOR AMENDMENT**  
**KEBENARAN KE ATAS PERMOHONAN UNTUK PINDAAN**

I/We, the Trustee(s)/Nominee(s)/Parent of the Nominee(s)/Conditional Assignee, hereby irrevocably and unconditionally give my/our consent to the Policy Owner for the amendment(s) requested.

*Saya/Kami, Pemegang Amanah/Penama/Ibu bapa Penama/Pemegang Serah Hak Bersyarat, dengan ini memberikan kebenaran saya/kami, yang tidak bersyarat dan tidak boleh ditarik balik, kepada Pemegang Polisi untuk membuat pindaan seperti yang dipohon.*

Signature of \*\*Trustee/Nominee/Parent of Nominee/Conditional Assignee  
*Tandatangan \*\*Pemegang Amanah/Penama/Ibu bapa Penama/Pemegang Serah Hak Bersyarat*

Name *Nama*: \_\_\_\_\_

NRIC No. *No. K/P*: \_\_\_\_\_

Date *Tarikh*: \_\_\_\_\_

Signature of \*\*Trustee/Nominee/Parent of Nominee/Conditional Assignee  
*Tandatangan \*\*Pemegang Amanah/Penama/Ibu bapa Penama/Pemegang Serah Hak Bersyarat*

Name *Nama*: \_\_\_\_\_

NRIC No. *No. K/P*: \_\_\_\_\_

Date *Tarikh*: \_\_\_\_\_

\*\* Please delete whichever not applicable \*\* *Potong yang mana tidak berkenaan*

**Note:** If the policy is conditionally assigned, consent is required from the conditional assignee OR If you are a Non-Muslim and your current nominee(s) is/are your spouse, child or parent (if you have no spouse or child living at the time of nomination), then your policy is deemed to be a trust policy. Therefore, consent is required from the trustee(s) of the policy. If there is no trustee appointed, (a) the nominee who is competent to contract, or (b) where the nominee is incompetent to contract, the parent of the incompetent nominee (other than the policy owner), or where there is no surviving parent, the public trustee shall be the trustee of the policy.

*Nota: Jika polisi diserahkan hak bersyarat, kebenaran daripada pemegang serah hak bersyarat adalah diperlukan ATAU Jika anda Bukan-Islam dan penama semasa anda adalah suami/isteri anda, anak atau ibu bapa (jika anda tidak mempunyai suami/isteri atau anak semasa anda membuat penamaan), maka polisi anda dianggap sebagai polisi amanah. Oleh sebab itu, kebenaran adalah diperlukan daripada pemegang amanah polisi. Sekiranya tiada pemegang amanah dilantik, (a) penama yang layak akan dilantik atau, (b) sekiranya tiada penama yang layak untuk dilantik, ibu bapa penama berkenaan, (selain dari Pemegang Polisi) atau sekiranya tiada ibu bapa beliau yang masih hidup, pemegang amanah raya akan dilantik sebagai pemegang amanah polisi.*