

APPENDIX 1 PREMIUM REVISION FOR <<u>Standalone</u>> Frequently Asked Questions (FAQs)

NO	QUESTIONS	ANSWERS
1.	Why are you revising my premium?	We understand that medical and healthcare costs are a growing concern. Several noteworthy trends such as the surge in non-communicable disease, the expansion of private healthcare services, and the continuous rise in medical inflation, have greatly impacted the medical and health sector.
		As a result, the frequency and cost of claims have risen, where 217 claims paid per 1,000 insured lives, compared to 119 claims per 1,000 just three years ago. The average claim amount has increased from RM10,021 to RM11,019. From 1 January 2022 to 31 December 2024, MedicaLife 210's claim have grown by an average of 3.2% per year, with different age bands experiencing varying increases.
		This revision is necessary to ensure your medical plan remains sustainable in covering rising healthcare costs, driven by:
		 Increased costs of medication and treatment Advancements in medical technology, medicines and equipment Evolving lifestyles leading to higher health risks and long-term care such as diabetes, high cholesterol and obesity. Growing demand for better medical care.
		At Zurich Life Insurance Malaysia Berhad, we are committed to ensuring that you continue to have access to quality medical services and treatments whenever you need them.
2.	How do you determine the quantum for revision of my premium?	In determining the revision, we take various factors such as actual healthcare costs, current healthcare inflation as well as customer affordability into consideration. How much your premium will go up depends on your age, occupation, gender, and the specific plan you've chosen.
3.	Why is there a revision to my premium when I have not made any claims?	Medical insurance operates on a risk-sharing basis where premiums collected are used to pay the claims. As a result, all policies will be affected regardless of whether you have made any claim before.
4.	When will my premium be revised?	The new premium will take effect on your next policy anniversary date as state in your letter.
5.	Do I need to pay a different premium amount after the revision?	Yes, it is compulsory for you to pay the new premium as stated in the letter to ensure the continuation of your coverage.
6.	Will there be another revision in the future?	We continue to review our medical plans against the healthcare cost on a regular basis and make every effort to actively manage healthcare costs together with our hospital partners. If there is a need for future revisions, we will notify you accordingly.
7.	What if I require further assistance?	 If you require further assistance: Please contact our Customer Service Careline at 1-300-888-622 (press #6 for enquiries on medical repricing); or
		 Email us at <u>callcentre@zurich.com.my</u>; or Alternatively, you may also contact your Wealth Planner; or Visit the nearest Zurich Life Insurance Malaysia Berhad branch.



Depending on your current premium payment method, you may need to make further arrangements with bank for us to collect the new amount. Please see the table below for more details.			
Current Payment Method	What action should I take?		
Credit or Debit Card, Auto-Debit (With no transaction amount limit)	There is no change to your current payment arrangement.		
Direct Debit e- Mandate (With transaction amount limit)	Please complete Direct Debit Registration at this link: <u>https://mya.zurich.com.my/AdhocPayment/Page/DirectDebitRegistration.aspx</u> This will enable us to deduct the new premium amount from your bank account.		
	For existing registrant, if the maximum limit in your bank account auto debit for is less than the new premium, you may change the maximum limit by 1) login to our customer portal at https://myzurichlife.com.my or 2) submit a new form to the bank to change the maximum limit.		
Standing Instructions with banks	Please make the necessary arrangements with your bank to update existin Standing Instruction(s) so that the new premium amount can be remitted to us		



	FAQ for Interim Measures introduced by BNM				
NO	QUESTIONS	ANSWERS			
9.	What are the interim measures introduced by Bank Negara Malaysia (BNM) for medical plans?	 The interim measures for medical plans, announced by BNM, aim to alleviate the immediate financial impact on your policy and help preserve your medical plan coverage. The measures include: Spreading of increase in insurance charges/premiums over a minimum of three years. Offering a one-year deferment period from policy anniversary (a temporary pause in insurance charge and premium adjustments due to medical claims inflation) for eligible policyholders. Allowing reinstatement of coverage for policyholders who have surrendered or lapsed their policies due to previous medical repricing in 2024. Providing an alternative Medical and Health Insurance/Takaful (MHIT) 			
		 product. Setting up a dedicated support hotline to assist policyholders. These interim measures will take effect from 1 January 2025. 			
10.	How will my medical plan be impacted by the interim measures?	We understand that changes to your medical premium can be concerning. To ease this burden, the increase will be spread over the next five years. If you are aged 60 and above and enrolled in the lowest plan, you will be entitled to a one-year deferment before any increase takes effect, giving you more time to adjust.			
11.	Am I eligible for the one- year deferment period?	To qualify for the one-year deferment period, effective 1 January 2025, you must be at least 60 years old and enrolled in the lowest medical plan. This measure is specifically designed to protect the most vulnerable customers, ensuring that those who need coverage the most are prioritised. If you are not on the lowest medical plan, you may consider downgrading your plan to become eligible for the deferment period.			
12.	Are the repricing adjustments guaranteed and fixed?	Your financial security is important, and while we work to maintain consistency, future reviews may still be necessary. The repricing adjustments from the fourth year onward will be subject to review and revision, depending on the effectiveness of various containment measures to be implemented.			
13.	Do the staggered increases apply to all types of insurance charge or premium adjustments?	No, the interim measures introduced by BNM only apply to medical repricing adjustments. They do not apply to increases resulting from other factors such as advancing into a higher age band, poor fund performance, partial withdrawals and premium holidays which may affect your policy's sustainability.			
14.	How sustainable are my medical premium under the interim measures, and how will they impact my policy in the long run?	A stable financial future is important, and we are here to help you navigate any changes. While the staggered increase in medical premium provides immediate relief, significant adjustments may still be required in the near future unless systemic changes are implemented across the healthcare ecosystem. To ensure continued coverage, we strongly advise you to review your policy's sustainability annually using the statement we provide.			