

**APPENDIX 2**  
**Frequently Asked Questions (FAQs)**

NO	QUESTIONS	ANSWERS
<b>FAQ for Interim Measures introduced by BNM</b>		
1.	<b>What are the interim measures introduced by Bank Negara Malaysia (BNM) for medical plans?</b>	<p>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.</p> <p>The measures include:</p> <ul style="list-style-type: none"> <li>• Spreading of increase in insurance charges/premiums over a minimum of three years.</li> <li>• 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.</li> <li>• Allowing reinstatement of coverage for policyholders who have surrendered or lapsed their policies due to previous medical repricing in 2024.</li> <li>• Providing an alternative Medical and Health Insurance/Takaful (MHIT) product.</li> <li>• Setting up a dedicated support hotline to assist policyholders.</li> </ul> <p>These interim measures will take effect from 1 January 2025.</p>
2.	<b>How will my medical plan be impacted by the interim measures?</b>	<p>We understand that changes to your insurance charges can be concerning. To ease this burden, the increase will be spread over the next five years.</p> <p>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.</p>
3.	<b>Am I eligible for the one-year deferment period?</b>	<p>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.</p> <p>This measure is specifically designed to protect the most vulnerable customers, ensuring that those who need coverage the most are prioritised.</p> <p>If you are not on the lowest medical plan, you may consider downgrading your plan to become eligible for the deferment period.</p>
4.	<b>Are the repricing adjustments guaranteed and fixed?</b>	<p>Your financial security is important, and while we work to maintain consistency, future reviews may still be necessary.</p> <p>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.</p>
5.	<b>Can I switch back to my original plan if I recently changed due to medical repricing?</b>	<p>Yes, we understand that changes can be difficult. If you recently switched to a different medical plan due to repricing, you have the option to reinstate your original plan within one year from the effective date of change.</p> <p>This can be done without additional underwriting and is available upon request, subject to a case-by-case review and other criteria set by us.</p>
6.	<b>Do the staggered increases apply to all types of insurance charge or premium adjustments?</b>	<p>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.</p>

7.	<b>How sustainable are my insurance charge under the interim measures, and how will they impact my premiums in the long run?</b>	<p>A stable financial future is important, and we are here to help you navigate any changes. While the staggered increase in insurance charges provides immediate relief, significant adjustments may still be required in the near future unless systemic changes are implemented across the healthcare ecosystem.</p> <p>To ensure continued coverage, we strongly advise you to review your policy's sustainability annually using the statement we provide.</p>
8.	<b>What if I cannot afford my premium even after spreading the increase over the next few years?</b>	<p>We acknowledge that rising costs can create financial strain, and we are committed to helping you find the best options. Should you have any concerns about affordability, we encourage you to consult your Wealth Planner.</p> <p>They can guide you through options such as adjusting your premium payment amount or method, switching to a more budget-friendly plan that still meets your medical needs.</p>

<b>General FAQ</b>		
9.	<b>Do I need to pay a different premium amount after the revision?</b>	<p>Your investment-linked policy's fund value may be insufficient to cover future insurance charges. To avoid unexpected gaps in coverage, we strongly encourage you to review your premium regularly to ensure your policy remains sustainable until maturity.</p>
10.	<b>What factors may impact my policy's fund value?</b>	<p>Your policy's fund value may become insufficient due to the following factors:</p> <ul style="list-style-type: none"> <li>• Exercising premium pause</li> <li>• Revision of insurance charges and/or other fees</li> <li>• Partial or early withdrawals</li> <li>• Unfavorable investment returns</li> <li>• Addition of rider(s)</li> <li>• Increase in insurance coverage</li> </ul>
11.	<b>I just received my annual statement. What should I do next?</b>	<p>When you receive your annual statement, we recommend that you:</p> <ul style="list-style-type: none"> <li>• Review whether the suggested premium and sustainability period align with your insurance needs and budget.</li> <li>• Consider paying more than the suggested new regular premium and making a single premium top-up (if applicable) to sustain your policy's fund value.</li> </ul> <p>To ensure continued coverage, we strongly advise you to review your policy's sustainability annually using the statement we provide.</p> <p>We understand that financial planning can be complex. If you have any concerns, please reach out to your Wealth Planner for guidance.</p>