



Policy No.



NEW BORN REWARD REDEMPTION FORM

PART 1: PARTICULARS																				
Full Name of Policy Owner as per NRIC / Passport	<input style="width: 100%;" type="text"/>																			
PART 2: OPTION SELECTION																				
I authorize and request the Company to exercise the New Born Reward Redemption effect the selected option below:																				
<input type="checkbox"/>	Option 1	To pay the FIRST premium of a new insurance policy with the Company up to the redeemable amount as stated in the Schedule of Benefits of iMediCare (Annexure Ref: UNHP) or annual premium of the new policy, whichever is lower.																		
		Full Name of Life Assured: <input style="width: 80%;" type="text"/>																		
		NRIC No. of Life Assured: <input style="width: 80%;" type="text"/>																		
<input type="checkbox"/>	Option 2	To pay the RENEWAL premium of an insurance policy with the Company up to the redeemable amount as stated in the Schedule of Benefits of iMediCare (Annexure Ref: UNHP) or annual premium of the renewal policy, whichever is lower.																		
		Policy No.: <input style="width: 80%;" type="text"/>																		
PART 3: TERMS AND CONDITIONS OF NEW BORN REWARD REDEMPTION																				
In consideration of the Company in accepting this New Born Reward Redemption, I agree to and accept the following terms and conditions for:																				
1. Redemption of New Born Reward:																				
(i) The redeemable amount is up to the amount stated in the Schedule of Benefits of iMediCare (Annexure Ref: UNHP) or modal premium of the policy, whichever is lower.																				
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #00A6C9; color: white;"> <th style="width: 25%;">iMediCare Plan Type</th> <th style="width: 12.5%;">Plan 100</th> <th style="width: 12.5%;">Plan 150</th> <th style="width: 12.5%;">Plan 200</th> <th style="width: 12.5%;">Plan 300</th> <th style="width: 12.5%;">Plan 400</th> <th style="width: 12.5%;">Plan 600</th> </tr> </thead> <tbody> <tr> <td style="background-color: #00A6C9; color: white;">New Born Reward Amount (lump sum)</td> <td>Not Applicable</td> <td>RM 500</td> <td colspan="4">RM 1,000</td> </tr> </tbody> </table>							iMediCare Plan Type	Plan 100	Plan 150	Plan 200	Plan 300	Plan 400	Plan 600	New Born Reward Amount (lump sum)	Not Applicable	RM 500	RM 1,000			
iMediCare Plan Type	Plan 100	Plan 150	Plan 200	Plan 300	Plan 400	Plan 600														
New Born Reward Amount (lump sum)	Not Applicable	RM 500	RM 1,000																	
(ii) This redeemed benefit can only be used for the below options and only ONE option can be exercised:																				
a. Option 1: To pay for the FIRST premium of a new insurance policy with the Company up to the redeemable amount as stated in the Schedule of Benefits of iMediCare (Annexure Ref: UNHP) or annual premium of the new policy, whichever is lower.																				
b. Option 2: To pay for the RENEWAL premium of an insurance policy with the Company up to the redeemable amount as stated in the Schedule of Benefits of iMediCare (Annexure Ref: UNHP) or renewal annual premium of the existing policy, whichever is lower.																				
(iii) The benefit could only be redeemed after nine (9) months from the issue date or reinstatement of the rider, whichever is later.																				
(iv) The benefit is only redeemable provided the baby is successfully born after iMediCare is inforce.																				
(v) The premium payment of the policy must be paid up-to-date upon utilization of this redemption.																				
(vi) iMediCare must be in inforce status upon redemption of this benefit.																				
(vii) The redemption is ONLY claimable once per lifetime in a lump sum.																				
(viii) A copy of Birth Certificate of the new born baby is required to be submitted for verification by the Company.																				
2. Utilization of New Born Reward:																				
(i) The redeemed benefit must be utilized within 6 months after successful redemption of New Born Reward.																				



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- (ii) iMediCare must be enforced upon utilization of the benefit.
- (iii) The utilization of this redeemed benefit is transferable to anyone.
- (iv) The redeemed benefit cannot be utilized to reinstate a policy that has lapsed. You are advised to reinstate the policy before utilizing this redeemed benefit.
- (v) Each policy can only utilize up to **TWO** New Born Reward or **ONE** New Born Reward plus **ONE** Welcome Gift.
- (vi) If the first annual premium amount of the new policy or renewal annual premium of the existing policy is more than the redeemed benefit entitlement for New Born Reward and/or Welcome Gift, the policy owner will need to top up on the additional amount required. If the first annual premium / renewal annual premium is lesser than the benefit entitlement for New Born Reward and/or Welcome Gift, there will be no refund on the difference of amount.
- (vii) This entitlement is not exchangeable for cash and any unutilized amount will not be refunded.
- (viii) Policy owner of the policy is required to continue paying the subsequent premium payment.
- (ix) There will be no refund of the utilized New Born Reward upon Free Look Cancellation, Cancellation from Inception, Postpone, Not Taken Up, Decline and Withdrawal of the new policy. The New Born Reward will be voided.
- (x) If the application for the new policy is being declined by the Company or not taken up by you, you may utilize this redeemed entitlement for any future application.

PART 3: AUTHORISATION

I/We, the Policy Owner in the title of the above mentioned policy, hereby authorize and request that the above policy be changed in accordance with the above particulars. I/We further agree that any alteration or variation shall not take effect until the request is approved by the Company.

I understand and agree that the information I supply will be collected, used and processed by the Company, its agents and its authorized parties (within or outside of Malaysia) for the purposes of processing this application and to facilitate the Company's function as an insurance company. I understand that I have a right to obtain access to and to request correction of my personal information held by the Company by contacting the Company's Customer Service Representatives.

Signed at _____ (Place) on _____ (Date)

Signature of Policy Owner

Name :
NRIC No.:

*Signature of Witness

Name :
NRIC No.:
Tel. No. :

***STATEMENT OF WITNESS :**

1. I hereby witness and certify that the signature in this form was made before me and that to the best of my knowledge it is the signature of the Policy Owner under the Policy.
2. The Witness must be at least 18 years of age and of sound mind.

Note: A copy of Birth Certificate of the new born baby is submitted for verification by the Company.