

## Policy Schedule

for Certified Plan under Voluntary Health Insurance Scheme (VHIS)

POLICY NUMBER	XXXXXXXXXXXXXX
POLICYOWNER	XXXXXXXXXXXXXX (Representative Policyowner) XXXXXXXXXXXXXX XXXXXXXXXXXXXX
LIFE ASSURED	XXXXXXXXXXXXXX
LIFE ASSURED'S GENDER	XXXXXXXXXXXXXX
LIFE ASSURED'S ISSUE AGE	XX, Age Next Birthday
FREQUENCY OF PAYMENT	XXXXXXXXXXXXXX
CURRENCY	XXXXXXXXXXXXXX
VHIS CERTIFIED PLAN	PRUHealth FlexiChoice Medical Plan
VHIS CERTIFICATION NUMBER	XXXXXX-XX-XXX-XX
COVERED ROOM	XXXXXXXXXXXXXX
PRUHEALTH MAJOR	XXXXXXXXXXXXXX
POLICY ISSUANCE DATE	XXXXXXXXXXXXXX
POLICY EFFECTIVE DATE	XXXXXXXXXXXXXX
FIRST RENEWAL DATE	XXXXXXXXXXXXXX
FIRST POLICY YEAR	XXXXXXXXXXXXXX - XXXXXXXXXXXXXXX
FOR FIRST POLICY YEAR	
• STANDARD PREMIUM	XXX.XX
• PREMIUM LOADING	X.XX (XX% of Standard Premium and this percentage is applicable to all Policy Years)
• TOTAL PREMIUM PAYABLE	XXX.XX

Premium Loading information will only be displayed when additional premium is charged at the issuance of the VHIS Certified Plan.

### Glossary for VHIS Certified Plan

The words and expressions on the left and right columns shall carry the same meanings.

Policy Schedule	Terms and Benefits for VHIS Certified Plan
Life Assured	Insured Person
Policyowner	Policy Holder
Representative Policyowner	Representative Policy Holder

Remarks #4-5 will only be displayed when the VHIS plan is attached to a basic plan as a supplementary benefit.

Remarks :

1. For the Modal Premium of the above-mentioned VHIS Certified Plan, please refer to the Certificate of Life Assurance.
2. The Total Premium Payable above does not include the levy to Insurance Authority. For the actual premium and levy paid, please refer to Official Receipt.
3. The Renewal premium and levy payable will be indicated in the Anniversary Statement.
4. The words and expressions in the Policy Schedule and the Terms and Benefits of the above-mentioned VHIS Certified Plan shall only be used within this plan. They may carry different meanings with the ones used in the Certificate of Life Assurance and other policy documents.
5. For details of the other coverage(s) apart from the above-mentioned VHIS Certified Plan, please refer to the Certificate of Life Assurance.

---End of Policy Schedule---

Print Date: XXXXXXXXXXXXXXX