ZURICH **Zurich Life Insurance Malaysia Berhad**
Registration No. 196801000442 (8029-A)

Date: 13 August 2026

Applicant	:	<Name>
Life Assured	:	<Name>
Current Plan	:	["medical rider name". If "medical rider name" is blank, "basic plan name"]
Wealth Planner	:	<WP Code> <Wealth Planner Name>
Wealth Planner Contact No.	:	<WP Contact No>
Chief Agency Manager	:	<CAM Code> <CAM Name>
Branch	:	<WP Branch Description>

Ready for better benefits?

Time to step up your medical coverage!

Campaign Period: 13 August - 30 October 2026

Your Exclusive Offer: Time to Step Up Your Medical Card

Dear <Applicant's Name>,

Warm greetings from Zurich Life Insurance Malaysia Berhad!

As one of our valued customers, you have been specially selected for an exclusive opportunity to enhance your medical protection. With medical costs rising every year, your existing medical coverage, which you purchased years ago, may no longer meet your current protection needs.

We are pleased to introduce our **'MedSwitch Guaranteed Acceptance Campaign'**, which gives selected customers a simple and hassle-free way to enhance their medical coverage. With **no medical underwriting required**, you can upgrade and enjoy improved protection that better supports your healthcare needs today and in the future (subject to the campaign terms and conditions).

This exclusive offer is available for a limited time only. Contact your Wealth Planner today to find out how it could benefit you.

For a clearer understanding of how this campaign can enhance your overall protection, let's take a look at the benefits comparison below.

Benefits	**<Current Plan>**	**Zurich Smart Health**
		<Plan A/B>
Lifetime Limit	RM<Current plan lifetime limit>	Unlimited
Annual Limit	RM<Current plan annual limit>	RM1,000,000
Daily Room & Board	<Current plan R&B>	RM250
Deductible / Co-Insurance	<Current plan Deductible / Co-Insurance>	<Recommended Deductible amount: RM500 or RM5,000> Deductible

Note:

i. *Pre-existing conditions may be imposed where relevant, in accordance with the policy terms and conditions.*
ii. *For pre-existing conditions, your current plan's annual limit will continue to apply, as the annual limit of Zurich Smart Health will not apply.*
iii. *If you need further assistance, please consult your Wealth Planner or contact our Customer Service Careline to help ensure that this plan aligns with your financial goals and needs.*

For further information, please refer to **Appendix 1 – Frequently Asked Questions (FAQs)**. To view the content of this letter and FAQs in Chinese and Tamil, please visit <Campaign Page URL>. In the event of any discrepancy, ambiguity or inconsistency between the English, Chinese and Tamil versions, the English version shall prevail.

Act now!
If you are interested in this offer, kindly return the Reply Slip to us by 30 October 2026. For assistance, please contact our Customer Service Careline at 1-300-888-622, or email us at callcentre@zurich.com.my. Alternatively, you may reach out to your Wealth Planner or visit the nearest Zurich Life Insurance Malaysia Berhad branch.

Thank you for choosing us to protect what matters most.

Yours sincerely,
ZURICH LIFE INSURANCE MALAYSIA BERHAD

ZURICH

Zurich Life Insurance Malaysia Berhad
Registration No. 196801000442 (8029-A)

Reply Slip
Zurich MedSwitch Guaranteed Acceptance Campaign ("Campaign")

Previous Policy	:	<0123456789>
Life Assured/ Dependent	:	<LIFE ASSURED / DEPENDENT NAME>
Previous Policy Owner	:	<OWNER NAME>
Previous Medical	:	<Previous Medical Plan Name with Plan #>
Previous Annual Limit	:	<Previous Medical Plan Annual Limit>
Previous Medical Effective Date	:	<Latest of commencement, medical rider effective, reinstatement, dd mmm yyyy>

Declaration:

By submitting the application for Zurich Smart Health ("New Policy"), I understand and agree to the following:

(a) Only one application for the New Policy will be allowed for each Life Assured / Dependent.

(b) Any existing impairments, loadings and/or exclusions applied to the Previous Policy shall also apply to the New Policy approved under this Campaign. The New Policy shall not cover any conditions excluded under the Previous Policy.

(c) If the Previous Policy is subject to limited coverage or additional co-payment for specific conditions, illnesses, injuries, or events, the same limitations and co-payment requirements shall also apply to the New Policy. Such limited coverage or additional co-payment shall be applied after the Deductible Amount under the New Policy has been satisfied.

(d) Occupation loading, if applicable, will be assessed based on the most recent occupational information provided.

(e) Any pre-existing condition, whether or not it was disclosed during the application process, is a Pre-Existing Condition.

(f) Any eligible claim in a Policy Year arising directly or indirectly, wholly or partly, from a Pre-Existing Condition that occurs after the Previous Medical Effective Date stated above will be covered under the New Policy only until the total eligible claims reach the Annual Limit of the Previous Medical Plan specified above.

(g) Amount up to the Previous Annual Limit is not subject to any waiting period if the waiting period has already been fulfilled under the Previous Policy. If the waiting periods under the Previous Policy have not yet expired, the remaining waiting periods will continue to apply.

(h) Any amount paid for such Pre-Existing Conditions and other eligible conditions will reduce the available Annual Limit under the New Policy. The remaining Annual Limit under the New Policy will still be available for claims NOT arising from those Pre-Existing or excluded conditions, subject to the applicable waiting periods starting from the commencement date of the New Policy, except in the case of accidental injuries.

(i) The Step-Up Advantage benefit in Zurich Smart Health, is not available under the New Policy.

(j) The Previous Policy must remain in force until the application is approved. Once the New Policy is issued, the Previous Policy will be automatically terminated. If the previous medical plan is attached as a rider, only the rider will be terminated.

I further understand that any alteration to the policy benefits after the issuance of the NEW Policy that requires medical underwriting may void this Campaign offer.

____
Signature of Previous Policy Owner
(If different Owner)
Name:
NRIC:
Date:

____
Signature of Trustee
(If Trustee was appointed under Previous Policy)
Name:
NRIC:
Date:

____
Signature of New Policy Owner
Name:
NRIC:
Date:

____
Signature of Witness
Name:
NRIC:
Date: