

IL Female Essential



Yearly Insurance Charge

Age Next Birthday (ANB)	Rider Component		Optional Add-on
	Female Illness	Fibroid or Ovarian Cyst & Extensive Female Care Benefit	Maternity Benefit
	Per RM1,000 Sum Insured	Fixed Yearly Insurance Charge	Per RM1,000 Sum Insured
17	0.50	30.24	0.36
18	0.52	30.24	0.46
19	0.54	31.92	0.58
20	0.58	34.08	0.74
21	0.64	36.36	0.98
22	0.70	38.88	1.30
23	0.78	41.52	1.68
24	0.92	44.16	2.10
25	1.04	41.88	2.62
26	1.18	44.16	3.16
27	1.38	46.20	3.64
28	1.64	48.00	4.04
29	1.96	49.56	4.36
30	2.26	50.88	4.60
31	2.34	46.68	4.21
32	2.61	47.40	4.14
33	2.99	47.88	4.00
34	3.44	48.12	3.78
35	3.92	47.52	3.49
36	4.41	47.52	3.13
37	4.93	47.52	2.74
38	5.45	47.28	2.34
39	6.03	47.04	1.96
40	6.24	41.52	1.44
41	6.45	79.20	1.18
42	6.99	78.84	0.98
43	7.58	78.36	0.82
44	8.11	78.00	0.66
45	8.53	76.68	0.59
46	8.90	142.80	0.61
47	9.23	142.32	0.75
48	9.41	141.84	0.86
49	9.58	141.36	0.85
50	9.94	140.76	-
51	10.35	150.36	-
52	10.82	149.52	-
53	11.28	148.56	-
54	11.65	147.60	-
55	11.90	146.40	-
56	12.16	46.32	-
57	12.38	45.48	-

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	Per RM1,000 Sum Insured	Fixed Yearly Insurance Charge	Per RM1,000 Sum Insured
58	12.58	44.64	-
59	12.85	43.92	-
60	13.26	43.32	-
61	13.66	26.88	-
62	14.05	26.28	-
63	14.46	25.80	-
64	14.83	25.20	-
65	15.18	24.24	-
66	15.55	23.76	-
67	16.00	23.28	-
68	16.50	22.92	-
69	17.01	22.56	-