

**PERSYARATAN PEMERIKSAAN KESEHATAN CALON TERTANGGUNG  
ASURANSI JIWA INDIVIDU (PER 1 MARET 2014)**

Total Risiko Awal	Usia (Tahun)							
	0-15	16-30	31-35	36-40	41-45	46-50	51-59	60-70
s/d 1.000.000.000 Up to US\$100,000	NM	NM	NM	NM	NM	NM	NM	NM
1.000.000.001 - 1.500.000.000 US\$ 100,001 - US\$ 150,000	NM	NM	NM	NM	NM	NM	C	C
1.500.000.001 - 2.000.000.000 US\$ 150,001 - US\$ 200,000	A	B	B	B	D	E	E	E
2.000.000.001 - 2.499.999.999 US\$ 200,001 - US\$ 249,999	A	B	B	C	E	E	E	H
2.500.000.000 - 4.000.000.000 US\$ 250,000 - US\$ 400,000	A+	D	D	E	E	F	F	H
4.000.000.001 - 5.000.000.000 US\$ 400,001 - US\$ 500,000	A+	E	E	E	E	F	F	H
5.000.000.001 - 9.999.999.999 US\$ 500,001 - US\$ 999,999	A2	E2	E2	F2	F2	G	G	H2
≥ 10.000.000.000. > US\$ 1,000,000	A2	G	G	G	G	G	G	H2

**Keterangan :**

A = MEDICAL  
 A+ = MEDICAL + APS  
 B = MEDICAL + CMU  
 C = MEDICAL + CMU + ECG  
 D = MEDICAL + CMU + BDTS 1  
 E = MEDICAL + CMU + ECG + BDTS 1  
 F = MEDICAL + CMU + TREADMILL + BDTS 1  
 G = 2 X MEDICAL + CMU + CXR + TREADMILL + BDTS 1 + APS  
 H = MEDICAL + CMU + TREADMILL BDTS 1 + CXR + BDTS 2 OR 3  
 A2 = 2 X MEDICAL + APS  
 E2 = 2 X MEDICAL + CMU + ECG + BDTS 1 + APS  
 F2 = 2 X MEDICAL + CMU+ TREADMILL + BDTS 1 + APS  
 H2 = 2 X MEDICAL + CMU + TREADMILL + BDTS 1 + CXR + BDTS 2 OR 3 + APS

A P S : Attending Phycisian Statement includes : Copy result of medical examinations , Doctor, hospital / laboratorium address, copy of medical card.  
 N M : Non Medical  
 M E D I C A L : Medical Examination  
 C M U : Micro Urine : Chemical Microscopical Urinalysis  
 M E D I C A L 2 X : 2 Medical Examinations performed by two different doctors on separate days  
 E C G : Resting 12 - Lead Electrocardiogram  
 C X R : Chest x - ray, postero - anterior view, large view  
 T M : Treadmill  
 B D T S 1 : Fasting Blood Profile includes : Glucose, Cholesterol Total, Cholesterol HDL & LDL, Cholesterol Ratio, BUN, Creatinine,SGOT,SGPT,GGT,Alkaline Phosphatase, Direct Bilirubin, Albumin, Globulin,HbsAg,HBeAg,Anti HCV,HIV  
 B D T S 2 (Male) : PSA (Prostat Spesific Antigen) + CBC (Complete Blood Count) includes : Erythrocytes, Leucocytes, Trombocytes, Haemoglobin, Haematocrit, Monocytes, Basophils, Eosinophils, Neutrophils Segment and Neutrophils Stab,  
 B D T S 3 (Female) : CBC (Complete Blood Count) includes : Erythrocytes, Leucocytes, Trombocytes, Haemoglobin, Haematocrit, Monocytes, Basophils, Neutrophils Segment and Neutrophils Stab, Lymphocytes,Eosinophils,

**FINANCIAL REQUIREMENT** : For S/A US\$ 312.500 or Rp 2.500.000.000 and above AR - Agent's Report.  
 : For S/A US\$ 625,000 or Rp 5.000.000.000 and above AR & ACL - , Financial Questionnaire, SPT or 3 month Bank statement/Saving Account.  
 For S/A US\$ 1,250,000 or Rp 10.000.000.000 and above AR , FQ, SPT, 3 month Bank Statement/Saving Account, and for business insurance : 3 years Financial Statement / Neraca.