

HEALTHCARE INTERNATIONAL INSURANCE

Product Disclosure Sheet

(Read this Product Disclosure Sheet before you decide to take out the Healthcare International Insurance. Be sure to also read the general terms and conditions.)

1. What is this product about?

MSIG's Healthcare International Insurance provides for hospitalisation and surgical expenses incurred due to accident and illnesses covered by the policy. This product also provides you with medical assist card for easy admission and discharge from panel hospitals in Malaysia. In the event of serious medical emergencies, you can be covered for immediate admission to the nearest panel hospital, and, if necessary, air evacuation with medical escort.

Furthermore, the annual premium you pay will qualify for the RM3,000 medical tax relief subject to the final approval by the Inland Revenue Board.

All Applicants must be between the age of 15 days to 55 years old at first enrolment. Cover may be granted beyond age 55 provided you are enrolled in the Plan before that age and have remained continuously covered thereafter, up to the maximum age of 64. Applicant below 18 must be insured with one or both parents.

2. What are the covers / benefits provided?

This policy has three (3) plans covering the following benefits on "As charged" basis:-

- Hospital Room and Board (Per Day)
- Intensive Care
- Surgical Fees
- Anesthetist Fees
- Operating Theatre
- Hospital Supplies & Services
- Pre-hospital Specialist/Diagnostic Tests - Within 31 or 60 days (depending on selected plan) of admission.
- Ambulances Fees
- Day Care Surgery
- Post-hospitalisation treatment up to 60 or 90 days (depending on selected plan) following discharged from hospital
- Home Nursing up to 26 weeks
- Outpatient Kidney Dialysis and Cancer Treatment
- Emergency Accidental Outpatient Treatment
- Emergency Accidental Dental Treatment
- Medical Report Fees up to RM80
- Organ Transplant
- Emergency Medical Advice & Assistance
- Payment Guarantee
- Emergency Medical Evacuation (selected plan)
- Travel Personal Accident (selected Plan)
- Maternity Benefit (Optional Plan)
- Outpatient Services (Optional Plan)
- Increased International Cover for Hospitalisation benefits (Optional and Selected Plan)

Note:

- Policy renewability and renewal premium are not guaranteed.
- Policy is arranged on an annually renewable basis and premium will be adjusted periodically to reflect both experience and inflation in underlying medical treatment costs.
- Changes to benefits and premium revisions can only be made on renewal or at the policy anniversary.

Duration of cover is for one (1) year. It may be renewed on each anniversary of the Date of Inception of the Policy by payment of the premium determined by the Company at the time of renewal.

3. How much premium do I have to pay?

The total premium that you have to pay may vary depending on the underwriting requirements of the insurance company.

- Premium is derived based on your present age (year of birth) at time of enrolment and the Plan you select. The standard premium is for Malaysian residents residing in Malaysia. At renewal rates will increase if you enter a new age range.
- Different premium rates may apply to Non-Malaysians residing in Malaysia.
- Premium may be loaded for more hazardous occupations or sports, or remote locations or medical conditions.
- Child rates apply provided the child is insured as dependant to Main Applicant, and up to 23 if still undergoing full time education.

Please refer to the quotation given for estimated total premium that you have to pay.

4. What are the fees and charges that I have to pay?

<u>Type</u>	<u>Amount</u>
• Goods and Services Tax	• 6% of premium
• Commission paid to the Insurance Agent	• 15% of premium (for Individual)
• Stamp Duty	• 10% of premium (for Group)
	• RM10.00

Goods and Services Tax (GST) at the rate of 6% will apply to your insurance premium from 1 April 2015. As a consumer and policyholder, you are required to pay GST which shall form part of the Terms and Conditions in your Insurance Policy.

5. What are some of the key terms and conditions that I should be aware of?

- **Importance of Disclosure** - You must take reasonable care not to misrepresent when answering questions in the proposal form or in any request made by the Company and check the information you have provided is complete and accurate. You should also disclose all relevant information which may influence the Company in the acceptance of this insurance, decide the terms and the premium you will pay. If you do not take reasonable care and the information provided by you is incomplete or inaccurate, this may affect your claim. Your responsibility to provide complete and accurate information when requested by the Company shall continue until the time of you entering into, making changes to or renewing your insurance.
- **Cash Before Cover** (for individual policyholders only) - This insurance shall not be effective unless the premium due has been paid. The premium warranty condition stated in the policy is hereby deleted.
- **Premium Warranty** (others) - This insurance policy is automatically cancelled unless the full premium is paid within 60 days from commencement date of cover.

- **Cooling-Off-Period** - If this Policy shall have been issued and for any reason whatsoever the Insured Person shall decide not to take up the Policy, the Insured person may return the Policy to the Company for cancellation provided such request for cancellation is delivered by the Insured Person to the Company within fifteen (15) days from the date of delivery of the Policy. The Insured Person is entitled to the return of the full premium paid less deduction of medical expenses incurred by the Company in the issue of the Policy.
- **Waiting Period** - Eligibility for benefits starts 30 days after the Insured has been included in the Policy, except for a covered Accident occurring after the effective date of coverage.
- **Pre-Existing Illness** - shall mean disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-
 - a. The Insured Person had received or is receiving treatment;
 - b. Medical advice, diagnosis, care or treatment has been recommended;
 - c. Clear and distinct symptoms are or were evident; or
 - d. Its existence would have been apparent to a reasonable person in the circumstances.
- **Specified Illnesses** - Shall mean the following disabilities and its related complications, occurring within the first 120 days of Insurance of the Insured Person:
 - a. Hypertension, diabetes mellitus and Cardiovascular disease
 - b. All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system
 - c. All ear, nose (including sinuses) and throat conditions
 - d. Hernias, haemorrhoids, fistulae, hydrocele, varicocele
 - e. Endometriosis including disease of the Reproduction system
 - f. Vertebro-spinal disorders (including disc) and knee conditions.
- **Room & Board Co-Payment** - If the Insured is hospitalised at a Room & Board rate which is higher than his/her eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefits
- **Claim Procedures** - The Insured shall within 30 days of a Disability that incurs claimable expenses, give written notice to us stating full particulars of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including medicines and services rendered.
- Unless renewed, the coverage will cease on expiry date and we shall strictly not be liable.

Note: This list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this policy.

6. What are the major exclusions under this policy?

This policy does not cover the following events:

- Pre-Existing illnesses.
- Specified Illnesses occurring during the first 120 days of continuous cover.
- Any medical or physical conditions arising within the first 30 days of the Insured Person's cover.
- Plastic / Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
- Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.

- Rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Pregnancy, child birth, miscarriage, abortion, methods of birth control or treatment pertaining to infertility (except as defined under Maternity Benefit). Erectile dysfunction or treatment related to impotence or sterilization.
- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability and any preventive treatments or treatments specifically for weight reduction or gain
- Suicide or intentionally self-inflicted injury while sane or insane.
- War or terrorist activities, active duty in any armed forces.
- Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
- Psychotic, mental or nervous disorders.
- Costs / expenses of services of non-medical nature, such as television, telephones or similar facilities, admission kit / pack and other ineligible non-medical items.
- Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports and illegal activities.

Note: This list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this policy.

7. Can I cancel my policy?

You may cancel the policy at any time by giving a written notice to us; and provided that no claims have been made during the current policy year, you shall be entitled to refund of premium based on the short-period rate for the unexpired period of cover.

8. What do I need to do if there are changes to my contact/ personal details?

You must advise us in writing as soon as you are aware of any change in the employment, occupation, duties or pursuits of any Insured Person, or any other change which may increase the risk profile of this Policy. You may be required to pay additional premium as a result of any such change.

9. Where can I get further information?

Should you require additional information about medical and health insurance, please refer to the *insurance-info* booklet on 'Medical and Health Insurance', available at all our branches or you can obtain a copy from the insurance agent or visit www.insuranceinfo.com.my.



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10. Other types of Medical and Health Insurance cover available:

- EduMedicare
- Ladies Lifestyle Protection Insurance
- FlexiHealth Insurance

IMPORTANT NOTE:
YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS.
YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH
THE AGENT OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE
INFORMATION.

This information provided in the Product Disclosure Sheet is valid at 1 April 2015.