

**MSIG**

MSIG Insurance (Malaysia) Bhd (46983-W)
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www.msig.com.my

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LADIES LIFESTYLE PROTECTION INSURANCE

Product Disclosure Sheet

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

1. What is this product about?

MSIG's Ladies Lifestyle Protection Insurance is an insurance plan exclusively for ladies and offers peace of mind by providing protection for health conditions of particular concern to the fairer gender. This product provides lump sum payment up to the Sum Insured if you are diagnosed as having a specified critical illness and survive for at least 14 days after diagnosis. In addition to the critical illness cover, this product is also a 24-hour worldwide plan that will compensate you for injuries, disability or death caused by accidental means.

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.

Applicants must be between the age of 15 to 54 years old at first enrolment. Cover may be granted beyond age 54 provided you are enrolled in the Plan before that age and have remained continuously covered thereafter, up to the maximum age of 60.

2. What are the covers / benefits provided?

This policy covers:

| Benefits | Plan 1 (RM) | Plan 2 (RM) |
|---|-------------------|-------------------|
| Basic Cover | | |
| Critical Illness (28 types) * | 50,000 | 100,000 |
| Renewal Bonus | 10% up to 5 years | 10% up to 5 years |
| Personal Accident - Death/Permanent Disablement | 25,000 | 50,000 |
| Accidental Facial/Dental Cosmetic Surgery | 5,000 | 10,000 |
| Snatch Theft Losses | 1,000 | 1,000 |
| Benefits | Plan 1 (RM) | Plan 2 (RM) |
| Optional Cover | | |
| Maternity Risks | 20,000 | 20,000 |
| Congenital Anomalies of New Born Babies** | 10,000 | 10,000 |

Critical Illness (28 types)*

- Cancer
- Muscular Dystrophy
- Stroke
- HIV Infection due to Blood Transfusion
- Heart Attack
- Surgery to Aorta
- Coronary Artery Bypass Surgery
- Heart Valve Surgery
- Kidney Failure
- Major Organ / Bone Marrow Transplant
- Parkinson's Disease
- Blindness
- Multiple Sclerosis
- Alzheimer's Disease / Severe Dementia
- Motor Neuron Disease
- Coma
- Paralysis of Limbs
- Loss of Speech
- Terminal Illness
- Third Degree Burns
- Deafness
- Encephalitis
- Loss of Independent Existence
- Primary Pulmonary Arterial Hypertension
- End-Stage Liver Failure
- Benign Brain Tumour
- Loss of Limbs
- Major Head Trauma



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Congenital Anomalies of New Born Babies**

- Down’s Syndrome
- Tetralogy of Fallot
- Tracheoesophageal Fistula and Oesophageal Atresia
- Cleft Palate
- Neonatal Death
- Hydrocephalus
- Transposition of Great Vessels
- Patent Ductus Arteriosus
- Spina Bifida
- Absence of two limbs
- Ano-rectal Atresia
- Hereditary Muscular Distrophy

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.
- The Lump Sum for the Critical Illness Benefit shall be increased by 10% each year upon renewal up to a period of 5 continuous renewable years provided no such claims have been incurred and made under this benefit. Subject to a maximum increase of 50% of the original Benefit.
- 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 depends on the plan you selected and it may vary depending on the underwriting requirements of the insurance company:

- Basic cover:

| Premium Rates (inclusive of 6% GST) | | |
|-------------------------------------|-------------|-------------|
| Age (Years) | Plan 1 (RM) | Plan 2 (RM) |
| 15 - 29 | 132.50 | 262.88 |
| 30 - 34 | 212.00 | 421.88 |
| 35 - 39 | 314.82 | 628.58 |
| 40 - 44 | 469.58 | 938.10 |
| 45 - 49 | 673.10 | 1343.02 |
| 50 - 54 | 1270.94 | 2538.70 |
| 55 - 60 | 2021.41 | 4040.72 |

- Optional cover:

| | | |
|---------------|-------|-------|
| a) First Year | 16.43 | 16.43 |
| b) Renewal | 98.58 | 98.58 |

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 |
| • Commissions paid to the Insurance Agent | • 15% of premium (for Individual) |
| | • 10% of premium (Group) |
| • Stamp Duty | • RM10.00 |



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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** (applicable to 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** - Means the first 30 days between the beginning of an **Insured Person's** disability and the commencement of this Policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.

For Maternity Risk and Congenital Anomalies of New Born Babies, the **Waiting Period** is 10 months from the effective date of the cover.

- **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.
- **Survival Period** - Means the period of 14 days after the diagnosis of a covered Critical Illness for which the Insured Person must survive before a claim becomes valid.

For Congenital Anomalies of new born babies, the survival period for the newborn baby is within 30 days of delivery, except for Neonatal Death where the death has to be within 30 days after birth.

- **Notice of claim** - Claims or potential claims must be notified to us within the Notification Period. A fully completed Claim Form together with supporting medical information must be submitted to us within a period of 30 days from first notification.
- 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.



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6. What are the major exclusions under this policy?

This policy does not cover the following events:

- Pre-Existing Illnesses.
- Critical Illness first diagnosed within 30 days from the inception date of the Policy except when caused by an accident.
- Maternity Risk & Congenital Anomalies of New Born Babies, first diagnosed within 10 months from the inception date of the cover.
- Survival period of 14 days after the diagnosis of a covered Critical Illness and 30 days for Congenital Anomalies except for Neonatal Death where the death has to be within 30 days after birth.
- Hazardous sports or pastimes including taking part in (or practicing for) boxing, caving, climbing, horse-racing, jet-skiing, martial arts, mountaineering, off-piste skiing, pot-holing, power-boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- Infection with Human Immuno-deficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS)
- Living outside the Usual Country of Residence as defined in the Policy for more than three consecutive months in any 12 months, except the permanent change in Usual Country of Residence notified and accepted in writing by the Company.
- Mental illness, psychiatric, self-inflicted injury or suicide, sexually transmitted diseases.
- War and related risks, Acts of Terrorism.

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 the Company; and provided that no claims have been made during the current policy year, you shall be entitled to a refund of the premium on the short-period scale for the unexpired period of cover.

8. What do I need to do if there are changes to my contact 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.

If you have any enquiries, please contact us at:

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10. Other types of Health Insurance cover available:

- Healthcare International Insurance
- Edu Medicare
- 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 as at 1 April 2016.